

A Toolkit for Managing Asthma in School



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Introduction

The aim of this asthma toolkit is to improve the health outcomes of children with asthma in New Zealand primary schools.

This toolkit is intended to be used by school staff who, in the absence of parents and caregivers, are responsible for effectively managing all children with asthma during school hours. Effective asthma management can provide a number of benefits including; a supportive learning environment, reduced student absences, appropriate emergency care and full participation in physical activities for all children.

Key components required for asthma management in schools are outlined here along with policy recommendations, suggested roles and responsibilities for staff and examples of procedures and references aligned to policies, e.g. the National Administrative Guidelines and the National Education Goals.



Contents

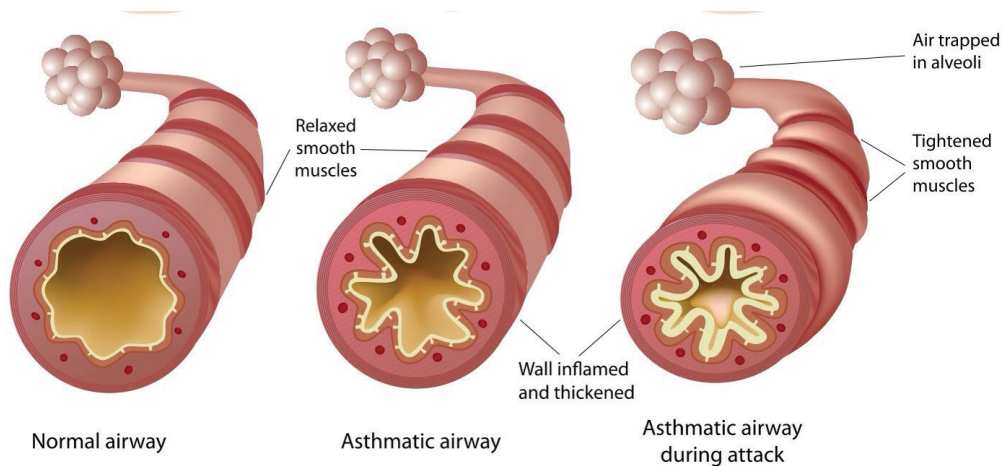
| | |
|--|----|
| Authors..... | 2 |
| Introduction: | 3 |
| Asthma Management Framework for Schools..... | 5 |
| What is asthma?..... | 6 |
| Asthma Policy Template..... | 8 |
| 1. Identify Children with Asthma | 10 |
| 2. Medication Management | 12 |
| 3. Staff Training..... | 14 |
| 4. Student Education..... | 15 |
| 5. Community Engagement and Education..... | 17 |
| 6. Linkages to Healthcare Providers..... | 19 |
| 7. School Environment | 21 |
| 8. Monitoring our Students | 23 |
| 9. Health and Safety | 25 |
| Asthma Resources Links..... | 26 |
| Emergency Medical Kit | 27 |

Asthma Management Framework for Schools



What is asthma?

Asthma is a serious chronic lung disease. People with asthma have sensitive airways in their lungs. The airways may tighten, partially close up, swell inside, and make more mucus when exposed to certain “triggers”.



When a student with asthma is exposed to irritants such as dust, mould, chemicals or pollen this could result in coughing, wheezing, tightness in the chest and shortness of breath. Irritants that cause asthma are called asthma triggers and can cause swelling in the lungs. If swelling is not treated and kept under control, each time the airways are exposed to an asthma trigger, the swelling or inflammation increases, and the student is likely to experience symptoms that worsen.

Why should schools be concerned about asthma?

Asthma is common among students

Students in New Zealand have one of the highest rates of childhood asthma in the world. Asthma affects up to one in four children. Significant ethnic disparities exist for Māori in asthma related illness, with Māori children twice as likely to be hospitalised as non-Māori. The ways in which schools support a child with asthma can have a significant impact on their overall asthma control and can affect the child's ability to learn. Additionally, there may be students who have asthma but have not been diagnosed.

Asthma is a leading cause of absenteeism

Asthma can lead to absenteeism for a variety of reasons such as; symptoms, doctor visits, hospitalisation, the need to avoid environmental triggers at school and sleep deprivation due to night time asthma attacks. Children in New Zealand lose approximately 550,000 school days every year to asthma. Uncontrolled Asthma Can Lead to Decreased Academic Performance

Recent New Zealand research found that children who started school with asthma were more likely to be at least 6 months behind in reading compared to children without asthma at the end of their first year of school. Another New Zealand study found that asthma was the health condition most frequently linked to low achieving 9 year olds.



