



Asthma Management Policy & Procedure

Introduction:

St Joseph the Worker Primary School acknowledges that Asthma is a chronic, treatable health condition that affects approximately one in ten Australian children. With good Asthma management, children with asthma need not restrict their daily activities. The school also recognises that education assists in establishing a better understanding of Asthma within its community and subsequently minimises its impact.

To facilitate best practice in the management of Asthma at St Joseph the Worker Primary School, the school has developed this Policy & accompanying procedure.

Asthma Management Policy Statement:

St Joseph the Worker Primary School is committed to providing, as far as is practical, a safe and supportive environment in which students at risk of asthma can participate equally in all aspects of the student's schooling.

To achieve this commitment the school will;

- » Work closely with parents, guardians, carers (Parents) and their children to establish and maintain individualised Asthma Management Plans;
- » Develop risk minimisation and management strategies to be implemented throughout the school to support students affected by Asthma;
- » Ensure appropriate Asthma Action Plans are developed, maintained, reviewed and remain relevant to students who are affected by Asthma;
- » Establish clear roles and responsibilities for the management of students affected by Asthma;
- » Establish Communication Plans defining strategies for directing school staff, students and parents about how to respond to an asthma attack in various environments;
- » Raise awareness about roles and responsibilities for Asthma management within the school and its community;
- » Ensure that all staff members have an adequate knowledge and training in Asthma management and response procedures;
- » Empower students, where practical, to take responsibility for the management and response to the effects of their Asthma.

Definitions:

Asthma Action Plan: A record of information of an individual child's Asthma and its management, including contact details, what action to take when the child's asthma worsens and the treatment to be administered in an emergency.

Asthma Emergency: The onset of unstable or deteriorating Asthma symptoms requiring immediate treatment with reliever medication.

Asthma Emergency Kit (AEK):

Kits should contain:

- » Reliever medication;
- » 2 small volume spacer devices;



- » 2 compatible children's face masks;
- » Record form
- » Asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Asthma Triggers: Things that may induce Asthma symptoms including pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Duty of Care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Student Medication Record: Contains details for each student to whom medication is to be administered by the School. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication.

Metered Dose Inhaler (Puffer): A common device used to administer reliever medication.

Reliever Medication: This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Epaq or Ventolin.

Spacer Device: A plastic device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Signs & Symptoms of Asthma:

Signs & symptoms of Asthma may include, but are not limited to:

- » Shortness of breath
- » Wheezing (a whistling noise in the chest)
- » Tightness in the chest
- » A dry, irritating, persistent cough.

Signs & symptoms for individual students will vary.

Asthma Triggers:

Triggers of Asthma may include, but are not limited to:

- » Exercise
- » Emotions
- » Change in weather
- » Colds / flus
- » Smoke (cigarette smoke, wood smoke from open fires, burn off etc...)
- » Dust & dust mites
- » Moulds
- » Pollens
- » Animals
- » Chemicals
- » Food & food additives
- » Deodorants
- » Certain medications (including aspirins & anti-inflammatories).



School Responsibility:

To ensure the welfare and safety of all students affected by Asthma School Name Primary School will ensure:

- » Establish and update and Asthma Management Policy in accordance with Asthma Foundation Guidelines 2017 and make this publically available;
- » That a current (within 12 months) Asthma Action Plan is provided by parents for any student affected by Asthma;
- » File the current Asthma Action Plan with the student's enrolment record;
- » Display individual Asthma Action Plans in the First Aid Room and ensure that they are in close proximity to the reliever medication;
- » Parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the school;
- » The expiry date of all reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use;
- » Medication records are kept for each child to whom medication is to be administered by the School;
- » A sufficient number of staff are formally trained and accredited in *10392NAT Course in Emergency Asthma Management*;
- » All staff members are aware of the Asthma management procedures;
- » Induction procedures for casual and relief staff include information about children attending the School who have been diagnosed with asthma, and the location of their medication and action plans;
- » The adequate provision and maintenance of Asthma Emergency Kits (AEK);
- » Where possible, identify and minimise asthma triggers for students;
- » That student with asthma can participate in all activities safely and to their full potential;
- » The immediate communication of any concerns with parents/guardians regarding the management of children with asthma at the School;
- » The display of Asthma Australia's 'Asthma First Aid' Poster in key locations around the School.

