



Asthma POLICY

Rationale:

Asthma is a chronic health condition affecting approximately 10% of all children and teenagers. Students with asthma have sensitive airways in their lungs and when exposed to certain triggers, the airways narrow making it hard for the student to breathe.

Aim:

Laurimar Primary School OSHC is committed to

Providing, as far as practicable, a safe and supportive environment in which students at risk of asthma can participate equally in all aspects of the program.

Working with the school to keep all information and practices up to date.

Assessing risks, developing risk minimisation strategies and management strategies for the student.

Ensuring that each staff member has adequate knowledge about triggers, asthma and the service's policy and procedures in responding to an asthma attack.

Ensuring all staff engage in a yearly Asthma Management first aid refresher.

INDIVIDUAL ASTHMA RISK MANAGEMENT PLANS

The Nominated Supervisor will ensure that an *Individual Asthma Risk Management Plan* is developed, in consultation with the child's parents, for every student who has been diagnosed by a medical practitioner as being asthmatic.

This Management Plan will include a completed **Asthma Action Plan** and **Laurimar Primary School OSHC Individual Asthma Risk Management Plan** (attached). Completed Management Plans are located in the blue folder labelled Asthma, located on the bookshelf in the OSHC office.

The individual asthma risk management plan will be in place as soon as practicable after the student enrolls, and where possible before their first OSHC session.

ASTHMA RISK MANAGEMENT PLAN

The individual asthma risk management plan will clearly set out the following:

- Information about the diagnosis, including the type of trigger/s the student has.
- Strategies to minimise the risk of exposure to triggers while the student is under the care or supervision of OSHC staff, for in-service and out of service settings including excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- Information on where disposable spacers are stored.
- The child's emergency contact details.
- An emergency action plan, provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an asthma attack.

The child's individual, **Individual Asthma Risk Management Plan** (attached) will be reviewed, in consultation with the student's parents / carers:

- annually, and as applicable
- if the child's condition changes
- immediately after a student has a severe asthma attack within the service requiring further medical attention.

MANAGEMENT GUIDELINES

Roles and Responsibilities

Parents/Carers

- must inform the Nominated Supervisor and the Approved Provider if they believe their child has a severe condition that may impact on their safety at OSHC.
- will meet with the service to develop the child's individual **Individual Asthma Risk Management Plan**. (preferably prior to enrolment and transition.)
- shall provide an individual spacer for their child if their child uses a disposable spacer provided by OSHC twice within a six month period. Students should have an adequate supply of appropriate medication with them at school at all times.
- are to supply specific food requirements for excursions and special days if required.
- must inform staff of any changes to their child's condition and/or emergency contact details.
- Will inform staff if prescription preventative medication is required to be administered and complete an Authorisation to Administer Medication Record.

Nominated Supervisor / School Principal will

- seek information to identify students with severe life-threatening allergies at enrolment.
- conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- ensure that parents/carers develop an **Individual Asthma Risk Management Plan** for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff that are responsible for the implementation.
- ensure that parents provide the child's Ventolin/Asmol inhaler is not past its expiry date.
- ensure that staff are trained in recognising and responding to an anaphylactic reaction, including administering Ventolin/Asmol through a spacer.
- provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- allocate time to discuss, practise and review the service's management strategies for students at risk of asthma.
- encourage ongoing communication between parents/carers and staff about the current status of the student's triggers, the school's policies and their implementation.
- in consultation with parents, review the student's **Individual Asthma Risk Management Plan** annually or if the student's circumstances change.

OSHC staff will

- know the children who are at risk of asthma.
- understand the causes, symptoms, and treatment of asthma
- train in how to recognise and respond to an asthma attack
- meet with the parents to outline the issues and decide on strategies to minimise safety concerns.
- know the service's first aid emergency procedures and what their role is in relation to responding to an asthma attack.
- plan ahead for special activities or occasions such as excursions, sport days, and parties.
- work with parents/carers to provide appropriate food for the student where applicable
- ensure that identified students are not isolated or excluded, within reason from any activity.
- ensure that if known food allergens have been used in a room, then the room will be thoroughly cleaned prior to use by other groups.
- make a reasonable effort to ensure that contact with triggers is avoided where possible.
- communicate with parents\carers if they have concerns with the use of specific rooms and equipment.
- Pollen counts and Asthma Thunderstorm warnings are checked daily. If pollen counts measure extreme then students with pollen as a trigger are to remain indoors. If asthma thunderstorm forecast is high ALL children are to remain inside.

