

POLICY - May 2020



ASTHMA MANAGEMENT POLICY

Review Annually

Child Safe Standards

Victorian government schools are child safe environments. Lilydale Heights College actively promote the safety and wellbeing of all students, and all school staff are committed to protecting students from abuse or harm in the school environment, in accordance with their legal obligations including child safe standards. All schools have a Child Safety Code of Conduct consistent with the Department's exemplar available at <http://www.education.vic.gov.au/about/programs/health/protect/Pages/childsafestandards.aspx>

Rationale:

Lilydale Heights College has a duty of care towards students, which includes protecting student from risks that the college should reasonably have foreseen. The College will fully comply with Ministerial Order 706 and the associated Schools Policy Advisory Guidelines published and amended by the Department from time to time. This policy will be revised annually and as necessary with any changes to Policy or local circumstance

Aims:

To facilitate the safety of students diagnosed with asthma, the College will follow DET guidelines for students who are recognised as at risk.

Implementation:

Responsibilities:

The Principal has the responsibility to:

1. Ensure that the school develops, implements and reviews its school Asthma Management Policy in accordance with the Schools Policy Advisory Guide.
2. Actively seek information to identify students who have been diagnosed with asthma, either at enrolment or at the time of diagnosis (whichever is earlier).
3. Ensure that parents provide an Asthma Action Plan which has been signed by the student's medical practitioner and that contains an up-to-date photograph of the student.
4. Ensure that the School Asthma Management Plan is developed as required, in consultation with the student's parents for any student that has been diagnosed by a medical practitioner with asthma, where the school has been notified of that diagnosis. This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to triggers, and nomination of staff who are responsible for implementation of those strategies. Ensure students' Individual Asthma Management Plans are available to staff.
5. Ensure that parents provide the school with reliever medication and a spacer device, if reliever is a puffer, for their child that is not out-of-date and replacement reliever medication when requested to do so.
6. Ensure that a Communication Plan is developed to provide information to all school staff, students and parents about asthma and the school's Asthma Management Policy.
7. Ensure there are procedures in place for providing volunteers and casual relief staff of students diagnosed with asthma and their role in responding to a student having an asthma attack in their care.
8. Ensure that relevant school staff have successfully completed approved asthma training in the three years prior.
9. Ensure that relevant school staff are briefed at least annually by a staff member who has completed current asthma management training. Information to be covered should include:
 - the school's Asthma Management Policy
 - the causes, symptoms and treatment of asthma
 - the identities of students diagnosed with asthma and the location of their medication
 - how to use a puffer and spacer
 - the school's general first aid and emergency procedures
 - the location of Asthma Emergency Kits that have been purchased by the school for general use.
10. Encourage ongoing communication between parents and school staff about the current status of the student's asthma, the school's policies and their implementation.

11. Ensure that the School Asthma Management Plan is reviewed in consultation with parents annually, when the student's medical condition changes, as soon as practically after a student has a severe or life threatening attack at school, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.
12. Ensure the Risk Management Checklist for asthma is completed annually.
13. Arrange to purchase and maintain an appropriate number of Asthma Emergency Kits for general use to be part of the school's first aid kit.

School Staff responsibilities:

All school staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

1. Know and understand the school's Asthma Management Policy.
2. Know the identity of students who are diagnosed with asthma. Know the students by face.
3. Understand the causes, symptoms, and treatment of asthma.
4. Obtain regular training in how to recognise and respond to an asthma attack, including administering relieve medication.
5. Know where to find a copy of each student's Asthma Action Plan quickly, and follow it in the event of an asthma flare-up/attack.
6. Know the school's general first aid and emergency response procedures, and understand their role in relation to responding to a severe or life threatening asthma attack.
7. Know where the Asthma Emergency Kits for general use are kept.
8. Know and follow the prevention and risk minimisation strategies in the Schools Asthma Management Plan.
9. Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school.
10. Be aware of the possibility of hidden triggers in art supplies or traces of triggers when using items such as paint cleaning chemicals in art or food additives in cooking classes.

Parent / Guardian responsibilities:

Parents have an important role in working with the school to minimise the risk of asthma. Set out below is a summary of some suggested areas where they may actively assist the school.

1. Inform the school in writing, either at enrolment or diagnosis, of the student's asthma.
2. Obtain an Asthma Action Plan from the student's medical practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.
3. Inform school staff in writing of any changes to the student's medical condition and if necessary, provide an updated Asthma Action Plan.
4. Provide the school with an up to date photo for the student's Asthma Action Plan and when the plan is reviewed.
5. Meet with and assist the school to develop the School's Asthma Management Plan, including risk management strategies, if requested.
6. Ensure that their student carries with them, reliever medication and spacer device, that are current and not expired.
7. Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
8. Inform school staff in writing of any changes to the student's emergency contact details.
9. Participate in reviews of the School's Asthma Management Plan:
 - when there is a change to the student's condition
 - as soon as practicable after the student has an severe or life threatening attack at school
 - at its annual review
 - prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

Staff training

The following school staff will be appropriately trained:

- Group 1: All staff with a duty of care for students must undertake an asthma education session
- Group 2: Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers complete asthma management training
- Any other school staff as determined by the principal to attend.

	Completed by	Course	Provider	Cost	Valid for
Group 1	All school staff	Asthma first aid management for education staff	The Asthma Foundation of Victoria	Free to all schools	3 years
Group 2 Option 1	Staff with a direct student wellbeing responsibility	<i>*Course in Management of Asthma Risks and Emergencies in the Workplace 22282VIC</i>	Any RTO that has this course in their scope of practice approved by the Department of Education	Paid by each school	3 years
Group 2 Option 2	Staff with a direct student wellbeing responsibility	<i>*Course in Emergency Asthma Management 10392NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: First Aid training does not meet asthma training.

In addition, it is recommended, all staff participate in a briefing, to occur beginning of the school year on:

- the school's Asthma Management Policy
- the causes, symptoms and treatment of asthma
- the identities of the students diagnosed with asthma, and where their medication is located
- how to use a puffer and spacer
- the school's general first aid and emergency response procedures
- the location of, and access to, asthma medication that have been provided by parents or purchased by the school for general use.

Additional briefings should be held at the beginning of each school term for any new staff. If new students enrol at the school after the briefing staff should be notified of the new students details at the next staff meeting.

The briefing must be conducted by a member of the school staff who has successfully completed an Asthma Management Training Course and holds a current Asthma Management Certificate.

In the event that the relevant training has not occurred for a member of staff who has a child in their class diagnosed with asthma, the Principal will organise time for the relevant staff member to complete the "Asthma First Aid Management for Education Staff" online as soon as practicable after the student enrolls, and preferably before the student's first day at school.

The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed asthma training.

Individual Asthma Risk Minimisation Plans

The principal will ensure that an Individual Asthma Risk Minimisation Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner with asthma, as required.

The Individual Asthma Risk Minimisation Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The Individual Asthma Risk Minimisation Plan will set out the following:

- information about the diagnosed student's asthma including the type of triggers the student has (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known and notified triggers while the students are under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, on camps and excursions, or at special events conducted, organised or attended by the school

- the name of the person(s) responsible for implementing the strategies
- information on where the student's medication will be stored
- an Asthma Action Plan for Victorian Schools for each student diagnosed with Asthma.

The school will then implement and monitor the student's Individual Asthma Risk Minimisation Plan.

The student's Asthma Risk Minimisation Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe or life threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).
- The school's Asthma Management Policy must state that it is the responsibility of the parents to:
 - provide an Asthma Action Plan.
 - inform the school in writing if their child's medical condition, insofar as it relates to asthma and the potential for an asthma flare-up / attack, changes and if relevant, provide an updated Asthma Action Plan.
 - provide an up to date photo for the Asthma Action Plan when that Plan is provided to the school and when it is reviewed.
 - provide the school with the students asthma reliever medication that is current (the date has not expired) for their child, and a spacer where the asthma reliever medication is a metered dose inhaler (puffer) device.

Prevention Strategies

IN CLASSROOM

- Students are to be encouraged to carry their own medication at all times.
- A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students diagnosed with asthma, the location of each student's Individual Asthma Risk Minimisation Plan and reliever medication, the school's Asthma Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.
- Limit dust, for example having the carpets and curtains cleaned regularly and out of hours
- Conduct maintenance that may require the use of chemicals, such as painting, during school holidays

CANTEEN

- Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food triggers triggering asthma.
- Canteen staff, including volunteers, should be briefed about students at risk of asthma and, where the principal determines, have up to date training in an Asthma Management Training Course as soon as practical after a student enrolls.
- Canteens should provide a range of healthy meals/products that exclude the known trigger additives in the ingredient list or a 'may contain...' statement.

YARD

- If a school has a student who is diagnosed with asthma, sufficient school staff on yard duty must be trained in the administration of reliever medication to be able to respond quickly to an asthma attack if needed.
- The reliever medication and is easily accessible from the yard, and staff should be aware of their exact location.
- Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if an asthma attack occurs in the yard. All staff on yard duty must be aware of the school's Emergency Response Procedures and how to notify the general office/first aid team of an asthma attack in the yard.
- Mow school lawns out of hours.
- Plant a low allergen garden.

SPECIAL EVENTS / SPORTING / EXCURSIONS

- If a school has a student diagnosed with asthma sufficient school staff supervising the special event must be trained in the administration of reliever medication and be able to respond quickly to an asthma attack if required.
- A school staff member or team of school staff trained in the recognition of asthma and the administration of reliever medication must accompany any student diagnosed with asthma on field trips or excursions.

- The reliever medication should be easily accessible and school staff must be aware of their exact location.
- For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is diagnosed with asthma. The risks may vary according to the number of students with asthma attending, the nature of the Excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. This may involve staff consulting with the student's parents and medical practitioner (if necessary) to review the student's Individual Asthma Action Plan to ensure that it is up to date and relevant to the particular excursion activity.

CAMPS

- Schools should conduct a risk assessment and develop a risk management strategy for students diagnosed with asthma. This should be developed in consultation with parents of students diagnosed with asthma and camp owners/operators prior to the camp dates.
- Parents should provide the school with a completed School Camp and Excursion Medical Update Form, outlining any additional asthma medication the student needs to take in the prevention of asthma, including; Dose / Time to be take
- Parents to provide enough medication (including preventer medication) for the student to last the period of the camp.
- School staff should consult with parents of students diagnosed with asthma and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an asthma attack should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- The student's reliever medication, Individual Asthma Action Plan and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- All staff attending camp should familiarise themselves with the students' at risk of asthma and plan emergency response procedures for asthma prior to camp.
- School staff participating in the camp should be clear about their roles and responsibilities in the event of an asthma attack. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an asthma attack and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- Schools will take an Asthma Emergency Kit on a school camp, even if there is no student diagnosed with asthma.
- The reliever medication should remain close to the students and school staff must be aware of its location at all times.
- Students are to be encouraged to carry their own medication on camp.

OVERSEAS

- Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
- Investigate the potential risks at all stages of the overseas travel and minimisation strategies
- Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an asthma attack can be paid.
- Plan for appropriate supervision of students diagnosed with asthma at all times.

School Management and Emergency Response

- A member of the school staff should remain with the student who is displaying symptoms of an asthma attack at all times. As per instructions on the Asthma Action Plan:
- 'Sit the person upright.'
- Another member of the school staff should immediately locate the student's reliever medication and the student's Asthma Action Plan or use a school Asthma Emergency Kit
- The reliever medication should then be administered following the instructions in the student's Asthma Action Plan. Where possible, only school staff with training in the administration of the reliever medication should administer the student's medication. However, it is imperative that the medication is administered as soon as possible after an asthma attack starts.

In the school environment

- Classrooms - schools may use personal mobile phones to raise the alarm that an attack has occurred by calling the General Office

- Other students may be used to go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting reliever medication to the child and other emergency response protocols.\
- Yard duty – staff to raise alarm by use of mobile phone or sending other student to raise alarm to the General Office or closest staff office
- If required to call an Ambulance it is preferred the attending staff member or first aider make the call

Out-of-school environments

- Excursions and Camps - Each individual camp and excursion where a child stays overnight requires a School Camp and Excursion Medical Update Form for each individual student attending who is diagnosed with asthma. Therefore emergency procedures will vary accordingly. A team of school staff trained in asthma need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
 - the location of reliever medication i.e. who will be carrying them. Is there a Asthma Emergency Kit? Who has it?
 - 'how' to get the reliever medication to a student
 - will reliever medication be stored with the teacher or the student during the night?
 - 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