Staff Member Responsibilities:

School Name Primary School staff members will ensure that they:

- » Are aware of the School's Asthma Management Procedure;
- » Can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the Asthma Emergency kit (AEK);
- » Where possible, minimise asthma triggers (refer to Definitions) as outlined in the child's Asthma Action Plan;
- » Take the asthma first aid kit, children's personal asthma medication and Asthma Action Plans on excursions or other offsite events;
- » Will administer prescribed asthma medication in accordance with the child's Asthma Action Plan;
- » Consult with the parents/guardians of children with asthma with relation to the health and safety of their child, and the supervised management of the child's asthma;
- » Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities;
- » Enable children with asthma can participate in all activities safely and to their full potential.



Parent, Guardian & Carer (Parents) Responsibilities:

Parents with children affected by Asthma are responsible for ensuring they:

- » Inform the school at either enrolment or on initial diagnosis, that their child has asthma;
- » Provide a copy of their child's Asthma Action Plan to the School and ensuring it has been prepared in consultation with, and signed by, a medical practitioner;
 - The Asthma Action Plan should be reviewed and updated at least annually ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the School;
- » Bring to the immediate attention of the school any change in their child's condition and required response procedures. The student's Asthma Action Plan will need to be renewed in consultation with, and signed by, the student's medical practitioner;
- » Provide to the school an adequate supply (2 sets) of appropriate asthma reliever medication and a spacer (including a child's face mask, if required);
- » Encourage their child to learn about and understand their asthma, and to communicate with staff immediately if they are unwell or experiencing asthma symptoms.

Implementation:

Parent, Guardians or Carer's (Parents) of students with Asthma are required to access the relevant Asthma Action Plans from the Asthma Australia and complete the Action Plan in consultation with their child's Medical Practitioner. The school will provide a copy of the relevant Asthma Action Plan upon request.

1. Parents are responsible for ensuring an Asthma Action Plan for the child is presented to School Name Primary School prior to their enrolment at the school or upon an initial diagnosis. In accordance with Asthma Australia guidelines, Asthma Action Plans and the student's photo should be reviewed and updated every 12 months.

Asthma Action Plans must:

- a) Describe emergency procedures to be taken in the event of an asthma attack;
- b) Be signed in the current year by a registered medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan;
- c) Detail Asthma signs and symptoms outlined for that child;
- d) Include an up to date photograph of the student.

(Refer to Appendix 1)

2. Parents must provide the school with two (2) sets of any medication prescribed; one will be kept in the classroom and one in the First Aid Room (eg Ventolin x 2).
3. Parents need to acknowledge that they have received a copy of the school's Asthma Management Policy.
4. Asthma Action Plan for each child will be displayed in the First Aid Room and made available to all staff members with responsibility for the student. This includes classroom and specialist teachers, as well as casual relief teachers (CRTs).
5. Reliever medication and a spacer (including a child's face mask, if required) will be labelled with the student's name and date of expiry clearly visible. One set will be located within the First Aid Room and another within the student's classroom.



6. Members of the School's Leadership Team will ensure the individual student Asthma Action Plans remain current and are clearly communicated to and understood by relevant staff members. To achieve this the school will establish Communication Plans defining strategies directing school staff, students and parents about how to respond to an asthma attack in various environments.
7. The school will ensure a sufficient number of staff are formally trained and accredited in *10392NAT Course in Emergency Asthma Management*.
8. School Name Primary School will review individual Asthma Action Plans in consultation with the student's parents:
 - a. Annually;
 - b. Where the student's medical condition changes;
 - c. Immediately after a student has an asthmatic attack at school.
9. Parents are responsible for informing the School in writing of their child's medical condition and must:
 - a. Provide the Asthma Action Plan signed by a registered medical practitioner;
 - b. Provide the School with any updates of their child's medication prescribed or otherwise;
 - c. Ensure all reliever medication is kept within the expiry date;
 - d. Ensure any other medication prescribed or otherwise is kept within the expiry date;
 - e. Inform the school if their child's medical condition changes and if relevant provide an updated Asthma Medical Management plan signed by a registered medical practitioner.
10. Members of the School's Leadership Team will ensure the individual student Asthma Action Plans remain current and are clearly communicated to and understood by relevant staff members.

