

2013 POLICY**ASTHMA MANAGEMENT**Leader: **Trudy Smith****1. Rationale**

Asthma is a chronic health condition affecting 10% of Australian children and asthma exacerbations can commonly occur while attending school. Therefore, an Asthma Friendly School adopts the strategies to support the whole school community in understanding and managing asthma, as well as supporting students diagnosed with asthma.

Benefits of being an Asthma Friendly School include:

- Improving asthma awareness and management in the school
- Improving support to students with asthma and encouraging an inclusive environment
- Supporting responsibilities for the health, safety and wellbeing of students and staff
- Providing parents and carers of students with asthma with peace of mind and access to resources
- Ensuring the school is implementing current and best practice asthma management strategies

2. Broad Guidelines**2.1 Definition:**

"Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus. These changes cause the airways to become narrow, so that there is less space for the air to flow into and out of your lungs" (National Asthma Council 2011)

Symptoms of asthma may include, but are not limited to:

- shortness of breath
- wheezing (a whistling noise from the chest)
- tightness in the chest
- a dry, irritating, persistent cough

Symptoms vary from person to person.

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

- exercise
- colds/flu
- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- weather changes
- dust and dust mites
- molds
- pollens
- animals
- chemicals
- deodorants (including perfumes, aftershaves, hair spray and deodorant sprays)
- foods and additives
- certain medications (including aspirin and anti-inflammatories)
- emotions.

A detailed description of triggers can be found on the Asthma Foundation of Victoria website

www.asthma.org.au

- 2.2 Taylors Hill Primary school will meet DEECD guidelines by:
- Obtaining a written asthma plan for students diagnosed with asthma and updating these annually
 - Storing medical information and medications appropriately
 - Ensuring all staff with a duty of care for students are trained to assess and manage an asthma emergency and complete the one-hour Asthma Education session at least every three years
 - Ensuring those staff with a direct student wellbeing responsibility such as PE Teachers and First Aid Officers have completed the Emergency Asthma Management (EAM) course at least every three years
 - Providing and maintaining at least two Asthma Emergency Kits

3. Implementation

3.1 ASTHMA EDUCATION

All school staff with a duty of care responsibility for the wellbeing of students will be trained in being able to manage an asthma emergency appropriately. Training will be conducted at least every three years.

The Asthma Management Policy will be available to the community on the school's website and be included in staff induction information annually. Asthma First Aid posters will be displayed in the First Aid Room and anywhere else deemed necessary.

Teachers with student's diagnosed with asthma will be alerted to their condition, be supplied with a copy of their Individual Asthma Plan and know where their medication is stored.

To raise awareness about Asthma and the associated triggers, information articles will be sent home each term in the school newsletter.

3.2 INDIVIDUAL ASTHMA ACTION PLANS

Note: A template of an individual action plan (*The Asthma Foundation Victoria's School Asthma Action Plan*) can be found on The Asthma Foundation website: www.asthma.org.au

The Principal will ensure that an individual management plan (*The Asthma Foundation Victoria's School Asthma Action Plan*) is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having asthma. The plan must be:

- completed by the student's medical/health practitioner in consultation with the parents/guardians
- provided annually by the parents/guardians to the school or after any change in the student's condition

The plan must include:

- an up to date colour photo
- the prescribed medication taken:
 - on a regular basis
 - as premedication to exercise
 - if the student is experiencing symptoms
- emergency contact details
- business and after hours contact details of the student's medical/health practitioner
- details about deteriorating asthma including:
 - signs to recognise worsening symptoms
 - what to do during an attack
 - medication to be used
- an asthma first aid section, which should specify no less than 4 separate puffs of blue reliever medication, with 4 breaths taken per puff every 4 minutes, using a spacer if possible.

It is the responsibility of the parents/guardians to inform the school of their child's medical condition, annually provide an Individual Asthma Action Plan and current medications to the school, and keep the school updated on any changes to their child's medical condition. Parents should also ensure that children with asthma are educated to always maintain vigilance about their triggers, symptoms and medication.

If parents have indicated on enrolment forms that their child has asthma but choose not to provide an Individual Asthma Action Plan, they must sign a form indicating this choice.

Students with asthma are encouraged to keep their individual asthma medication with them in class and self-medicate when necessary. Asthma medication will be placed in the class 'first aid' tub in an agreed location in the room each day and this will travel to specialist classes and activities.

Parents can request that asthma medication is stored in the first aid room. In this case, the medication is stored in a labelled container in an unlocked cupboard. Students are supported to administer their medication in the first aid room.

3.3 REDUCING ASTHMA TRIGGERS

To reduce asthma triggers, the school will endeavour to:

- mow school grounds out of hours
- plant a low allergen garden
- limit dust, for example having the carpets and curtains cleaned regularly and out of hours
- examine the cleaning products used in the school and their potential impact on students with asthma
- conduct maintenance that may require the use of chemicals, such as painting, during school holidays
- turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.

3.4 ASTHMA FIRST AID KITS

The school will have at least two asthma emergency first aid kits on site. Asthma emergency kits will also be included in excursion first aid kits that are taken to off-site activities.

These will include:

- reliever medication
- two spacer devices
- instructions outlining the first aid procedure
- record forms

Reliever medication within the kits will be checked regularly by the First Aid Officer and replaced when necessary. Spacers will be replaced after each use.

3.5 PARTICIPATION IN CAMPS, EXCURSIONS AND SPECIAL EVENTS

The school will ensure that students with asthma can participate in all activities safely and to their fullest potential. This includes:

- parents providing enough medication for the student if they are going away overnight
- encouraging students to carry their own asthma medication when on camps and excursions
- providing enough asthma emergency kits for the camp or excursion needs
- parents/guardians completing the Asthma Foundation's School Camp Asthma Action Plan and the Department's Confidential Medical Information for School Council Approved School Excursions form

3.6 MANAGING EXERCISE INDUCED ASTHMA (EIA)

If a student has diagnosed EIA, the school will ensure that adequate time is allowed for the following procedures - before, during and after exercise:

Before:

- reliever medication to be taken by student 5-20 minutes before activity
- student to undertake adequate warm up activity

During:

- if symptoms occur, student to stop activity, take reliever, only return to activity if symptom free
- if symptoms reoccur, student to take reliever and cease activity

After:

- ensure cool down activity is undertaken
- be alert for symptoms

If a student has an asthma attack during exercise, the teacher in charge will follow their Asthma Action Plan if easily accessible, or commence first aid procedures.

3.7 COMMUNICATION

The school will regularly communicate with the parents about student successes, development, changes and any health and education concerns. In particular, the frequency and severity of the student's asthma symptoms and use of medication at school. Parents will be advised of any asthma incidents and first aid administered either via a phone call or a first aid note.

Parents will communicate regularly with the school, informing staff of the asthma diagnosis of their child, changes to their condition or treatment and any asthma incidents that have occurred outside of school hours that may impact on their welfare at school.

Students will immediately inform staff if they experience asthma symptoms and if they have self-administered any asthma medication.

4. Evaluation

This policy will be evaluated as a part of the school's cyclic review process.

REFERENCE: The Asthma Foundation of Victoria www.asthma.org.au
School Policy and Advisory Guide, DEECD (2011) www.education.vic.gov.au/management/governance/spag/default.htm

** This policy is written in consultation with DEECD Guidelines.*