

# ASTHMA POLICY

## RATIONALE:

- Asthma is suffered by up to one in four primary aged children, one in seven teenagers and one in ten adults. Therefore it is important for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in the school environment.

## AIMS:

- To manage asthma and asthma sufferers as effectively and efficiently as possible at school

## IMPLEMENTATION /BACKGROUND INFORMATION:

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.
- Children and adults with mild asthma rarely require medication, however severe asthma sufferers may require daily or additional medication (particularly after exercise).
- Professional development will be provided annually for all staff on the nature, prevention and treatment of asthma attacks.
- All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria's requirements completed by their doctor or paediatrician. Appropriate asthma plan proformas are available at [www.asthma.org.au](http://www.asthma.org.au)
- Asthma plans will be attached to the student's record for reference.
- Parents/guardians are responsible for ensuring their children have an up to date asthma plan and adequate supply of appropriate asthma medication (including a spacer if used) at school at all times.
- The school will provide, and have staff trained in the administration of reliever puffers such as Ventolin, Airomir, Asmol or Bricanyl. It will also have spacer devices, including disposable spacers in all first-aid kits, including kits on excursions and camps.
- In most cases reliever medications are blue/grey and preventer medications are autumn colours. This will be reinforced during annual training sessions. Each child's Asthma Management Plan is included in a box clearly labelled with the child's name and their medication.
- The First Aid Co-ordinator will be responsible for checking reliever puffer expiry dates.
- A nebuliser pump will not be used by the school staff unless a student's asthma management plan recommends the use of such a device, and only then if a plan includes and complies with section 4.5.7.3 Schools Reference Guide – Asthma Medication Delivery Devices. The nebuliser must be supplied by the parent.
- All devices used for the delivery of asthma medication will be cleaned appropriately after each use in accordance with School Policy and Advisory Guide – Cleaning of Delivery Devices and Asthma Australia – Cleaning a Spacer <http://www.asthmaaustralia.org.au/Spacers.aspx#How do you clean a spacer?>
- Care will be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks will be treated in accordance with their asthma plan, using either the child's individual spacer or a disposable spacer provided by the school.
- Students whom suffer from Asthma but do not have an authorised or up to date Asthma Management Plan will be treated in the following manner:

