



Asthma Management Policy

Level: 3

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1. Preamble

- 1.1. As a caring Christian community that considers individuals to be uniquely created in the image of God, Chairo Christian School 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. While there is an understanding that created humans consist of physical, emotional, social and spiritual components of their being, this policy predominately focuses on the physical health and safety of individuals.
- 1.1. 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.
- 1.2. The school 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.
- 1.3. 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. *Asthma Australia* plays a major role in the provision of training, advice and resources for schools in relation to asthma. See: www.asthma.org.au
- 1.5. For related policies, see *Health & First Aid (Students) Policy*, *Medication Administration Policy* and *Emergency & Critical Incident Management Policy*.
- 1.6. This policy is to be read in conjunction with the relevant asthma-related procedures.

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.



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- 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 airflow 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 medication on a daily basis and require additional medication at times (e.g. before and/or after vigorous exercise). The *devices* used to administer asthma medication include inhalers (hand-held metered dose) and *spacers* (plastic or cardboard devices used in conjunction with inhalers). *Asthma symptoms* commonly include coughing, tightness in the chest, shortness of breath and/or rapid breathing and wheezing (a whistling noise from the chest). Note: 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; vaping/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; bushfire smoke; emotional factors; and certain food and food preservatives, flavourings and colourings.
- 2.4. *Asthma Action Plan* refers to a plan developed by Asthma Australia and is a record of information regarding a student's asthma and how to manage symptoms. This plan must be developed by a medical practitioner and a parent/guardian of the student and should include: (1) what to do and details of medication to be used in the case of deteriorating asthma or in an emergency; and (2) the name and phone numbers of an emergency contact person and the student's doctor.
- 2.5. *Parent*, where used throughout this policy, also refers to a legal guardian.

3. Policy

3.1. The school shall:

- Refer to the Victorian Government *Department of Education and Training* (DET) and *Asthma Australia* for asthma management advice and guidelines;
- seek to raise awareness of asthma and the triggers for asthma attacks, including by displaying *Asthma Australia Asthma First Aid* posters in staff rooms, sickbay areas and areas within the school where asthma attacks are more likely to occur (e.g. sport complexes);
- reduce the presence of asthma triggers as far as is reasonably practicable to help control asthma.
- 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;
- communicate with families regarding the DET requirement to provide the school with *Asthma Australia Asthma Action Plans* for any student with a diagnosis of asthma, with such plans to be developed and reviewed annually by a medical practitioner and readily accessible to all relevant staff members in the case of an asthma emergency;
- provide parents with a Chairo-specific *Asthma Management Form* to be completed during enrolment or after a diagnosis/management change, indicating whether the school or student will be responsible for administering their asthma medication in a non-emergency.
- encourage students who self-administer asthma treatment to carry asthma reliever medication at all times, particularly during bus travel. See *Medication Administration Policy* and *Busing Policy*;



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- have appropriate reliever medication and devices available in both fixed and mobile first aid kits to be used as necessary, with the student's emergency asthma medication to always be readily and easily accessible when required in an emergency;
- follow the Asthma First Aid guidelines in the event of a student requiring treatment as a result of a first-time asthma attack where no *Asthma Action Plan* is in place;
- work with parents and students to implement practical, age-appropriate strategies to minimise the risk of asthma attacks and develop asthma management strategies for students with asthma;
- foster an open and cooperative relationship and lines of communication with parents so that they can feel confident that appropriate management strategies are in place;
- provide teaching staff and other relevant staff members the opportunity to undertake regular first aid training, including instruction in recognising and responding appropriately to asthma attacks;
- seek to reduce the risk of harm by including students with moderate to severe asthma on *Medical Alert Posters* to be displayed on the walls of sickbays, staffrooms, adjoining classroom offices and gymnasiums, with only information relevant in an emergency to be visible in order to alert all staff members of students with potentially life-threatening medical conditions; and
- act on the warnings and advice from the DET *Emergency Management Division* in the event that *Epidemic Thunderstorm Asthma* has been forecasted as high (weather is hot, dry, windy and stormy along with a high level of pollen in the air), noting that nearby bushfires may also be cause for action.

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 and student asthma medications and devices;
- undertake training every three years, 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 and competently carry out asthma first aid in an emergency (see following *Staff Training*); undertake annual asthma briefings for all staff members at the beginning of each year, refreshing key information about asthma and identifying the current students with asthma;
- discourage and/or prohibit the use of aerosol sprays, where considered necessary, to minimise the risk of an asthma attack by a student with asthma (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 an asthma emergency in accordance with a student's *Asthma Action Plan* or, in the absence of such a plan, in accordance with the Asthma First Aid guidelines; and
- document and notify parents (via phone call, student diary or email depending on the urgency of the concern) if a student regularly displays asthma symptoms of concern and/or has received emergency asthma first aid or treatment during school hours.

3.3. Parents of a student with asthma shall:

- inform the school, either at enrolment or diagnosis, of their child's medical condition (along with other relevant information and health concerns);
- provide the school with an Asthma Australia *Asthma Action Plan* for their child annually, prior to the plan expiring, or when any treatment changes have occurred. Action plans are to be



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developed and signed by their child's medical practitioner and subsequently reviewed and updated annually.

- work in conjunction with the school to annually review their child's *Asthma Action Plan* and *Asthma Management Plan* in order to develop any additional plans for health care needs while at school or on camp;
- ensure that in-date asthma reliever medication and a spacer are provided to sickbay 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 at school (or while travelling to and from school); and,
- provide written notification to the school if their child no longer requires asthma treatment or management while at school or is no longer considered to have asthma as a current medical condition.

3.4. Camps, Excursions and Other Special Events

- 3.4.1. Students with asthma are encouraged to take part in camps, excursions and other special events.
- 3.4.2. Where an activity involves an overnight stay, staff members shall confirm the current *Asthma Action Plan* is up-to-date and work with parents to complete relevant Chairo camp medication administration forms if asthma medication is required at set times during the day.
- 3.4.3. In accordance with camp/excursion and medication forms, parents are required to provide the asthma medication and devices necessary for the duration of the camp or excursion.
- 3.4.4. Prior to camp, staff members must ensure first aid kits are stocked with the required contents for an asthma emergency and are readily accessible throughout the camp/excursion in the case of an emergency.
- 3.4.5. Where a student with asthma is participating in a camp, excursion or other special event, all students shall be discouraged from taking aerosol sprays along. Staff members may prohibit the use of aerosol sprays (and confiscate sprays) where considered necessary to minimise the risk of an asthma attack by a student with asthma.
- 3.4.6. 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 (e.g. 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.

3.5. Staff Training

- 3.5.1. In order to fulfil their duty of care responsibilities, First Aid Officers, teaching staff and other staff members who are responsible for supervision during camps and excursions are required to undertake face-to-face accredited asthma training every three years provided by a Registered Training Organisation in the form of either:
 - 10760NAT Course in Asthma Awareness
 - 22556VIC Course in Management of Asthma Risks and Emergencies in the Workplace
- 3.5.2. All relevant staff members will undertake annual asthma briefings at the beginning of each school year, refreshing key information about asthma and identifying current students with moderate to severe asthma.
- 3.5.3. Further asthma e-training through Asthma Australia can be accessed as needed by general staff, and teaching staff members for refresher training, and for up-to-date information on asthma management.



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3.6. Students

- 3.6.1. 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 person where a delay in treatment may otherwise occur.
- 3.6.2. 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. Students with *Exercise Induced Bronchoconstriction* (EIB) can exercise to their full potential where appropriate steps are taken. This may require time allowance before, during and/or after exercise for treatment in accordance with the student's *Asthma Action Plan*. EIB may vary considerably from day-to-day and can be particularly troublesome when a student has a cold or flu, or when recovering from a recent asthma attack.
- 3.6.3. All students shall be encouraged to:
 - always take asthma seriously;
 - be aware of the known asthma triggers of their fellow students;
 - not deliberately do anything that is likely to trigger someone's asthma;
 - seek help immediately if someone is showing signs of an asthma attack; and
 - be respectful of (and not tamper with) a fellow student's asthma medication and devices.
- 3.7. 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.
- 3.8. To further reduce asthma triggers, the school will consider:
 - the times when grass areas around the school yard are mown;
 - turning on heaters, air conditioners and fans outside of school hours if it is the first time they have been used for a long period; and
 - the cleaning chemicals and the timing of school maintenance in regard to the possible impact on those with asthma.