4.3 Health promotion in schools

4.3.9 Asthma prevention in schools

Background
Asthma is a significant problem among Australian children and adolescents. Schools are well placed to lessen the impact of asthma through the formal curriculum, the school environment and via a variety of policies and practices. A health promoting school can positively influence knowledge, attitudes, skills and behaviour of students, enhancing short term and long term health outcomes.\(^1\) In addition, schools, have a duty of care towards children who have asthma.\(^2\)

Australia has a high prevalence of asthma, with 15% of primary school aged children and 12% of secondary school students affected.\(^3,4\) In most cases asthma can be well managed with appropriate medication and control of ‘triggers’, however significant numbers of children and young people do not have adequate asthma management plans. Severe episodes of asthma can lead to death, and it has been estimated that at least 60% of these deaths are preventable. Even those children whose asthma is perceived as “mild” can develop a severe episode in a short space of time.

In 1999, the Australian Government Department of Health and Ageing declared asthma a National Health Priority Area. Since then, the Department has encouraged schools to adopt strategies to lessen the impact of asthma. Much of the work has been done through the Asthma Friendly Schools Program in partnership with the state Asthma Foundations.\(^5\)

General principles
Comprehensive strategies (including education, environmental changes and policy guidelines development) can impact upon the effects of asthma on children in a school. A health promoting schools framework should be used to involve various personnel to develop multiple primary and secondary prevention strategies.

When developing a comprehensive asthma prevention guideline, it is suggested that strategies include: forming a health committee, providing information for the whole school community, identifying measures for minimising triggers within the school, and launching, publicising, monitoring and evaluating the guidelines.

School based asthma health promotion can have a small primary prevention impact on the whole school community, and a major secondary prevention effect of reducing the number and severity of asthma attacks.

Secondary prevention activities can be targeted for children with asthma on an individual basis. Encouraging regular medical review and implementation of student health care plans are essential. Plans should encourage students to manage their own condition as is appropriate to age and maturity.

General asthma education and awareness-raising activities can inform all children about the condition, and reduce associated sensitivity or stigma.
School personnel require support in order to respond to worsening asthma in their role in loco parentis. Support may include training for school staff and advocacy for students with particular needs/circumstances.

The school environment may require modification so that children with asthma can participate to the best of their ability in all school activities.

**Key messages**

- Asthma is a very common condition which can be fatal if not managed well.
- Schools have a duty of care to maintain the good health of all students, including those with asthma.
- All students with asthma should have a student health care plan which is updated annually.
- Students should be involved in the care planning and management, and be encouraged towards self-care.
- School staff should be educated about prevention and emergency management of asthma.
- Asthma triggers in the school environment should be minimised as much as possible.
- Families should be encouraged to seek medical advice to ensure optimal asthma management for their child.

**Role of community health staff**

Community health nurses are key agents of school health service teams. They work collaboratively with other community, allied and/or population health staff and education/school staff to optimise health among students. Depending on capacity and expertise within the school community, the community health nurse’s role in developing or delivering these strategies may be as leader, advocate, catalyst for action or as consultant and supporter.

The strategies in this guideline have been structured around the three major components of the Health Promoting Schools Framework. Below are some suggestions which may assist community health nurses to identify what their role within each of these components may be.

| School curriculum, teaching and learning | o Advocate for asthma education in curriculum areas, such as Health Education in Years K to 10, self-management courses, Home Room sessions, Special Education classes, First Aid course, Physical Education Studies and Work Studies.  
<p>| o Provide resources and information to assist teachers in delivery of teaching and learning activities. Classroom resources and professional development sessions are available from the Asthma Foundation. |</p>
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<td>- Assess opportunities for implementation of peer-led asthma education. See Asthma Management Handbook.</td>
<td>- Request school office staff to identify students who have asthma. The DOE Student Information System (SIS) can be used to print off a list of students who were noted as having asthma on enrolment or at a later date. Asthma care plans can be generated for each student from this system. Standard asthma care plans are available from the DOE policy, Student health care documentation. Development of care plans is the responsibility of the school administration; however the nurses may be involved as a consultant or advocate.</td>
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<td>- Support campaigns aimed at creating a tobacco smoke-free environment for all children.</td>
<td>- Liaise with the school’s Professional Development planner to provide an asthma education session. Allow for approximately one hour with an asthma educator for all staff, every few years. Invite office staff to participate.</td>
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<td>- Provide asthma information to parents via such media as the school newsletter, website, guest speakers, and displays at parent nights</td>
<td>- Discuss the management of exercise-induced asthma with Physical Education staff and sports coaches, including: use of medication (where advised by the child’s doctor) before sport, warm-up and cool-down, and having children bring their reliever medication to the activity. Ensure that Physical Education staff are aware of their students who have asthma, encouraging them to expect every child to participate to the best of their ability. Consider gaining or maintaining Asthma Friendly School status with the Asthma Foundation of WA.</td>
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<td>- Identify asthma triggers in the school environment and advocate for minimising the exposure of students. This may involve arranging for the cutting of the lawns outside of school hours, reduction in use of food allergens, discouragement of use of strong perfumes (e.g. spray deodorants), or replacement of some plants</td>
<td>- Find out about existing services and support personnel within the school and wider community. Teachers sometimes have a particular interest in asthma.</td>
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<td>- Promote a coordinated and holistic approach to asthma prevention and management.</td>
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Curriculum, teaching and learning

- Inclusion of asthma education in the school health curriculum. Content can include; recognising and caring for someone experiencing an asthma attack; understanding of the condition of asthma, empathy for those who experience asthma; management and prevention principles.

School environment, policies and practices

- Action to reduce the presence of known asthma triggers at school. Examples are smoke, chemical fumes and dust mite. See “Asthma Friendly School Guidelines”.

- Encourage inclusion for all members of the community. Find ways to create a school environment where everyone feels included, even if they have a health condition.

Partnerships with the community

- Foster communication and collaboration among school personnel, families and health professionals, for education and optimal care for all students.

- Identification of students who have asthma. Schools should identify health issues at enrolment and a health care plan should be initiated immediately. Schools should encourage parents to alert staff about conditions which are diagnosed subsequent to enrolment.

- Implementation of health care plans for each student with asthma. As soon as a child or young person is identified as having asthma, a health care plan should be initiated. Standard asthma care plans can be easily accessed from the Department of Education (DOE) website. Care plans should be updated by the child’s parent/carer each year, preferably in consultation with the child’s doctor.

- Provision of asthma treatment. Parents are responsible for providing medication for their child. Any medications required (at school) for prevention and emergency treatment should be clearly identified in the health care plan.

- Provision of asthma education to be delivered to all school staff. Education about asthma can include prevention, recognition of symptoms and first aid, especially the correct use of puffers and spacers.

- Planning for staff managing asthma during school sporting activities, excursions and camps. The plan can include care planning for individual
students, medication to be available, and education of staff with a duty of care to students. Guidelines should be recorded in the school’s excursion policies. See “Asthma Friendly School Guidelines” for a template.

Related policies, procedures and guidelines

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<td>Duty of Care for Students (D0E)</td>
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<td>Student Health Care Policy (DOE)</td>
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Useful resources

- [http://www.nationalasthma.org.au](http://www.nationalasthma.org.au) - This website contains current asthma information and publications, including the “Asthma Management Handbook” for health professionals.
- [http://www.asthmant.org.au](http://www.asthmant.org.au) - Has printed resources designed for Aboriginal and Torres Strait Islander people in remote communities.

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References