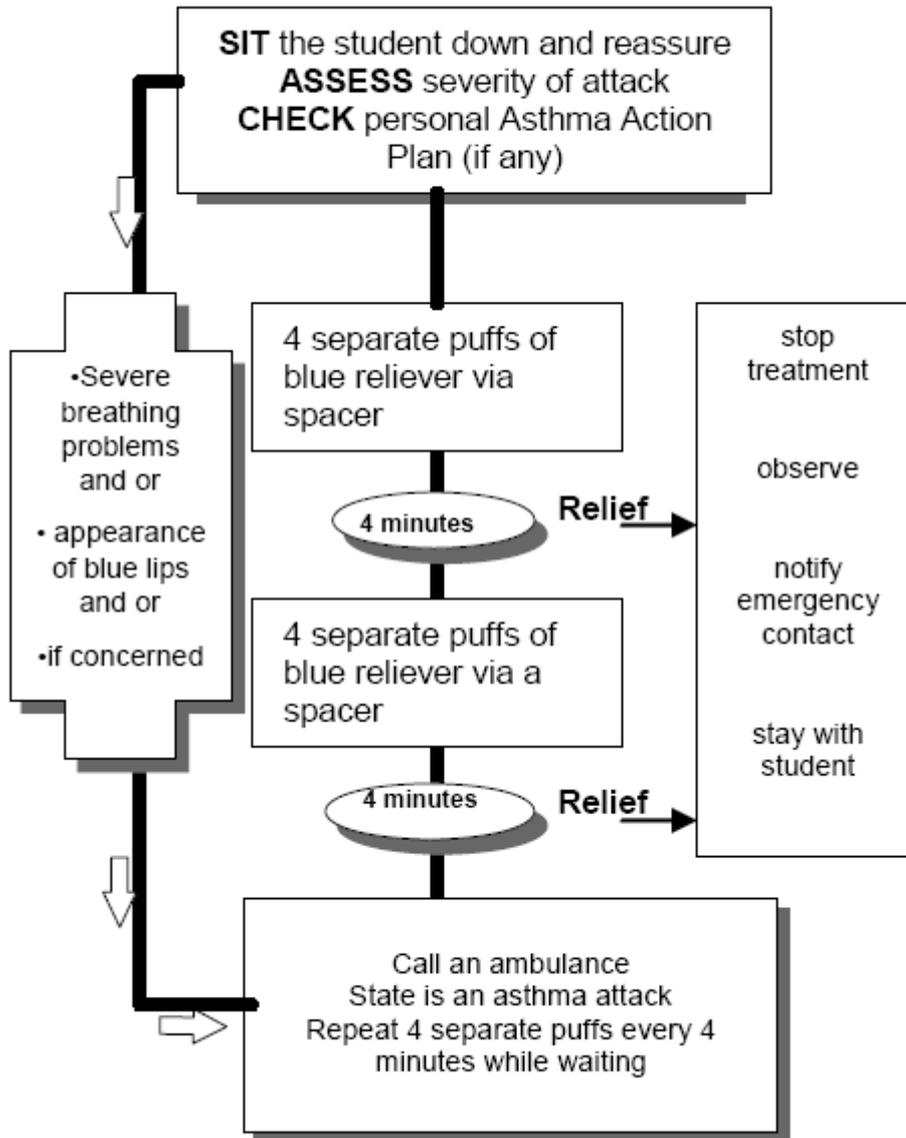


Figure 1

## EVALUATION

- This policy will be reviewed as part of the school's three year review cycle.

This policy was last ratified by School Council on June 2015

Name of School Council President: Nicholas Bliss

## **FURTHER INFORMATION:**

### **Definition:**

"Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus. These changes cause the airways to become narrow, so that there is less space for the air to flow into an out of your lungs" (National Asthma Council 2011)

Symptoms of asthma may include, but are not limited to:

- shortness of breath
- wheezing (a whistling noise from the chest).
- tightness in the chest
- a dry, irritating, persistent cough.

Symptoms vary from person to person.

### **Triggers:**

- exercise
- colds/flu
- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- weather changes
- dust and dust mites
- moulds
- pollens
- animals
- chemicals
- deodorants (including perfumes, after-shaves, hair spray and deodorant sprays)
- foods and additives
- certain medications (including aspirin and anti-inflammatories)
- emotions.

*A detailed description of triggers can be found on the Asthma Foundation of Victoria website*

The Asthma Foundation Victoria's Asthma Care Plan for Schools should be:

- completed by the student's medical/health practitioner in consultation with the parents/guardians
- provided annually by the:
  - doctor to the parents/guardian
  - parents/guardians to the school.

The 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 4 breaths taken per puff every 4 minutes, using a spacer if possible.

**Note:** It is recommended that if the plan has less than the required number of puffs per minute period it should be sent back to the parent/guardian and doctor for review.

*For the Asthma Care Plan for Schools, see Asthma Foundation Victoria in [Other resources](#)*

## **Training staff:**

All school staff should be trained in being able to manage an asthma emergency appropriately. Training should be conducted at least every three years.

The Asthma Foundation of Victoria provides a free one hour training session to educate school staff on how to manage asthma in the school setting including how to:

- manage asthma in the school setting
- assess and manage an asthma emergency.
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The Asthma Foundation also has Asthma First Aid posters available to schools for free which should be displayed in the:

- staff room
- sick room
- areas where asthma attacks are treated.

## **Reducing asthma triggers:**

To reduce asthma triggers schools can:

- mow school grounds out of hours
- plant a low allergen garden - for a brochure see Asthma Foundation of Victoria in [Other resources](#)
- limit dust, for example having the carpets and curtains cleaned regularly and out of hours
- examine the cleaning products used in the school and their potential impact on students with asthma
- conduct maintenance that may require the use of chemicals, such as painting, during school holidays
- turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.

## **Providing an asthma first aid kit:**

Anyone with asthma can have a severe attack, even those with mild asthma. Schools should have at least two Asthma emergency first aid kits.

See: Asthma First Aid Kits in [Related policies](#)

Schools should ensure:

- parents provide enough medication for the student if they are going away overnight
- enough asthma emergency kits are available for the camp or excursion needs
- that parents/guardians to complete the Asthma Foundation's School Camp and Excursion Medical Update Form and the Department's Confidential Medical Information for School Council Approved School Excursions form.

See: [Related policies](#) for:

- Health Care Needs
- Health Support Planning Forms.

For the Asthma Care Plan for Schools, see Asthma Foundation Victoria in [Other resources](#)

## **Encouraging camps and special event participation:**

Schools should ensure:

- parents provide enough medication for the student if they are going away overnight
- enough asthma emergency kits are available for the camp or excursion needs
- that parents/guardians to complete the Asthma Foundation's School Camp and Excursion Medical Update Form and the Department's Confidential Medical Information for School Council Approved School Excursions form.

See: [Related policies](#) for:

- Health Care Needs
- Health Support Planning Forms

### **Managing Exercise Induced Asthma (EIA):**

If a student has diagnosed EIA schools should ensure that they allow adequate time for the following procedures before, during and after exercise

Before:

- reliever medication to be taken by student 5-20 minutes before activity
- student to undertake adequate warm up activity

During:

- if symptoms occur, student to stop activity, take reliever, only return to activity if symptom free
- if symptoms reoccur, student to take reliever and cease activity

After:

- ensure cool down activity is undertaken
- be alert for symptoms
- 

If a student has an asthma attack during exercise, follow their Asthma Action Plan if easily accessible, or commence first aid procedure.

