



Asthma Care Policy

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ASTHMA CARE FOR STUDENTS

This procedure is based on advice provided by The Asthma Foundation of WA. This document is to be read in conjunction with other AIC policies including the First Aid Policy and Procedure and Excursions and Camps Policy.

People with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe. Trigger factors that may lead to an asthma attack include colds/flu, exercise, pollens, changes in temperature, dust mites or cigarette smoke, and these triggers vary from person to person. The main symptoms of asthma are shortness of breath, wheezing, coughing and tightness in the chest.

ASTHMA MEDICATION

School staff are informed regarding the student's appropriate medication and how to administer it in the event of an asthma attack.

There are three main groups of asthma medications:

- 1. Relievers:** Inhaled medications – Airomir, Asmol, Bricanyl, Ventolin (blue)
Relievers provide relief from asthma symptoms within minutes by relaxing the muscles around the airways for up to four hours.

Students should always carry their blue reliever medication at school in case they need to use it, particularly for an asthma emergency. If they are using their reliever medication more than three times per week to ease symptoms it may be a sign that their asthma is not well controlled. Suggest they have their asthma checked by their doctor.

- 2. Preventors:** Inhaled medications – Alvesco (rust), Flixotide (orange), Intal Forte (white), Pulmicort, Qvar (brown), Tilade (yellow); Oral medications – singulair.

Students with moderate to severe asthma may use preventors. Students usually take these medications at home, however, they may be seen out of normal school hours e.g. at school camps.

- 3. Symptom Controllers:** Foradile (pale blue), Oxis, Serevent (green).

These are long acting relievers that help to relax the muscles around the airways for up to 12 hours. They are taken daily, usually at morning and night.

Purpose

- To administer Asthma treatment and life support for all staff, students and visitors when in need in a competent and timely manner.
- To communicate with children's parents who are with Asthmatic problems when considered necessary.
- To provide resources and training to cater for the administering of Asthma.
- staff are educated by the school to assist in the administering of medication in an Asthma First Aid situation.

To encourage preventative measures to minimise risk and promote safety.

Guidelines

- a. The enrolment office will give sufficient details to the teachers and first aid officers regarding the child's Asthmatic condition. Parents will be requested to complete and submit a Student Health Form and Medicine Administration Form.
- b. The Principal will ensure sufficient information is given to the staff.
- c. First aid kits will be available throughout the school.
- d. Wheel chair is located in the first aid room.
- e. Staff are given sufficient information with list of Asthmatic students.
- f. All Asthmatic pupils have their medication in class or their own.
- g. In the event of a pupil complaining of being 'wheezy' or having difficulty in breathing they should be requested to take their own inhaler.
- h. If the teacher is not satisfied that the inhaler is taking effect, another class pupil is sent to fetch the First Aid Officer.

In the school field: Staff on duty during lunch, recess and PE should be aware of the list of the Asthmatic students. When a student complains staff will immediately contact the First Aid Officer.

j. Staff are required to carry a mobile phone when on duty or conducting a PE lesson on the field or courts.

k. Off school premises (excursions, trips etc.)

All teachers/group leaders on off site activities have a list of the Asthmatic pupils in their care and will be informed of any other relevant medical information (refer to Excursion and Camps Policy)

l. Schools and teachers owe to their students under their control and supervision a responsibility to take reasonable care for the safety of these students.

m. Teachers must respond to all elements of foreseeable risk and take reasonable steps to ensure that a student does not risk injury and that the health of the student is not put at risk.

n. Schools should communicate with parents/carers and reach agreement about their respective responsibilities.

o. Administer medication or provide assistance to a student in an emergency situation where a teacher is reasonably aware of, and able to take some action which could reduce or prevent harm being done to the student, may constitute a breach of their duty of care to the student.

In the case of a serious Asthma attack administer first aid as required and at the same time an ambulance will be called and parents will be informed. Dial 000 for emergencies.

School's Responsibility

Listed below are practices at the College to fulfil the schools responsibility to students with asthma:

- Request medical information from parents/carers on all new students in the school to ensure the school is aware of all students with asthma or severe allergies.
- Keep a record of students with Asthma e.g. with school medical records, record in a database.
- Provided teachers with a list of students in their care who have asthma.
- Asthma Awareness lessons.
- Students to be encouraged to carry their blue Reliever medication (Ventolin, Airomir, Asmol, Bricanyl (or Doctor recommended reliever medication) at all times and to take the medication immediately should symptoms develop.
- If a major asthma attack occurs and a puffer does not work, an ambulance will be called.

