Doncaster Gardens Primary School
Asthma Management Policy

Philosophical Basis:
Asthma affects 235 million people worldwide and one in four primary school children. Australia has the second highest incidence of asthma in the world (Asthma Foundation Australia, 2014). The aim of this policy is to ensure children with asthma are well supported at Doncaster Gardens Primary School and are provided with a safe environment in which to learn and play.

Guidelines:
• Parents are to provide a copy of a letter from a medical practitioner outlining the details of the student’s asthma and the allergy concerned, and what medical treatment should be undertaken in case of an asthma attack. This advice, in the form of an asthma action plan, needs to be updated annually and/or if there is any change in the child’s condition.
• All staff will be provided with training at least every three years in relation to asthma and the necessary first aid treatment.
• Staff directly involved in first aid such as the first aid coordinator and other personnel such as PE teachers and at least one member attending overnight activities should undertake the Emergency Asthma Management course every three years.
• Identified students will not be isolated or excluded from any activity, within reason. Exercise is one asthma trigger that should be encouraged not minimised.
• A reasonable effort will be made to ensure that contact with allergens is minimised. This will require each child to have an individualised risk minimisation plan.
• All teachers attending off school activities will have an understanding of the first aid treatment necessary for students who exhibit asthma symptoms.
• At least two asthma first aid kits will be readily available, which include medication, spacer and a first aid asthma poster. An extra kit for every 300 children is needed to comply with the Asthma Friendly Schools criteria.

Implementation:
• Parents and carers of students who have asthma will be provided with a copy of the Asthma Management Policy on enrolment.
• Parents will provide a written asthma action plan completed and signed by a medical practitioner.
• Parents will provide their children with asthma reliever medication and a spacer (and a face mask if required) at all times when their child attends the school.
• Teaching staff will know which students in their own classes have asthma and the nominated location of their personal medication and spacers.
• Students will keep their asthma medication and a spacer in their school bags at all times (if self-managing their asthma), and carry the equipment with them if they are participating in offsite activities.
• All teaching staff will be trained to assess and manage an asthma emergency, and complete the free one-hour Asthma Education session provided by the Asthma Foundation at least every three years.
• Designated staff members will undertake the Emergency Asthma Management course at least every three years, recommended for PE staff, first aid coordinators and at least one staff member attending overnight activities.
• A designated staff member will formalise and document school procedures for Asthma First Aid, for individuals with a diagnosis of asthma, and students who have an asthma attack for the first time.
• An asthma first aid procedure consistent with current national recommendations will be implemented, and all staff will be aware of the asthma first aid procedure. Asthma First Aid posters will be displayed in key locations in the school.
• If a student has both asthma and anaphylaxis, in the event of severe breathing difficulties, the anaphylaxis action plan will be implemented prior to administering the asthma action plan.
• A designated staff member will complete the Asthma Friendly Schools recognition checklist every three years.
• A designated staff member will coordinate the provision of at least the minimum number of asthma emergency kits to comply with the Department of Education and Training (DET) guidelines, and ensure expiry date of medications are routinely checked and updated as required. The guidelines specify that there must be one kit for the school, one for excursions, and one for every 300 students.

May 2015
To reduce asthma triggers the following risk minimisation strategies will be employed, such as mowing school grounds out of hours; limit dust by out of hours cleaning of carpets and soft furnishings; review cleaning products and any other chemicals to consider the potential impact on students with asthma; conduct maintenance that may require paint or varnishes or excess dust particles outside of school hours and switch on fans, air conditioners and heaters out of hours when being used for the first time after a period of non-use.

Common environmental triggers to asthma such as high pollen count, weather changes such as thunderstorms, smoke from bush fires or burn offs will be monitored daily and if necessary, students sensitive to these triggers may be restricted to indoor activities.

Exercise induced asthma (EIA) should be managed to promote healthy exercise and normal play behaviour. This includes discussion with parents to provide medication prior to exercise as recommended by the Asthma Foundation.

The school will educate students and parents about asthma via newsletter articles and specific classroom sessions.

Asthma action plans will be stored in the first aid room and in clearly marked folders in the appropriate classrooms.

Out of school settings: Each identified student’s asthma medication and spacer, asthma action plan and a mobile phone must be available for all excursions, camps and other offsite activities.

Teaching staff and the first aid coordinator will communicate as necessary with the students’ parents about the students’ successes, development, changes and any health and education concerns. In particular, the parents will be alerted if the frequency and severity of a student’s asthma symptoms and use of medication at school increases.

Evaluation:

• Evaluation will occur on an annual basis or following an incident or event to make sure that the information is correct and all personnel are aware of how to respond to an asthma attack.

• This policy will be reviewed every three years as part of the policy review cycle.