**Always notify parent of any incidents.**

### **Asthma Kits:**

Schools must provide and maintain at least two asthma emergency first aid kits - one to keep at the school, and a mobile kit for activities such as excursions and camps. It is recommended that large schools have an additional kit for every 300 students.

### **Contents**

***Asthma emergency first aid kits must contain:***

- blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
  - how to use these medications and devices
  - steps to be taken in treating a severe asthma attack
- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.

### **Notes:**

Schools are not required to provide a nebuliser for students. If a student is prescribed a nebuliser, they should bring their own to school. Parents can obtain information on the use of nebulisers from the manufacturer (all nebulisers are labelled with the manufacturer's name). The Asthma Foundation of Victoria has nebulisers information for parents, carers and schools, see: [The Asthma Foundation of Victoria - Nebuliser Information](#).

The Asthma Foundation of Victoria also provides a range of information for staff including a fact sheet about using reliever medication/spacers, first aid poster, emergency first aid kits, free asthma education sessions, planning and support, see [Asthma Foundation of Victoria](#).

Schools can purchase emergency first aid kits from the Asthma Foundation of Victoria or through retail pharmacies.

### **Regular checks:**

A nominated staff member should be responsible for maintaining the emergency asthma first aid kit, including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date on the canister of the reliever puffer and replacing reliever medication if expired or if low on doses
- consulting with a pharmacist about matching the spacer with the reliever puffer
- replacing spacers in the first aid kit after each use. Spacers are now single-person use only. Once used, the spacer can be given to that person and replaced in the first aid kit
- disposing of used spacers

**Note:** Schools can legally purchase a blue/grey reliever puffer for first aid purposes from a pharmacist on the written authority of the principal.

### **Cleaning requirements**

Asthma spacers are single-person use only. To avoid infection transmission via mucus, spacers and masks must only be used by the one person. They should be:

- stored in a dustproof container. Spacers should not be stored in a plastic bag as this can cause static inside the spacer
- cleaned after use and once a month by the staff/student/parent/carer.

Note: Blue/grey reliever medication ‘puffers’ may be used by more than one student, as long as they have been used with a spacer. If a spacer comes in contact with the mouth it cannot be re-used.

### **Cleaning puffer**

| Step | Action   |
|------|--|
| 1    | Remove the metal canister from the puffer. Do not wash the canister.   |
| 2    | Wash the plastic casing.   |
| 3    | Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds.<br>Wash mouthpiece cover. |
| 4    | Air dry then reassemble.   |
| 5    | Test the puffer to make sure no water remains in it, then return to the first aid kit.                                 |

### **Treating an asthma attack:**

This table describes how to treat a student:

- suffering an asthma attack
- having difficulty breathing for an unknown cause, even if they are not a known asthma sufferer.

**Note:** For a student who is not a known asthma sufferer, this treatment:

- could be life saving if the asthma has not previously been recognised
- would not be harmful if the cause of breathlessness was not asthma.

**Warning:** Immediately call an ambulance (**Dial 000**) and state a person is having an asthma attack if:

- the student is having difficulties breathing, and not known to have asthma

- the student is having a severe attack; or
- you are concerned
- at any time the student's condition suddenly worsens

**Delay in treatment may increase the severity of the attack and ultimately risk the student's life.**

**Step**      **Action**

Sit the person upright:

**1**

- be calm and reassuring
- do not leave them alone
- seek assistance from another teacher (or reliable student) to locate the student's action plan and first aid kit if required.

**Note:** Breathing is easier sitting rather than lying down.

Give medication:

- shake the blue reliever puffer
- use a spacer if you have one
- give 4 separate puffs into the spacer, shaking the puffer between each puff
- ensure student takes 4 breaths from the spacer after each puff.

**Important:**

**2**

- If a spacer is not available use the puffer on its own.
- A Bricanyl Turbuhaler may be used if a puffer and spacer is unavailable
- If the student's own blue reliever puffer is not readily available immediately get one from:
  - the asthma emergency first aid kit or
  - another student or staff member (only as a last resort and if the reliever medication is not prescribed)
- All blue reliever puffers are safe, when used as directed. The student may experience harmless side effects such as shakiness, headache, a tremor or a 'racing' heart.

See: Asthma First Aid Kits within [Related policies](#)

**3**

Wait 4 minutes.

If there is no improvement, repeat step 2

If there is still no improvement call an ambulance (000).

Tell the operator the person is having an asthma attack

**4**

Keep giving 4 puffs, getting the student to take 4 breaths per puff, every 4 minutes while you wait for emergency assistance

If asthma is relieved after administering the 4x4x4 procedure stop the treatment and observe the student. Notify the student's emergency contact person and record the incident.