Asthma Policy

ST CHARBEL’S COLLEGE
Asthma Policy

Related Policies

- First Aid Policy
- Prescribed Medicine & Health Policy

Purpose

To provide staff of St Charbel’s College with guidelines to ensure the safety of students in their care when dealing students suffering with severe asthma.

Policy

Providing support to students at risk of Asthma

It is the responsibility of the parent/carer(s) to notify the school that their child suffers from severe asthma either at the time of enrolment, or if the student is enrolled, as soon after diagnosis as possible.

As with other health conditions, St Charbel's College provides support to assist the parent/carer(s) in the management of their child’s health. For this support to be effective it is important that:

- A partnership is established between the parent/carer(s) and the school to share information and clarify expectations.
- Every reasonable effort is made to minimise the risk of students suffering a severe asthma attack.
- Every student with severe asthma attending the school will have a written Asthma Action Plan, completed by their medical/health practitioner, in consultation with the student’s parent/carer(s).
- Asthma Emergency Kits and Asthma First Aid Posters be located strategically around the College.

Definitions

What is Asthma?

Students with asthma have sensitive airways in their lungs. When exposed to certain triggers the airways narrow, making it hard for the student to breathe. Symptoms of asthma commonly include cough, tightness in the chest, shortness of breath/rapid breathing, wheeze (a whistling noise from the chest). Many students have mild asthma with very minor problems and rarely need medication. However, some will need medication on a daily basis and frequently require additional medication at school
Asthma Policy

(particularly before or after vigorous exercise). Most students can control their asthma by taking regular medication.

Procedures

Action steps

The following steps describe how to manage a child at risk of severe asthma attacks at school.

The Deputy Principal or delegate will:

- Seek information from the parent about allergies as part of health information at enrolment or as part of regular health updates.

- Where the information from the parent indicates that their child has asthma, provide a copy of an appropriate form to the parent for completion (See Prescribed Medicines & Health Policy forms).

- Determine whether the information provided by the parent on the form indicates the need for further discussion with the parent:
  - If the form indicates the student has asthma and has either been hospitalised or is at risk of severe asthma attacks or both, a meeting should be organised with the parent
  - If not, add the form to the student’s records.

In cases of severe asthma or where the Deputy Principal or delegate determines that the student's health support needs cannot be met within existing arrangements, he or she will consult with parent/carer(s) and staff in developing an individual health care plan for the student.

The Deputy Principal or delegate will meet with the parent/carer(s) and:

- Provide the parent/carer(s) with an Asthma Action Plan form to be completed by the student's doctor, in consultation with the student's parent/carer(s)

- Seek agreement to contact the medical practitioner (see Prescribed Medicine & Health Policy forms) and to share information about the student’s condition with staff.

- Request that the parent/carer(s) arrange for the completion of an Asthma Action Plan form so that the parent/carer(s) can provide it to the school.

- Distribute written information to all staff. Provide staff with information about the individual student's asthma as agreed with the parent/carer(s).

- Develop an interim plan (which, in rare cases where a student is seeking enrolment, may include delaying the student’s enrolment until consultations have occurred with staff and satisfactory support arrangements have been agreed).
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- Conduct an assessment of factors in the student’s routine and of issues to be addressed in implementing an emergency response plan.

- Reduce Asthma triggers as much as possible. Possible measures may include but are not limited to out of hours mowing of the school grounds, planting a low allergen garden, limiting dust by having the carpets and curtains cleaned regularly, examining the cleaning products used in the school and their potential impact on students with asthma.

- Develop an individual health care plan in consultation with relevant staff, the parent/carer(s) and student to incorporate:
  - Display of the student’s Asthma Action Plan
  - Strategies for avoiding EIA - Exercise Induced Asthma
  - Strategies for avoiding exposure to any known Asthma triggers
  - Medical information provided by the child's medical practitioner
  - Emergency contacts.

- Develop an implementation strategy that addresses the training needs of staff, including casual teachers, and communication strategies for relevant aspects of the individual health care plan, including with other parent/carer(s) and students, where relevant.

