



ASTHMA MANAGEMENT

Rationale

- Schools should have a whole school policy to manage asthma that addresses staff asthma awareness training, Asthma Emergency Kit content and maintenance, medication storage and management of confidential medical information. Schools should:
 - ensure all staff with a duty of care for students are trained to assess and manage an asthma emergency and complete the free one-hour Asthma Education session at least every three years - this session can be through a school visit or [online](#) through the Asthma Community and Health Professional e-Learning Hub
 - ensure those staff with a direct student wellbeing responsibility such as nurses, PE/sport teachers, first aid and school staff attending camp have completed an accredited Emergency Asthma Management (EAM) course at least every three years
 - act on advice and warnings from the Department Education and Training's Emergency Management Division associated with a potential thunderstorm asthma activity
 - provide equipment to manage an asthma emergency in the form for an Asthma Emergency Kit, see: Asthma Emergency Kits in [Related policies](#).
- Most students can control their asthma by taking medication. Asthma medication is normally:
 - taken via a metered-dose inhaler (puffer) preferably in conjunction with a spacer device or via a breathe-activated dry powder inhaler
 - provided by the parents or the student, and may be self-administered
 - self-managed by the student at secondary level
- The most common forms of asthma medication are reliever, preventer and combination preventer. Preventer and combination preventers should not be taken to school unless the medication is Symbicart and has been prescribed as a reliever or the student is attending an overnight camp and will require to take the medication as prescribed whilst in the care of the school.
- Schools must have for each student diagnosed with asthma, a written:
 - Asthma Care Plan
 - Student Health Support Plan
- Schools must provide equipment to manage an asthma emergency in their Asthma First Aid Kits
- All school staff have a duty of care in regard to the wellbeing of students.

Policy Statement

Purpose

- To ensure the school supports students diagnosed with asthma.
- To ensure the school responds to a student suffering an asthma attack.
- To ensure a compliant Asthma Management Plan and Student Health Support Plan is developed for each such child.

Definition

Asthma is a long term lung condition. People with asthma have sensitive airways in their



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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 harder 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.

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
- a 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 only have occasional asthma symptoms.

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

Epidemic Thunderstorm Asthma

Every year during grass pollen season there is an increase in asthma and hay fever symptoms, and during grass pollen season there is also the chance of an epidemic thunderstorm asthma event. Epidemic thunderstorm asthma events are thought to be triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm, resulting in large numbers of people developing asthma symptoms over a short period of time.

Those at increased risk of epidemic thunderstorm asthma include people with asthma, people with a past history of asthma, those with undiagnosed asthma (i.e. people who have asthma symptoms but have not yet been diagnosed with asthma) and also includes people with hay fever who may or may not have asthma. Having both asthma and hay fever, as well as poor control and self-management of asthma increases the risk further.

For more information, refer to the Better Health Channel link in Other Resources.

Implementation

- If the school has a student diagnosed with asthma, the tools and steps for asthma management include:
- A mandatory prerequisite *Health Care Needs Policy*.
- A Communication Plan which provides information to all school staff, students and parents about asthma and the school's Asthma Management Policy.



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- The Asthma Foundation of Victoria also has Asthma First Aid posters available to schools for free which should be displayed in the staff room, first aid room and areas where asthma attacks are likely to occur or be treated.
- For Asthma First Aid posters, the school will contact the Asthma Foundation of Victoria
- An Emergency Response Plan detailing the procedures the school will utilise for an emergency response to a severe/life threatening asthma attack for all in-school and out-of-school activities.
- For each student diagnosed with asthma, a written **Individual** Asthma Care Plan must be completed by the student's medical/health practitioner in consultation with the parents/carers and provided to the school annually.
- The Care Plan must include:
 - the prescribed medication taken:
 - on a regular basis
 - as premedication to exercise
 - if the student is experiencing symptoms.
 - emergency contact details
 - business and after hours contact details of the student's medical/health practitioner
 - details about deteriorating asthma including:
 - signs to recognise worsening symptoms
 - what to do during an attack
 - medication to be used
- an asthma first aid section and should: specify no less than 4 separate puffs of blue reliever medication, with four breaths taken per puff every four minutes, using a spacer if possible. If the plan specifies less than the required number of puffs per minute it will be sent back to the parent/guardian and doctor for review.
 - Note:** If the plan specifies less than the required number of puffs (i.e. four) per minute period, it will be sent back to the doctor for review
- A Student Health Support Plan completed in consultation with the parents/carers, including the Asthma Action Plan and details on how the school will provide support, identify strategies and allocate staff to support the student.
- The school will be prepared to act on the warnings and advice from the Department when the risk of epidemic thunderstorm asthma is forecast as high, including:
 - act on advice and warnings from the Department Education and Training's Emergency Management Division associated with a potential thunderstorm asthma activity
 - implement a communication strategy to inform the school community and parents
 - implement procedures to avoid exposure such as staying indoors with windows and doors closed
 - implement emergency response procedures and follow individual asthma action plans as needed.

Training

The following school staff should undertake **non-accredited training** in *Asthma first aid management for education staff* through the Asthma Foundation:

- all staff with a direct teaching role with students affected by asthma
- any other school staff identified by the principal, based on an assessment of the risk of an asthma attack occurring while a student is under the care or



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supervision of the school.

The training should be conducted at least every three years, is available to all schools free of charge and can be accessed by schools in the follow ways:

- a one hour face-to-face school visit (for as many school staff the school wishes to train), contact the Asthma Foundation on 1300 314 806, or
- through online training, see: [Asthma First Aid for School Staff](#)

Staff working with high-risk children with a history of severe asthma and staff with a direct responsibility such as the school nurse, PE teachers, first aiders and camp organisers **should** undertake **accredited training** in asthma management by a Registered Training Organisation, **paid for by the school** every three years.

Note: If a staff member has not yet completed training, the Principal is responsible for developing an interim Student Health Support Plan in consultation with the child's parents/carers. Training should take place as soon as practical after the child enrolls and preferably before the child's first day at school.

- The school will conduct an annual Asthma Briefing at the beginning of the school year on:
 - the school's asthma management policy
 - causes, symptoms and treatment of asthma
 - the identities of students diagnosed with asthma and where their medication is located
 - how to use a puffer and spacer
 - the school's general first aid and emergency response procedures
 - the location of, and access to, reliever medication that has been provided by parents or the Asthma Emergency Kits.

A presentation template and facilitators notes can be downloaded from the Asthma Foundation of Victoria website See: [Other resources](#)

Asthma Kits

The child is required to bring their own prescribed asthma relief medication to school. This will be stored in their Asthma Kit, along with a copy of their Asthma Action Plan and their spacer. The spacer should be washed with warm soapy water at least monthly.

The school will provide at least two asthma emergency kits and for every 300 students, an additional kit. Please refer to Asthma First Aid Kits in the related policies referenced below. Parent supplied asthma medication will be stored separately from the kits.

A nominated staff member will be responsible for maintaining the asthma emergency kits, replacing contents when necessary (e.g. after use or if the puffer has expired) and **the spacers and puffers.**

Cleaning Requirements

Spacer

The student's personal spacer should be washed monthly or as required, to wash the spacer:

- wash the spacer in warm soapy water
- do not rinse the spacer
- leave it to air dry
- wipe the mouthpiece before use.

The student's spacer should be replaced if contaminated with blood or vomit.

Note: Asthma spacers are single-person use only. To avoid infection transmission via mucus, spacers and masks must only be used by the one student. They should be stored in a dustproof container.

Puffer



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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 mouthpiece cover.

Air dry then reassemble.

Test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit.

- The school's Asthma Emergency Kits will be located strategically around the school and readily available in an asthma emergency. Mobile Asthma Emergency Kits are also required for:
 - the office/administration area
 - yard duty
 - excursions/sports days
 - camps
- The school will endeavour to reduce asthma triggers by
 - mowing school grounds out of hours
 - planting a low allergen garden
 - limiting dust, for example by having the carpets and curtains cleaned regularly and out of hours
 - examining the cleaning products used in the school and their potential impact on students with asthma
 - conducting maintenance that may require the use of chemicals, such as painting, during school holidays
 - turning on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.
- The school will encourage the child's participation in camps and special school activities and ensure:
 - that parents/carers complete the Asthma Foundation's School Camp and Excursion Medical Update Form in addition to DET's confidential medical information form
 - that parents to provide sufficient asthma medication for students when attending school camps or other overnight activities.
- If a student is diagnosed with Exercise Induced Bronchoconstriction (EIB), staff will ensure adequate time (15 minutes) is allowed for reliever medication before the activity and cooling down after the activity. If a student has an asthma attack during exercise, the student will cease the activity and the Student's Asthma Action Plan will be followed. The student may return to the activity only if symptom free. A cool down activity will be undertaken and staff will be alert for symptoms.
- The school will regularly communicate with parents about the student's development, successes, changes and any health concerns and if an attack occurs. In particular, the frequency and severity of the student's systems and use of medication will be communicated.

Asthma Attacks

If a person who is not a known asthma suffer has an asthma attack, the use of a puffer could be lifesaving and would not be harmful. In such circumstances the school will also immediately call an ambulance and state a person is having an asthma attack if:

- the student is not breathing
- the student is having a severe or life threatening attack



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- the student is having an asthma attack and a reliever is not available
 - you are concerned
 - at any time the student's condition suddenly worsens, or is not improving
 - the student is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give asthma first aid.
- Delay in treatment may increase the severity of the attack and ultimately risk the student's life.

The adult responding to an asthma attack is expected to:

- sit the person upright
- be calm and reassuring
- do not leave them alone
- seek assistance from another teacher (or reliable student) to locate the student's Asthma Action Plan and an Asthma Emergency Kit if required. If the student's action plan is not immediately available, use Asthma First Aid as described below.
 - give four separate puffs of blue or blue/grey reliever puffer:
 - wait four minutes. If there is no improvement, give four more separate puffs of blue or blue/grey reliever as above and wait four minutes.

(OR give 1 more dose of Bricanyl or Symbicort inhaler)

- if there is still no improvement call Triple Zero "000" and ask for an ambulance.
- tell the operator the student is having an asthma attack
- keep giving 4 separate puffs, every 4 minutes until emergency assistance arrives.

(OR 1 dose of Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort)

Note: If asthma is relieved after administering first aid, stop the treatment and observe the child. Notify the child's emergency contact person and record the incident.

- Please refer also to the school's *Duty of Care Policy*, the *Parental Responsibilities (Decisions about Students) Policy* and the *Health Care Needs Policy*.

Version Control

September 2014

Review Cycle

Three-year review cycle (therefore 2017)
or if guidelines change (latest DET update early September 2014).

March 2015

Content changes, DEECD to DET and the review date amended

Three-year review cycle (therefore 2018)
or if guidelines change (latest DET update early September 2014).

**Ratified at School Council
20/05/15**

Review 2018

November 2015

Content changes

Three-year review cycle (therefore 2018)
or if guidelines change (latest DET update mid



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October 2015).

Ratified 16/3/16

Review 2019

June 2016

Content additions

Three-year review cycle (therefore 2019)
or if guidelines change (latest DET update mid
October 2015).

April, August & September 2017 Three-year review cycle (therefore 2020)
Content additions or if guidelines change (latest DET update early
September 2017).

References

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