

Our Lady Help of Christians  
Catholic Primary School  
Epping



# Asthma Management

Celebrating our faith

Challenging students to achieve

Educating students to be life-long learners

Reaching out to others in justice and love

## INTRODUCTION

Our Lady Help of Christians Catholic Primary School, Epping is a one streamed K-6 co-educational school located in the North Shore cluster of Catholic schools in the Diocese of Broken Bay, Sydney. The school is a mixed community with approximately 33% of students from Language Backgrounds other than English. (LBOTE)

## RATIONALE

*Asthma is increasing in prevalence and severity, affecting one in four primary school aged children and one in seven teenagers in Australia.*

Dr Michael Wooldridge  
Minister for Health and Aged Care  
Jan 2001

School staff and management have a duty of care towards all students and an obligation to ensure health and safety of staff, students and others according to the OHS legislation in NSW.

## OUTCOMES

This policy will ensure that:

- Students and staff are informed as to procedures involved in helping to prevent asthma and how to assist those who are affected by asthma
- Procedures are put in place to cater for the safety and wellbeing of all students

## SCHOOL REQUIREMENTS

### Education for school

- Staff are to review Asthma First Aid each year.
- Our Lady Help of Christians is an *Asthma Friendly School*.
- students are informed of asthma first aid and education as a part of the PDHPE curriculum
- “Asthma First Aid” referral charts (see appendix) are to be posted in all rooms throughout the school – classrooms, library, office, sick bay, resource room, staff room etc

### Asthma Management Plan – individual records

- Families are requested **each year** to complete an **Asthma Management Plan** (see appendix) for each child.
- Student records will be updated **annually**. Student’s **Asthma Management Plan** documentation is to be kept on file.
- Class lists are to be updated annually indicating which students are affected by asthma. These class lists are to be kept in the **Asthma Management Folder** in Sick Bay. A copy is given to the class teacher to be kept on with the class roll.

## Medication

- Students are able to bring appropriate asthma medications to school provided:
  - parent has completed Asthma Management Plan
  - medications are properly labelled
- students are to carry their blue puffer (Airomir, Asmol, Briconyl or Ventolin) at all times
- students shall be encouraged to take their blue reliever puffer (Airomir, Asmol, Briconyl or Ventolin) immediately should symptoms develop
- in addition to the medication they carry with them, students are to keep a blue reliever puffer (Airomir, Asmol, Briconyl or Ventolin) in the sick bay, provided:-
  - it is clearly labelled with the name of the student, name of medication and dose and frequency required
  - the school office staff checks expiry dates
  - the school office staff notifies parent when medication needs replacing
- a large volume spacer and blue puffer (Airomir, Asmol, Briconyl or Ventolin) shall be kept in sick bay and in first aid kit
- for school excursions
  - all staff will be familiar with the first aid for managing an asthma attack
  - parents are to ensure their child has adequate supply of appropriate medication
  - parents are to inform teachers of dose and frequency of medication for their child
  - first aid kit will carry large volume spacer and reliever puffer (Airomir, Asmol, Briconyl or Ventolin)
  - a copy of Asthma First aid will be in First aid kit
  - *for over night school excursions, - parents are to inform of any allergies to food, teachers are to inform catering staff of such allergies; student records will be updated and kept in central location for supervising teachers*

## APPENDICES and RESOURCES

Asthma Management Plan Form

## EVALUATION

This policy is to be reviewed by staff annually.



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## ASTHMA MANAGEMENT PLAN FOR SCHOOLS

Even if you have supplied this information already, could you please complete this form and return it to the class teacher. A separate form is required for each child.

Attach photo here	<b>SURNAME (FAMILY NAME)</b>	
	<b>GIVEN NAMES</b>	
	<b>DATE OF BIRTH</b>	
	<b>CLASS</b>	

<b>DOES YOUR CHILD HAVE ASTHMA</b> Please Circle	<b>Yes</b>	<b>No</b>
	<i>Please attach photo in space above</i>	

<b>IN THE LAST 12 MONTHS HAS YOUR CHILD HAD AN EPISODE OF WHEEZING?</b> Please Circle	<b>Yes</b>	<b>No</b>
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**If you answered 'yes' to either of the above please, complete the rest of the form and attach a photo of your child in the space provided.**

**If you answered 'no' to both of the above questions, disregard the rest of the form.**

<b>TELEPHONE NUMBERS FOR EMERGENCY CONTACT</b>	Name:	Name:
	Relationship:	Relationship:
	Ph:	Ph:
	Mob:	Mob:

<b>NAME AND TELEPHONE OF STUDENT'S DOCTOR</b>	Name:
	Ph:

<b>NORMAL MAINTENANCE / PREVENTATIVE MEDICATION TAKEN WHEN WELL</b>	Name of Medication	Dose of Medication	Device used
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....

<b>WHAT SYMPTONS / SIGNS DOES YOUR CHILD DISPLAY WHEN THEIR ASTHMA IS GETTING WORSE?</b>	
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<b>MEDICATION TO BE TAKEN WHEN SIGNS AND SYMPTOMS DEVELOP AT SCHOOL</b>	Name of Medication	Dose of Medication	Device used
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....

<b>MEDICATIONS TO BE TAKEN IMMEDIATELY BEFORE VIGOROUS EXERCISE</b>	Name of Medication	Dose of Medication	Device used
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....

**Please ensure your child has their Asthma medication with them at school. Along with the completion of this form, provide the school with a supply of Asthma Medication for your child (as mentioned above) to be administered at school if needed. Ensure the medication is CLEARLY LABELLED with your child's name, class and dosage instructions.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