- Implement the strategy.

- Review the individual health care plan annually at a specified time (eg beginning of the school year) and at any other time where there are changes in:
  - The student’s health needs
  - Staff, particularly class teacher, Year Coordinator or adviser or any staff member who has a specific role in the plan
  - Other factors that affect the plan, for example, when a severe Asthma attack occurs.

- In the event that the student enrolls in another school, provide the parent/carer(s) with a copy of the current individual health care plan and encourage them to provide a copy to the new Principal. This will assist the process of health care planning in that school.

It is the role of the parent/carer(s) to:

- Inform the Principal of the school of the health needs of the child/ren upon enrolment and when the health needs of the child/ren change

- When requested by the Principal, negotiate an individual health care plan for school support of the student's health with the principal and staff
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- Provide a written Asthma Action Plan, completed by their medical/health practitioner, in consultation with the student’s parent/carer(s)

- Convey clear instructions from the doctor to the school about the student’s asthma medication requirements

- Provide the “Dear Medical Practitioner” letter to their child's medical practitioner and return it to the school when the form is completed (see Prescribed Medicine & Health Policy forms).

- Provide written requests for the school to administer prescribed medications – Permission to Administer Medication form (see Prescribed Medicine & Health Policy forms).

- Provide the equipment and consumables for carrying out health care support procedures as specified in the student's individual health care plan, including where relevant, the appropriate Asthma medication and recommended delivery device for example a puffer (hand-held inhaler device) be used in conjunction with a spacer device to assist with fast and more effective delivery of medication

- Replace the medication when it expires or when empty.

Most Recent Review Date 2010

References and Sample Forms

Asthma Information
The Asthma Association
http://www.asthma.org.au/

Asthma Action Plan Proforma
see following page
# Asthma Action Plan Proforma

**SCHOOL ASTHMA ACTION PLAN**

This record is to be completed by parents/carer(s) 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.

## Student’s Name

__________________________________________

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### Gender

M  F

### Age

________

### Date of birth

__/__/____

### Form/Class

_______________

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### Emergency Contact (e.g. Parent/Carer(s))

________________________

### Relationship (optional)

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### Phone:

(H) ____________________ (W) ____________________ (M) __________

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### Doctor’s Name

__________________________________________

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### Phone

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### Ambulance Subscriber

Yes  No

### Subscriber number

_______________

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### Does this student have any other health plans? Yes No

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### If so what are they?

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## USUAL ASTHMA ACTION PLAN

<table>
<thead>
<tr>
<th>Usual signs of student’s asthma</th>
<th>Worsening signs of student’s asthma</th>
<th>What triggers the student’s asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheeze ____________</td>
<td>Increased signs of:</td>
<td>Exercise ____________</td>
</tr>
<tr>
<td>Tightness in chest_____</td>
<td>Wheeze ____________</td>
<td>(refer to managing EIA)</td>
</tr>
<tr>
<td>Coughing ____________</td>
<td>Tightness in chest_____</td>
<td>Colds/Viruses ___________</td>
</tr>
<tr>
<td>Difficulty breathing __________</td>
<td>Coughing ____________</td>
<td>Pollens ______________</td>
</tr>
<tr>
<td>Difficulty speaking ___________</td>
<td>Difficulty breathing ___________</td>
<td>Dust___________________________</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Difficulty speaking ___________</td>
<td>Other Triggers (please describe)</td>
</tr>
<tr>
<td></td>
<td>Other (please describe)</td>
<td></td>
</tr>
</tbody>
</table>

### 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(s) should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

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### Does the student need assistance taking their medication? Yes No

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### If yes, how?

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## Asthma medication requirements usually taken:

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Flixotide, Ventolin)</th>
<th>Method (e.g. puffer &amp; spacer, dry powder inhaler)</th>
<th>When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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SCHOOL ASTHMA ACTION PLAN

Please tick preferred Asthma First Aid Plan

☐ Schools Asthma Policy for Asthma First Aid

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, Epaq 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 __/__/__