Asthma Policy

Policy No. 25

Approved by School Board
May 2024

KERANG
Christian College

Purpose
This document includes information on the implementation and operation of a model policy for the best practice management of asthma in Victorian schools. It is recommended that in situations where policy alterations are required, the Principal of the school seeks the advice of The Asthma Foundation of Victoria.

Statement
Around 2.7 million Australians (11% of the total population) have asthma, based on self-reported data from the 2017–18 Australian Bureau of Statistics (ABS) National Health Survey (NHS) (ABS 2018). Asthma is one of the most common reasons for child admissions to hospital (Better Health Channel).

In order to meet the duty of care obligations specified by the Victorian Department of Education, and to ensure the health and wellbeing of students attending Kerang Christian College, the College recognises the importance of staff education and the implementation of an asthma policy. The College recognises the importance of involvement and engagement with parents and carers of students and the ability of students to self-manage their asthma where appropriate.

Key points within the policy, relevant to an asthma management policy, specify that schools must:

- Obtain a written asthma action plan for all students diagnosed with asthma upon enrolment at the College and ensure they are updated at least annually
- Store medical information and medications appropriately
- Ensure that students feel safe and supported at school
- Provide and maintain at least two asthma emergency kits, with an extra kit required for every 300 students in a large school
- Ensure that key staff (e.g. School Nurses, First Aid Officers, P.E. and Sport Teachers) undertake Emergency Asthma Management (EAM) training and that all other staff with a duty of care for students attend a free asthma education session provided by The Asthma Foundation of Victoria

Scope
- To ensure the whole school community (principals, staff, volunteers, parents and carers and students) are aware of their obligations and best practice management of asthma in the school setting
- To provide the necessary information to effectively manage episodes of asthma within the school

Responsibilities

The Principal / Senior Management will:

- Provide staff with a copy of the school's asthma management policy and ensure staff are aware of asthma management strategies upon employment at the school
- Provide asthma education and first aid training for staff as required
- Provide parents and carers with a copy of the school's asthma policy upon enrolment of their child
- Identify students with asthma during the enrolment process and provide parents and carers with a blank asthma plan to be completed and signed by the child's medical practitioner and returned to the school
- Ensure relevant Asthma Action Plans are completed for students with asthma
- Where possible, ensure that all students with asthma have a current written asthma plan (must be updated at least annually)
- Ensure a School Camp and Excursion Medical Update Form is completed by parents/carers for off-site activities where possible
- Ensure the parents and carers of all students with asthma provide reliever medication and a spacer (and a face mask if required) at all times their child attends the school
- Implement an asthma first aid procedure consistent with current national recommendations and all staff are aware of the asthma first aid procedure
- Ensure adequate provision and maintenance of asthma emergency kits for the school and that each asthma emergency kit contains reliever medication, two spacer devices, instructions outlining the first aid procedure and a record form
- Ensure that reliever medications within the asthma emergency kits are replaced regularly and have not expired, and that spacers are replaced after each use
- Facilitate communication between management, staff, parents and carers and students regarding the school's asthma management policy and strategies
- Promptly communicate to parents and carers any concerns regarding asthma and students attending the school
- Identify and minimise, where reasonably possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can where possible participate in all activities safely and to their fullest abilities

Staff will:

- Be aware of the school's asthma management policy
- Be aware of the asthma first aid procedure
- Be aware of students with asthma and where their medication and personal spacers are stored
- Attend asthma education and training sessions when required
- Be aware of where to access written asthma plans, School Camp and Excursion Medical Update Forms, and asthma emergency kits
- Identify and minimise, where possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can participate in activities safely and to their fullest abilities
- Promptly communicate to the principal, parents and carers any concerns regarding asthma and students enrolled in the school

Parents and Carers will:

- Inform the school if their child has asthma upon enrolment
- Read the school's asthma management policy
- Provide a relevant Asthma Action Plan to the school, and ensure that it is signed by a doctor and updated at least yearly
- Provide a School Camp or Excursion Medical Update form as required
- Provide the school with their child's reliever medication along with a spacer (required for 'puffer' medication) for all times the child is attending the school, unless the child is carrying the medication and spacer for self-management purposes
- Ensure that if their child is self-managing their asthma correctly and the child carries their reliever medication and spacer at all times
- Promptly communicate all medical and health information relevant to their child, to the principal and staff of the school
- Communicate any changes to their child's asthma or any concerns about the health of their child

Students will:

- Immediately inform staff if they experience asthma symptoms
- Inform staff if they have self-administered any asthma medication
- Carry asthma medication and a spacer with them at all times (if self-managing their asthma)

Asthma Emergency Kits
Asthma Emergency Kits should contain:

- Reliever medication
- X2 small volume spacer device
- Record form and Asthma First Aid instruction card

Please note that spacers and face masks are single-person use only. It is essential to have at least two spacers (and two face masks if necessary) contained in each first aid kit and that spacers and face masks are replaced each time they are used.

Further Reading, Resources and Legislation
Forms mentioned in this policy are available to download free of charge from the Resources section of The Asthma Foundation of Victoria website at www.asthma.org.au

- Asthma, Chronic Illness Alliance, http://www.chronicillness.org.au/invisible-illness/asthma/
- Asthma Australia, https://asthmaonline.org.au/
- Better Health Channel
    - Asthma in Children, https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/asthma-in-children
    - Thunderstorm Asthma, https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/thunderstorm-asthma
- Victorian Department of Education. "Asthma: School Policy and Advisory Guide. 30th November 2023. Accessed on 14th May 2024 https://www2.education.vic.gov.au/pal/asthma/policy

Communication
This policy will be reinforced by staff in correspondence with families as required.

Responsibilities
The Principal has overall responsibility for the implementation of this policy.

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

Amended: February 2012
Amended: February 2015
Amended: September 2018
Amended: May 2021
Amended: May 2024

Appendix

Asthma First Aid
Follow the written first aid instructions on the student's Asthma Action/Care Plan.

If no specific and signed instructions are available, the instructions are unclear, or the person does not have an Asthma Action/Care Plan, begin the first aid procedure immediately (as authorised by the Department of Education and Early Childhood Development).

Call emergency assistance to attend (000) IF:
- **the person's asthma symptoms are severe**
- **the person suddenly stops breathing**
- **the person's asthma symptoms continue to worsen**
- **there is no Asthma Action/Care Plan for the person**
- **blue/grey reliever medication is not available**
- **you are unsure what is causing the breathing difficulty**

Recognising an asthma attack

Mild	Moderate	Severe
Talk in sentences	**Shortened sentences**	**Few words per breath**
Cough	Persistent cough	Persistent cough
Soft wheeze	Loud wheeze	Wheeze may be absent
Minor difficulty breathing	Difficulty breathing	Gasping for breath/distress
Tightness in chest		Pale, sweaty, blue lips
Young children may complain of a "sore tummy"		Muscle exertion

Asthma First Aid

1 **Sit the person upright**

— Be calm and reassuring
— Do not leave them alone

2 **Give 4 puffs of blue reliever puffer medication**

— Use a spacer if there is one
— **Shake** puffer
— Put **1 puff** into spacer
— Take **4 breaths** from spacer

Repeat until **4 puffs** have been taken

Remember: Shake, 1 puff, 4 breaths

3 **Wait 4 minutes**

— If there is no improvement, give **4 more puffs** as above

4 **If there is still no improvement call emergency assistance (DIAL 000)***

— Say 'ambulance' and that someone is having an asthma attack
— Keep giving **4 puffs** every **4 minutes** until emergency assistance arrives

*If calling Triple Zero (000) does not work on your mobile phone, try 112

Call emergency assistance immediately (DIAL 000)

— If the person is not breathing
— If the person's asthma suddenly becomes worse, or is not improving
— If the person is having an asthma attack and a puffer is not available
— If you are not sure if it's asthma

Blue reliever medication is unlikely to harm, even if the person does not have asthma

Asthma Australia

To find out more contact your local Asthma Foundation
1800 645 130 | **asthmaaustralia.org.au**

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Translating and Interpreting Service
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FOR USE WITH A BRICANYL TURBUHALER

ASTHMA ACTION PLAN

ASTHMA AUSTRALIA

VICTORIAN SCHOOLS

Student's name:

DOB:

Confirmed triggers:

PHOTO

☐ Child can self-administer if well enough

☐ Child needs to pre-medicate prior to exercise

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: -

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. **Sit the person upright**
   Stay with the person and be calm and reassuring
2. **Give 1 separate doses of Bricanyl**
   Breathe in through mouth strongly and deeply
   Remove Turbuhaler from mouth before breathing gently away from the mouthpiece
3. **Wait 4 minutes**
   If there is no improvement, give 1 dose of Bricanyl
4. **If there is still no improvement call emergency assistance**
   Dial Triple Zero "000"
   Say 'ambulance' and that someone is having an asthma attack
   Keep giving 1 dose(s) of Bricanyl every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

SIGNS AND SYMPTOMS	MILD TO MODERATE	SEVERE	LIFE-THREATENING
	• Minor difficulty breathing • May have a cough • May have a wheeze • Other signs to look for:	• Cannot speak a full sentence • Sitting hunched forward • Tugging in of skin over chest/throat • May have a cough or wheeze • Obvious difficulty breathing • Lethargic • Sore tummy (young children)	• Unable to speak or 1–2 words • Collapsed/exhausted • Gasping for breath • May no longer have a cough or wheeze • Drowsy/confused/ unconscious • Skin discolouration (blue lips)

Emergency contact name:

Work ph:

Home ph:

Mobile ph:

Plan prepared by Dr or Nurse Practitioner:

Signed: I hereby authorise medications specified on this plan to be administered according to the plan

Date prepared:

Date of next review:

- Unscrew and lift off cap. Hold turbuhaler upright.
- Twist blue base around all the way, and then back all the way.
- Breathe out gently away from turbuhaler.
- Do not breathe in to it.
- Put mouthpiece in mouth ensuring a good seal is formed with lips.
- Breathe in through mouth strongly and deeply. Remove turbuhaler from mouth.
- Hold breath for about 5 seconds or as long as comfortable. Breathe out.

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FOR USE WITH PUFFER AND SPACER

ASTHMA ACTION PLAN

VICTORIAN SCHOOLS

Student's name:

DOB:

Confirmed triggers:

PHOTO

ASTHMA AUSTRALIA

☐ Child can self-administer if well enough

☐ Child needs to pre-medicate prior to exercise

☐ Face mask needed with spacer

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

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1. **Sit the person upright**
   Stay with the person and be calm and reassuring
2. **Give - separate puffs of Airomir, Asmol or Ventolin**
   Shake the puffer before each puff
   Puff 1 puff into the spacer at a time
   Take 4 breaths from spacer between each puff
3. **Wait 4 minutes**
   If there is no improvement, repreat step 2
4. **If there is still no improvement call emergency assistance**
   Dial Triple Zero "000"
   Say 'ambulance' and that someone is having an asthma attack
   Keep giving - puffs every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

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Date prepared:

Date of next review:

- Assemble spacer.
- Remove cap from puffer.
- Shake puffer well.
- Attach puffer to end of spacer.
- Place mouthpiece of spacer in mouth and ensure lips seal around it.
- Breathe out gently into the spacer.
- Press down on puffer canister once to fire medication into spacer.
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer).

1800 ASTHMA (1800 278 462) | **asthma.org.au**

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FOR USE WITH A PUFFER

ASTHMA ACTION PLAN

VICTORIAN SCHOOLS

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DOB:

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   Get the person to hold their breath for about 5 seconds or as long as comfortably possible
3. **Wait 4 minutes**
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   Dial Triple Zero "000"
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Emergency contact name:

Work ph:

Home ph:

Mobile ph:

Plan prepared by Dr or Nurse Practitioner:

Signed: I hereby authorise medications specified on this plan to be administered according to the plan

Date prepared:

Date of next review:

- Remove cap from puffer and shake well.
- Tilt the chin upward to open the airways, breathe out away from puffer.
- Place mouthpiece, between the teeth, and create a seal with lips.
- Press once firmly on puffer while breathing in slowly and deeply.
- Slip puffer out of mouth.
- Hold breath for 5 seconds or as long as comfortable.

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