

ST BRENDAN'S SCHOOL DUNNSTOWN



ASTHMA POLICY

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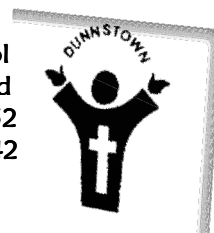
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ASTHMA POLICY

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.

We aim 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.
- **Parents/guardians are responsible for ensuring their children** 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. See 4.5.7.4 SOTF Reference Guide – Cleaning of Delivery Devices.
- 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 children are to be sat down, reassured, administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called if there is no improvement after the second 4 minute wait period, or if it is the child's first known attack. Parents must be contacted whenever their child suffers an asthma attack.

Asthma Management Form

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see [section 4.5.10.3 of the Victorian Government Schools' Reference Guide](#). Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name:

School:

Usual signs of asthma: ☐ Wheezing ☐ Chest tightness ☐ Coughing ☐ Difficulty breathing ☐ Difficulty speaking ☐ Other

When completing this form please seek the advice of the asthmatic's doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication

Method (eg. Puffer & spacer, turbobaler)

When and how much?

Does the child require assistance to take their medication? ☐ Yes ☐ No

2. Peak flow readings: BestCritical(bring own peak flow meter)

3. Signs of worsening asthma: ☐ Wheezing ☐ Chest tightness ☐ Coughing ☐ Difficulty breathing ☐ Difficulty speaking ☐ Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

See Asthma First Aid Plan attached on page 2.

5. List any known asthma trigger factor(s):

6. Has the person been admitted to hospital due to asthma in the past 12 months? ☐ Yes ☐ No

7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc) ☐ Yes ☐ No

8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? ☐ Yes ☐ No

Important Notes

If you have answered "yes" to questions 6, 7, or 8 then the decision for the person to participate rests with the child's doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision must accompany this form.

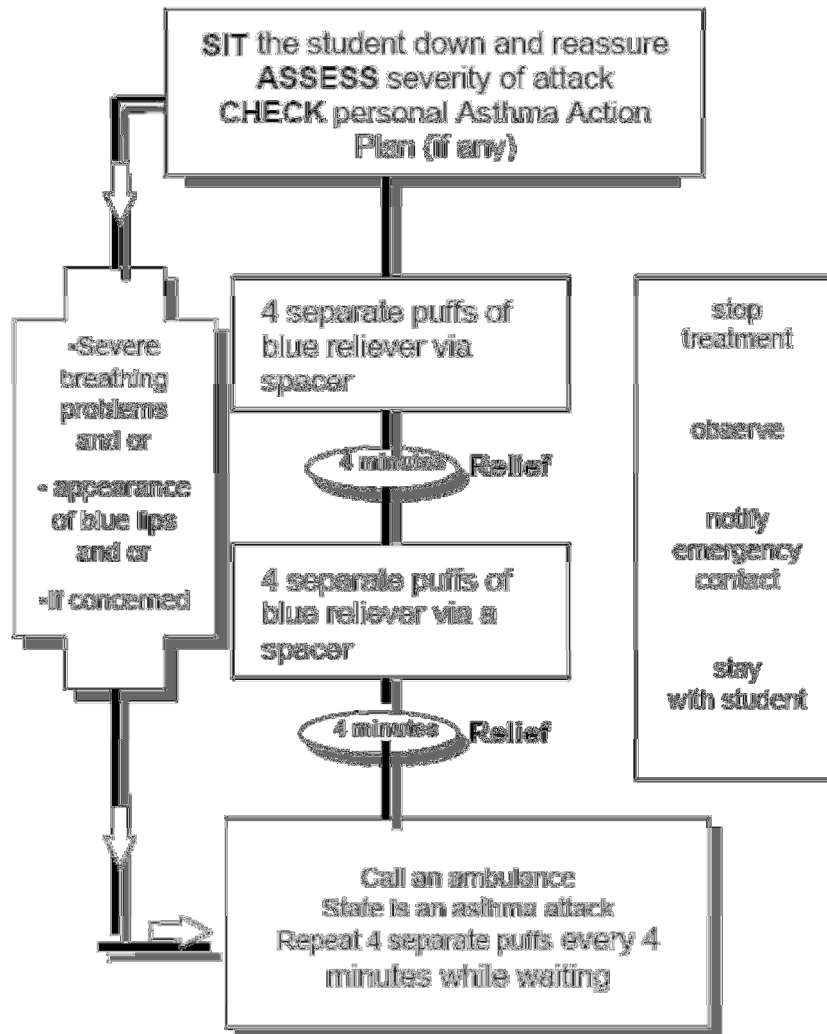
I declare that the information provided on this form is complete and correct.

Parent/guardian:

Phone contact(s):

OR

Asthma First Aid Plan



Asthma Risk Minimisation Plan Template

Cover Sheet

This Plan is to be completed by the Director or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

Children's Service or School Name:		
Phone:		
Student's name:		
Date of birth:		Year level:
Asthma Action Plan provided by parent/carer (please circle): YES / NO		
Asthma Triggers:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at school:		
Medication Storage:		
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date):		
Signature of parent/carer:		Date:
Signature of principal (or nominee):		Date:

Strategies to Avoid Asthma Triggers

[illegible]

Appendix

Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carers volunteers) aware of which children have asthma?
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an Asthma Action Plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (*e.g.* egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?



SCHOOL CAMP AND EXCURSION MEDICAL UPDATE FORM

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.

Student Name: _____

Emergency Contact Name: _____

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

Parents/Carers Name: _____

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

Has the student been hospitalized due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? (please circle) Yes No

Is the student well enough to attend camp/excursion? (please circle) Yes No

Has the student's medications changed in the last two weeks? (please circle) Yes No

Please provide details of students medication and instructions for use in the table below

Medication requirements:		
Name of Medication (eg. Flixotide, Asmol)	Method (eg. puffer & spacer, dry powder inhaler)	When and how much? (eg. 1 puff in morning, 2 puffs at night, 2 puffs before exercise)

Has the student had any other illness in the last two weeks? (please circle) Yes No

If YES, please give details:

Nature of illness? _____

When? _____

Severity? _____

Has this affected their asthma? (please circle) Yes No

Parent's/Carers's Signature: _____ Date ____/____/____