

ASTHMA

POLICY

Rationale:

Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.

Aims:

To manage asthma and asthma sufferers as effectively and efficiently as possible at school.

Implementation:

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.
- Children and adults with mild asthma rarely require medication, however severe asthma sufferers may require daily or additional medication (particularly after exercise).
- Professional development will be provided annually for all staff on the nature, prevention and treatment of asthma attacks. Such information will also be displayed on the staffroom wall.
- All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria's requirements completed by their doctor or paediatrician. Appropriate asthma plan proformas are available at www.asthma.org.au
- Asthma plans will be attached to the student's records for reference.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- The school will provide, and have staff trained in the administering of, reliever puffers (blue canister) such as Ventolin, Airomir, Asmol or Bricanyl and spacer devices in all first-aid kits, including kits on excursions and camps. Clear written instructions on how to use these medications and devices will be included in each first aid kit, along with steps to be taken to treat severe asthma attacks. Kits will contain 70% alcohol swabs to clean devices after use.
- The first aid staff member will be responsible for checking reliever puffer expiry dates.
- A nebuliser pump will not be used by the school staff unless a student's asthma management plan recommends the use of such a device, and only then if the plan

includes and complies with section 4.5.7.3 of the SOTF Reference Guide - Asthma Medication Delivery Devices.

- All devices used for the delivery of asthma medication will be cleaned appropriately after each use.
- Care must be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks should be treated in accordance with their asthma plan.

If no plan is available:

Step 1 Sit the person upright, stay calm and offer reassurance. Do not leave the person alone.

Step 2 Without delay, give four separate puffs of a blue reliever* (Airomir, Asmol, Epaq or Ventolin).

The medication is best given one puff at a time via a spacer device.

Ask the person to take four breaths from the spacer after each puff of medication.

If a spacer is not available simply use the puffer on its own.

Step 3 Wait four minutes.

If the person's condition suddenly deteriorates or you are very concerned, call an ambulance immediately (Dial 000).

Step 4 If there is little or no improvement repeat steps two and three.

If there is still no improvement call an ambulance immediately (Dial 000).

Continue to repeat steps two and three while waiting for the ambulance.

* A Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer is not available

The school is registered as an asthma friendly school and will ensure that this registration remains current on a three yearly basis and will undertake as required the requirements for maintaining this registration- www.asthmafriendlyschools.org.au

Evaluation:

This policy will be reviewed as part of the school's review cycle in 2015.

Prepared by: Education Committee

Approval Date: November 19th, 2012

Review Date: November 2015

Signed: _____ (Principal)

_____ (School Council President)

SCHOOL ASTHMA ACTION PLAN



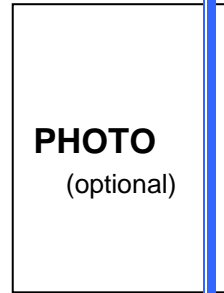
This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).



Student's Name _____

Gender
M F

Age _____ Date of birth ____/____/____ Form/Class _____



Emergency Contact (e.g. Parent/Carer) _____ Relationship _____

Phone: (H) _____ (W) _____ (M) _____

Doctor's Name _____ Phone _____

Ambulance Subscriber Yes No Subscriber number _____

Does this student have any other health plans? Yes No If so what are they? _____

USUAL ASTHMA ACTION PLAN

<p>Usual signs of student's asthma</p> <p>Wheeze _____</p> <p>Tightness in chest _____</p> <p>Coughing _____</p> <p>Difficulty breathing _____</p> <p>Difficulty speaking _____</p> <p>Other (please describe)</p>	<p style="text-align: center;">Worsening signs of student's asthma</p> <p>Increased signs of:</p> <p>Wheeze _____</p> <p>Tightness in chest _____</p> <p>Coughing _____</p> <p>Difficulty breathing _____</p> <p>Difficulty speaking _____</p> <p>Other (please describe)</p>	<p><i>What triggers the student's asthma?</i></p> <p>Exercise _____</p> <p>(refer to managing EIA)</p> <p>Colds/Viruses _____</p> <p>Pollens _____</p> <p>Dust _____</p> <p>Other Triggers (please describe)</p>
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Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. **THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES** and the parent/carer should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

Does the student need assistance taking their medication? Yes No If yes, how?