Staff Training & Emergency Response:

1. Staff members and administrative personnel who conduct classes which students at risk of asthma attend or who are required to provide First Aid support to these students are required to maintain *10392NAT Course in Emergency Asthma Management* accreditation. This training will include strategies for asthma management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with a metered dose inhaler/puffer.
2. Training will be provided to all identified staff members annually, where practical, in the first preparation days of each school year before students start school. Training will be arranged for staff member who joins the school after this date at the first available opportunity.
3. Staff members will be provided with a briefing annually on all students affected by Asthma. This will include all students enrolled, or recently diagnosed. This will occur at a predetermined Staff Meeting.



Asthma Risk Mitigation Strategies:

School Name Primary School will ensure that Asthma Risk Minimisation Strategies are implemented to ensure the welfare and safety of all students affected by Asthma and to reduce the likelihood of an Asthma episode occurring.

Asthma Risk Mitigation Strategies that the school implements include, but are not limited to ensuring:

- » At least one staff member with current *10392NAT Course in Emergency Asthma Management* training is accessible and on duty at all times;
- » Increased the supervision of the child on special occasions such as excursions, incursions or special event days;
- » Tables and bench tops are washed down after eating;
- » Students wash their hands before and after eating;
- » Restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergens of the particular children;
- » Students are closely supervised at lunch and snack times and encouraged to consume food in specified areas. To minimise risk, children should not 'wander around' whilst eating;
- » Staff members discussing the use of foods in activities with the parents of a child at risk of anaphylaxis/asthma and these foods should be consistent with risk minimisation;
- » When food is brought from home to the school, all parents will be asked not to send food containing specified allergens or ingredients.

Communication Plans:

Communication Plans will be developed for all students affected by Asthma. These plans include strategies for advising school staff, students and parents about how to respond to an asthma episode by a student in various environments including:

- » During normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls;
- » During off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

Relevant staff members will meet with parents early in the year to complete a Communication Plan (Attachment 2)

Where a student's information changes throughout the year their Communication Plan will require updating. All associated documentation will be updated with the reviewed requirements communicated to all relevant staff members at a forthcoming staff meeting.

References:

[Asthma Foundation Victoria Asthma Guidelines: A Resource for Managing Asthma in Victorian Schools, June 2017](#)

[Asthma Australia: Asthma Action Plan 2016](#)



Attachment 1

Asthma Action Plan

For use with a Puffer and Spacer

Photo

Name: _____

Date of birth: _____

Confirmed Triggers



Asthma
Foundation VIC

- Child can self administer if well enough.
- Child needs to pre-medicate prior to exercise.
- Face mask needed with spacer

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: _____

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Minor difficulty breathing
- May have a cough
- May have a wheeze

Other signs to look for:

SEVERE

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest/throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright
 - Stay with the person and be calm and reassuring
2. Give 4 separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from spacer between each puff
3. Wait 4 minutes
 - If there is no improvement, repeat step 2
4. If there is still no improvement call emergency assistance
 - Dial Triple Zero "000"
 - Say 'ambulance' and that someone is having an asthma attack
 - Keep giving 4 puffs every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

Emergency Contact Name: _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Medical or Nurse Practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date prepared: _____

Date of next review: _____



Appendix 2

Asthma Communication Plan

School Name Primary School Asthma Communication Plan is to be developed for all students affected by Asthma in consultation with their parents, guardians or carers and their medical practitioner.

Child's Name:	
Class / Year Level:	Date of Plan:
My child reacts in the following ways:	
Additional steps to be taken for my child when observing any of the following: » . » . » . » .	1. Administer: _____ of _____ 2. Contact Administration/Principal 3. Contact Parent on _____ Do Not Leave a Message – Speak to the Person 4. Ring 000
On Excursions:	The school will ensure an <u>Asthma Emergency Kit (AEK)</u> is taken on the excursion and is accessible at all times. »
On School Camps:	The school will ensure an <u>Asthma Emergency Kit (AEK)</u> is taken on the camps and is accessible at all times. »
Special Event Days Conducted by the School:	The school will ensure an <u>Asthma Emergency Kit (AEK)</u> is available at all events and is accessible at all times. »
Parent/Guardian/ Carers Signature:	Staff Members Signature:
Date:	Date: