

# Mary MacKillop Catholic Regional College

## **Asthma Communication Plan**

## 1. RELATIONSHIP

This plan is to be read in conjunction with the Asthma Policy.

## 2. PURPOSE

The Asthma Communication Plan will ensure all members of the Mary MacKillop Catholic Regional College community are aware of the procedures for the prevention and management of asthma at school, or outside school on school related activities.

## 3. IMPLEMENTATION

## **Expectations of enrolling parents/guardians**

Parents/guardians are expected to advise the school without delay when a student is diagnosed with asthma. An Asthma Action Plan will be developed for the student by their medical practitioner and the parent will upload this plan to their Child's SIMON profile. If there are any difficulties uploading the plan the office should be contacted for assistance.

Parents/guardians must provide their child with reliever medication and a spacer device (where the medication is administered by a puffer) that are current and not expired. The student's reliever medication should be replaced as needed.

## **School responsibility**

Upon enrolment or (if later) diagnosis, all staff members will familiarise themselves with the medical needs of the student with asthma. The diagnosis will be listed on their SIMON profile with the relevant action plan attached.

An Individual Risk Minimisation Plan will also be completed by the school together with parent/carers. This will be stored in the main office. The Asthma Action Plan and Individual Risk Minimisation Plan are updated yearly. They should be communicated to relevant staff in a confidential manner.

#### **Publication**

This Asthma Communication Plan will be published on the College's website and on the staff intranet (Simon).

## **Casual Relief Teacher (CRT)**

The CRT will be made aware of students with asthma in their care via SIMON. They are identified on the attendance rolls with a medical icon.

#### **Communication to all staff**

All staff will be briefed regularly on asthma. At such briefings instructions for action will be detailed. All staff must be trained and briefed once per semester.

#### **Raising Student Awareness**

Students are educated via an link on SIMON and notices around the school, will reinforce the importance of:

- Always taking asthma seriously
- Asthma attacks must be identified quickly
- Using roll-on deodorants in place of aerosol
- Raising peer awareness of asthma- knowing what triggers a peer's asthma and what devices they use
- Ensuring trip and excursion groups, and sporting teams are aware of peer needs, in conjunction to students with severe medical alerts and asthma.

#### **Individual Asthma Action Plan and Individual Risk Minimisation Plan**

The Individual Asthma Action Plan and Individual Risk Minimisation Plan will be in place as soon as practical after the student enrols and where possible, before their first day of school. The plan should include:

- Information about the diagnosis, including severity, known triggers (based on a diagnosis from a medical practitioner)
- Strategies to minimise the risk of an asthma attack while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions
- The name of the person/s responsible for implementing the strategies
- The student's emergency contact details
- Information on where the student's medication will be stored.

## **Administering Prescribed Asthma Medication**

Parents/Guardians of students who require prescribed medication to be administered during College hours must notify the College of this requirement to discuss how prescribed medication can be supplied, administered and stored as outlined on the Asthma Action Plan.

Students who have been diagnosed with asthma should carry their blue or blue/grey reliever medication on their person at all times so it is available in case of an asthma emergency.

## **Asthma Emergency Kits**

MMCRC College keeps Asthma Emergency Kits containing back up reliever medication in various locations around the school as listed below

<b>Locations of Emergency Asthma kits</b>	Asthma Emergency Kits
<ul> <li>First Aid Bags</li> <li>Attached to Defibrillators         <ul> <li>Main Office</li> <li>Junior School Building</li> </ul> </li> <li>Junior School Building</li> <li>Middle School Building</li> </ul>	<ul> <li>MUST contain the following:</li> <li>Blue or blue/grey reliever medication such as Airomir, Asmol, or Ventolin</li> <li>At least two single use spacer devices</li> <li>Clear instructions on: <ul> <li>how to use the medication and spacer devices</li> </ul> </li> </ul>

- Senior School Building
- Pioneer Hall
- Food Technology
- Trade Skills Centre

- o steps to be taken in treating an asthma attack
- A record sheet/log for recording the details of a first aid incident

NB. Emergency Asthma Kits to be maintained each term as part of the First Aid equipment checklist review

## 4. RESPONDING TO ASTHMA

#### Classrooms

In the event of an asthma attack in the classroom, the teacher is to immediately implement the student's Asthma Action Plan.

- Reassure the student and remain with them
- Call the main office for First Aid support and the students Action Plan, this may include bringing the student to First Aid room.
- Remove other students. Other staff may be required to assist with this
- Sit the student upright
- Locate the students' reliever and assist them in taking their medication according to their plan
- If no improvement or severe symptoms progress call an Ambulance. Dial 000. More medication may be administered after 4 minutes
- The main office will contact the student's parent/guardian or emergency contact.

If a student is having a first-time asthma attack the following emergency care should be given:

- Call the main office for First Aid support, this may include bringing the student to First Aid room
- Locate the administering reliever medication from the Asthma Emergency Kit
- After the first 4 doses of reliever medication call 000 for an ambulance
- Continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive.
- The main office will contact the student's parent/guardian or emergency contact.

#### Yard

Yard duty staff members will not leave a student who is experiencing an asthma attack unattended. The yard duty staff member will:

- Use their Walkie Talkie to call the office for First Aid assistance.
- The First Aid person from the office will bring the Emergency Asthma kit.
- The First Aid person will determine if the student can be brought to the office or an ambulance is to be called.
- Call 000 immediately if a severe asthma attack (First Aid person will have a mobile phone)
- Follow the student's Asthma Action Plan and if no improvement call 000 for an ambulance

The Office/Leadership Team will coordinate emergency procedures including contacting the student's emergency contact person.

## **Special Event Days, Excursions and Camps**

Prior to leaving the school on an excursion (including camp), the teacher in charge/office staff will ensure that the student with asthma has an up-to-date Asthma Action Plan and a current medication on their person for the day/duration of the camp.

Best practice is for students with asthma to carry their own asthma medication/relievers on them at all times at school and on excursions, trips. **The school supports and strongly recommends this occurs.** 

**Asthma Emergency Kit(s)** are taken on all excursions/camps. All medication and Action Plans are given to the teacher-in -charge upon departure.

The staff involved must address the risk minimisation procedures prior to the event and ensure precautions are taken. The students' Asthma Action Plan along with their Individual Risk Minimisation Plan outline specific guidelines to consider.

In the event of an asthma attack offsite, the teacher is to immediately implement the student's Asthma Action Plan and if no improvement call an ambulance by dialling 000 then notify the school.

The Principal and a member of the Leadership Team should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

#### **Post-Incident Action**

It is expected that following an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident/Accident Report form including full details of the incident and what occurred via the office
- Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to school
- Debrief with students directly involved as witnesses to the event
- Debrief of staff involved
- Communication with Principal and members of Leadership Team, as appropriate, regarding the particulars of the incident, actions taken and outcomes
- Discuss with parents/guardians (later) what occurred and ask them to seek medical advice on how it may be prevented in future (the Principal)
- Review the student's Individual Management Plan (the Principal/Leadership Team and First Aid Officer)
- Implement updated risk prevention strategies (where applicable).

## **Thunderstorm Asthma**

Thunderstorm Asthma is a form of asthma that is triggered by an uncommon combination of high pollen (usually during late Spring to early Summer) and a certain kind of thunderstorm. Anyone can be affected, even if they don't have a history of asthma.

Communication regarding Thunderstorm Asthma and the importance of students having well controlled asthma and their medications on them at all times is sent prior to this season.

Staff and students should check the Pollen count on high risk days, this can be found on SIMON under *General Resources/Melbourne Pollen*. Students and Staff that could be affected should remain indoors and windows closed are implemented as necessary.

#### 5. **REVIEW**

This Communication Plan has been reviewed and ratified by the Principal

Implementation Date: October 2023

**Reviewed:** 

**Next Review Date:** October 2025