Asthma medication requirements usually taken: (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Flixotide, Ventolin)	Method (e.g. puffer & spacer, dry powder inhaler)	When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise)

SCHOOL ASTHMA ACTION PLAN



Asthma First Aid Plan



Please tick preferred Asthma First Aid Plan

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (*Airomir, Asmol, or Ventolin*)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

* A *Bricanyl* Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable
If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____

Date ___/___/___

Doctor's Signature: _____

Date ___/___/___

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly[®] Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or www.asthma.org.au or www.asthmafriendlyschools.org.au.

SCHOOL CAMP ASTHMA ACTION PLAN



FORM ONE - PRE CAMP ASSESSMENT

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please inform your GP about completing the form when you make your appointment. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated.

This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).



Student's Name _____

Gender

M F

Age _____ Date of birth ____/____/____ Grade/Year _____

PHOTO
(optional)

Emergency Contact (e.g. parent/carer) _____ Relationship _____

Phone: (H) _____ (W) _____ (M) _____

Doctor's Name _____ Phone _____

Ambulance Subscriber Yes No Subscriber number _____

Does this student have any other health plans? Yes No If so what are they? _____

USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma

Wheeze _____

Tightness in chest _____

Coughing _____

Difficulty breathing _____

Difficulty speaking _____

Other (please describe)

Worsening signs of student's asthma

Increased signs of:

Wheeze _____

Tightness in chest _____

Coughing _____

Difficulty breathing _____

Difficulty speaking _____

Other (please describe)

What triggers the student's asthma?

Exercise _____

Colds/viruses _____

Pollens _____

Dust _____

Smoke _____

Weather changes _____

Other (please describe)

Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken.

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student present with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If

the symptoms reoccur, recommence treatment. THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES and the parent/carer should be informed of any incident.

- Cool down at the end of activity and be alert for asthma symptoms after exercise.

Does the student need assistance taking their medication? Yes No If yes, how? _____

Any other information that will assist with the asthma management of the student while on camp

e.g. peak expiratory flow, night time asthma or recent attacks

SCHOOL CAMP ASTHMA ACTION PLAN



Asthma medication requirements usually taken: (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Flixotide, Ventolin)	Method (e.g. puffer & spacer, dry powder inhaler)	When and how much? (e.g. 1 puff in morning and 1 at night, before exercise)

ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

- Sit the student down and remain calm to reassure them. Do not leave the student alone.
- Without delay shake a blue reliever puffer (*Airomir, Asmol, or Ventolin*)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
- Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
- If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

* A *Bricanyl*/ Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable
If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR **Student's Asthma First Aid Plan** (if different from above)

- Please notify me if my child regularly has asthma symptoms at school/camp.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack at camp, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____

Date ___/___/___

Doctor's Signature: _____

Date ___/___/___

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly[®] Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or www.asthma.org.au or www.asthmafriendlyschools.org.au

SCHOOL CAMP ASTHMA ACTION PLAN



FORM TWO MEDICAL UPDATE FORM



Complete this form and return it to school the day BEFORE your child leaves for camp. FORM ONE (School Camp Asthma Action Plan) and this FORM TWO should both be taken to camp.

This form will ensure that staff have the most up to date medical information about the student and their asthma. Please ensure that your child brings all relevant asthma medications to camp.

Student's Name _____

Emergency Contact Name _____ Phone _____ Mobile _____

Parent's / carer's names) _____

Phone: (H) _____ (W) _____ (M) _____

1. **Has the student been hospitalised, had an acute asthma attack or had worsening asthma in the last two (2) weeks before camp?** Yes No

2. **Is the student well enough to attend camp?**
Yes No

3. **Has the student's medications changed in the last two (2) weeks?** Yes No

If yes, please provide details of new medication requirements in the table below

Medication requirements: (including medication before exercise)		
Name of Medication (e.g. Flixotide, Ventolin)	Method (e.g. puffer & spacer, dry powder inhaler))	When and how much? (e.g. 1 puff in morning and 1 at night, before exercise)

4. **Has the student had any other illness in the last two (2) weeks?** Yes No

If yes, please give details Nature of illness? _____

When? _____ Severity? _____

Has this affected their asthma? Yes No

Parent's / Guardian's Signature: _____ Date _____/_____/_____