
Asthma Management Policy

Purpose

This Asthma Policy aims to:

- Raise the awareness of asthma amongst those involved with the Cire Community School.
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the school.
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Scope

Asthma is a chronic health condition affecting 1 in 9 Australian children. It is a common reason for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma. Cire Community School recognises the need to educate its staff and families about asthma and the need to promote responsible asthma management strategies.

Policy

Cire Community School will:

- Provide staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to our school.
- Provide First Aid training to all staff.
- Identify children with asthma during the enrolment process and inform staff.
- Provide parents with a copy of the Asthma Policy and Asthma Action Plan upon enrolment (e.g. Appendix 1).
- Store action plans, completed risk minimization plans and communication plans in the child's enrolment records.
- Formalise and document the internal procedures for emergency asthma first aid.
- Ensure that an emergency Asthma First Aid Poster is displayed in key locations.
- Ensure that the First Aid Kit contains an Emergency Asthma Kit which includes a blue reliever medication (such as Airmir, Asmal, Ventolin), a spacer device, face mask, concise written instructions for asthma first aid procedures and alcohol swabs.
- Ensure that First Aid Kits are maintained with an Emergency Asthma Kit. .
- Where possible offer information sessions on asthma for parents/guardians.
- Ensure that educators maintain current accreditation in Emergency Asthma Management.
- Be aware of the young people with asthma in their care.
- Ensure, in consultation with parent/guardian the health and safety of each young person through supervised management of their asthma.
- Identify and, where practical minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that prescribed asthma medication is stored out of appropriately in a clearly identifiable and easily accessible place in the General Admin office.
- Ensure that all regular prescribed asthma medication is administered in accordance with the child's Asthma Action Plan.

- Administer emergency asthma medication if required according to the child's written Asthma Action Plan.
- Communicate to management or parents/guardians any concerns.
- Ensure that children with asthma are treated the same as other children.

Families Must:

- Inform staff, either upon enrolment or on initial diagnosis that their child has asthma.
- Provide all relevant information regarding the child's asthma via an Asthma Action Plan. This must be completed and signed by a medical doctor.
- Notify the staff in writing of any changes to the Asthma Action Plan.
- Update the Asthma Action Plan annually or earlier if there are changes.
- Ensure that the appropriate medication has been provided to the Community School Staff and is within use by date. A spacer and face mask is also to be provided for the child.
- Ensure they comply with all regulations and requirements for the administration of medication.
- Communicate all relevant information and concerns to the staff.

Students

- Abide by the above for employees.

Definitions

Asthma Action Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. Asthma Action Plan templates can be downloaded from The Asthma Foundation of Victoria's website: www.asthma.org.au. A sample plan specifically for use in education and care services is provided in this policy.

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: kits should contain:

- Reliever medication.
- 2 small volume spacer devices.
- 2 compatible children's face masks.
- Record form.
- Asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for a single-user only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used. The Emergency Asthma First Aid Kit spacer and mask cannot be washed and reused.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Epaq or Ventolin.

Spacer device: A device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the Working with Children Check (Regulations 146–149). A sample staff record is available on the ACECQA website.

Related Documents

Occupational Health & Safety Act 2004
National Asthma Council of Australia Website and Guidelines
First Aid Policy and Procedure
Distributing Medication Policy
Asthma Action Plan

Organisational Area

Cire Community School

Approved by

The Board

Signature:



Date: November 2023

Operative Date

August 2021
Reviewed: October 2022, November 2023

Review Date

November 2024

Appendix 1: Asthma Action Plan

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME

DATE

NEXT ASTHMA CHECK-UP DUE

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name

Phone

Relationship



WHEN WELL *Asthma under control (almost no symptoms)*

ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is:
(NAME & STRENGTH)

Take puffs/tablets times every day
☐ Use a spacer with your inhaler

Your reliever is:
(NAME)

Take puffs

When: You have symptoms like wheezing, coughing or shortness of breath
☐ Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)



WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

Keep taking preventer:
(NAME & STRENGTH)

Take puffs/tablets times every day

☐ Use a spacer with your inhaler

Your reliever is:
(NAME)

Take puffs

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

☐ Contact your doctor



IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Keep taking preventer:
(NAME & STRENGTH)

Take puffs/tablets times every day

☐ Use a spacer with your inhaler

Your reliever is:
(NAME)

Take puffs

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

☒ Contact your doctor today

Prednisolone/prednisone:

Take each morning for days



DANGER SIGNS *Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*

**DIAL 000 FOR
AMBULANCE**

Peak flow (if used) below:

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

☐ Use your adrenaline autoinjector (EpiPen or Anapen)

National Asthma
Council Australia

nationalasthma.org.au

* Peak flow not recommended for children under 12 years.