Alignment with Policy

An effective asthma management plan contributes to the Code of Professional Responsibility and Standards for the Teaching Profession by promoting the wellbeing of learners and protecting them from harm by supporting teachers to be more responsive to the needs of students who have asthma. (Education Council NZ, Our Code, Our Standards; Pg10, Section 2:1). Fully implementing this asthma toolkit can ensure school staff also meet the following National Education Goals (NEGs) and National Administrative Guidelines (NAGs).

- **NEG 2:** schools should strive for “equality of educational opportunity for all New Zealanders, by identifying and removing barriers to achievement”.
- **NEG 7:** schools should enable “success in learning for those with special needs by ensuring they are identified and receive appropriate support”.
- **NAG 1c:** “each board, through the principal and staff, is required to on the basis of good quality assessment information, identify students and groups of students:
 - i. who are not achieving;
 - ii. who are at risk of not achieving;
 - iii. who have special needs (including gifted and talented students); and
 - iv. aspects of the curriculum which require particular attention”
- **NAG 1d:** “each board, through the principal and staff, is required to develop and implement teaching and learning strategies to address the needs of students and aspects of the curriculum identified in (c) above”
- **NAG 1e:** “in consultation with the school's Māori community, develop and make known to the school's community policies, plans and targets for improving the achievement of Māori students”
- **NAG 5:** “Each board of trustees is also required to a) provide a safe physical and emotional environment for students... c) comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.”

Asthma Policy Template

Rationale:

To maintain the wellbeing and safety of all students with asthma in learning settings, both at school and outside the classroom so as to enable all students to be active participants.

Purposes:

That all school staff have knowledge of the following:

1. Asthma triggers.
2. Asthma medications and how they work.
3. Signs and symptoms of worsening asthma.
4. When and how to initiate appropriate treatment including accessing emergency assistance.

Guidelines:

1. That all students with asthma are identified with documentation updated annually or whenever a student is newly diagnosed or their asthma severity changes.
2. Parents/caregivers provide the school with a written asthma plan and written permission for staff to administer asthma medication if required.
3. Asthma medication – students, in consultation with their classroom teachers have easy access to asthma medication in the classroom and during extra curricula activities.
4. School staff are educated as to how and when to use the emergency bronchodilator (inhaler) with a spacer device located in the school first aid kit/emergency asthma kit.
5. All school staff are educated on acute asthma management by the school nurse annually or bi-annually.
6. The school will promote partnerships between relevant parties by communicating policies, procedures and other asthma related management plans to staff, parents/ caregivers, students and healthcare providers and listen to feedback and concerns.
7. Asthma triggers – all school staff to become aware of allergens and irritants and endeavour to reduce and eliminate allergens and irritants in the indoor and outdoor environment.
8. Following an asthma incident debrief and evaluate your asthma management procedures and plans, and look at ways to improve e.g. upskilling staff in the management of asthma.

Conclusion:

By following the above policy we hope that any potential problems will be alleviated.

Review Date:

TOOL – Asthma Policy Checklist

Use this tool to assist you to review, update and/or complete your Asthma Policy.

| Does our school's Asthma Policy state: | Yes | No |
|--|-----|----|
| 1. A commitment to comply with all of the following: The Health & Safety Act, The Education Act, NEGS, NAGS, NZ Standards and Approved Codes of Practice and the Code of Professional Responsibility and Standards for the Teaching Profession | | |
| 2. Our Board of Trustees' commitment to asthma wellbeing and safety? | | |
| 3. A commitment to providing emergency asthma management training by a school nurse? | | |
| 4. A commitment to supporting continuous improvement in the schools' Asthma Policy? | | |
| 5. A commitment to providing asthma management training for all new and existing staff? | | |
| 6. A commitment to continuing student asthma education? | | |
| 7. A commitment to ensuring that emergency plans and procedures are in place? | | |
| 8. A commitment to maintaining an emergency Asthma Kit. | | |
| 9. A commitment to promote a partnership between parents, staff, students and healthcare providers? | | |
| 10. A commitment to listing asthma triggers and a plan for reducing and eliminating indoor and outdoor triggers. | | |

If the answer is **No** to any of the above items please indicate the level of implementation eg emerging, developing and any further actions arising.