How to administer an Reliever Medication with a Spacer

1. Remove cap from puffer, shake puffer well and attach puffer to end of spacer
2. Place mouthpiece of spacer in mouth ensure lips seal around it
3. Get the person to breath gently out into the spacer
4. Press down on puffer canister once to fire medication into spacer
5. Get the person to breathe in and out normally for four breaths (keeping their mouth on the spacer)
6. Give more medication in accordance with the Asthma Action Plan by repeating steps 2 -5

How to administer an Reliever Medication using a Turbuhaler Device

1. Unscrew and lift of the cap
2. Hold the turbuhaler upright, twist coloured base around all the way, and then back all the way
3. Get the person to breath out gently away from the turbuhaler, do not let them blow into the turbuhaler
4. Put mouthpiece in mouth ensuring a good seal is formed with lips, get the person to breath in through their mouth strongly and deeply
5. Remove turbuhaler from mouth, get the person to hold their breath for about 5 seconds, or as long as is comfortable
6. Give more medication in accordance with the Asthma Action Plan by repeating steps 2 -5

Immediately call an ambulance (000/112).

Sit the person upright.

Reassure the student experiencing the attack as they are likely to be feeling anxious and frightened as a result of the attack. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them elsewhere.

In the situation where there is no improvement or **severe symptoms** progress (as described in the Asthma Action Plan), more medication (of the same dosage) may be administered after four minutes.

Then contact the student's emergency contacts.

Always call an ambulance as soon as possible (000)

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

First-time Asthma Attacks

If a student has a severe or life threatening asthma attack, but has not been previously diagnosed with asthma, the school staff should follow the school's first aid procedures.

This should include immediately;

- locating the administering reliever medication from the Asthma Emergency Kit
- after the first 4 doses of reliever medication call Triple Zero "000" for an ambulance
- continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive.

Post-incident support

A life threatening asthma attack can be a very traumatic experience for the student, others witnessing the attack, and parents. In the event of a severe or life threatening attack, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or school psychologist.

Asthma Emergency Kits (AEK)

The principal will purchase salbutamol (reliever medication) for general use (purchased by the school) for use in the Asthma Emergency Kits.

Asthma Emergency Kits Locations

- First Aid Clinic (Admin wing)
- General Office (Admin Wing)
- Main staffroom
- Technology staff office (Ewing)
- Foods Prep room (HWing)
- Gymnasium x 2– Male & Female staff office
- All portable First aid kits contain AEK

The Asthma Emergency Kits will contain;

- blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
 - o how to use these medications and devices
 - o steps to be taken in treating a severe asthma attack
- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.

Minimum Asthma Emergency Kit (AEK) Requirements	
Site Characteristics	Minimum AEK requirements
Less than 299 employees (and students)	2 Asthma Emergency Kits
300 - 399 employees (and students)	3 Asthma Emergency Kits
400 – 499 employees (and students)	4 Asthma Emergency Kits
500 - 599 employees (and students)	5 Asthma Emergency Kits
600 - 699 employees (and students)	6 Asthma Emergency Kits
700 - 999 employees (and students)	7 Asthma Emergency Kits
>1000 employees (and students)	7 + one first aid officer for every additional 100 employees and students

Communication Plan

A plan has been developed by the school which provides information to all school staff, students and parents about asthma and the School's Asthma Management Policy.

This section sets out a Communication Plan to provide information to all School Staff, students and Parents about anaphylaxis and the School's Asthma Management Policy.

The Communication Plan includes strategies for advising School Staff, students and Parents how to respond to an asthma attack by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- During off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School.

The Communication Plan includes procedures to inform volunteers and casual relief staff of students diagnosed with asthma and the potential for a severe or life threatening asthma attack and their role in responding to an asthma attack by a student in their care.

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- Briefed at least once per calendar year.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

Evaluation:

This policy will be reviewed as part of the College’s three-year review cycle.

This policy was last ratified by Policy & Planning in....	May 2020
This policy was last ratified by School Council in....	May 2020