

Asthma Care Policy

Introduction

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.

Scope and Application

This policy applies to all employees, parents, children and community members of Child Side School.

This policy will be reviewed and amended in accordance with Child Side School Policy on Policies and Policy Guidelines and Procedures Contents Schedule.

The use of the word child/children in this policy refers to students in the context of the school environment.

Related Legislation/Guidelines

- Occupational Safety and Health Act (1984)
- Occupational Safety and Health Regulations (1996)

Related Policies

- Code of Conduct
- Child Code of Conduct
- Parent Code of Conduct
- Duty of Care Policy
- Critical and Emergency Incidents and Crisis Management
- Nutrition, Health and Hygiene Policy
- Occupational Health and Safety Policy
- School Incursions Policy
- School Excursions Policy
- Playground Supervision Policy
- Sickness and Accident Policy

Policy Statement

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. (Asthma Care Plan Form)
- The Asthma Care Plan forms are kept in a central location (office)
- Student Asthma Care Plans 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.

- Parents of current children who have an Asthma Care Plan are required to provide an updated plan at the commencement of each school year.
- Asthma First Aid posters are on display throughout the school.
- Asthma education is provided for staff every three years (through First Aid Training), with an annual refresher at staff dialogue, 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 medications and spacer devices are readily available to students with asthma in an Asthma emergency Kit (First Aid 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.
- Any children experiencing an asthma flare up will not be left on their own.
- 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 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 burns).
- In the event of a serious asthma flare up the school will observe the requirements of the Critical and Emergency Incidents Policy and if relevant report a "notifiable" incident to the Director General of the Department of Education.

Any outdoor activities including prolonged periods of sport, excursions and camps provide a potential risk for students with asthma and the outdoor activities procedures are to be followed.

Appendices

Appendix 1	Emergency Procedure for an Asthma Attack (separate document)
Appendix 2	Asthma Care Plan Form (separate document) July 2018

Version Management

[illegible]

Emergency Procedure for 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.

Step 4 If there is little or no improvement, repeat steps 2 and 3. If there is little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

If the attack is severe the student's parents and doctor should be contacted.

*Use a blue Reliever puffer on its own if no disposable spacer is available.

Blue reliever medications are safe. An overdose cannot be given by following the instructions outlined. However, it is important to note that the student may experience harmless side effects of shakiness, tremor or racing heart.

What if it is the first attack of Asthma?

If the student has difficulty breathing, follow the Asthma First Aid Plan immediately whether or not the student is known to have asthma. No harm is likely as a result from giving a blue Reliever medication to someone without asthma (National Asthma Council of Australia).

Outdoor Activities

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 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.