Actions arising from this checklist:

- 1
- 2
- 3

Chairperson:

Date:

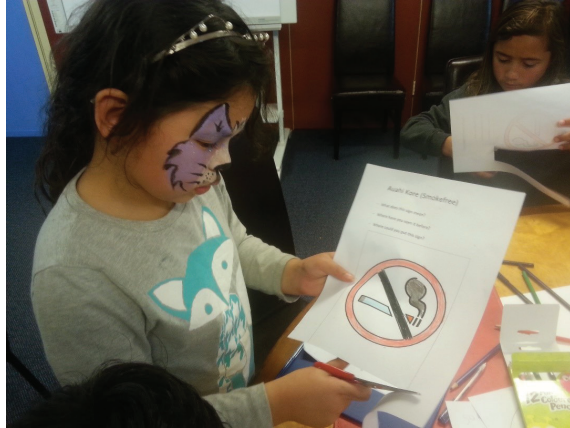
Next review date:

1. Identify Children with Asthma

Key Actions

To maintain the well-being of all students with asthma, we will:

- Identify and document all students with asthma.
- Update medical documentation annually and encourage whānau to alert the school whenever a child is newly diagnosed or if their asthma severity changes.
- Obtain written permission from parents to administer asthma medication as required.
- Obtain a copy of the Asthma Action Plan for each student with asthma.



Rationale

The identification of students with asthma is the first step to providing successful asthma management in schools. Poorly controlled asthma can lead to poor attendance and can impact academic performance. If school staff know which students have asthma they can monitor these students for symptoms, remind them to take medication, if required, and help to reduce their exposure to asthma triggers.

Most schools document students with asthma via their enrolment or medical forms which are filled in by a parent or caregiver. A few supplementary questions added to a standard medical form with annual updates from whānau can result in effective identification of students with asthma.

Objectives

1. To create a safe school environment by identifying students with asthma
2. To specifically monitor the attendance and academic performance of students with asthma
3. To enable school staff to provide suitable support for students with asthma
4. To promote effective communication between schools and parents/whānau

Procedure

Here are some recommended questions to add to a child's medical form to gain a better understanding of their respiratory health. This can be sent out in school newsletters annually to update their asthma information.

Does your child have coughing, wheezing, chest tightness or trouble breathing when he/she plays or exercises? Yes No Unsure

Has your child been prescribed asthma medication by his/her doctor in the past 12 months? Yes No Unsure

In the last 12 months, how many times did your child go to the doctor for an urgent visit, emergency room or was admitted to the hospital (stayed overnight) because of breathing problems? 1 2 3 or more

Have you ever been told by a doctor that your child has asthma? Yes No Unsure

Roles and Responsibilities

Principals and staff will be responsible for updating medical forms and encouraging whānau/parents to update these annually. Admin staff will likely be responsible for following up missing medical information. Teachers and other staff members will be responsible for engaging with parents and whānau to find out which students in their care have asthma. Staff need to have a system where they work with parents/caregivers to update all child's medical information annually.

Alignment with Policy

Identifying students with asthma aligns with NAG 1. This states that each board, through the principal and staff, are required to identify students and groups of students: who are not achieving, who are at risk of not achieving, who have special needs, and aspects of the curriculum which require particular attention.



2. Medication Management

Key Actions

To maintain the well-being of all students with asthma, we will:

- Ensure that students, in consultation with their classroom teacher, have easy access to asthma medication in the classroom and during extracurricular activities.
- Provide and update Asthma Emergency Kits.
- Ensure that school staff are educated on how and when to use the emergency bronchodilator (inhaler) with a spacer device located in the school's Asthma Emergency Kit.

Rationale

Asthma symptoms in children can exacerbate quickly and can be fatal. Severe asthma symptoms can be prevented or reduced if children have easy access to their reliever medication whilst at school.

This guideline aligns with various international policies for asthma management. Countries such as the USA have legislation allowing students to carry their own inhalers due to the recognition that these students need immediate access to their reliever medication at all times. For younger children or those unable to self-medicate, asthma medication should be kept in an easily accessible place in the classroom.

Children with asthma can be without their medication for various reasons. It is imperative that schools have an emergency reliever inhaler available as part of an Asthma Emergency Kit (see resources links pg 27). Through staff training, all staff members should have knowledge of how and when to use the emergency inhaler. Schools should encourage whānau of children with asthma to obtain an asthma action plan developed by a clinician. It shows daily treatment such as what medicines to take and when to take them.



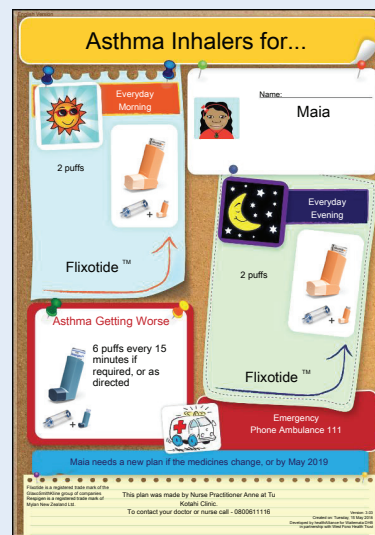
Objectives

1. To promote an environment where all students with asthma have easy access to reliever medication at school
2. To ensure student with asthma have access to reliever medication when outside of schools grounds e.g. school trips, sports events or camps.
3. To minimise the risk of asthma emergencies for primary school aged children
4. To promote effective asthma first aid
5. To create partnerships between whānau, the school and clinicians through obtaining asthma action plans

Procedure

The following are guidelines for effective medication management at school:

- Schools should ensure they have a policy allowing students to carry and use their own asthma medication
- If students do not carry their asthma medication, they must have easy access to it.
- The school should have Asthma Emergency Kits with spare reliever medication and spacers. These are monitored and kept up to date and are available in asthma emergencies.
- Schools need to identify which students with asthma need to use their reliever medication (per the asthma plan) before exercising.
- The school should have a copy of each child's asthma action plan (see Section 6. Linkages with Healthcare Providers)



Roles and Responsibilities

The management of asthma medication and asthma action plans in schools is a team effort. Under current legislation, school principals can obtain emergency bronchodilators for their school. Principals and staff should encourage the whānau of children with asthma to obtain an asthma action plan from their clinician and to provide a copy to the school. Principals and Boards of Trustees should also ensure that staff are trained in asthma management and know how to use emergency asthma medication; this will come under the Staff Training Policy.

Teachers and school staff are responsible for reading the asthma action plan for all students with asthma in their care. It is recommended that staff send a letter to parents and/or General Practitioners requesting an individual child's asthma action plan.

Alignment with Policy

A medication management policy aligns with NAG 5 which states that each board of trustees is required to provide a safe physical and emotional environment for students and comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.

Medicines Regulation 1984, Regulation 44(l) states that bronchodilator (reliever) inhalers can be obtained without a prescription for the purposes of inclusion in an emergency treatment kit in schools. These inhalers must be obtained from a licensed pharmacy with a written order signed by the principal.

3. Staff Training

Key Actions

To maintain the well-being of all students with asthma we will ensure that all school staff members are educated in acute asthma management by an asthma educator or nurse annually or bi-annually.

Rationale

International and New Zealand asthma guidelines recommend asthma management education for all school staff. While there is no cure for asthma, evidence shows that asthma symptoms can be well-controlled with the appropriate medications, adherence to treatment, avoidance of asthma triggers, and education about asthma management. School-based asthma education programmes for staff have been shown to improve the quality of life and asthma management for children so they can all participate in learning and daily activities.

Objectives

1. To provide an understanding of the physiology and causes of asthma
2. To discuss ways in which to prevent asthma attacks at school and recognise common asthma triggers
3. To explain how to recognise signs of worsening asthma
4. To provide an understanding of asthma medications and emergency asthma management

Roles and Responsibilities

Any staff members who could be in a situation to manage an asthma attack should attend annual or biannual staff asthma training. This includes teachers, support staff, admin staff, caretakers and the principal. Principals should initiate school staff training sessions and

Procedure

The following topics are recommended for inclusion in staff training session:

- What is asthma?
- Asthma signs and symptoms
- Asthma triggers and how to avoid them
- How to use asthma medication
- Asthma and physical activity
- Asthma first aid and asthma emergencies

Alignment with Policy

School staff receiving training to better manage asthma at their school aligns with NAG 5. This states that each board of trustees is required to provide a safe physical and emotional environment for students.

4. Student Education

Key Actions

To maintain the well-being and contribute to the learning of all students we will promote healthy lungs and asthma knowledge through integration in the curriculum and use of resources designed to be taken home and completed with whānau.



Rationale

Asthma is extremely common in New Zealand with up to 26% of children reporting having experienced asthma symptoms by age 6 years. It is important to teach everyone about asthma as nearly all children have a family member or a friend with asthma. Teaching all students about asthma is more effective than just educating asthmatic children, as this can lead to students feeling marginalised or singled out from their peers. Asthma education can lead to improved quality of life, better self-management skills, fewer symptoms and reductions in absences for students with asthma. This education can also result in increased asthma awareness and knowledge amongst their peers.

Objectives

1. Increase knowledge of asthma and its management for all students
2. Promote positive attitudes towards asthma
3. Improve recognition of asthma in students
4. Promote avoidance of at-risk behaviour (smoking)
5. Have students take appropriate action in an asthma emergency
6. Use asthma medications correctly when required (with support as needed)
7. Take action to prevent or avoid exercise-related asthma
8. Recognise signs of worsening asthma

Curriculum Opportunities

Asthma education for all students would comprehensively cover the New Zealand Curriculums Five Key Competencies which include; thinking, using language, symbols and texts, managing self, relating to others and participating and contributing. Asthma education could fit into the following strands of the learning areas:

- **Health and Physical Education**
 - Personal Health and Physical Development
 - Relationships with other people
 - Healthy communities and Environments
- **English**
 - Listening, Reading, Viewing
 - Speaking, Writing and Presenting
- **The Arts**
 - Developing Ideas & Practical Knowledge
 - Communicating and Interpreting
- **Social Sciences**
 - Place and Environment
- **Mathematics**
 - Thinking mathematically and statistically

Procedure

Below is an example of asthma education found in the 'Healthy Breathing and Asthma Activity Booklet (Mahi Kāinga)'. This online resource is designed for all primary school aged students, not just those with asthma. The activities are designed to be completed with whānau. Wellbeing tips are aimed at parents and caregivers with advice and links to further information.

Activity 1- Pūkahukahu Ora (Healthy Lungs)

An introduction to the lungs and the importance of air. Tamariki (children) learn to locate their lungs.

Activity 2- Taiao (Environment)

Children and their whānau identify the triggers which can make it hard for some people to breathe. They are then encouraged to have a look around their house to identify potential asthma triggers.

Activity 3- Auahi Kore (Smoke Free)

Children and their whānau discuss the smokefree sign, the children are encouraged to colour it in and put it somewhere appropriate. This activity also incorporates smoking facts and suggests different ways to say no when offered a cigarette.

Activity 4- Huangō (Asthma)

Through diagrams and text, whānau learn about what happens to the airways in an asthma attack. They are then encouraged to act the four steps of Asthma First Aid.

Roles and Responsibilities

The Board of Trustees through the Principal and staff are required to develop and implement a curriculum for students - it will therefore be their role to ensure asthma education is included. Teachers may be required to assist in the delivery of asthma education.

Alignment with Policy

The Student Education policy aligns with the National Administrative Guideline (NAG) 1d. NAG 1d states that schools are required to develop and implement teaching and learning strategies to address the needs of students who are not achieving, at risk of not achieving, or have special needs. By incorporating asthma education into the curriculum, schools will also be recognising the needs of Māori who are considered Priority Learners.

5. Community Engagement and Education

Key Actions

To maintain the well-being of all students with asthma, we will:

- Communicate asthma policies and procedures with whānau.
- Offer community based asthma education.
- Encourage effective engagement between our school and whānau.

Rationale

Community Engagement and Education creates a better understanding of asthma policies and procedures within the school for whānau. This can lead to improved health and learning outcomes for students with asthma.

Educating whānau and the wider community about asthma is particularly important as New Zealanders tend to have a low level of health literacy. Schools or other community based locations have proven to be better learning environments for whānau as they are likely to be more relaxed and informal than at a medical centre.



Educating whānau about asthma management will not only increase their asthma knowledge, it will also reinforce awareness and understanding for their tamariki who will also be learning about asthma through student education sessions. Furthermore, this engagement will be viewed positively by parents and increase their confidence that the school is well placed to take care of and keep their children safe.

Objectives

1. Inform whānau about school asthma policies and procedures
2. Provide asthma education for whānau
3. To build trust and enhance relationships between the school and whānau

Procedure

Community Engagement and Education strategies should be developed with individual schools and communities. Below are some recommended guidelines for a community engagement and education process:

1. List the activities that are currently in place in your school context where interaction with whānau, parents and your community occurs e.g. parent/teacher interviews, fundraisers, gala, hui, sports events, kapa haka practice, marae visits.
2. Determine how well attended these activities and interactions are and who attends.
3. Based on steps 1 and 2, ascertain what events would be appropriate to engage with whānau, parents and your community about asthma management.
4. Consult with teachers, whānau, parents and your community on the type of activities deemed relevant for asthma management e.g. having an information booth at a parent/teacher interview event, or as part of a health and wellbeing promotion where health specialists are invited to speak.
5. Based on step 4, plan the activity where an asthma management intervention can be introduced and shared with whānau, parents and the community, including relevant communications with key audiences. This planning stage may need to be done in conjunction with other activity stakeholders such as the organisers of the main event.
6. Implement the activity at which the asthma management intervention is introduced and shared; and
7. Evaluate the activity and make any necessary changes to the activity based on your learning to ensure effectiveness.

Alongside asthma education for whānau at school events, community engagement and education could be incorporated in; the school newsletter, on social media and within homework activities which encourage whānau participation e.g. a homework exercise which encourages families to identify asthma triggers in and around their house.

To further enhance community engagement, schools can promote an 'open door' invitation for whānau who wish to discuss any ideas or concerns regarding students. The school can designate a drop in space where whānau culture can be nurtured. As whānau engagement is crucial for schools, whānau should be encouraged to participate and support learning, cultural and sporting events wherever possible i.e. excursions, camps, fundraisers.

Roles and Responsibilities

Any staff member can be responsible for community engagement e.g. informing whānau about asthma policies. An asthma nurse or school nurse will be required to deliver disease specific information to whānau e.g. the correct method of using an inhaler.

Alignment with Policy

The Community Engagement and Education policy aligns with the Community Engagement principle in The New Zealand Curriculum. This states that "the curriculum has meaning for students, connects with their wider lives, and engages the support of their families, whānau and communities."

6. Linkages to Healthcare Providers

Key Actions

To maintain the well-being of all students with asthma, we will:

- Develop a strong relationship with the school nurse or clinician.
- Promote partnership between relevant health providers (e.g. pharmacist, nurse, doctor, physiotherapist).
- Ensure that all students with asthma have a written asthma plan.

Rationale

Evidence suggests that written asthma action plans for individuals can result in significantly fewer symptoms and asthma related hospitalisations for children. Asthma plans contain information about what medication a person with asthma should take, when they should take it, what to do if their asthma is getting worse and what to do in an asthma emergency. Many children with asthma do not have a current asthma action plan, making it difficult for schools to adequately care for them. As well as at school, asthma action plans are very useful at home and the homes of extended whānau and caregivers of an asthmatic child.

School nurses, are ideally placed for liaising with healthcare providers, such as nurse practitioners, practice nurses or GP's, especially when a child's asthma is not well controlled or in the absence of an asthma action plan. It is also important to establish relationships with local pharmacies so that schools can obtain or replace their emergency asthma medication.



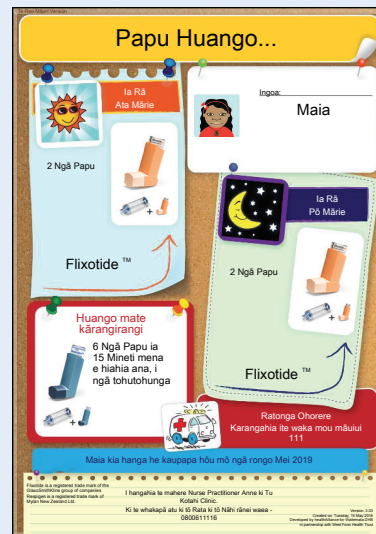
Objectives

1. To encourage relationships between Healthcare Providers, Schools and Whānau
2. To promote asthma plans at school
3. To promote the importance of asthma plans

Procedure

In order to provide effective asthma management, schools will need to encourage whānau to obtain an asthma plan from their clinician. Alternatively, with the parents permission, school staff can send a letter directly to the child's clinician requesting a copy of the asthma plan.

The Pictorial Asthma Management Plan (PAMP) is an easy to follow plan which can be accessed online. PAMP can be customised to each individual, is easy to follow and is available in English, Te Reo Māori, Samoan, Tongan, Tuvaluan and Chinese. For more information about PAMP visit <http://www.pamp.co.nz/>.



Roles and Responsibilities

Whānau, schools and healthcare providers all play an important role in successful asthma management at school. Clinicians should fill in an asthma plan for each child with asthma and update this as their medication or required dosage changes. Schools should encourage whānau to give them a copy of their child's asthma plan. If a child has not received an asthma plan, a parent of caregiver will need to contact their clinician.

Alignment with Policy

Linkages to Healthcare providers aligns with NAG 5. By encouraging asthma action plans, Board of Trustees are promoting a safe physical and emotional environmental for students.

7. School Environment

Key Actions

To maintain the well-being of all students with asthma, we will recognise potential asthma triggers within the indoor and outdoor school environment and actively seek to reduce or eliminate these allergens and irritants known to exacerbate asthma symptoms.



