

## POLICY: ASTHMA MANAGEMENT



### PURPOSE:

Asthma is a long term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a ‘flare-up’. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. This makes it hard to breathe. An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.

To reduce the risk of asthma occurring, the following measures will be put in place: knowledge of those students who have been diagnosed at risk, awareness of triggers, and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that asthma is well controlled.

### SYMPTOMS:

Symptoms of asthma can vary over time and often vary from person to person. The most common asthma symptoms are:

- breathlessness
- wheezing (a whistling noise from the chest)
- tight feeling in the chest
- persistent cough

Symptoms often occur at night, early in the morning or during/just after physical activity. If asthma is well controlled, a person should have only occasional asthma symptoms.

### TRIGGERS:

A trigger is something that sets off or starts asthma symptoms. Everyone with asthma has different triggers. For most people with asthma, triggers are only a problem when asthma is not well controlled with medication. Common asthma triggers include:

- exercise
- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- house dust mites
- pollens
- chemicals such as household cleaning products
- food chemicals/additives
- laughter or emotions, such as stress
- colds/flu
- weather changes such as thunderstorms and cold, dry air
- moulds
- animals such as cats and dogs
- deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays)
- certain medications (including aspirin and anti-inflammatories)

### AIMS:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of asthma can participate equally in all aspects of the student’s schooling.
- To raise awareness about asthma and the school’s *Asthma Management Policy*
- To engage with parents/carers of students at risk of asthma in assessing risks, developing risk minimisation strategies and management strategies for the student
- To ensure that each staff member has adequate knowledge about asthma and the school’s policy and procedures in responding to an asthma attack.

## IMPLEMENTATION:

### Asthma management

If a student is diagnosed with asthma:

- Parents/carers must provide the school with an *Asthma Action Plan* completed by the student's medical practitioner. The plans must outline:
  - the prescribed medication taken by the student and when it is to be administered, for example, as a pre-medication to exercise or on a regular basis
  - emergency contact details
  - the contact details of the student's medical practitioner
  - the student's known triggers
  - the emergency procedures to be taken in the event of an asthma flare-up or attack.
- *Asthma Action Plans* are located in the First Aid room
- If a student diagnosed with asthma is going to attend a school camp or excursion, parents/carers are required to provide any updated medical information.
- If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide updated *Asthma Action Plan*.
- School staff will work with parents/carers to review *Asthma Action Plan* at the beginning of the school year.

### STUDENT ASTHMA KIT:

- All students diagnosed with asthma are required to have a student asthma kit at school which contains:
  - their own prescribed reliever medication labelled with the student's name
  - their spacer (if they use one)
- Student asthma kits will be stored in the First Aid room

### ASTHMA EMERGENCY RESPONSE PLAN:

- If a student is:
  - having an asthma attack
  - difficulty breathing for an unknown cause, even if they are not known to have asthma

School staff will endeavour to follow the Asthma First Aid procedures outlined in the table below. School staff may contact Triple Zero "000" at any time.

Step	Action
1.	Sit the person upright <ul style="list-style-type: none"><li>• Be calm and reassuring</li><li>• Do not leave them alone</li><li>• Seek assistance from another staff member or reliable student to locate the student's reliever, the Asthma Emergency Kit and the student's <i>Asthma Action Plan</i> (if available)</li><li>• If the student's action plan is not immediately available, use the Asthma First Aid as described in Steps 2 to 5</li></ul>
2.	Give 4 separate puffs of blue or blue/grey reliever puffer: <ul style="list-style-type: none"><li>• Shake the puffer</li><li>• Use a spacer if you have one</li><li>• Put 1 puff into the spacer</li><li>• Take 4 breaths from the spacer</li></ul> <b>Remember – Shake, 1 puff, 4 breaths</b>
3.	<ul style="list-style-type: none"><li>• Wait 4 minutes</li><li>• If there is no improvement, give 4 more separate puffs of blue/grey reliever as above</li></ul>
4.	<ul style="list-style-type: none"><li>• If there is still no improvement call Triple Zero "000" and ask for an ambulance</li><li>• Tell the operator the student is having an Asthma attack</li></ul>

	<ul style="list-style-type: none"> <li>• Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives</li> </ul>
5.	<ul style="list-style-type: none"> <li>• If Asthma is relieved after administering Asthma First Aid, stop the treatment and observe the student. Notify the student's emergency contact person and record the incident</li> </ul>

- Staff will call Triple Zero "000" immediately if:
  - the person is not breathing
  - the person's asthma suddenly becomes worse or is not improving
  - the person is having an asthma attack and a reliever is not available
  - they are unsure it is asthma
  - the person is known to have anaphylaxis

### **TRAINING FOR STAFF:**

- Asthma management training for staff will occur every three years by the Asthma Foundation of Victoria.
- An annual briefing for staff on:
  - the procedures outlined in this policy
  - the causes, symptoms and treatment of asthma
  - identification of the students diagnosed with asthma
  - how to use a puffer and spacer
  - the location of the Asthma Emergency Kits and asthma medication which have been provided by parents for student use

### **ASTHMA EMERGENCY KIT:**

- The school will provide and maintain at least two Asthma Emergency Kits. One kit will be kept on school premises in the First Aid room and one will be a mobile kit for activities, such as camps and excursions.
- The Asthma Emergency Kit will contain:
  - at least one blue or blue/grey reliever medication such as Airomir, Admol or Ventolin
  - at least two spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication
  - spacers will be stored in a dust proof container
- Clear written instructions on Asthma First Aid, including:
  - how to use the medication and spacer devices
  - steps to be taken in treating an asthma attack
- A record log for recording the details of an asthma first aid incident, such as the number of puffs administered
- The school nurse will monitor and maintain the Asthma Emergency Kits and will:
  - ensure all contents are maintained and replaced where necessary
  - regularly check the expiry date on the canisters of the blue or blue/grey reliever puffers and replace them if they have expired or are low on doses
  - replace spacers in the kits after each use (spacers are single-person use only)
  - dispose of any previously used spacers
- The blue or blue/grey reliever medication in the Asthma Emergency Kits may be used by more than one student as long as they are used with a spacer. If the devices come into contact with someone's mouth, they will not be used again and will be replaced.
- After each use of a blue or blue/grey reliever (with a spacer):
  - remove the metal canister from the puffer (do not wash the canister)
  - wash the plastic casing
  - rinse the mouthpiece through the top and bottom under running water for at least 30 seconds
  - wash the mouthpiece cover
  - air dry then reassemble
  - test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit

**MANAGEMENT OF CONFIDENTIAL MEDICAL INFORMATION:**

- Confidential medical information provided to support a student diagnosed with asthma will be:
  - recorded on the student's file
  - shared with all relevant staff so that they can properly support students diagnosed with asthma and respond appropriately if necessary

**EPIDEMIC THUNDERSTORM ASTHMA:**

- The school will be prepared to act on the warnings and advice from the Department of Education when the risk of epidemic thunderstorm asthma is forecast as high.

**COMMUNICATION PLAN:**

This policy is available on the school's website.

**POLICY REVIEW AND APPROVAL:**

Policy last reviewed	25/3/2025
Consultation	Consultation with school council and approved by School Council
Approved by	James Bell, principal
Next scheduled review date	March 2026