



Hamlyn Views School

# Asthma Management Policy

## 1. PURPOSE

- a. Asthma can affect up to one in five children and one in ten adults. Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking. Children and adults with mild asthma rarely require medication however severe asthma sufferers may require daily or additional medication (particularly after exercise).
- b. This school recognises that students diagnosed with asthma need to be supported. Anyone with asthma can have a severe attack, even those with mild asthma. It is important therefore that staff are aware and have an understanding of asthma, its symptoms, triggers and the management of asthma in the school environment.

## 2. AIMS

- a. To provide a safe and supportive environment in which students at risk of an asthma attack can participate equally in all aspects of their schooling.
- b. To raise awareness about asthma and the school's Asthma Management Policy within the school community.
- c. To engage with parents/carers of students at risk of an asthma attack to assess risks, and develop and risk minimisation and management strategies for each student.
- d. To ensure all staff have adequate knowledge about asthma, and the school's policy and procedures in responding to asthma attacks.

## 3. IMPLEMENTATION

- a. All students with asthma must have an up to date (annual) written individual Asthma Care Plan consistent with Asthma Victoria's requirements completed by their doctor or Pediatrician.
- b. Asthma Care Plans should be attached to each student's records for reference.
- c. Care must be provided immediately for any student who develops signs of an asthma attack, including during exercise. Follow their Asthma Care Plan or commence first aid procedures.
- d. Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.

- e. If no plan is available children are to be sat down, reassured, administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called if there is no improvement after the second 4 minute wait period or if it is the child's first known attack.
- f. Parents must be contacted whenever their child suffers an asthma incident.
- g. The school will provide, and have staff trained in the administering of, reliever puffers (blue canister) such as Ventolin, Airomir, Asmol or Bricanyl and spacer devices in all First Aid Kits, including kits on excursions and camps. Clear written instructions on how to use these medications and devices will be included in each First Aid Kit, along with steps to be taken to treat severe asthma attacks. Spacers are not to be reused but sent home with the student after use.
- h. The designated staff First Aid Coordinator will be responsible for checking reliever puffer expiry dates.
- i. Professional development will be provided to all staff on the nature, prevention and treatment of asthma attacks. Such information will also be displayed on the staffroom wall.
- j. A nebuliser pump will not be used by school staff unless a student's Asthma Care Plan recommends the use of such a device, and only then if the Plan includes and complies with DET guideline.s

#### 4. DEFINITIONS

- a. "Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus. These changes cause the airways to become narrow, so that there is less space for the air to flow into an out of your lungs." (National Asthma Council, 2011).
- b. Symptoms vary from person to person. They may include, but are not limited to;
  - shortness of breath
  - wheezing (a whistling noise from the chest).
  - tightness in the chest
  - a dry, irritating, persistent cough.
- c. Triggers;
  - Exercise
  - Cold/flu
  - Smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
  - Weather changes
  - Dust and dust mites
  - Moulds
  - Pollents
  - Animals
  - Chemicals
  - Deodorants (including perfumes, after-shaves, hair spray and deodorant sprays)
  - Certain medications (including aspirin and anti-inflammatories)
  - Emotions.

## 5. REFERENCES

- DET School Policy Advisory Guide: Asthma  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/conditionasthma.aspx>
- DET: Health Support Planning Forms  
<http://www.education.vic.gov.au/school/principals/spag/health/Documents/AsthmaCarePlan.pdf>
- Victoria Asthma Action Plans [www.asthma.org.au](http://www.asthma.org.au)

## 6. EVALUATION

This policy will be reviewed as part of the school's four yearly review cycle.

**This DRAFT Policy was ratified in 2017.**  
**Date for next review: 2018**