Rationale

Primary school aged children spend a large proportion of their wakeful hours at school. While a number of factors such as exercise and changes in the weather or temperature are known to trigger or cause asthma to flare up the school environment can also be a contributing factor. Within the indoor and outdoor school environment, students and staff are often exposed to a wide range of allergens and irritants known to trigger asthma symptoms. These triggers can lead to ongoing absences for students with asthma and can result in poorer academic outcomes for students with asthma. Common allergens and irritants that can be found in the school environment and are known to aggravate asthma symptoms include:

Allergens

- Mould and moisture
- Dust mites
- Cockroaches and rodents
- Pets
- Pollen and grass

Irritants

- Cleaning products, paints, perfumes etc.
- Air pollution e.g. car/bus exhaust
- Tobacco smoke
- Chemicals used for swimming pools e.g. chlorine

The aim of these School Environment guidelines is to facilitate successful learning within a healthy environment and to reduce absences from school. Studies have demonstrated that reducing potential asthma triggers in the school environment can be addressed at little or no extra cost and can result in the improved health and achievement for students.

Objectives

- To make classrooms safer for students and staff with asthma or respiratory conditions by minimising exposure to potentially harmful allergens in a cost and time effective manner
- To increase awareness of asthma triggers in the school environment
- To empower schools to consider respiratory wellbeing when making decisions about the school environment e.g. planting trees or choosing cleaning products
- To provide guidance to school developers when planning new school buildings

The following environmental checklist for schools is adapted from The Asthma Foundation of Victoria, to ensure your school is minimising student exposure to asthma triggers:

- Grounds are mowed out of hours.
- Carpets, curtains, fans and air conditioning vents are cleaned regularly to minimise dust.
- Students with asthma triggered by temperature changes, pollen, or cold air have access to an indoor area during recess and lunch breaks.
- Use of strong smelling cleaning agents, paint, room deodorisers or perfumes are minimised.
- The school has attempted to plant 'low allergen' plants where possible, (for more info see www.asthmafoundation.org.nz/resources/plants-gardening-and-asthma)
- Other measures not listed above have been taken

Please specify _____

Responsibilities

In order to reduce asthma triggers in the school environment it is recommended that individual schools carry out a school environmental assessment. This will involve various staff members e.g. the Principal, board members, teachers, admin staff and maintenance staff. This team can be led by an individual or small group.

Alignment with Policy

These School Environment guidelines align with the 2013 National Administration Guidelines (NAG)s. NAG 5 states that each board of trustees is required to a) provide a safe physical and emotional environment for students, b) promote healthy food and nutrition for all students; and c) comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.



8. Monitoring our Students

Key Actions

To maintain the well-being of all students with asthma, we will uphold an active interest in monitoring the impact of asthma on children's attendance and learning about the outcomes from the steps it takes to enhance the educational experience of children with asthma and their whānau/families.

Rationale

In order to better understand the needs and aspirations of students with asthma a school first needs to be able to identify those students. Knowing the prevalence of asthma among its student population will enable a school to assign resources (e.g., staff training, parent engagement, links to health providers) that help ensure students' safety and engagement with learning. An evaluation of the outcomes achieved from mobilising resources can inform a school's decision-making about how to best support students with asthma and their whānau.

Objectives

- To know the prevalence and severity of asthma among the school population.
- To appropriately resource the care and support provided by the school to students with asthma.
- To use best-practice asthma management monitoring tools to ensure equitable outcomes for all students with asthma.

Roles and Responsibilities

A staff member who understands the school's enrolment procedures and record-keeping may be well-placed to assess whether the school is keeping good records about student asthma. All records should be analysed annually to provide an overview of asthma prevalence and severity at the school. Teachers/principals should also monitor the academic achievement of students with asthma to ensure equitable academic outcomes are achieved.

Evaluating the outcomes of asthma initiatives (resources) can also be the responsibility of this staff member, as there are plenty of easy-to-follow guides about evaluation available and the questions asked need not be complex. Evaluations may also make good student assignments.



Procedure

Below is a checklist to ensure that schools are informed about students' asthma:

1. We have a dedicated staff member who coordinates our schools' response to asthma.
2. We have a confidential list of students who have asthma (including information about the severity of their asthma, the medications they are on, and emergency procedures and contacts)
3. We know the number of days off school our students have because of their asthma.
4. We have assigned resources in response to the prevalence and severity of asthma among our student body.
5. Our policies and procedures help ensure that resources (e.g. staff training, environmental safety) are used appropriately and as intended.
6. We evaluate the effectiveness of the resourcing provided in response to students' asthma so we have an idea of whether or not resources are effective.

