Briar Hill Primary School

Asthma Management Policy

Background

Asthma is a common chronic inflammatory condition of the airways which presents as episodes of wheezing, breathlessness and chest tightness due to widespread narrowing of the airways. Airway narrowing and symptoms can be triggered by viral infections, exercise, air pollutants, tobacco smoke or specific allergens such as house dust mites, pollens and animal dander (Australian Centre for Asthma Monitoring (ACAM), 2008).

As one of Australia's most widespread chronic health problems, asthma affects about 11% of children aged 0-15 years or around 1 in 7 primary school-aged children (ACAM, 2008).

While the majority of children experience very mild symptoms that are easily managed, some individuals may experience more severe symptoms that require medical attention.

Aside from the health concerns associated with asthma, students who have asthma, particularly those with moderate to severe asthma may experience difficulties at school in relation to attendance, concentration and participation in school-based activities (DEECD, 2009).

Rationale

Given the prevalence of asthma in primary school aged children and the potential threat to well being and education of those with the condition, it is important that

the staff, parents and the wider school community understand how to prevent, identify and treat children who have asthma consistent with an agreed policy.

Aims

This policy aims to:

1. minimise the risk of severe asthma symptoms
2. describe the course of action in the event a child has an asthma attack
3. educate and train staff and the wider school community how to prevent, identify and manage asthma symptoms

Implementation

1. Asthma Action Plan

1.1. Every student with asthma will have a written Asthma Action Plan (AAP) (Appendix 1).

1.2. It is the responsibility of the parent(s)/guardian(s) to ensure that each student with asthma has a current AAP. The AAP must be signed by the parent/guardian as well as the student's doctor.

1.3. It is recommended that the parent/guardian review the AAP annually (or more frequently) as may be necessary. The Principal will, at the commencement of the school year, request an updated AAP. It is the parent's responsibility to update the AAP, if necessary, and return an updated version to the school.

1.4. The Principal is responsible for ensuring the AAP is attached to the student's record and a copy is stored in a central file with the AAPs of all students in the event of an evacuation.

2. Day-to-day management

2.1. Reliever medications (e.g., puffers) should be readily accessible by students with asthma – preferably carried with them.

2.2. Students are to provide their own medication for their usual day-to-day asthma management.

2.3. It is the responsibility of parent(s)/guardians to ensure students have sufficient medication for their day-to-day use

2.4. Staff will encourage students with asthma to participate in all school activities including sports and fitness. However, where a student is recovering from a recent flair-up of asthma, during cold weather, high pollen days or recovering from a cold or flu, as illustrative examples, it is recommended that the student abstain from activities.

2.5. Staff will endeavour to prevent exercise induced asthma by providing a simple warm-up activity, or ensuring students with asthma are 'pre-medicated' consistent with their AAP.

3. Asthma First aid

If a student develops signs of what appears to be an asthma attack, the following will occur:

3.1. A staff member will make an assessment of the severity of the asthma attack according to the following categories:

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.

3.2. When the asthma attack is judged to be severe it is to be considered a medical emergency and as such, the following will occur:

3.2.1. An ambulance will be called (dial 000) stating that "…a student is having breathing difficulties…"

3.2.2. The student's 'emergency contact' will be notified as documented in the AAP

3.2.3. Commence asthma first aid (as detailed below)

3.3. Commencement of asthma first aid will occur as soon as possible irrespective of whether the asthma attack has been assessed as mild, moderate or severe according to the following

3.3.1. If the student has an AAP, the instructions on page 2 – Asthma First Aid Plan (Appendix 1) will be followed immediately.

3.3.2. If no AAP is available (e.g., student not known to have pre-existing asthma) follow the generic '4-step Asthma First Aid Plan' (Appendix 2 and 3).

4. Asthma emergency kit

4.1. The Principal is responsible for ensuring the school has an adequate number of Asthma Emergency Kits permanently located on the school grounds as well as a mobile Asthma Emergency Kit (or multiples) that will accompany a staff member on camps or school excursions

4.2. The Principal is responsible for ensuring that staff are made aware of where the Asthma Emergency Kits are stored around the school.

