



Rockingham Montessori School Incorporated
ABN: 68 115 270 695

POLICY TITLE: ASTHMA MANAGEMENT POLICY

BOARD APPROVAL DATE: April 2019

SIGNED BY CHAIR:

BOARD REVIEW DATE: April 2022

OVERVIEW

This School/preschool is committed to:

- Providing the necessary procedures to ensure the health and safety of all persons with asthma involved with the School
- Raising the awareness of asthma amongst those involved with the School
- Providing an environment in which young people with asthma can participate in all activities to their full potential
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma

PURPOSE

The aim of this policy is to document strategies for implementation of best practice asthma management within an educational setting so that:

- All children enrolled at the site who have asthma can receive appropriate attention as required
- The School can respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the site

CONSIDERATIONS

This policy is correct at the time of publication. This policy has been developed in accordance with Asthma Foundation WA's Asthma Friendly Program and incorporates the essential criteria to become Asthma Friendly.

The policy should be read in conjunction with:

- The Asthma Friendly Guidelines for Schools and Preschools
- Any internal health policy from AISWA

IMPLEMENTATION

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within this school/preschool give the following undertakings:

The staff are responsible for:

- Implementing this policy on a daily basis.
- Ensuring that they maintain current biannual Asthma First Aid training.
- Identifying students with asthma during the enrolment process and document this information appropriately.
- Compiling a list of students with asthma and placing it in a secure but readily accessible location that is known to all staff. Relief staff will be informed of the list and the location of the Student Asthma Record Form (Appendix 1).
- Promptly communicating any concerns to parents/carers if they are concerned about the student's asthma limiting his/her ability to participate fully in all activities.
- Consulting with the parents/carers of students with asthma, in relation to the health and safety of their child and the supervised management of the student's asthma.
- Encouraging children of appropriate age and ability to self manage their asthma, including using their reliever medication as soon as symptoms develop.
- Displaying the Asthma First Aid posters in key locations.
- Regularly maintaining all asthma components of the Asthma Emergency Kit to ensure medication is current and the spacer device and mask (if necessary) are ready to use. It is recommended that schools/preschools have a minimum of 2 kits plus an additional 1 for every 300 students.
- Providing a mobile Asthma Emergency Kit for use during activities outside the site.
- Ensuring that all regularly prescribed asthma medication is administered in accordance with the Student's Asthma Record Form.
- Identifying, and where possible, minimising asthma triggers as defined in Student's Asthma Record Form.
- Ensuring that parents/carers of a student with asthma have been provided with a copy of this policy.
- Providing families with the contact details of the Asthma Foundation if further asthma advice is needed.

The parents/carers are responsible for:

- Informing staff, either upon enrolment or on initial diagnosis, that their child has asthma.
- Providing all relevant information regarding the student's asthma via the Student Asthma Record Form, and/or a written Asthma Action Plan completed by the student's doctor. Student Asthma Record Forms should be updated at least annually.
- Notifying the staff, in writing, of any changes to the Student Asthma Record Form, if this occurs, during the year.
- Providing an adequate supply of appropriate medication (reliever) and spacer device clearly labeled with the child's name including expiry dates.
- Consulting with the staff, in relation to the health and safety of their child and the supervised management of the student's asthma.
- Communicating all relevant information and concerns with staff as the need arises e.g. if asthma symptoms were present during the night.
- Reading and being familiar with this policy

PLAN OF ACTION FOR A STUDENT WITH DIAGNOSED ASTHMA

The staff, together with the parents/carers of a student with asthma, will discuss and agree on the plan of action for the emergency management of an asthma attack consistent with the information provided on the Student's Asthma Record Form.

Administer Asthma First Aid according to either:

- The Student's Asthma Record Form as signed by the parents/carers and doctor and/or doctor's written instructions

OR where the plan is not available

- Commence the standard asthma emergency protocol:
- Step 1: Sit the student upright and remain calm and provide reassurance. Do not leave the student alone.
- Step 2: Give 4 puffs of a blue reliever puffer (Ventolin, Airomir, Asmol, or Bricanyl), one puff at a time, through a spacer device. 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 still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.
- Parents/Carers should be notified of any medication used for an emergency asthma attack.

