Asthma Policy
Considerations:
This policy is correct at the time of publication.
The policy should be read in conjunction with: The Becoming Asthma Friendly resource pack and the Workplace Health and Safety Act

Our Commitment
Asthma management is a shared responsibility. To this end each of the key groups within the Windsor Park Public School community gives the following undertakings:

The School Administrative Manager or School Administrative Officer will:
- Identify individuals with asthma during the enrolment process.
- Provide individuals with a copy of the Asthma Policy upon enrolment if requested.
- Produce and distribute Asthma procedures carried out by Administration Staff.
- Provide opportunities for SASS staff to attend accredited asthma training.
- Provide an Asthma Record and School Medical form for completion to individuals with asthma upon enrolment. The completed Asthma Record is to be returned promptly, reviewed annually and kept in a central location in the School office.
- Ensure that all staff is informed of those with asthma in their care.
- Ensure that the Asthma Emergency Kit contains a blue reliever puffer (e.g. Ventolin), disposable spacer devices and concise written instructions on Asthma First Aid procedures.
- Provide a mobile Asthma Emergency Kit for use on activities offsite.
- Provide the contact details of Asthma Foundation NSW if further asthma advice is needed.

The Principal will:
- In conjunction with the Administration Manager, formalise and document the internal procedures for Asthma First Aid, for both individuals with a diagnosis of asthma, and those with no known diagnosis of asthma (first attack).
- Ensure that an Asthma First Aid poster is displayed in each classroom.
- Identify and, where possible, minimise asthma triggers.
- Provide opportunities for staff to attend accredited asthma training.
The Staff will:

- Ensure that they maintain current training in managing an asthma emergency.
- Ensure that they are aware of anyone in their care with asthma.
- Optimise the health and safety of each individual through supervised management of their asthma where required.
- Administer emergency asthma medication if required according to the Asthma Action Plan. If no Asthma Plan is available the Standard Asthma First Aid Plan should be followed immediately.
- Promptly communicate, to management and where applicable, families, if they are concerned about asthma limiting an individual’s ability to participate fully in all activities.
- Encourage asthmatics to carry their reliever medication and use their medication as soon as symptoms develop.
- Identify and, where possible, minimise asthma triggers.

The Families will:

- Inform staff, either upon enrolment or on initial diagnosis, if anyone has a history of asthma.
- Provide all relevant information regarding the individual’s asthma via the Asthma Record as provided by their doctor and complete the necessary School Medical form.
- Notify the school, in writing, of any changes to the Asthma Record during the year.
- Ensure that an adequate supply of appropriate medication (reliever) and spacer device clearly labelled is provided where applicable with the individual's name.
- Communicate all relevant information and concerns with staff as the need arises e.g. if asthma symptoms were present during the night.

Procedure if someone has an asthma attack.

In a case where someone is having an asthma attack, the staff should immediately Administer Asthma First Aid according to either:

- The provided Asthma Action Plan as signed by the family and doctor and/or doctor's written instructions or
- Follow the Asthma First Aid Plan provided by the parent/caregivers or
- if a severe first attack Call an ambulance (Dial 000) and contact the parent /caregivers immediately
- Record any asthma incident on the students record in ebS4
Student Asthma Record

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick (3) the appropriate box, and print your answers clearly in the blank spaces where indicated.

Personal Details

Student's name: ................................................................. (Surname) ................................................................. (First Names)

Date of birth ........................................ Form/Class ................................................................. Teacher .................................................................

Emergency Contact (eg parent or carer):

a Name.................................................................................... Relationship .................................................................

Telephone ................................................................. (Home) Telephone ................................................................. (Work)

b Name.................................................................................... Relationship .................................................................

Telephone ................................................................. (Home) Telephone ................................................................. (Work)

Doctor ................................................................. Telephone .................................................................

Usual Asthma Management Plan

Child's Symptoms (eg cough) .................................................................

Triggers (eg exercise, pollens) .................................................................

Medication Requirements:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method (eg puffer &amp; spacer, turbuhaler)</th>
<th>When and how much?</th>
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In an EMERGENCY, follow the Plan below that has been ticked (3)

☐ Standard Asthma First Aid Plan

Please tick (3) the preferred box

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

Step 2 Give 4 puffs of a blue reliever puffer (Albuterol, Asmol, Epac or Ventolin), one puff at a time, preferably through a spacer device*. Ask the student to take 4 breaths from the spacer after each puff.

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.

* Use a blue reliever puffer (Albuterol, Asmol, Epac or Ventolin) on its own if no spacer is available.

☐ My Child's Asthma First Aid Plan (attached)

Additional Comments: .................................................................

I authorize the school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signature of Parent/Carer: ................................................................. Date: .................................................................

I verify that I have read the preferred Asthma First Aid Plan and agree to its implementation.

Asthma Foundation NSW