

SIMPSON PRIMARY SCHOOL

ASTHMA POLICY

Rationale

Asthma is a chronic health condition affecting approximately 10% of Australian children and teenagers. Asthma is one of the most common reasons for child admissions to hospital and missed days of school. Asthma exacerbations can commonly occur while attending schools, particularly in February and May and during thunderstorm events.

In order to meet the duty of care obligations specified by the School Policy and Advisory Guide and to ensure the health and wellbeing of all students attending, Simpson Primary School recognises the importance of staff education and the implementation of an asthma policy. The school recognises the importance of involvement and engagement with parents and carers of students and the ability of students to self-manage their asthma where appropriate.

Purpose

To ensure the whole school community are aware of their obligations and best practice management of asthma in the school setting.

To provide the necessary information to effectively manage episodes of asthma within the school.

Broad Guidelines

The school will:

- Obtain a written Asthma Plan for all students diagnosed with asthma upon enrolment at the school and ensure they are updated annually.
- Complete CASE21 medical alert information for students with an identified health care need.
- Store medical information and medications appropriately.
- Ensure that students feel safe and supported at school.
- Provide and maintain at least two asthma emergency kits.
- Ensure that staff attend an asthma education session provided by The Asthma Foundation of Victoria in line with DET requirements, and undertake twice yearly asthma awareness training

Responsibilities

Principal/Senior Management will:

- Provide staff with a copy of the school asthma management policy and ensure staff are aware of asthma management strategies upon employment at the school.
- Provide asthma education and first aid training for staff as required.
- Provide parents and carers with a copy of the school's asthma policy upon enrolment of their child.
- Identify students with asthma during the enrolment process and provide parents and carers with a blank asthma plan to be **completed and signed by the child's medical practitioner** and returned to the school.
- Ensure CASES21 medical alerts are completed for students with asthma

- Where possible, ensure all students with asthma have a current written asthma plan (must be updated at least annually)
- Ensure a school Camp and Excursion Medical Update Form is completed by parents/carers for offsite activities where possible
- Ensure the parents and carers of all students with asthma provide reliever medication and a spacer (and a face mask if required) at all times their child attends the school
- Implement an asthma first aid procedure consistent with current national recommendations and all staff are aware of the asthma first aid procedure
- Ensure adequate provision and maintenance of asthma emergency kits for the school and that each asthma emergency kit contains reliever medication, spacer device, instructions outlining the first aid procedure and a record form
- Ensure that the reliever medications within the asthma emergency kits are replaced regularly and have not expired, and that the spacers are replaced after each use
- Facilitate communication between management, staff, parents and carers and students regarding the **school's asthma management policy and strategies**
- Promptly communicate to parents and carers any concerns regarding asthma and students attending the school
- Identify and minimise, where possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can participate in all activities safely and to their fullest abilities

Staff will:

- Be aware of the school's asthma management policy
- Be aware of the asthma first aid procedure
- Be aware of students with asthma and where their medication and personal spacers are stored
- Be alerted to students with asthma enrolled in the school and in their class as required
- Attend asthma education and training sessions as required
- Be aware of where to access written asthma plans, School Camp and Excursion medical Update Forms, and asthma emergency kits
- Identify and minimise, where possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can participate in activities safely and to their fullest abilities
- Promptly communicate to the principal, parents and carers any concerns regarding asthma and students enrolled in the school
- Promptly communicate with principal and parents if medications have been administered during the school day

Parents and carers will:

- Inform the school if their child has asthma upon enrolment
- Read the school's asthma management policy

- Provide a signed written asthma plan to the school, and ensure that it is updated at least yearly
- Provide a School Camp or Excursion Medical Update Form as required
- Provide the school with their child's reliever medication along with a spacer (required for puffer medication) for all times the child is attending the school, unless the child is carrying the medication and spacer for self-management purposes
- Ensure that if their child is self-managing their asthma correctly the child carries their reliever medication and spacer at all times
- Promptly communicate all medical and health information relevant to their child, to the principal and staff of the school
- Communicate any changes to their child's asthma or any concerns about the health of their child
- Reimburse the school for the cost of any spacers provided by the school to their child

Students will:

- Immediately inform staff if they experience asthma symptoms
- Inform staff if they have self-administered ant asthma medication
- Carry asthma medication and a spacer with them at all times (if self-managing their asthma)

Asthma First Aid

Follow the written first aid instructions on the student's Asthma Action/Care Plan.

If no specific and signed instructions are available, the instructions are unclear, or the person does not have an Asthma Action/Care Plan, begin the first aide procedure immediately (as authorised by the DET)

Call emergency assistance to attend (000) if:

- The person's asthma symptoms are severe
- The person suddenly stops breathing
- The person's asthma symptoms continue to worsen
- There is no Asthma Action/Care Plan for the person
- Blue/grey reliever medication is not available
- You are unsure what is causing the breathing difficulty.

Asthma Action Plan

For use with a Puffer and Spacer



Asthma
Foundation VIC

Photo

Name: _____
Date of birth: _____
Confirmed Triggers

- 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 _____ 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 _____ 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 this plan.
Signed: _____
Date prepared: _____
Date of next review: _____

School Camp and Excursion

Asthma Update Form



Asthma
Foundation VIC

Name: _____
Date of birth: _____
Confirmed Triggers

Has the student been hospitalized due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? Yes No
Has the student's asthma medications changed in the last two weeks? Yes No
Is the student well enough to attend camp/excursion? Yes No

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion. Please provide as much detail as possible.

OTHER MEDICAL CONDITIONS

Has the student had any other illness in the last two weeks? Yes No
If YES, please provide details:
Nature of illness? _____ When? _____
Severity? _____ Has this affected their asthma? Yes No

ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever? Yes No Does the student have an action plan for hay fever? Yes No

Confirmed Triggers for hay fever	Medication	Device	Dose	When
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

1. Medication _____ Device _____ Dose _____ When _____
Instructions for use _____
2. Medication _____ Device _____ Dose _____ When _____
Instructions for use _____

Doctors Name: _____
Phone: _____
Address: _____

Emergency Contact: _____
Phone: _____
The information provided on this plan is true and correct.
Signed: _____
Date: _____

Additional Information:

