





Asthma Management Policy

	Ratified by Council	Reviewed by Principal
Date	9 June2023	9 June 2023
Name	Justin Coombs	Jenny Dougan
Signature		

West Coast Steiner School is committed to being a Child Safe Organisation, taking a preventative and participatory stance on child protection issues and promoting a child safe environment based on the National Principles for Child Safe Organisations.

PROVENANCE		
Responsibility: School Principal	Review Cycle: 2 years	Date for Next Review: June 2023
Related Policies and Procedures	Enrolment Policy Work Health and Safety Policy Student Health Care Policy Incursions, Excursions and Camps Policy	Duty of Care Policy Critical Incident and Emergency Management Plan Pastoral Care Policy Allergy and Anaphylaxis Management Policy
Relevant Legislation and Authority	School Education Act 1999 (WA) School Education Regulations 2000 (WA) Poisons Act 1964 (WA) Poisons Regulations 1965 (WA)	Occupational Safety and Health Act 1984 (WA) Work Health and Safety Act 2020 (WA)
Appendices	Appendix A Student Asthma Care Plan for Education and Care Services Appendix B: Asthma Action Plan Appendix C: Authority to Administer Medication Appendix D: Asthma First Aid Chart	

VERSION MANAGEMENT		
Date	Changes Made	Author
June 2021	2013 Asthma Policy reviewed. Rewritten with revisions from AISWA Asthma Care for Students Guidelines Version 3 June 2021 incorporated.	L Lane
December 2022	Checked against Asthma Australia recommendations. New forms updated	L Lane
June 2023	Amended to reflect that Student Asthma Care Plan must be signed by doctor. Ratified by Council	L Lane

Policy

Background

Asthma affects around 11% of Australian children and is one of the most common reasons for school absenteeism and hospital admission in school-aged children. The National Asthma Council of Australia advises that a spike in asthma flare ups and hospitalisation is seen during the first few months of the start of the school year. Factors such as stress, a change of environment and the associated allergens, and less strict asthma management over the holidays can trigger asthma at the start of the school year. A new set of classmates can also bring a new batch of cold and flu bugs, which are often the cause behind asthma flare ups. For these reasons, ensuring staff have a good understanding of how to deal with an asthma flare up, having appropriate equipment, and accurate up to date information from the beginning of the year is essential.

Asthma attacks must be identified quickly and treated correctly to ensure the best outcome for students affected. Teachers and staff must be aware of the symptoms, triggers and best practice management of asthma so they can assist their asthmatic students while at School and at activities off campus.

Purpose

The purpose of this policy is to document strategies for implementation of best practice asthma management within an educational setting so that all children enrolled at West Coast Steiner School who have asthma, as well as those who have not been diagnosed with asthma but have an asthma attack or difficulty breathing while at school, can receive appropriate attention.

West Coast Steiner School is committed to providing a supportive and inclusive environment where children with asthma can participate safely in all aspects of school life. Asthma management should be viewed as a shared responsibility. We work closely with the parents to develop appropriate risk minimisation strategies for the student in the classroom, in the school environment and when the student is attending activities outside of the school campus such as excursions and camps. We ensure all employees are knowledgeable about children who are at risk and where possible, minimise asthma triggers for those students, and that staff are trained in the treatment of asthma emergencies.

Application

This policy applies to and is binding upon all students, parents, employees, work experience students, volunteers and contractors of West Coast Steiner School. For the purpose of this policy 'parent' includes step-parents, foster parents, legal guardians, carers and grandparents.

Policy Review and Dissemination

This policy and related procedures will be made available to the public and staff on the School website and is available to staff in the Policies and Procedures folder in Reception. The School Community will receive reminders to refer to this policy (and updated versions) through the School Newsletter.

All staff will be directed to read this document at the first staff meeting at the commencement of the school year. New staff will be informed of this policy as part of the School's Induction Program. The School will provide ongoing training to ensure that all staff members understand their responsibilities in relation to this policy.

The School may, at any time, make amendments to this policy to ensure continuous improvement. The policy will be reviewed every two years by the School Principal. .

Implementation

Asthma attacks must be identified quickly and treated correctly to ensure the best outcome for students affected. Teachers and staff must be aware of the symptoms, triggers and best practice management of asthma so they can assist asthmatic students.

Identifying Triggers

Triggers which may cause an asthma attack include, but are not limited to, the following:

- hay fever
- colds and flus
- dust, pollens and allergens
- exercise
- certain medications
- some foods or preservatives
- air quality
- thunderstorms
- bushfire smoke
- smoke e.g. cigarette, wood fire smoke
- extreme weather & sudden changes in the weather

Recognising Symptoms of Asthma

The severity of an asthma attack can be determined by symptoms which may involve:

Mild Attack

- coughing
- soft wheezing
- minor trouble breathing.
- still be able to walk/move around and talk in full sentences.

Moderate Attack

- persistent coughing
- loud wheezing
- obvious difficulty in breathing
- inability to speak a full sentence in one breath
- tugging in of the skin between the ribs or at the base of the neck
- reliever medication not lasting as long as usual.

Severe/Life Threatening Attack

- distress and anxiousness
- wheezing/coughing may be absent
- confused or exhausted
- pale and sweaty
- turning blue
- gasping for breath
- unable to speak more than a few words
- collapsing
- not responding to reliever medication.

Emergency Procedure for an Asthma Attack

Regardless of severity emergency procedures must commence immediately.

1. Follow the student's Asthma Action Plan (if easily accessible).
2. If a plan is not available, commence standard asthma emergency protocol on the Asthma First Aid Plan.
3. Use the Red Emergency Card or a reliable student to seek assistance from Reception.

Reception to notify the student's parents or emergency contact if parents are unavailable.

Call an ambulance (dial 000) immediately if student is:

- not breathing
- suddenly becomes worse or is not improving
- having an asthma attack and no reliever medication is available
- not known to have asthma and state the student is having breathing difficulties
- known to be high risk
- known to have anaphylaxis. Always give adrenaline auto injector first, then reliever, even if there are no skin symptoms.

Whether or not the student is known to have asthma, no harm is likely to result from giving reliever medication to someone without asthma.

Immediately following treatment:

- attending staff to complete asthma incident and file the completed form with all incident reports.
- Principal will complete Reportable Incident Notification should an ambulance have been required, and inform chair of school council.

Student Asthma Records

All students diagnosed with asthma must have the following documents:

- ***Student Asthma Care Plan for Education and Care Services (Appendix A)*** to be completed by the parent in consultation with the child's doctor and signed off by the doctor.
- ***Asthma Action Plan (Appendix B)*** to be completed by the parent in consultation with the child's doctor.
- ***Authority to Administer Medication form (Appendix C)*** written authority from parent giving school staff permission to administer the prescribed medication.

Asthma Emergency Kit

Asthma Emergency Kits are first aid equipment and the School maintains 2 kits (plus an additional 1 for every 300 students). Ideally students also will have their own, named medication and spacer/mask for use in an emergency.

The Asthma Emergency Kits contain:

- reliever medication such as Asmol or Ventolin (these are generally blue or blue/grey)
- at least two single person use spacer devices to assist with effective inhalation of the reliever medication and spare spacers available as replacements
- clear written instructions on Asthma First Aid, including how to use the medication and spacer devices and steps to be taken in treating an asthma attack
- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered.

Exercise Induced Bronchoconstriction (EIB)

Exercise is important for health and development. Students with asthma should be encouraged to be active - exercise should only be avoided when the student is unwell or when symptoms of asthma are present. With good management, most students with asthma can exercise normally.

School staff need to be particularly alert for asthma symptoms when students are participating in sports carnivals or endurance events (e.g. cross country). Asthma Emergency Kits should be made available if required, and staff trained in asthma management should attend such events.

The Asthma Foundation recommends the following for managing students with Exercise Induced Bronchoconstriction (EIB) - formerly known as Exercise Induced Asthma). EIB is temporary narrowing of the lower airways, occurring after vigorous exercise. While EIB can occur without asthma, up to 90 per cent of people with asthma experience EIB.

Before exercise, students should

- exercise in a warm and humid environment wherever possible
- avoid environments with high levels of allergens, pollution, irritant gases or airborne particles
- use their blue/grey reliever or doctor recommended medication 5-20 minutes before exercising
- always warm up before exercise or activity
- always carry or have their reliever medication close by in case it is needed.

During exercise, students should:

- breathe through their nose to help warm and humidify the air (or use a mask to filter the air)
- if symptoms occur stop activity and take blue/grey reliever or doctor recommended medication
- return to activity only if free of symptoms
- if symptoms reoccur, take blue/grey reliever or doctor recommended medication and do not return to activity.

After exercise, students should:

- always cool down after exercising, and be alert for asthma symptom
- breathe through their nose, covering their mouth in cold or dry weather

Exercise should only be avoided when the student is unwell or when symptoms of asthma are present.

If symptoms occur, students should stop the activity, take blue/grey reliever or doctor recommended medication, rest and return to activity only if free of symptoms. If symptoms reoccur, students should take blue/grey reliever or doctor recommended medication and do not return to activity.

Accessing Further Information

The Asthma Foundation of WA can provide additional information and training, as well as resources for students and parents. The Asthma Foundation of WA can be contacted on (08) 9289 3600 or via their website www.asthmawa.org.au

Responsibilities

1. Communicating Up To Date Medical Information

Parents will:

- inform the School upon enrolment or on initial diagnosis, that their child has asthma;
- provide an up-to-date Student Asthma Care Plan and an Asthma Action Plan for their child at the beginning of each school year;
- immediately inform Reception Staff of any change to their child's medical condition, Asthma Care Plan and emergency contact details as soon as possible throughout the year;
- communicate all relevant information and concerns with staff as the need arises, e.g. if asthma symptoms were present during the night.

Reception Staff will:

- establish and maintain a register of children with asthma and their required treatment, which will be filed in the School Reception and a copy distributed to teachers;
- notify all teachers via memo, as a new child is added to the register;
- provide copies of the Student Asthma Care Plan and Asthma Action Plan to the Class Teacher;
- display students' Asthma Care Plans and Asthma Action Plans in School Administration and the staffroom;
- update medical details from Student Particulars Form each year;
- remind parents to ensure student asthma records are up to date before camp.

Class Teachers will:

- display Student Asthma Care Plans and Asthma Action Plans in the classroom;
- provide information to volunteers and casual relief staff regarding students with asthma.

2. Storing and Managing Medication

Parents will:

- provide an adequate supply of appropriate medication (reliever) and spacer device that is current and clearly labelled with the child's name and expiry dates;
- replace the medication and any other emergency supplies before the expiry date.

Students will:

- carry their asthma medication and spacer with them or have easy access to them as required.

Class Teachers will:

- ensure a student's medication is always in close proximity to the student, e.g. when the class is using the back oval for sport, during Emergency Evacuation and Lockdown;
- take a spacer, blue/grey reliever puffer and a copy of the First Aid for Asthma chart in the School's First Aid Kit/Asthma Emergency Kit, relevant Asthma Action Plans for identified students and means of contacting emergency assistance on all excursions and camps;
- take a First Aid kit when on back oval duty, which includes a generic Epi-Pen, tags identifying students with asthma, the teacher's School Emergency mobile and red card system for requesting immediate assistance for a medical emergency.

Reception Staff will:

- maintain the Asthma Emergency Kit to ensure medication is current and the spacer device and mask (if necessary) are ready to use;
- provide a mobile Asthma Emergency Kit for use during activities outside of the school site.

3. Practices to Minimise Exposure to Triggers

Parents will:

- educate their child about the responsibilities of having access to their appropriate medication (reliever) and spacer device;
- alert class teachers of the additional risks associated with non-routine events and advise staff of the supportive requirements for the student prior to school camps, excursions, in school activities or special events, such as sports days.

Class Teachers will:

- be mindful of the activities asked of students that may put them at increased risk of an asthma attack;
- consult parents in advance regarding whether asthma may limit a student's ability to participate in activities and how such activities might be modified in accordance with the student's needs.

All Staff will:

- identify, and where possible, minimise potential asthma triggers as defined in students' Asthma Care Plans;
- ensure students who have been diagnosed with asthma, carry their blue/grey reliever medication with them at all times while at School and while off campus during sporting and extra-curricular activities.

Leadership Team will:

- incorporate asthma management strategies into risk assessments for School events, excursions and camps.

4. Responding to an Asthma Attack

All Staff will:

- know the identity of the students in their care with asthma and understand the causes, treatment and symptoms of anaphylaxis;
- know the School's First Aid emergency procedures in relation to asthma and where to locate the students' Asthma First Aid Action Plan, as well as the location of the School's emergency reliever medications and spacers ;
- be aware that unexpected asthma attacks might occur for the first time at School in those not previously identified as being asthmatic;
- check teachers and volunteers present during an excursion or camp are aware of any students who are asthmatic and understand the agreed upon emergency procedure which sets out clear roles and responsibilities in the event of an asthma emergency.

Leadership Team will:

- establish the processes for an appropriate emergency response in an asthma emergency;
- ensure at least one staff member who has current emergency asthma training, and can manage an acute asthma attack, will accompany the student on or excursions and camps.

5. Educating the School Community about Asthma Management

Parents will:

- educate their child (age-appropriate) about the responsibility of informing teachers and supervisors if they experience symptoms;
- familiarise themselves with this policy.

Class Teachers will:

- have regular, age-appropriate discussions with their class, to deliver these key messages -
 - if a school friend becomes sick, get help immediately
 - be respectful of a school friend's medical kit.
- support students as they mature to take on greater responsibility to self-manage their asthma, including using their reliever medication as soon as symptoms develop.

Leadership Team will:

- arrange for all staff to undertake asthma training every 3 years as part of the ongoing professional learning, as per Asthma Foundation of WA recommendations ;
- encourage relief staff who work regularly at School to attend asthma training sessions;
- communicate information to the parent community that the Asthma Foundation of WA will also conduct asthma education sessions for parents;
- provide families with the contact details of the Asthma Foundation if further asthma advice is needed;
- maintain a register of staff completion of approved training in First Aid, Asthma and Anaphylaxis management.

All Staff will:

- undertake face to face First Aid training every year, which includes refresher information on asthma management;
- participate in a 3 yearly Asthma Education Session run by the Asthma Foundation of WA, which covers essential asthma management topics including: symptoms, triggers, medications, how to assess an asthma attack and how to handle an asthma emergency.

6. Reviewing and Monitoring Policies and Procedures

Leadership Team will:

- establish a process for reviewing an asthma emergency, in consultation with parents, to identify if there are strategies that could be implemented to reduce the likelihood of future adverse events or whether changes are necessary to improve the School's response to an asthma emergency;
- determine whether the asthma event meets the requirements of a reportable incident. If so, the School Principal will report this as part of the Reportable Incident notification, as soon as possible within 48 hours, to the Director General using the critical and emergency incident report form available from the Department of Education's website
- record the incident in the Incident Register for reporting to School Council
- notify the School Council Chair of any reportable incidents.

Appendix A: Asthma Care Plan

Full document located at \Admin - Documents\fileshare\Medical\Asthma

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.

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

PHOTO OF STUDENT
(OPTIONAL)

Plan date
____/____/20____

Review date
____/____/20____

MANAGING AN ASTHMA ATTACK

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

DAILY ASTHMA MANAGEMENT

This student'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 student's asthma
(e.g. exercise*, colds/flu, smoke) —
please detail: _____

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

MEDICATION PLAN

If this student 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 _____

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au



Date of approval: June 2018 | Approved by: CEO Asthma Australia | Date of review: June 2021 | AA0PE02018 Care Plan for School AAA | 8 June 2018


Appendix B: Asthma Action Plan

Full document located at \Admin - Documents\fileshare\Medical\Asthma

Photo (optional)

ASTHMA ACTION PLAN

Take me when you visit your doctor



Name:

Plan date:

Review date:

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

😊

WELL CONTROLLED is all of these...

- ☒ needing reliever medicine no more than 2 days/week
- ☒ no asthma at night
- ☒ no asthma when I wake up
- ☒ can do all my activities

Peak flow reading (if used) above _____

➡

TAKE preventer

Name

morning ☐

night ☐

puffs/inhalations

■ Use my preventer, even when well controlled ■ Use my spacer with my puffer

➡

TAKE reliever

Name

☐ puffs/inhalations as needed

☐ puffs/inhalations 15 minutes before exercise

■ Always carry my reliever medicine

😞

FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between _____ and _____

My triggers and symptoms

➡

TAKE preventer

Name

morning ☐

night ☐

puffs/inhalations for days then back to **well controlled** dose

➡

TAKE reliever

Name

☐ puffs/inhalations as needed

➡

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor same day or as soon as possible

😞

SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between _____ and _____

My triggers and symptoms

➡

TAKE preventer

Name

morning ☐

night ☐

puffs/inhalations for days then back to **well controlled** dose

➡

TAKE reliever

Name

☐ puffs/inhalations as needed

➡

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor **TODAY**

■ If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc

😞

EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____

➡

1

000

CALL AMBULANCE NOW

Dial Triple Zero (000)

➡

2

🏠

START ASTHMA FIRST AID

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you.

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Appendix C: Authority to Administer Medication

Full document located at \Admin - Documents\fileshare\Medical



15 Mayfair Street, Nollamara 6061 Western Australia Tel: 9440 1771 reception@wcswa.edu.au

Authority to Administer Medication

Child's Name _____ Class _____

I, (Parent/Guardian) _____

authorise the Office Staff/First Aid Officer/Teacher of West Coast Steiner School to administer the following medication/s listed below

to my child (Child's Name): _____

Medication 1: _____ Expiry Date: ____/____/____

Method to administer medication (eg mouth) _____

Reason for giving medication: _____

Medication 2: _____ Expiry Date: ____/____/____

Method to administer medication (eg mouth) _____

Reason for giving medication: _____

Signature (Parent/Guardian) _____ Date _____

Date	Name of Medication	Dose to be Given	Time to be Given	Medication Expiry Date	Comments

<https://wcswaeduau.sharepoint.com/sites/Admin/Shared Documents/fileshare/Medical/Authority to Administer Medication.doc>

Appendix D: First Aid for Asthma Chart

Full document located at \Admin - Documents\fileshare\Medical\Asthma

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

IF THERE IS STILL NO IMPROVEMENT

4



DIAL TRIPLE ZERO (000)

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

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort



Translating and
Interpreting Service
131 450



**ASTHMA
AUSTRALIA**

Contact Asthma Australia

1800 ASTHMA
(1800 278 462)

asthma.org.au

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it's asthma
- 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.

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