



## Asthma Care Policy

### Aims

- A. To care for and minimise risks for students and staff with asthma.
- B. To provide asthma education to staff and the community.

### Scope and Application

This policy is available on the school website and is included in the staff induction manual.

This policy applies to:

- A. Employees
- B. Students
- C. Parents
- D. Community members
- E. Visitors to the school

### Definitions

- A. **Asthma** - a reversible narrowing of the airways in the lungs. Asthma symptoms include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath. Asthma is a treatable health condition.
- B. **Asthma Action Plan** – a care plan prepared by a medical practitioner to be followed in the daily prevention of asthma, and/or in the event of an asthma attack.
- C. **Allergens** – Substances that can cause an allergic reaction
- D. **Allergy** – Is when the immune system responds to a substance in the environment (allergen) which is usually harmless e.g. Dust, insect venom, foods.
- E. **Severe Allergy** – An allergy which could result in a life-threatening situation.
- F. **Critical Incident** - A critical incident is an incident in which there is a high likelihood of traumatic effects or evoking unusual or unexpectedly strong emotional reactions, which has the potential to interfere with the ability of the individual, group or school to function either at the time or later – see *Critical Incident Policy*.
- G. **Reportable Incident** – a subset of critical and emergency incidents that must be reported to the Director General of the Department of Education Services within 48 hours of the event occurring – see *Critical Incident Policy*.

## Principles

- A. The school has a duty of care to provide health care assistance and comply with reasonable requests for assistance in the administration of medication, including asthma medication.
- B. Any medical emergency or event that evolves to a Critical Incident must be reported to the Chair of the Board and in the case of a 'Reportable Incident', the Director General of Educational Services must be informed within 48 hours of the event occurring – see *Critical Incident Policy*.
- C. The school will maintain asthma care records for students. It is the parent's responsibility to ensure that up-to-date information is provided.
- D. The school will request medical information from parents/carers for all new students, and annual updates for all students, to ensure the school is aware of all students with asthma.
- E. All students with asthma will have a school medical form completed by their parent/carer, as well as a documented Asthma Action Plan, developed by their doctor and provided to the school by the parent/carer.
- F. First aid training, including emergency asthma training and the administration of medication in an asthma first aid situation, will be provided to staff and a trained member of staff will be present at all school activities (including offsite activities/excursions).
- G. All teachers will be made aware of those students in their care who have asthma through the provision of lists to teachers and the displaying of lists in key locations. Teachers will have easy access to relevant medical records if a student requires emergency care (for example, a severe asthma attack).
- H. Outdoor activities, including sports days, camps and excursions provide a potential risk for students with asthma. Planning and risk management of these occasions will include reasonable steps to manage the health of students with asthma.

## Responsibilities

### A. Board

- 1. Review and update this policy in consultation with relevant parties.
- 2. Ensure that Critical Incidents (as defined in the *KSCS Critical Incident Policy*) are reported to the Department of Education.
- 3. Ensure all critical incident reports are provided by the Principal and are tabled at a Board meeting and reflected in the minutes.
- 4. Authorise any changes in the school environment designed to minimise potential triggers for asthma.

### B. Principal

- 1. Oversee the implementation of this policy in collaboration.
- 2. Notify the Director General of the Department of Education Services of any reportable incidents within 48 hours using the [Critical and emergency incident report form](#) – see *Critical Incident Policy*.

3. Inform the Board of all critical incidents. The Board must be provided with a report of the critical incident by the Principal, and receipt of the report needs to be documented in the Board minutes.
4. Ensuring that a staff member who has undergone asthma education is present at all school activities, including excursions, camps and sport's days.

### **C. Administration Staff**

1. Request medical information from parents/carers on all new students in the school to ensure the school is aware of all students with asthma or severe allergies, and request updates to this information from parents on an annual basis.
2. Keep a record of students and staff with asthma (see *Student Asthma Record Form*).
3. Display a list of students with asthma and severe allergies in a central location e.g. staff room, kitchen.
4. Keep *Student Asthma Records* in a central location e.g. with school medical records, in staff room, sick room.
5. Ensure *Student Asthma Records* are easily accessible to the teachers responsible for each student with asthma.
6. Provide teachers with a list of students in their care who have asthma, including a copy of student asthma record to go into each classroom excursion folder.
7. Oversee the audit of first aid kits and asthma medication/spacers and ensure they carry a blue reliever inhaler and spacer device in Asthma Emergency Kits and general First Aid Kits.

