

ASTHMA POLICY



Rationale

This policy ensures Oberon Primary School (OPS) supports students diagnosed with asthma.

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 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 may include the following; exercise, colds/flu, smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires), weather changes, dust and dust mites, mould, pollens, animals, chemicals, deodorants (including perfumes, after-shaves, 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, see: Other resources.

Policy Statement

This Policy aims to set out guidelines to manage students diagnosed with asthma. For each student diagnosed with Asthma, OPS will have a written:

- Asthma Action Plan
- Student Health Support Plan.

OPS will:

- ensure all staff with a duty of care for students are trained to assess and manage an asthma emergency and complete the free one-hour Asthma Education session at least every three years
- ensure those staff with a direct student wellbeing responsibility such as nurses, PE/sport teachers, first aid and camp organisers have completed the Emergency Asthma Management (EAM) course at least every three years
- provide equipment to manage an asthma emergency in their asthma first aid kits, see: Asthma First Aid Kits in "Related Policies" section, below.

Implementation

Developing a student asthma action plan

Each student diagnosed with asthma will have an Asthma Care plan (in line with the Asthma Foundation Victoria) and this will be:

- completed by the student's medical/health practitioner in consultation with the parents/guardians
- provided annually by the: - doctor to the parents/guardian - parents/guardians to the school.

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 and 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.

Note: It is recommended that if the plan has less than the required number of puffs per minute period it should be sent back to the parent/guardian and doctor for review.

Training staff

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

The Asthma Foundation of Victoria provides a free one hour training session to educate school staff on how to manage asthma in the school setting including how to:

- manage asthma in the school setting
- assess and manage an asthma emergency.

The Asthma Foundation, Asthma First Aid posters will be displayed in the:

- staff room
- sick room
- areas where asthma attacks are likely to occur or be treated.

Providing an asthma first aid kit

Anyone with asthma can have a severe attack, even those with mild asthma. Schools should have at least two asthma emergency first aid kits.

Encouraging camps and special event participation

OPS will ensure:

- parents provide enough medication for the student if they are going away overnight
- enough asthma emergency kits are available for the camp or excursion needs
- that parents/guardians complete the Asthma Foundation's School Camp and Excursion Medical Update Form and the Department's Confidential Medical Information for School Council Approved School Excursions form.

Managing exercise induced asthma (EIA)

If a student has diagnosed EIA, staff will ensure that adequate time 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, follow their Asthma Action Plan if easily accessible, or commence first aid procedure.

OPS staff will always notify parent of any incidents.

Communicating with parents

OPS staff will regularly communicate with the student's parents about the student's 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.

Related school policies

- Camps, Incursions and Excursions Policy
- First Aid Policy
- Distribution of Medication policy

Department of Education and Training (DET) prerequisite policies

Health Care Needs Policy (see link below)

<https://www.education.vic.gov.au/school/principals/spag/health/Pages/healthcareneeds.aspx>

Relevant resources

Asthma, Chronic Illness Alliance — <http://www.chronicillness.org.au/invisible-illness/asthma/>

Asthma Australia — <http://www.asthmaaustralia.org.au/vic/home>

Evaluation

This policy will be reviewed and ratified at the start of each school year.

This policy was ratified by the Oberon Primary School Council on 14/05/2019

Next review date: February 2020

Policy History

Policy prepared by Genefor Walker-Smith — October 2016

Ratified by OPS Council:

- 09/05/2017
- 27/03/2018

- 14/05/2019