Parent's Responsibility

- Parents are responsible for advising the school of the student's asthma condition and for working with the school to ensure the school meets the student's health care needs.
- Requires that the parent or person responsible for the student provide information to the school for 'the long-term and day to day care, welfare and development of the child.
- At the beginning of enrolment, parents/carers will be requested to complete a Student medical Record form for their child with asthma (Medical Condition). Parents/carers will be requested to notify the school if there are any changes to these notification forms.
- Parents should ensure their child has adequate supply of appropriate medication and that the medication is current and correctly labelled.

7. Asthma Education of Staff/Parents/Carers

AIC organises The Asthma Foundation of WA to conduct an Asthma Education Session for all staff every year. During this session essential asthma management topics will be covered including: symptoms, triggers, medications, how to assess an asthma attack and importantly, how to handle an asthma emergency. An asthma education session can also be conducted for parents/carers.

EMERGENCY PROCEDURE OF AN ATTACK
(Please refer to Appendix 3 for Action Plan for ANAPHYLAXIS)

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

- Mild: Coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences.
- Moderate: Persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only.
- Severe: Distress and anxiousness, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, emergency procedure (as detailed below) must commence immediately.

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. In an asthma emergency, follow the Asthma First Aid Plan on the student's Asthma Record. If the documentation is not available, follow the Asthma Medical Emergency Plan below.

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

ASTHMA MEDICAL EMERGENCY PLAN

In the event of an attack the First Aid Plan on the student's Asthma Record should be followed. If documentation is not available, the steps below should be taken immediately. Should the student's own blue Reliever medication (Ventolin, Airomir, Asmol, or Bricanyl) not be available, a blue Reliever puffer should be obtained from a First Aid Kit, or borrowed from another student/staff member and given without delay. It does not matter if a different brand of blue Reliever medication (Ventolin, Airomir, Asmol, or Bricanyl) is used as all of these medications act in the same way.

Step 1 Sit the student upright and provide reassurance. Do not leave the student alone.

Step 2 Give 4 separate puffs of a blue Reliever.

The medication is best given one puff at a time via a spacer device. Ask the person to take 4 breaths from the spacer after each puff of medication. If a spacer is not available, use the blue reliever puffer on its own.

Step 3 Wait 4 minutes.

Step 4 If there is little or no improvement, repeat steps 2 and 3.

If there is still no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

*A Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer is unavailable.

Blue Reliever medications are safe and it is not possible to overdose by following the instructions outlined. However, it is important to note the student may experience harmless side effects of shakiness, a fast heart or hyperactivity. These side-effects are considered 'normal' and will wear off as the reliever does.

WHAT IF IT IS THE FIRST ATTACK OF ASTHMA?

Staff are always concerned about the unpredictable possibility that a student in their care may experience their first asthma attack. Another major concern is the effect of blue reliever medication if it turns out that the student is not suffering from asthma.

Schools should be informed that it is important to call an ambulance for any first asthma attack (or a suspected first asthma attack) and that the use of blue reliever medication is extremely safe. Treatment could be lifesaving and will not be harmful even if the problem was not due to asthma. Blue reliever puffer medication is extremely safe and acceptable to be used in this circumstance.

It is essential that parents/carers are informed of any asthma episode for their child and as much information as possible is made available. Schools need to have processes to record any medical treatment for students in their care.

Last Reviewed: [December 2019]
Approved by: [Executive Principal]
Next review: [December 2020]

ADMINISTRATION OF MEDICATION AT SCHOOL RECORD SHEET (EMERGENCY MEDICATION)

Privacy Statement: The Department of Education and Training (DET) is collecting this personal information for the purpose of enabling school staff to administer the necessary emergency medication to your child while at school or during school-related activities. This information will only be accessed by authorised departmental employees, including school staff and State Schools Nursing Services. In accordance with section 426 of the Education (General Provisions) Act 2006 (regarding student’s personal information) and the Information Privacy Act 2009 (parent/carer’s personal information) this information will not be disclosed to any other person or body unless you have given DET permission or DET is required or authorised by law to disclose the information.

This form is a record of a parent/carer’s request for the school to administer prescribed emergency medication to their child. It is also designed to record the administration of this medication to a student during school hours or school-related activities.

For students who require more than one medication, a separate form will need to be completed for each additional medication. More rows may be added to Section 2 if required. The student’s Emergency Health Plan/Action Plan should be attached to the emergency medication record sheet/s for easy reference.

NB: If the student’s dosage of medication changes (e.g. 20mg to 30mg), complete a new Administration of medication at school record sheet (emergency medication)

NB: This form is **NOT** designed to record the administration of a school’s First Aid Emergency medication to a student with no previous diagnosis. In these instances, schools should follow the recording requirements of the First Aid procedure.