### **D. Teaching Staff**

1. Will complete training and will be aware of the symptoms of an asthma attack and what to do in an emergency.
2. Will be aware of all students in the school with asthma and familiar with student asthma care plans.
3. Will assist students in taking regular asthma medication if required.
4. Will call an ambulance if required (i.e. no improvement after treatment or in the case of a first known asthma attack).
5. Will record the administration of medication and the dosage given, and will communicate this information to parents.
6. Will ensure asthma reliever medication and spacer is taken on all school outings (excursion coordinator).
7. Will check expiry dates of medication regularly, and particularly before excursions.
8. Will provide the school with documentation regarding their own asthma care plans.

## **E. Parents**

1. Will advise the school of the student's asthma condition and will work with the school to ensure the student's health care needs are met.
2. Will provide the school with a current asthma plan supplied by the child's GP and authorise the ongoing administration of medication.
3. Will ensure their child has a supply of appropriate medication to be kept at school, that is in-date and correctly labeled, and a spacer (N.B. the school will maintain supplies of blue reliever inhaler medication – parents are responsible for the supply of any additional asthma medication needs).
4. Will update the child's medical record with the school at the beginning of each year, and more frequently as needed.

## **F. Students**

1. Will be aware of their own asthma triggers and will be aware of their asthma care needs.
2. Will seek assistance from a staff member if medication is required.
3. Will be familiar with the procedure for taking asthma reliever medication with a spacer device.

## **Related Legislation**

- A. Education and Care Services National Law Act 2010
- B. Disability Discrimination 1992 (Commonwealth)
- C. School Education Act 1999 (WA)
- D. School Education Regulations 2000 (WA)
- E. Civil Liability Act 2002 – Health Safety and Civil Liability (Children in Schools and Child Care Services) Act 2011
- F. Occupational Health and Safety Health Act 1984 (WA)
- G. Poisons Act 1964 (WA) and Poisons Regulations 1965 (WA)
- H. Privacy Act 1988

## **Related Kerry Street Documentation**

- A. Procedures and Forms including:
  1. Asthma Care Procedure
  2. Student Asthma Record Form
  3. Asthma First Aid Poster
  4. Administration of Medication Authority Ongoing Agreement
  5. Asthma Action Plan
- B. Policies including:
  1. Enrolment Policy
  2. Duty of Care Policy

3. Illness, First Aid and Medication Policy
  4. Anaphylaxis Policy
  5. Critical Incident Policy
  6. Emergency Response Procedures Policy
  7. Communicable Diseases Policy
  8. Excursion and Camp Policy
  9. Curriculum Policy
  10. Food and Nutrition Policy
  11. Critical Incidents Policy
  12. Child Safety and Well-Being Policy
- C. Student Health Records
- D. Enrolment Forms
- E. Incident Reports

## More Information

- A. Asthma Friendly School Guidelines, Asthma Australia
- B. *The Asthma Foundation of WA* can provide information and training to assist you to better understand and manage asthma at your school. Resources are also available for students as well as their parents/carers. *The Asthma Foundation of WA* can be contacted on (08) 9289 3600 or on their website [www.asthmawa.org.au](http://www.asthmawa.org.au).

## Contact Person

Enquiries relating to this policy should be directed to the School Principal or Board Chair.

## Breaches of this Policy

Any breach of this policy may result in disciplinary action up to and including termination.

## Authorisation and Review

- A. This policy was read, discussed and endorsed by the staff in December 2004.
- B. It was authorised by the Kerry Street Community School Council on 8 February 2005.
- C. It will be reviewed by January 2006 or when the school becomes an official asthma friendly school (Kerry Street became an asthma friendly school in March 2005).
- D. Reviewed on 13 January 2006 by meeting of staff and Council.
- E. Revised section on physical activity for students with asthma after professional development with Asthma Foundation on 8 February 2006.
- F. Reviewed and approved June 2015.
- G. Reviewed and accepted 17 May 2016 by email.
- H. Reference to Asthma Friendly School status removed from Aims June 2016.

- I. To be reviewed June 2017.
- J. Reviewed May 2020.
- K. To be reviewed S1 2023.

**Revision History**

<b>Date</b>	<b>Revision</b>	<b>Detail</b>
April 2019	V.1	Formatting. Policy and Procedures separated. Procedures updated
June 2020	V.2	Formatting, updating of definitions. Inclusion of Critical Incident requirements.
January 2021	V.2.1	Formatted.
July 2023	V.3	Added staff asthma care to policy