

Child Side Asthma Care Policy

Child Side School staff have a duty of care towards their students. As a common chronic illness in childhood, it is widely recognised that many problems associated with asthma will impact on a child's education. For this reason Child Side School has opted to become an 'Asthma Friendly School' and in doing so can work towards strategies that actively support the whole school community in the management of asthma.

Child Side has adopted the following practices to fulfil its responsibility to students with asthma:

- Medical information is requested from all parents/carers on all new students in the school to ensure that the school is aware of all students with asthma or severe allergies. (Student Asthma Record Form)
- The Student Asthma record Forms are kept in a central location (office)
- Student Asthma Records are easily accessible to the teachers responsible for each student with asthma.
- Teachers are provided with a list of students in their care who have asthma.
- Asthma First Aid posters are on display throughout the school.
- Asthma education is provided for staff every three years so that staff are educated in the administration of medication, how to provide assistance to a student in an emergency situation and ensure that a staff member who has undergone education is present during sport, excursions, camps.
- Asthma education is offered to parents/carers within the school.
- Asthma medications and spacer devices are readily available to students with asthma in an Asthma emergency Kit.
- Students should be encouraged to carry or have available appropriate asthma medication and own personal spacer and wherever possible self-administer.
- Students should be encouraged to take their blue reliever puffer immediately should asthma symptoms develop.

- Parents must provide written authority for school staff to administer prescribed medications should their children need assistance.
- Staff need to keep a record of any medication they have administered or helped to administer in the Child Side Medical Book .
- A blue reliever puffer is contained within our outdoor (bumbag) first aid kits.
- Asthma education program is included in the school health curriculum.
- Potential asthma triggers are minimised within the school environment. If environmental triggers are not able to be controlled then children who suffer from asthma may be asked to stay inside and find an alternative activity to engage in during a high risk trigger time (smoke from controlled burn offs).

Outdoor activities including prolonged periods of sport, excursions and camps provide a potential risk for students with asthma. For any of these events the following procedures need to be followed:

- Ensure at least one staff member that is capable of managing an acute asthma attack is present.
- If a student has asthma symptoms, they should not participate in the activity.
- Notify parents/carers that it is their responsibility to ensure that their child has adequate supply of appropriate medication.
- Encourage students to continue taking their usual asthma medications and to always carry their blue reliever puffer.
- One staff member needs to wear an outdoor first aid kit (bumbag) containing Emergency Asthma Kit.

For school camps ensure:

- Student Asthma Records are up to date (parents to provide an update form before camp)
- Catering staff are provided with a record of those students who are known to have food allergies or whose asthma is triggered by food or food additives.

EMERGENCY PROCEDURE OF AN ASTHMA ATTACK

The severity of an asthma attack can be determined by symptoms which may involve:

- **Mild:** coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences.
- **Moderate:** Persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only.
- **Severe:** Distress and anxiousness, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe attack require emergency medical assistance. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, emergency procedure (as detailed below) must commence immediately.

ASTHMA MEDICAL EMERGENCY PLAN

In the event of an attack the First Aid Plan on the student's Asthma Record should be followed. If documentation is not available, the steps below should be taken immediately. Should the student's own blue Reliever medication (Ventolin, Airomir, Asmol, Epaq or Bricanyl) not be available, a blue Reliever puffer should be obtained from a First Aid Kit, or borrowed from another student/staff member and given without delay. It does not matter if a different brand of blue Reliever medication is used as all of these medications act in the same way.

Step 1 Sit student upright and provide reassurance. Do not leave the student alone.

Step 2 Give 4 puffs of a blue Reliever puffer, one puff at a time, preferably through a spacer*. Ask the student to take 4 breaths from the spacer after each puff.

Step 3 Wait 4 minutes.