Excursions

- Specific food requirements may need to be supplied by the parents.
- An excursion risk management plan to be completed before each excursion.
- Pollen count and Asthma Thunderstorm forecast is checked and considered before attending excursion

Nominated Supervisor and/or Assistant Co-ordinator will

- keep an up to date register of students at risk of asthma.
- ensure that students' emergency contact details are up to date.
- obtain training in recognising and responding to an asthma attack, including administering Ventolin/Asmol
- at the beginning of each month and/or term, check that the Ventolin/Asmol is not out of date and is in good condition.
- Ensure that the Ventolin/Asmol inhaler and spacer along with a copy of the asthma management action plan is carried by a staff member accompanying the child at risk when the child is removed from the service (eg. Excursions).
- ensure that the Ventolin/Asmol inhaler is stored correctly (at room temperature) in an unlocked, easily accessible place (OSHC office), and it is appropriately labelled.
- Keep records of when Ventolin/Asmol inhalers are checked.

IMPLEMENTATION

- The students known to have severe asthma reactions are known by sight by all staff.
- The parents/carers of the student must inform the Out of School Hours staff of their child's allergy and the appropriate medical response.
- Educators are responsible for ensuring that the Ventolin/Asmol inhalers and spacers go on all excursions.
- The Ventolin/Asmol inhalers will be kept in A-Z baskets, along with any other medicine the student requires. All Ventolin/Asmol inhalers will be kept in a reserved space in the OSHC office (in a cool / easily accessible position).
- Spare Ventolin/Asmol inhalers and spacers will be kept in the OSHC office.
- Spare Ventolin/Asmol inhalers will be kept in individually labelled 'Outside' and 'Gym' bags, along with any other medicine the student requires
- Each student's Individual Asthma Risk Management Plan is displayed in a folder on the OSHC office noticeboard, kept behind their enrolment record and medical information folder. Each students Action Plan is displayed on the noticeboard in the office.

EMERGENCY ACTION PLAN FOR ASTHMA

Symptoms:

Mild/Moderate:

- Minor difficulty breathing
 - Able to talk in full sentences
 - Able to walk/move around
 - May have cough or wheeze
- Commence Asthma First Aid

Severe:

- Obvious difficulty breathing
 - Cannot speak a full sentence in one breath
 - Tugging in of the skin between ribs or at base of neck
 - May have cough or wheeze
 - Reliever medication not lasting as long as usual
- Call Ambulance on 000
- Commence Asthma First Aid

Life Threatening:

- Gasping for breath
 - Unable to speak or 1-2 words per breath
 - Confused or exhausted
 - Turning blue
 - Collapsing
 - May no longer have wheeze or cough
 - Not responding to reliever medication
- Call Ambulance on 000
- Commence Asthma First Aid

ASTHMA FIRST AID

- Follow the written first aid instructions on the student's Asthma Action/Care Plan. If no specific and signed instructions are available, the instructions are unclear, or the person does not have an Asthma Action/Care Plan, begin the first aid procedure immediately.
- See attached Asthma First Aid plan.

STAFF TRAINING AND EMERGENCY RESPONSE

All staff will be briefed once each semester by a staff member who has up to date asthma management training on:

- the service's asthma management policy
- the causes, symptoms and treatment of asthma
- the identities of students diagnosed at risk of asthma
- where their medication is located
- how to use a Ventolin/Asmol inhaler with spacer
- the service's first aid and emergency response procedures

The services's first aid procedures and students asthma first aid plan will be followed in responding to an asthma attack. Laurimar Primary School will ensure all new staff are trained.

Supporting Documentation

- Medical Conditions Policy
- Nutrition Policy
- Acceptance and Refusal of Authorisations Policy
- Extreme Weather Policy
- Asthma First Aid poster

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
Australia**

Asthma Action Plan

For use with a Puffer and Spacer



Asthma
Foundation VIC

Photo

Name: _____

Date of birth: _____

Confirmed Triggers

- ☐ Child can self administer if well enough.
- ☐ Child needs to pre-medicate prior to exercise.
- ☐ Face mask needed with spacer

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: _____

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Minor difficulty breathing
- May have a cough
- May have a wheeze

Other signs to look for:

SEVERE

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest/throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright
 - Stay with the person and be calm and reassuring
2. Give separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from spacer between each puff
3. Wait 4 minutes
 - If there is no improvement, repeat step 2
4. If there is still no improvement call emergency assistance
 - Dial Triple Zero "000"
 - Say 'ambulance' and that someone is having an asthma attack
 - Keep giving puffs every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

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



Emergency Contact Name: _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Medical or Nurse Practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date prepared: _____

Date of next review: _____

- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

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