In an emergency the blue reliever puffer can be the student's own, or accessed from the Asthma Emergency Kit. The Asthma Foundation recommends that only staff who are trained in Asthma First Aid should administer blue reliever medication from the Asthma Emergency Kit.

- Record any asthma incident and file the completed form with all incident reports.

PLAN OF ACTION FOR A STUDENT WHO IS NOT KNOWN TO HAVE ASTHMA

In this situation staff will:

- Step 1: Call an ambulance immediately (Dial 000) and state that the student is having breathing difficulties. Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
- Step 2: Give 4 puffs of a blue reliever puffer (Ventolin, Airomir, Asmol, or Bricanyl), one puff at a time, through a spacer device. 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. Continue to repeat steps 2 and 3 while waiting for the ambulance.

Contact parents/carers immediately.

Record any asthma incident and file the completed form with all incident reports.

This treatment could be lifesaving for a student whose asthma has not been previously recognised and no harm is likely to result from giving a reliever puffer if the breathing difficulty was not due to asthma.

SINGLE PERSON USE OF SPACERS

Each Asthma Emergency Kit should contain at least 2 spacers as these are now designated as single person use due to infection control guidelines. A back-up supply should also be kept. Any spacer used by a student may then be kept at the school and used by that student (appropriately labeled), or sent home with its packaging for the student's own use.

Asthma Emergency Kits are first aid equipment. Ideally students also will have their own, named medication and spacer/mask for use in an emergency. Encouraging families to follow this practice will enhance their health and safety and minimise cost at the school/preschool.

REVIEW

The policy will be reviewed tri annually by staff and the governing council.

The review process will assess whether the policy has achieved its purpose by:

- Taking into account feedback from all parties regarding the effectiveness of the policy
- Reviewing the adequacy of staff response to an emergency if one has occurred during the year
- Discussing this policy and its implementation with parents/carers of students at risk of an asthma emergency to gauge their satisfaction with both the policy and its implementation in relation to their child

APPENDICES

1. Student Asthma Record Form

RELATED AND SOURCE DOCUMENTS

- Asthma Foundation WA *Asthma Friendly Policy*
- RMS *Administration of Medications Guideline*
- Asthma Action Plan

Appendix 1

Student Asthma Record Form

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick () the appropriate box, and print your answers clearly in the blank spaces where indicated.

Personal Details		
Student's name.....	(SURNAME) (FIRST NAME)	Gender M / F
Date of birth:...../...../.....	Class:.....	Teacher:.....
Emergency contact (e.g. parent, carer):		
a.	Name:.....	Relationship:.....
	Telephone No:.....(Wk)
b.	Name:.....	Relationship:.....
	Telephone No:.....(Wk)
Doctor:.....	Telephone No.	

Usual Asthma Management Plan		
Child's symptoms(eg. cough):.....		
Triggers(eg. exercise, pollens):		
Medication requirements:		
Name of medication	Method (eg. puffer & spacer, turbuhaler)	When, and how much?

In an **Emergency** follow the Plan below that has been ticked ()

Standard Asthma First Aid Plan

Step 1	Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
Step 2	Give 4 puffs of a blue reliever puffer (<i>Ventolin, Airomir, Asmol, or Bricanyl</i>), one puff at a time, preferably through a spacer device*. 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 still little or no improvement, call an ambulance (Dial 000). Continue to repeat steps 2 and 3 while waiting for an ambulance.
*Use a blue reliever puffer (<i>Ventolin, Airomir, Asmol, or Bricanyl</i>) on its own if no spacer is available.	

OR **My Child's Asthma First Aid Plan (attached)**

Additional comments:

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I authorise school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signature of Parent/Carer: **Date:**.....

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

April 2019 Review 4.0

Signature of Doctor:

