

St Augustine's
KEILOR

Asthma Management Policy

Rationale

Students with asthma have sensitive airways in their lungs. When exposed to certain triggers the airways narrow, making it hard for the student to breathe. Symptoms of asthma commonly include cough, tightness in the chest, shortness of breath/rapid breathing, wheeze (a whistling noise from the chest). Many students have mild asthma with very minor problems and rarely need medication. However, some will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise).

Most students can control their asthma by taking regular medication.

Aims

At St Augustine's, our Asthma Management Policy aims to:

- Provide, as far as practicable, a safe and supportive environment in which students with Asthma can participate equally in all aspects of the student's schooling
- Raise awareness about Asthma and the school's Asthma Management Policy in the school community
- Ensure individual treatment plans are in place, develop risk minimisation strategies and management strategies for students with Asthma
- Ensure that each staff member has adequate knowledge about Asthma and the school's policy and procedures in responding to an Asthma attack

St Augustine's is an Asthma Friendly school. As an Asthma Friendly School the following criteria have been met:

1. Asthma education is provided for all school staff under the leadership of the Student Wellbeing Co-ordinator
2. At the beginning of the school year teachers are made aware of all children who have Asthma throughout the school
3. Asthma Action Plans / Student Asthma Records for each student with asthma are actively sought from families and kept in a central location (First Aid room)

Every student with asthma attending St Augustine's must have a written Asthma Action Plan, ideally completed by their medical/health practitioner, in consultation with the student's parent/carer. They are updated each year or when a child's condition changes.

4. Asthma First Aid posters are on display in the sick bay and staff room areas.
5. Students with asthma are encouraged to have their medications readily available and safely stored at all times. Children are permitted to carry their Ventolin or asthma medications with them and/or have them in their school bags or desks
6. A blue reliever puffer and spacer device(s) are available for emergency use. These are available in the First Aid Room, in Excursion First Aid kits and in the portable Oval First Aid kit
7. A plan is in place for managing asthma during school sporting activities, excursions and camps. Medication is made available to children suffering from asthma. On school camps a School Asthma plan for the camp is required. Teachers take a copy of the individual asthma medication and plans for children who are attending camp
8. Asthma information is regularly placed in the newsletter and via links on the school website

The Asthma Friendly Schools Recognition Checklist is completed annually by the Well Being Coordinator to ensure compliance as an Asthma Friendly School (l <http://www.asthma.org.au>)

Implementation

St Augustine's staff assess and administer first aid treatment of an asthma attack according to the following table:

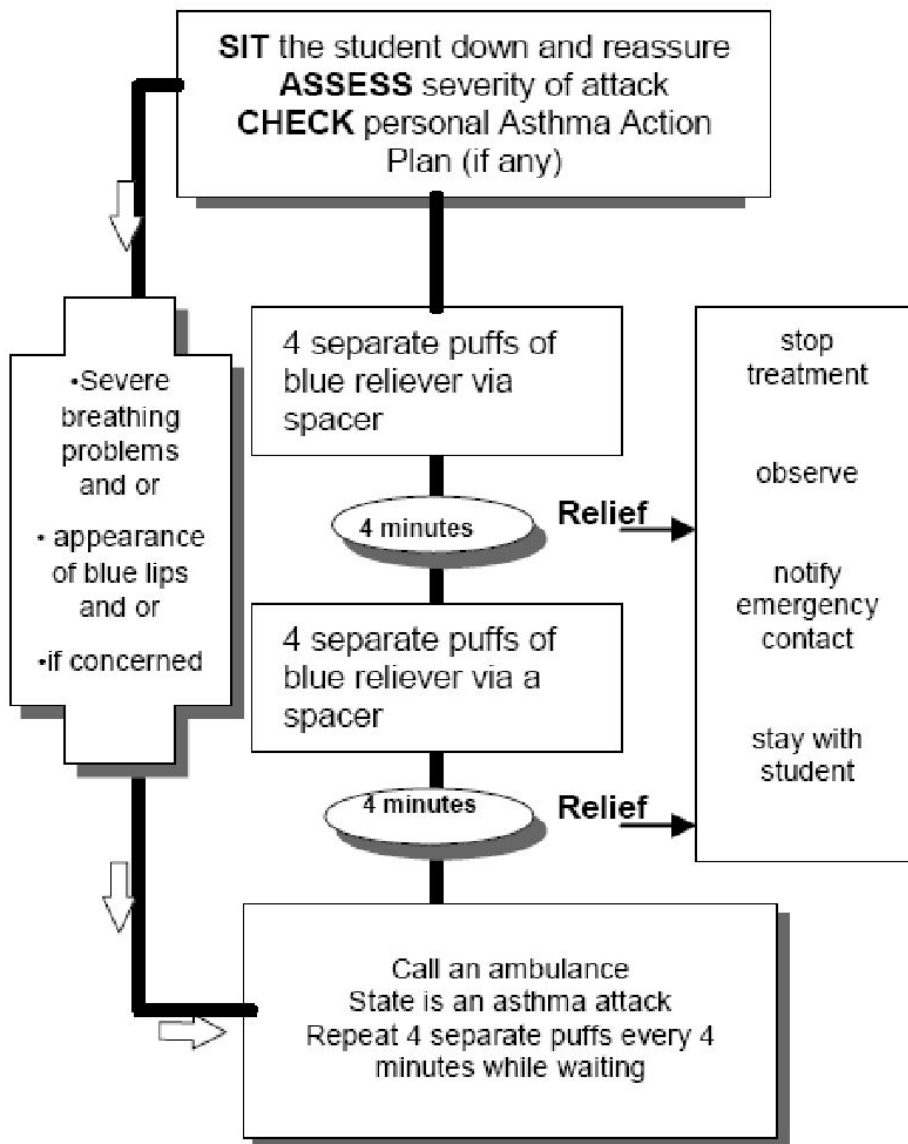
Type of Asthma Attack	Symptoms	First Aid Procedure
Mild	Coughing, a soft wheeze, minor difficulty in breathing and no difficulty in speaking in sentences	Immediately follow the First Aid procedures on the student's Asthma Action Plan, or if no plan is in place follow the <i>4 Step Asthma First Aid Plan</i> . A delay in treatment may increase the severity of the attack and ultimately risk the students life
Moderate	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,	Call an ambulance (dial 000), notify the student's emergency contact and follow the 4 step Asthma First Aid Plan while waiting for the ambulance to arrive

	unable to speak more than a few words, pale and sweaty and may have blue lips	
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If a student experiences breathing difficulties beyond what is normally expected for them, parents will be informed and advice sought on further remediation

Advice to Teachers

The Four Step Asthma First Aid Plan



If the person's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately

(Dial 000) and state that the person is having an asthma attack

If a person has difficulty breathing and is not known to have asthma, call an ambulance immediately and follow the Asthma First Aid Plan. No harm is likely to result from giving a blue reliever puffer.

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for a student they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up.
2. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:

1. Stop the exercise or activity and refer to the student's asthma first aid plan.
2. If their symptoms reoccur, recommence treatment.
3. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer any incident.

Cleaning spacers and puffers

Devices for example puffers and spacers that are used by more than one person must be cleaned thoroughly after each use to prevent cross-infection.

The Asthma Foundation's [Asthma at school for school staff](#) notes the following:

Spacers should be washed after each use:

- Wash in warm soapy water – do not rinse
- Air dry – do not wipe dry
- When dry, wipe the mouthpiece thoroughly with 70% alcohol wipes, e.g. Medi-Swab™
- Puffers should be washed after each use
- Remove the metal canister from the puffer (do not wash the canister)
- Wash the plastic casing only
- Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds.
- Wash mouthpiece cover
- Air dry and then re-assemble
- Test the puffer to make sure that isn't any water remaining in it
- If any of the devices are contaminated with blood, discard and replace

Asthma First Aid

1

Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2

Give medication

- Shake the blue reliever puffer*
- Use a spacer if you have one
- **Give 4 separate puffs into the spacer**
- **Take 4 breaths from the spacer after each puff**



*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer

Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them

3

Wait 4 minutes

- If there is no improvement, repeat step 2



4

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

- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance



Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse

To find out more contact your local Asthma Foundation:

1800 645 130
asthmaaustralia.org.au

Translating and Interpreting Service: 131 450

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**Asthma
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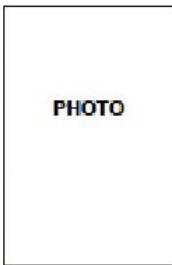
SCHOOL ASTHMA ACTION PLAN



This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).

STUDENT'S PERSONAL DETAILS

Student's Name _____ Gender M F
 Date of Birth ___/___/___ Form/Class _____ Teacher _____
 Ambulance Membership Yes No Membership No. _____
 What other health management plans does this student have, if any? _____
 Emergency Contact (e.g. parent/carer)
 Name _____ Relationship _____
 Ph: (H) _____ (W) _____ (M) _____
 Doctor _____ Ph: _____



USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Signs student's asthma is getting worse

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Student's Asthma Triggers

Cold/flu Exercise Smoke Pollens Dust Other _____

Asthma Medication Requirements (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise)

Does the student need assistance taking their medication? Yes No If yes, how? _____

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:

1. Stop the exercise or activity and refer to the student's asthma first aid plan (on back page). If their symptoms occur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer any incident.

SCHOOL CAMP ASTHMA ACTION PLAN



FORM ONE - PRE CAMP ASSESSMENT



This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please inform your GP about completing the form when you make your appointment. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).

STUDENT'S PERSONAL DETAILS

Student's Name _____ Gender M F

Date of Birth ___/___/___ Form/Class _____ Teacher _____

Ambulance Membership Yes No Membership No. _____

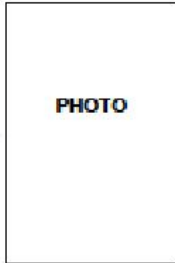
What other health management plans does this student have, if any? _____

Emergency Contact (e.g. parent/carer)

Name _____ Relationship _____

Ph: (H) _____ (W) _____ (M) _____

Doctor _____ Ph: _____



USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Signs student's asthma is getting worse

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Student's Asthma Triggers

Cold/flu Exercise Smoke Pollens Dust Other (please describe) _____

Asthma Medication Requirements (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise)

Does the student need assistance taking their medication? Yes No If yes, how? _____

Any other information that will assist with the asthma management of the student while on camp

e.g. peak expiratory flow, night time asthma or recent attacks

SCHOOL CAMP ASTHMA ACTION PLAN



FORM TWO MEDICAL UPDATE FORM



Complete this form and return it to school the day BEFORE your child leaves for camp.
FORM ONE (School Camp Asthma Action Plan) and this FORM TWO should both be taken to camp.

This form will ensure that staff have the most up to date medical information about the student and their asthma.
Please ensure that your child brings all relevant asthma medications to camp.

Student's Name _____

Emergency Contact Name _____ Phone _____ Mobile _____

Parent's / carer's names _____

Phone: (H) _____ (W) _____ (M) _____

1. Has the student been hospitalised, had an acute asthma attack or had worsening asthma in the last two (2) weeks before camp? Yes No
2. Is the student well enough to attend camp? Yes No
3. Has the student's medications changed in the last two (2) weeks? Yes No

If yes, please provide details of new medication requirements in the table below

Medication requirements: (including medication before exercise)		
Name of Medication (e.g. Flixotide, Ventolin)	Method (e.g. puffer & spacer, dry powder inhaler)	When and how much? (e.g. 1 puff in morning and 1 at night, before exercise)

4. Has the student had any other illness in the last two (2) weeks? Yes No

If yes, please give details

Nature of illness? _____

When? _____

Severity? _____

Has this affected their asthma? Yes No

Parent's / Guardian's Signature: _____ **Date** ____/____/____