Instructions on receipt of a student’s emergency medication from their parent/carer, confirms that:

- The parent/carer has completed Section 1 of this form.
- The parent/carer has provided the student’s Action Plan (e.g. ASCIA Anaphylaxis Action Plan, Asthma Action Plan).
- The medication container has a valid pharmacy label which includes the name of the prescribing health practitioner to confirm that it is prescription medication.
- The pharmacy label instructions match Section 1
- **During administration**
 - Follow the instructions on the student’s relevant health plan (e.g. Emergency Health Plan, Asthma Action Plan, ASCIA Anaphylaxis Action Plan).
- **After administration**
 - Contact the parent/carer to advise them that emergency medication has been administered and the actions the school is taking to support the student; and
 - Complete Section 2.

APPENDIX 1 CONTINUED

Section 1 – Details of emergency medication which may be required to be administered by school staff (Parent/ Carer to complete)						
Student Name:				Date of birth:		
Parent/Carer name:				Contact phone number:		
I hereby request that school staff administer the following emergency medication to my child, if required, during school or school-related activities, as specified in this section					Photo	
Name of medication		Dosage (e.g. 1 tablet)		Route (e.g. oral)		
Additional Information						
Parent/carer signature				Date		
Section 2 – Record of administration of a student’s prescribed emergency medication (School use only)						
Date	Time	Dose given	Emergency services contacted	Outcome	Signature	

- Parent/carer has collected unused medication that is no longer required to be administered at school.

APPENDIX 2 – STUDENT HEALTH FORM

**AUSTRALIAN ISLAMIC COLLEGE
STUDENT HEALTH FORM**

STRICTLY CONFIDENTIAL

**THIS INFORMATION WILL ENABLE THE COLLEGE TO PROVIDE HEALTH
CARE FOR YOUR CHILD.**

STUDENT DETAILS

Date: _____

Student's name: _____

Date of birth: _____

Parent/guardian's full name: _____

Address: _____ Postcode: _____

Telephone number: Home: _____

Work: _____

Mobile: _____

Name of family doctor: _____

Telephone number: _____ Medicare number: _____

Health conditions:

Is your child subject to seizures fainting, epilepsy, diabetes, asthma or any other condition that may affect his or her safety during the excursion?

Yes No

If "yes" please give details:

APPENDIX 2 CONTINUED

Is your child allergic to: (please tick)

Please give details:

Any medications	
Any food	
Any insect stings	
Other	

Date of last tetanus vaccination: _____

Medication

Parent/guardians are requested to make arrangements with the teacher-in charge for the safekeeping and handling of prescribed medications prior to the excursion.

Does your child presently taking tablets and /or other forms of prescribed medication? YES
NO

Does your child self administer the medication? YES
NO

If "yes" state name of Medication, dosage and frequency of use:

Does your child have a current Health Care Plan at school? Yes No

Other information:

Please provide any other information about your child which will enable staff to provide better care for your child.

Signature of Parent/Guardian: _____ Date: _____

APPENDIX 3 – MEDICINE ADMINISTRATION REQUEST FORM

AUSTRALIAN ISLAMIC COLLEGE

MEDICINE ADMINISTRATION REQUEST FORM

Child's name	
Name of prescribing doctor	
Condition medication prescribed for	
Name of medication	
Dosage and time of dosage	
Instructions	
Name of parent	
Contact number of parent	

I request that my child _____ be allowed to take medication during the time they are at the Australian Islamic College. I understand this will be either in the college or out on excursions at various other facilities. The details of the medication, prescribing doctor, dosage and administration guidelines have been outlined above and to the best of my knowledge are accurate. I understand that depending on the nature of the medication, staff at the College may need to obtain relevant information from the prescribing doctor or pharmacist.

I agree to observe the conditions imposed by the College and understand that it is my responsibility to inform the coordinator of any changes involving the administration of the medication. I also acknowledge that the staff of Australian Islamic College are not responsible in any way whatsoever for any damage or injury that may occur to my child after the administering of this medication as per the instructions as outlined above.

Parent/Guardian Signature:.....

Parent/Guardian Name:.....

Date:.....



Asthma care plan for Education and Care services

CONFIDENTIAL: Staff are trained in asthma first aid 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 Name/ Student ID: _____

Date of Birth: _____

Year group: _____

Managing an Asthma attack:

Staff are trained in asthma first aid. 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

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)

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 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 _____ Parent/Guardian _____ Emergency contact information _____

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.

Photo of student Optional
Plan Date ___/___/___
Review date ___/___/___