**Rationale:**
- Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.
- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.
- Children and adults with mild asthma rarely require medication; however, severe asthma sufferers may require daily or additional medication (particularly after exercise).

**Aims:**
- To manage asthma and asthma sufferers as effectively and efficiently as possible at school.

**Implementation:**
- Professional development will be provided annually for all staff on the nature, prevention and treatment of asthma attacks. Such information will also be displayed on the sickbay and staffroom wall.
- All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria’s requirements completed by their doctor or pediatrician. Appropriate asthma plan pro formas are available at [www.asthma.org.au](http://www.asthma.org.au).
- Asthma plans will be attached to the student’s records for reference.
- A ‘Student Asthma Camps & Excursion Medical Update Form’ must be completed for school camps and accompany the student whilst on camp. Students must take their own spacer with them on camps and excursions.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- The school will provide, and have staff trained in the administering of, reliever puffers (blue canister) such as Ventolin, Airomir, Asmol or Bricanyl and at least two disposable spacer devices in all first-aid kits, including kits on excursions and camps. Clear written instructions on how to use these medications and devices will be included in each first aid kit, along with steps to be taken to treat severe asthma attacks. An individual illness parent notification form must be completed to record the use of reliever puffers when administered by staff.
- The designated first aid staff member will be responsible for checking reliever puffer expiry dates.
- A nebuliser pump will not be used by the school staff unless a student’s asthma management plan recommends the use of such a device, and only then if the plan includes and complies with the Vic Government School’s Reference Guide – Asthma Medication Delivery Devices. If a student is prescribed a nebuliser they should bring their own to school.
- Disposable asthma spacers are single person/use only. They should be stored in a dustproof container.
- Student’s own spacer/mask should be cleaned once a month by the student/parent/carer.
- Care must be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks should be treated in accordance with their asthma plan.
- If no plan is available, children are to be sat down, reassured, administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer if necessary – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called if there is no improvement after the second 4-minute wait period, or if it is the child’s first known attack. Parents must be contacted whenever their child suffers an asthma attack.

**Evaluation:**
- This policy will be reviewed as part of the school’s three-year review cycle.

**Ratified by School Council:** 2016  To be reviewed: 2019