

ASTHMA POLICY

COLLEGE STATEMENT

Victory Christian College will fully comply with the Schools Policy Advisory Guide which is published and amended by the Department of Education from time to time. This Asthma Policy will be reviewed annually by appropriate staff under the supervision of the Principal.

STAFF TRAINING

All Teaching, Administration and relevant Support staff will complete an Asthma First Aid Management Course online through the Asthma Foundation's website. This course is valid for three years.

At the start of each school year, all staff with a direct student wellbeing responsibility, will attend a briefing session in regards to Asthma, conducted by an instructor who has completed one of the following courses:

- Management of Asthma Risks and Emergencies in the Workplace 22282VIC
- Emergency Asthma Management 10392NAT.

This briefing session will cover the following topics:

- College Asthma Policy
- The causes, symptoms and treatment of Asthma
- Identities of students diagnosed with Asthma, and where their medication is located.
- How to use a Puffer and Spacer.
- College general First Aid and Emergency Response procedures.
- Location of, and access to, asthma medications that have been provided by parents or purchased by the school for general use.

For any new staff, this briefing will be conducted as required by relevant trained staff or providers. The Principal will ensure that while students are under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of College staff present who have successfully completed Asthma training.

INDIVIDUAL ASTHMA RISK MINIMISATION PLANS

The Principal, in conjunction with relevant staff members, will ensure that an Individual Asthma Risk Minimisation Plan (Appendix 1) is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner with Asthma.

The Individual Asthma Risk Minimisation Plan will be in place as soon as practicable after the student enrolls, and where possible, before their first day of school for the year.

The following points will be included in an Individual Asthma Risk Minimisation Plan:

- Information about the diagnosed students, Asthma, including the types of triggers the student has based on a written diagnosis from a Medical Practitioner.
- Strategies to minimise the risk of exposure to known and identified triggers while the students are under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, on camps and excursions, or at special events conducted, organised or attended by the College.
- The name or positions of the people responsible for implementing the strategies.
- Information about where the medication will be stored.
- An Asthma Action Plan for Victorian Schools for each student diagnosed with Asthma.

The College will implement and monitor the student's Individual Asthma Risk Minimisation plan. This plan will be reviewed, in consultation with the student's parents, in the following circumstances:

- Annually
- If the student's medical condition changes
- As soon as practicable after the student has a life-threatening or severe Asthma Attack at the College.
- When the student is to participate in an off-site Special Event, all-day Excursion, or Camp.

PARENT RESPONSIBILITY

It is the Parent's responsibility to:

- Provide the students updated Asthma Action Plan (Appendix 2) to the College every 12 months.
- Inform the College via Operoo, or in writing, if the student's medical condition relating to Asthma changes. If relevant, an updated Asthma Action Plan will need to be provided.

- Ensure that an up-to-date photo is provided to the College if their child does not have a digital College photo available.
- Ensure that up-to-date medication is provided to the College and is maintained. This medication will include a spacer if that is required by the student.

COLLEGE PREVENTION STRATEGIES

- Professional Development in regard to Asthma will be provided to all staff with a direct student wellbeing responsibility.
- Principal, First Aid Officer or other delegated Staff member will ensure a communication poster will be created to place around staff rooms with the names of students with an Asthma diagnosis.
- The Principal, First Aid Officer or other delegated Staff member will ensure all Asthma Action Plans provided by Parents are up-to-date. If the plan is out-of-date, a letter will be sent home to the family with a reminder to provide an updated plan to the College.
- The Principal, First Aid Officer or other delegated Staff member will ensure all Asthma Medication, both the College supplies and the medication provided by a parent, is within date.
- The Principal, First Aid Officer or other delegated Staff member will ensure there the adequate supply of disposable Asthma spacers
- The College will continue to comply with the accreditation needed to be recognised as an 'Asthma Friendly School'. This accreditation is to be renewed every three years.
- Asthma Action Plans will be copied and scanned to both the student's physical personal file and to their Xuno file so that staff and teachers will have access.

COLLEGE MANAGEMENT AND EMERGENCY RESPONSE

- When a new child enrolls and their enrolment form states that they have Asthma, the Enrolments Registrar will notify the First Aid Officer to ensure that the condition is noted and appropriately added to student management systems eg. Xuno, Operoo. Parents will then be communicated to by the First Aid Officer, who will request and distribute all appropriate documentation.
- Each child with a diagnosis of Asthma require an Asthma Plan to be developed by a doctor, in consultation with the parents. Copies of these plans will be kept in the child's file, as well as being made available by parents on Operoo and by the First Aid Officer on Xuno. Medication delivery devices eg, Asthma Puffers (e.g Ventolin, Asmol) are to be provided by the parents, along with a Distributing Medication Authority Form.
- The Individual Action Plans for Anaphylaxis and other Medical conditions such as Asthma, Diabetes, Allergies and Epilepsy are located in the First Aid Room, and on SharePoint and Xuno as mentioned in the Emergency Management Plan, Anaphylaxis and First Aid Policies. These online copies on SharePoint and Xuno can be accessed by Staff on Excursions, Camps and on Special Events held offsite
- Medication is stored securely in the First Aid Room as required, and details are documented on Xuno. In the event of an Asthma Attack, the student's Asthma Action Plan should be followed. If there is no Asthma Action Plan available, the staff member will need to follow the following steps on the attached poster made available by Asthma Australia (Appendix 3).

INCIDENT REPORTING

If an asthma incident occurs, the attending staff member must complete an Incident Report Form detailing the circumstances and management of the incident. This form should be submitted to the First Aid Officer.

The First Aid Officer will ensure the matter is passed on to the Principal, then file the report in a restricted access part of SharePoint and add the incident to the Incident Report Log (also on SharePoint.)

More information about reporting First Aid treatment- including incidents concerning staff health- can be found in the First Aid Policy.

ASTHMA EMERGENCY KITS

The Principal, First Aid Officer, or delegated Staff member will ensure that Salbutamol (reliever medication) is available for general use. Asthma Emergency Kits will be made available in each First Aid Bag (including Yard Duty bags) and in the Sick Bay, located in Administration. The Asthma Emergency Kits will contain the following items:

- Blue / Grey Reliever Medication eg. Airomir, Asmol or Ventolin.
- At least 2 x disposable Asthma spacers to assist with effective inhalation of medication.
- A copy of a generic Asthma Action Plan that is to be followed if a personal Asthma Action Plan is unavailable.

- A notepad and pen for recording any details.

The Principal will determine the number of Asthma Emergency Kits required. In doing so, the Principal will take into account the following relevant considerations:

- The number of students enrolled at the College
- The accessibility of reliever medication that have been provided by parents of students with an Asthma diagnosis.
- The availability and sufficient supply of Asthma Emergency Kits in specified locations at the College, including:
 - a. In the school yard, and at excursions, camps and special events conducted or organised by the school.
 - b. Reliever medication has a limited life, usually expiring within 18-24 months, and will need to be replaced at the schools expense, either at the time of use or expiry, whichever is first. No prescriptions are necessary to purchase Salbutamol at any chemist (limits apply).

Minimum Asthma Emergency Kit (AEK) Requirements	
Site Characteristics	Minimum AEK requirements
Less than 299 employees (and students)	2 Asthma Emergency Kits
300 - 399 employees (and students)	3 Asthma Emergency Kits
400 – 499 employees (and students)	4 Asthma Emergency Kits
500 - 599 employees (and students)	5 Asthma Emergency Kits
600 - 699 employees (and students)	6 Asthma Emergency Kits
700 - 999 employees (and students)	7 Asthma Emergency Kits
>1000 employees (and students)	7 + one first aid officer for every additional 100 employees and students

COMMUNICATION PLAN

A Visual Communication Plan will be created by the Principal, First Aid Officer or other delegated Staff member. This Visual Communication Plan is to be displayed in each staff room. The current Visual Communication Plan can be found in the Student Medical Conditions List document.

During a Staff Induction, any new school staff (including Casual Relief Teachers) will be briefed on the Visual Communication Plan, location for Asthma Action Plans, a generic Asthma Action Plan and what to do in an Asthmatic Emergency.

At the start of each school year, all staff with a direct student wellbeing responsibility, will attend a briefing session in regards to Asthma, conducted by an instructor who has completed one of the following courses:

- Management of Asthma Risks and Emergencies in the Workplace 22282VIC
- Emergency Asthma Management 10392NAT.

It is the responsibility of the Principal to ensure that relevant College staff are trained and briefed twice per calendar year.

All visitors to the College including Casual Relief Teachers and Volunteers will sign-in at Administration. During the sign-in procedure, the basic four steps in an Asthma Action Plan is included, under the Privacy Policy, and will require a signature of agreement upon their understanding of the process.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal, First Aid Officer or delegated Staff member will complete an Annual Risk Management Checklist (Appendix 4) as published by the Department of Education and Training to monitor compliance with their obligations as an Independent, Asthma-Friendly school.

RELATED POLICIES, PROCEDURES AND DOCUMENTS

This policy should be read in conjunction with other relevant documents such as:

- Anaphylaxis Policy
- Camps and Excursions Policy
- Current First Aid Status of Staff
- Emergency Management Plan
- Enrolment Policy
- First Aid Policy
- Incident Report Form
- Incident Report Log
- Risk Assessment Policy
- Student Medical Conditions List
- Yard Supervision Policy

APPENDICES

1. Individual Risk Minimisation Plan
2. Asthma Action Plan
3. Asthma Australia – Poster
4. Annual Risk Management Checklist

APPENDIX 1

Individual Asthma Risk Minimisation Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (Asthma Action Plan) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's Asthma Action Plan containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Known Asthma Triggers			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Storage of reliever medication			

ENVIRONMENT			
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
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Name of environment/area:			
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Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe / life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Asthma Risk Minimisation Plan.

I consent to the risk minimisation strategies proposed.

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan.	
Signature of principal (or nominee):	
Date:	

APPENDIX 2 Asthma Action Plan



Asthma Action Plan

Name: _____

For use with a Puffer and Spacer

Date of birth: _____



Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give..... separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.
- 5 Keep giving puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

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APPENDIX 3

Asthma Australia Poster

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- Shake puffer
 - Put **1 puff** into spacer
 - Take **4 breaths** from spacer
- Repeat until **4 puffs** have been taken
Remember: **Shake, 1 puff, 4 breaths**

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



3 Wait 4 minutes

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

OR give 1 more dose of Bricanyl or Symbicort inhaler



4 If there is still no improvement call emergency assistance - Dial Triple Zero (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



Call emergency assistance immediately - Dial Triple Zero (000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



Contact your local Asthma Foundation
1800 ASTHMA Helpline (1800 278 462) asthmaaustralia.org.au

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APPENDIX 4

Annual Asthma Risk Management Checklist

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

1. How many current students have been diagnosed with asthma, and have been prescribed a reliever medication?	
2. How many of these students carry their reliever medication on their person?	
3. Have any students ever had a mild asthma flare-up requiring first aid intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had a severe asthma attack requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times?	
5. Has a staff member been required to administer reliever medication to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered a severe asthma attack reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

7. Have all staff with a duty of care for students undertaken an asthma education session, either: <ul style="list-style-type: none"> Asthma first aid management for education staff (face to face) within the last 3 years, or Asthma first aid management for education staff (online) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers, or staff working with high risk children with a history of severe asthma at school and high risk teaching areas, such as PE/Sports teachers, Home Economics/cooking teachers completed asthma management training; either: <ul style="list-style-type: none"> 22282VIC Course in Management of Asthma Risks and Emergencies in the Workplace (in the last 3 years), or 10392NAT Course in Emergency Asthma Management (in the last 3 years) 	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Does your school conduct in house asthma briefings annually? If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all school staff participate in the annual briefing? If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Asthma Risk Minimisation Plan	
11. Does every student who has been diagnosed with asthma and prescribed reliever medication have an Individual Asthma Risk Minimisation Plan and Asthma Plan completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all individual Asthma Risk Minimisation Plan reviewed regularly (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Asthma Risk Minimisation Plans set out strategies to minimise the risk of exposure to triggers for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an reliever medication on their person have a copy of their Asthma Action Plan kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Asthma Action Plans kept?	
15. Does the Asthma Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have the Individual Asthma Risk Minimisation Plan been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of reliever medication	
17. Where are the student(s) reliever medication stored?	
18. Do all school staff know where the school's Asthma Emergency Kits for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Are the Asthma Emergency Kits easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is a copy of student's individual Asthma Action Plan kept together with the student's reliever medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is the student's reliever medication and the Asthma Action Plans clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has someone been designated to check the reliever medication expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is there reliever medication which is currently in the possession of the school and which has expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Is the school registered as an Asthma Friendly school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do all school staff know where the reliever medication, the Asthma Action Plans and the School Asthma Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school purchased Asthma Emergency Kits for general use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Where are these kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Is the Asthma Emergency Kit clearly labelled as such?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is there a register for signing reliever medication in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Prevention strategies	
32. Have you done a risk assessment to identify potential accidental exposure to triggers for all students who have been diagnosed with asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you implemented any of the prevention strategies in the Asthma Guidelines? If not record why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Are there always sufficient school staff members on yard duty who have current Asthma Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
35. Does the school have procedures for emergency responses to asthma attacks? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you developed Emergency Response Procedures for when a severe asthma attack occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

38. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is there a designated person who will be sent to collect the student's reliever medication and individual Asthma Action Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you checked how long it will take to get to the reliever medication and the individual Asthma Action Plan to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. On excursions or other out of school events is there a plan for who is responsible for ensuring the reliever medication(s) and Individual Asthma Action Plans and the Asthma Emergency Kits use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Who will make these arrangements during excursions?	
43. Who will make these arrangements during camps?	
44. Who will make these arrangements during sporting activities?	
45. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Have all school staff who conduct classes that students with asthma attend, and any other staff identified by the principal, been briefed on:	
a. The school's Asthma Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students diagnosed with asthma, and who are prescribed reliever medication, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use a puffer and spacer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Asthma Emergency Kits for general use are kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the reliever medication for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
47. Is there a Communication Plan in place to provide information about asthma and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	

49. How is this information kept up to date?	
50. Are there strategies in place to increase awareness about asthma among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. What are they?	