



Chairo Christian School

Asthma Management Policy

Policy Number: AST-001.03

Adopted: 6/12/2012

Last Amended: February 2016

Next Review: February 2018

1. Preamble

- 1.1. It is Chairo's mission *to provide excellence in Christ-centred education in partnership with families within a caring Christian community*. As a caring Christian community, Chairo has a responsibility and desire to provide for the care, safety and welfare of members of the school community within the reasonable limits of its capacity to do so.
- 1.2. Notwithstanding its responsibility to all members of the school community, Chairo has a specific duty of care for the wellbeing of students whereby the risk of harm is minimised and students are able to function within a physically and emotionally secure, supportive and productive environment. Such duty of care may, at times, extend beyond the school day and school premises.
- 1.3. It is acknowledged that, while many students with mild asthma rarely need medication and have minimal restrictions on their school life, some students have moderate to severe asthma and will require additional support and consideration, and may experience difficulties at school in relation to attendance, concentration and participation in activities.
- 1.4. Chairo is committed to:
 - providing, as far as is reasonably practicable, an environment in which students at risk of asthma can participate in all aspects of the educational program;
 - being an asthma aware school and raising awareness about asthma within the school community;
 - seeking, recording and acting upon information in relation to those students known to have asthma;
 - developing, in consultation with parents/guardians, risk minimisation and management strategies for students with asthma; and
 - ensuring that staff members have adequate knowledge and training in relation to asthma and emergency procedures.
- 1.5. The Asthma Foundation of Victoria (www.asthma.org.au) plays a major role in the provision of training, advice and resources for schools in relation to asthma.
- 1.6. This policy deals specifically with asthma, while the care, safety and welfare of students is covered generally within the *Wellbeing Policy*.

2. Definitions

- 2.1. *Duty of care* refers to the requirement that the school and staff members (especially teaching staff members) take all reasonable care to provide a suitable and safe environment for students, and to ensure that no student is exposed to unreasonable risk of injury.
- 2.2. *Asthma* is an inflammatory disease of the airways. In those susceptible to asthma, this inflammation causes the airways to spasm and swell periodically so that the airways narrow, causing the sufferer to wheeze or gasp for air. Obstruction to air flow either resolves spontaneously or responds to a wide range of treatments, but continuing inflammation makes the airways hyper-responsive to a range of asthma triggers. Many people have mild asthma and rarely need medication, while some people need



Chairo Christian School

medication on a daily basis and require additional medication at times (e.g. before and/or after vigorous exercise). However, even those with mild asthma can have a severe asthma attack.

- 2.3. *Asthma triggers* vary from person to person and not all sufferers know what triggers their asthma. They include colds and flu; cigarette smoking and passive smoking; exercise and activity; inhaled allergens (including aerosol spray); environmental factors; changes in temperature and weather; certain medications; chemicals and strong smells; emotional factors; and some foods and food preservatives, flavourings and colourings.
- 2.4. *Asthma symptoms* commonly include coughing, tightness in the chest, shortness of breath and/or rapid breathing, and wheezing (a whistling noise from the chest).
- 2.5. *Asthma medications* include *reliever medications* (e.g. Ventolin, Bricanyl) which generally provide relief from asthma symptoms within minutes; *preventer medications* which are used on a regular basis to prevent asthma symptoms; *symptom controller medications* which are used in conjunction with preventer medications (often combined in one device); and *combination medications* (e.g. Symbicort) which can be used as a reliever medication as well as maintenance therapy.
- 2.6. *Asthma devices* include inhalers (hand-held metered-dose) and *spacers* (plastic or cardboard devices used in conjunction with inhalers) to assist with fast and more effective delivery of asthma medication.
- 2.7. *Asthma Care Plan* refers to a record of information regarding a student's asthma and how to manage it; including contact details, what to do when the student's asthma worsens, and emergency treatment.
- 2.8. *Parent*, where used throughout this policy, also refers to a legal guardian.

3. Details

- 3.1. The school shall:
 - refer for advice and guidelines to the Victorian Government Department of Education and Training's *School Policy and Advisory Guide*, the Asthma First Aid guidelines within the Asthma Australia *Asthma Care Plan for Education and Care Services*, the Asthma Foundation of Victoria's *Schools Model Policy*, and the recommendations of relevant government departments;
 - seek to raise awareness of asthma and the triggers for asthma attacks;
 - reduce the presence of asthma triggers as far as is reasonably practicable to help control asthma, including by discouraging the use of aerosol sprays;
 - be aware of the potential for exposure to asthma triggers while a student is in the care of the school;
 - keep a register of students with asthma and ensure that emergency contact details are current;
 - ensure that a Victorian Asthma Foundation *Asthma Care Plan for Education and Care Services*, together with a Chairo *Asthma Management Form*, is provided to the parents/guardians of all students with asthma before the commencement of each school year in order that information regarding any treatment changes can be provided and recorded;
 - have procedures and current Asthma Care Plans in place for students with asthma;
 - encourage students who self-administer asthma treatment to carry asthma reliever medication at all times;
 - have appropriate reliever medication and devices available in both fixed and mobile first aid kits to be used as necessary;
 - follow the Asthma First Aid guidelines within the Victorian Asthma Foundation *Asthma Care Plan for Education and Care Services* in the event of a student requiring treatment as the result of a first-time asthma attack where no Asthma Care Plan is in place;



Chairo Christian School

- work with parents/guardians and students to implement practical, age-appropriate strategies to minimise the risk of asthma attacks by students with asthma;
- foster an open and cooperative relationship and lines of communication with parents/guardians so that they can feel confident that appropriate management strategies are in place; and
- ensure that teaching and other staff members undertake regular first aid training, including instruction in relation to recognising and responding appropriately to asthma attacks.

3.2. Staff members shall:

- be aware of students who have asthma and follow relevant policies and procedures;
- be aware of the importance of daily asthma management for students with asthma;
- be aware of the location of the school's asthma medications and devices;
- undertake training, as required or instructed, in how to understand the triggers, symptoms and treatment of asthma, and how to recognise and respond to an asthma attack;
- discourage the use of aerosol sprays and - where considered necessary to minimise the risk of an asthma attack by a student with asthma - prohibit the use of aerosol sprays (and confiscate such sprays if considered necessary);
- seek to inform parents of any issues or concerns relating to their child's asthma management;
- seek to raise student awareness about asthma and the importance of their role in helping to foster an environment that is safe and supportive for their peers;
- deliver asthma first aid in accordance with a student's Asthma Care Plan or, in the absence of such a plan, in accordance with the Asthma First Aid guidelines within the Victorian Asthma Foundation *Asthma Care Plan for Education and Care Services*; and
- notify parents if a student regularly has asthma symptoms and/or has received asthma first aid.

3.3. Parents of a student with asthma shall:

- inform the school, either at enrolment or diagnosis, of the student's condition (and all relevant information and health concerns) and provide written confirmation of such condition from a doctor;
- provide the school with an Asthma Care Plan for the student, signed by both the doctor and parent/s;
- ensure that in-date asthma reliever medication and a spacer are provided to sick bay if their child requires asthma management by staff members;
- ensure that in-date asthma reliever medication is provided to their child if their child self-administers asthma reliever medication; and
- work in conjunction with the school to develop and review the student's Asthma Care Plan.

3.4. Students who self-administer should have easy access to their own asthma reliever medication and devices. However, the school shall also have asthma reliever medication and devices available to be used in emergencies. Where necessary, asthma reliever medication may be borrowed from another student or a staff member where a delay in treatment may otherwise occur.

3.5. Students with asthma are encouraged to take part in school-based exercise, sport and other physical activities, although particularly strenuous and endurance exercise may be inappropriate for some students. Most students with Exercise Induced Asthma (EIA) can exercise to their full potential where appropriate steps are taken (refer to the *Victorian Schools Asthma Policy* for details). EIA may vary considerably from day-to-day and can be particularly troublesome when a student has a cold or flu, or is recovering from a recent asthma attack.



Chairo Christian School

- 3.6. Students with asthma are encouraged to take part in camps, excursions and other special events. Where an activity involves an overnight stay, staff members shall ensure that the parents of students with asthma provide appropriate asthma medication and devices, and that first aid kits contain asthma reliever medication to be used in an emergency.
- 3.7. Where a student with asthma is participating in a camp, excursion or other special event, at least one participating staff member shall have been trained in the recognition and treatment of asthma.
- 3.8. Where a student with asthma is participating in a camp, excursion or other special event, all students shall be discouraged from taking aerosol sprays to such activity. Staff members may prohibit the use of aerosol sprays where considered necessary to minimise the risk of an asthma attack by a student with asthma (and may confiscate such sprays if considered necessary).
- 3.9. Where a decision is made to prohibit (rather than simply discourage) the presence and/or use of certain known triggers in specific situations or during specific school activities (eg. aerosol sprays in change rooms or during a camp or excursion), staff members shall provide clear and timely information regarding such ban to both parents and students.
- 3.10. Asthma Care Plans should be signed by a doctor and a parent of the student, and should include:
 - details of usual medical treatment (medication taken on a regular basis);
 - what to do and details of medication to be used in cases of deteriorating asthma; and
 - name, address and telephone numbers of an emergency contact and the student's doctor.
- 3.11. All students shall be encouraged to: (1) always take asthma seriously; (2) be aware of the known asthma triggers of their fellow students; (3) not deliberately do anything that is likely to trigger someone's asthma; (4) seek help immediately if someone has an asthma attack; and (5) be respectful of a fellow student's asthma medication and devices.
- 3.12. Parents, students and staff members shall be encouraged to be mindful of the health of those at risk of asthma attacks and to take reasonable and appropriate steps to minimise the presence of known triggers. For example, the excessive use of perfumes, colognes and deodorants, and the use of aerosol sprays (e.g. hair, body and deodorant sprays), should be avoided as far as is reasonably possible.