



## RATIONALE

- Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.
- To be an "Asthma Friendly" school and work towards strategies that actively support the whole school community in the management of asthma.

## AIMS

- To manage asthma and asthma sufferers as effectively and efficiently as possible at school.
- Target group: school staff, students and parents.

## IMPLEMENTATION

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.
- Children and adults with mild asthma rarely require medication, however severe asthma sufferers may require daily or additional medication (particularly before /and/or after exercise).
- Professional development will be provided biannually for all staff on the nature, prevention and treatment of asthma attacks. Such information will also be displayed on the staffroom wall and sickbay wall.
- All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria's requirements completed by their doctor or paediatrician. Appropriate asthma plan proformas are available at [www.asthma.org.au](http://www.asthma.org.au)
- Asthma plans will be attached to the student's records for reference.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- The school will provide, and have staff trained in the administering of, reliever puffers (blue canister) such as Ventolin, Airomir, Asmol or Bricanyl and spacer devices in all first-aid kits, including kits on excursions and camps. Clear written instructions on how to use these medications and devices will be included in each first aid kit, along with steps to be taken to treat severe asthma attacks. Kits will contain 70% alcohol swabs to clean devices after use.
- The first aid staff member will be responsible for checking reliever puffer expiry dates.
- A nebuliser pump will not be used by the school staff unless a student's asthma management plan recommends the use of such a device, and only then if the plan includes and complies with section 4.5.7.3 of the SOTF Reference Guide – Asthma Medication Delivery Devices.
- All devices used for the delivery of asthma medication will be cleaned appropriately after each use.
- Care must be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks should be treated in accordance with their asthma plan.
- If no plan is available children are to be sat down, reassured, administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called if there is no improvement after the second 4-minute wait period, or if it is the child's first known attack. Parents must be contacted whenever their child suffers an asthma attack.
- Parents/carers will be notified of the Asthma Friendly school model through letters home and the newsletter.
- Scheduled visit from an asthma educator to provide asthma education for the Parents' and Friends' Committee or interested parents or carers.
- Recognise potential risks on sports days, excursions or school camps and the need for management and emergency procedures for students with asthma.
- Educate students of all ages on asthma and make use of relevant resources on asthma. Promote asthma awareness during Asthma Week (in the second week of October).

## EVALUATION

- This policy will be reviewed as part of the school's three-year review cycle.

This policy was last ratified by School Council in August, 2004