



Williamstown Primary School

Asthma Management Policy

1. BACKGROUND

Schools should have a whole school policy to manage asthma that addresses staff asthma awareness training, first aid kits content and maintenance, medication storage and management of confidential medical information.

Schools must provide equipment to manage an asthma emergency in their Asthma First Aid Kits

All school staff have a duty of care in regard to the wellbeing of students.

2. PURPOSE

- To ensure Williamstown Primary School supports students diagnosed with asthma.
- To ensure the school complies with DET policy and guidelines in the management of asthma.

3. DEFINITIONS

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

"School" means Williamstown Primary School.

4. PROCEDURES FOR IMPLEMENTATION

- The school has developed a mandatory prerequisite Health Care Needs Policy.
- For each student diagnosed with asthma, a written Asthma Action Care and a Student Health Support Plan must be completed by the student's medical/health practitioner in consultation with the parents/guardians and provided to the school annually.
- The plan must include:
 - 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 four separate puffs of blue reliever medication, with four breaths taken per puff every four minutes, using a spacer if possible.

Note: If the plan specifies less than the required number of puffs (i.e. four) per minute period, it will be sent back to the doctor for review.

- The school will ensure those staff with a direct student wellbeing responsibility such as PE/sport teachers, first aiders and camp organisers have completed the Emergency Asthma Management (EAM) course at least every three years
- Staff will complete the Asthma Foundation's free one-hour Emergency Asthma Education course at least every three years.

- The school also will display the asthma first aid posters in the first aid room.
- The school will provide at least two asthma emergency kits amongst the first aid supplies. Please refer to Asthma First Aid Kits in the related policies referenced below. Parent supplied asthma medication will be stored separately from the kits.
- A nominated staff member will be responsible for maintaining the asthma emergency kits and replacing contents when necessary (e.g. after use or if the puffer has expired).
- Parents must supply an asthma kit in response to their child's Asthma Plan which will be stored separately.
- The school will endeavour to reduce asthma triggers by
 - mowing school grounds out of hours
 - planting a low allergen garden
 - limiting dust, for example by having the carpets and curtains cleaned regularly and out of hours
 - examining the cleaning products used in the school and their potential impact on students with asthma
 - conducting maintenance that may require the use of chemicals, such as painting, during school holidays
 - turning on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.
- The school will ensure that parents/guardians complete the Asthma Foundation's School Camp and Excursion Medical Update Form in addition to DET's confidential medical information form.
- The school will request parents to provide sufficient asthma medication for students when attending school camps or other overnight activities.
- If a student is diagnosed with Exercise Induced Asthma (EIA), staff will ensure adequate time (5 – 20 minutes) is allowed for reliever medication before the activity and cooling down after the activity. If a student has an asthma attack during exercise, the student will cease the activity and the Student's Asthma Action Plan will be followed. The student may return to the activity only if symptom free. A cool down activity will be undertaken and staff will be alert for symptoms.
- The school will regularly communicate with parents about the student's development, successes, changes and any health concerns and if an attack occurs. In particular, the frequency and severity of the student's systems and use of medication will be communicated.
- If a person who is not a known asthma suffer has an asthma attack, the use of a puffer could be lifesaving.
- In such circumstances the school will also immediately call an ambulance and state a person is having an asthma attack.
- Please refer also to the school's Duty of Care Policy, the Parental Responsibilities (Decisions about Students) Policy and the Health Care Needs Policy.

References:

- www.education.vic.gov.au/school/principals/soaghealth/pages/conditionsasthma.aspx
- www.education.vic.gov.au/school/principals/spag/health/pages/asthmaattack.aspx
- www.education.vic.gov.au/school/principals/spag/health/pages/asthma.aspx

5. REVIEW AND POLICY HISTORY

This policy is due for formal review in November 2018 although it may be changed at any time as required after discussion with School Council and the Principal or if guidelines change (latest DET update mid October 2015)

Policy History

Version Approval Date	Summary of Changes
August 2014	New Policy
May 2015	Policy Update
May 2016	Policy Update (Oct 2015)