4.3. The Principal, or a nominated delegate, is responsible for ensuring that the kit contains:

- A blue reliever puffer (eg, Airomir, Asmol, Epaq or Ventolin) that is 'in-date' and has sufficient medication left [1]
- A spacer device that matches the reliever puffer
- Clear written instructions on how to use these medications and devices as well as a step-by-step plan of the action taken in treating an acute asthma attack (Appendix 3)
- 70% alcohol swabs to clean the devices after use

4.4. The staff member administering the asthma first aid is responsible for cleaning the puffer and spacers after use according to Department of Health and Aging (2004) which states:

[1] Schools can legally purchase a reliever puffer for first aid purposes from a pharmacist on written authority of the Principal. (Asthma Foundation, 2006)

- Remove the canister from the puffer container and separate the spacer device into two parts
- Wash the puffer container and spacer device in hot water and kitchen detergent
- Allow devices to air dry
- Wipe 'mouth piece' thoroughly with a 70% alcohol swab
- Replace the canister of medication back into the puffer container and in doing so, check it is 'in-date'. Check the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible upon firing
- Store the devices in a dust proof container
- If the devices are contaminated by blood, they should be disposed of and replaced.

5. Managing asthma on excursions and overnight camps

5.1. The staff member leading the excursion or camp is responsible for taking an Asthma Emergency Kit

5.2. The staff member leading the excursion is responsible for taking a copy of the AAP for each child with known asthma. For an overnight camp, the staff member will take a copy of the 'Camp Asthma Action Plan' (Appendix 4) instead.

5.3. At least two weeks prior to an overnight camp, the school will ask the parent(s)/guardians to complete a 'Camp Asthma Action Plan' which includes additional details such as frequency and dosage or preventer medication; as an illustrative example

5.4. Parent(s)/guardians are responsible for returning to the school the complete 'Camp Asthma Action Plan' prior to the overnight camp.

5.5. Parent(s)/guardians are responsible for ensuring that students have with them enough medication for the period they'll be away – be that for an excursion or overnight camp.

6. Education/review

61 The Principal is responsible for organising annual training for all staff and displaying asthma first aid posters (Appendix 5) in prominent locations such as the staff room.

6.2 In the event of a severe asthma attack, or when an ambulance is called, the Principal is responsible for debriefing staff and reviewing the process by which first-aid was administered.

7. Prevention

7.1 The School Council will undertake reasonable steps to minimise asthma triggers including: mowing lawns out of school hours, have carpets and curtains cleaned regularly.

Evaluation

This policy will be revised 36 months after it is ratified by the School Council. A review may be triggered in advance of this date by: written request to the School Council made by a member of the school community or a resolution of School Council.

Ratification

This policy was ratified by the School Council on the 16th March, 2010.

Signature of School Council President:

Date:

References

Asthma Foundation Victoria (2006) The Victoria Schools Asthma Policy. Accessed 13th October, 2009 from: http://www.asthma.org.au/Portals/0/AFS%20Schools%20Policy%202006%20LR.pdf

Asthma Foundation Victoria (2009) Asthma Friendly Schools Resource. Accessed 3.12.09 from: http://www.asthma.org.au/Default.aspx?tabid=124

Australian Centre for Asthma Monitoring (2008). Asthma in Australia 2008. Australian Institute of Health and Welfare (AIHW) Asthma Series 3. AIHW cat no. ACM14. Canberra: AIHW.

Department of Education and Early Childhood Development (2009) *Victorian Government Schools Reference Guide – Student Health.* Accessed 13th October, 2009 from: http://www.eduweb.vic.gov.au/edulibrary/public/schadmin/environment/4-5.pdf

Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting, Department of Health and Aging, 2004.

Supporting documents

Appendix 1 – Asthma Action Plan

Appendix 2 – 4 step Asthma First Aid Plan

Appendix 3 - Asthma First Aid Card

Appendix 4 – Camp Asthma Action Plan

Appendix 5 – Asthma first aid poster