Examples of how resources might be evaluated by a school include:

- Assessing whether the replacement of cleaning products or chemicals with less toxic or 'green' alternatives reduces the number of asthma incidences during school hours.
- Evaluating whether teacher professional development about asthma increases teacher awareness and knowledge of asthma and their effectiveness of managing students with asthma.

Alignment with Policy

This evaluation policy aligns with the 2013 National Administration Guidelines (NAG)s. NAG 5 states that each board of trustees is required to a) provide a safe physical and emotional environment for students and c) comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees. The monitoring of students' asthma and the evaluation of school initiatives/resourcing can support evidence-informed reporting on NAG 5.

9. Health and Safety

Key Actions

To maintain the well-being of all students with asthma, we will:

- Incorporate the Toolkit for Managing Asthma in Schools into school health and safety policies.
- Develop feedback strategies to review and implement improvements following the event of severe asthma symptoms or an asthma emergency.



Rationale

In order to develop and maintain effective asthma management processes, we must learn from adverse events e.g. an asthma attack. Having a feedback loop after such an event through engaging with the child, their peers, whānau and school staff will enable the school to be responsive to this input. By debriefing with all stakeholders, better systems can be developed to ensure better asthma management in the future.

Objectives

- To enhance asthma management through responsive action to engagement with various stakeholders following an asthma emergency.
- To promote effective communication between the school and whānau.
- To promote the idea that successful asthma management at school involves multiple people.

Roles and Responsibilities

Feedback following an asthma emergency will involve the schools Health and Safety Officer or Committee as well as the parents/caregivers of the child who experienced severe asthma symptoms and the school nurse or clinician. It might be deemed appropriate for the child themselves to also be involved. Several other stakeholders will also be required, particularly those directly involved in the incident. These could include peers, teachers, school staff, coaches, the principal and board members.

Procedure

Create a process or use a current incident report form in your school after an asthma episode to feed back to your health and safety officer/ committee. Possible questions to ask key stakeholders include:

- a) What happened leading up to and during this event?
- b) What suggestions would you as whānau/friends/teachers/coach/school staff/Board member/ principal and as the student involved make to help in this situation again?

Alignment with Policy

This Health and Safety action aligns with the updated Ministry of Education Act, which states that schools must integrate a feedback system with whānau and victims following a serious medical event at school, enabling schools to be responsive to this input.

Asthma Resources Links

Many New Zealand Asthma Societies provide asthma training and emergency asthma kits to schools.

See online for your nearest asthma society at:

<https://spacetobreathe.pharmac.govt.nz/get-support/asthma-societies>

Parent/Teacher asthma education sessions: Asthma Societies, such as Asthma Wellington, provide asthma nurse educators who are available to support whānau/families of students with asthma. If you would like to hold one at your school, contact your nearest educator at Asthma New Zealand <https://www.asthma.org.nz/pages/contact-us>.

The Asthma and Respiratory Foundation NZ has Asthma Emergency Kits, which can be purchased online at <https://www.asthmafoundation.org.nz/resources/asthma-emergency-kit>.

These include the following:

- Space Chamber
- Alcohol swab 2 pack
- Booklet on How to use this Asthma Emergency Kit
- Emergency Kit Sticker
- Spacer Chamber Instruction Sheet
- Letter of Authorisation for reliever inhaler
- Red click-clack box



Emergency medical kit authority to procure prescription medicines

<http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96553.html>



AUTHORITY TO PROCURE PRESCRIPTION MEDICINES

Authority no: 2013/A175

Pursuant to Regulation 44(l) of the Medicines Regulations 1984, I, Helen Moriarty,
Medical Officer of Health, approve

**Principals of registered schools, as defined in the Education Act 1989,
in New Zealand**

obtaining the following prescription medicine:

Bronchodilator inhalers

for the purposes of:

Inclusion in an emergency treatment kit in schools

This authority is granted subject to the following conditions:

1. The prescription medicines shall be under the direct control of:
The principal of the school
2. The prescription medicines at this site is only to be used for the purpose of:
**Emergency treatment of asthma in school pupils by teachers or
appropriately trained personnel according to procedures issued by the
Asthma Foundation of New Zealand**
3. Supplies of prescription medicines shall be procured from:
Licensed pharmacies
4. A written order signed by the principal of the school must be supplied to the
pharmacy at the time of procurement.

This authority revokes and supersedes all previous approvals and authorities relating
to the sale or supply of inhalers for asthma treatment in schools in New Zealand.

This authority expires on the: **19th day of November 2018**


Helen Moriarty
Medical Officer of Health

Dated this the **19th** day of November 2013

