



Policy: **Asthma**

Approved at School Council Meeting: May 2016

Review: 2018

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**Shepparton East Primary School is an accredited Asthma Friendly Primary School and follows the Victoria Schools Asthma Policy.**

The school will ensure that this registration remains current on a three yearly basis and will undertake as required the requirements for maintaining this registration.

**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. 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 after exercise).

**Aim**

To manage asthma and asthma sufferers as effectively and efficiently as possible at school.

**Assessing the severity of an asthma attack**

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

**Action**

Parents of children diagnosed with asthma are asked to provide to the School with:

- a copy of their child's asthma management plan on enrolment or when a plan has been prepared
- a spacer device
- appropriate asthma medication

All students judged to be having a severe asthma attack require emergency medical assistance.

Students with asthma will have a clearly named individual pocket in sick bay in which their asthma pack will be stored for easy access and identification by all staff. If the student leaves the school for a camp, excursion etc their asthma pack will be taken along by a member of staff responsible for first aid. The school will notify parents when packs are required to be updated or replenished.

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) and a copy is attached to this policy as appendix 1.

The school will provide an annually updated list of students with asthma management plans on record to staff including specialists, aides and class teachers. Class teachers are responsible for having this medical information available at the front of their roll for days when Casual Relief Staff are teaching.

Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) stored in the First Aid room at school at all times.

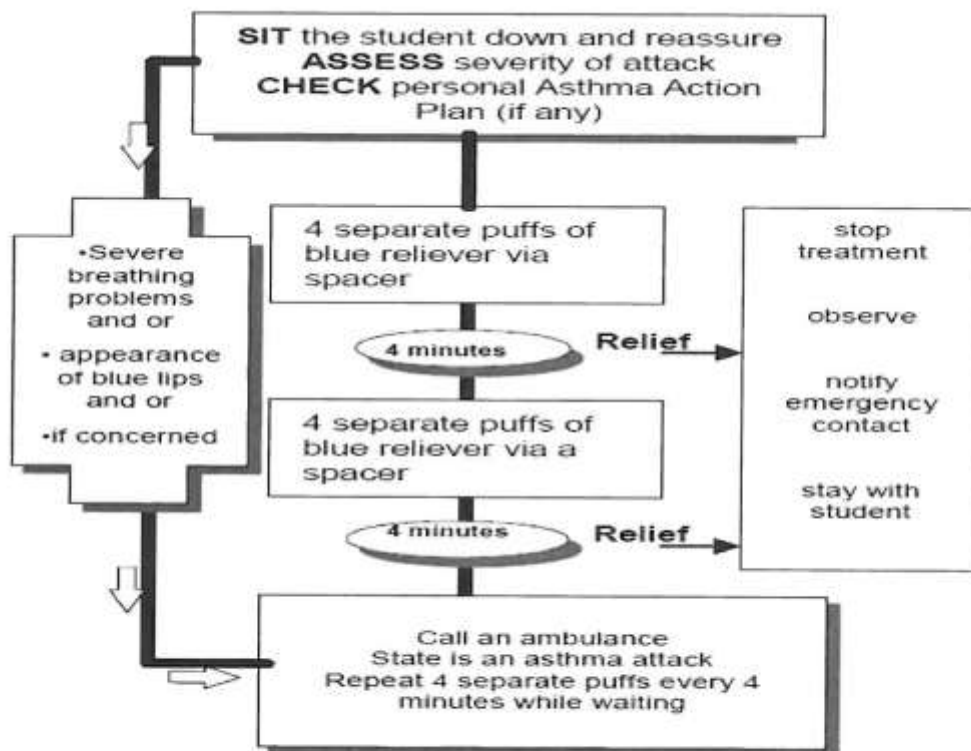
Professional development will be provided for all staff on the nature, prevention and treatment of asthma attacks in line with the recommendations of The Asthma Friendly Schools Program. Such information will also be displayed in the First Aid room.

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.

The school will be responsible for checking all reliever puffer expiry dates.

Intervention 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. Students whom suffer from Asthma but do not have an authorised or up to date Asthma Management Plan will be treated in the following manner.



NOTE:

Parents must be contacted whenever their child suffers an asthma attack.

# Asthma care plan for education and care services



**CONFIDENTIAL:** Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

Date of approval: July 2014  
Approved by: CEO Asthma Australia  
Date of review: July 2016

AA Care Plan for EC-Care (v0114)  
July 10, 2014 9:14 PM

PLEASE PRINT CLEARLY

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

## Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

\_\_\_\_\_

\_\_\_\_\_

## Daily asthma management

*This child's usual asthma signs*

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

*Frequency and severity*

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

*Known triggers for this child's asthma (eg exercise\*, colds/flu, smoke) — please detail:*

\_\_\_\_\_

\_\_\_\_\_

- Does this child usually tell an adult if s/he is having trouble breathing?  Yes  No
- Does this child need help to take asthma medication?  Yes  No
- Does this child use a mask with a spacer?  Yes  No
- \*Does this child need a blue reliever puffer medication before exercise?  Yes  No

## Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

### Doctor

Name of doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

### Emergency contact information

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

# Asthma First Aid

## 1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



## 2 Give 4 separate puffs of blue/grey reliever puffer

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer

**Repeat** until **4 puffs** have been taken

**Remember: Shake, 1 puff, 4 breaths**

(OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12))



## 3 Wait 4 minutes

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

(OR give 1 more dose of Bricanyl or Symbicort inhaler)



## 4 If there is still no improvement call emergency assistance (DIAL 000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort)



### Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

**Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma**