



ASTHMA POLICY

Rationale

Asthma affects 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, symptoms and triggers, and the management of asthma in the school environment.

Aims

- To ensure that St Francis of Assisi Primary School appropriately supports students diagnosed with asthma.
- To explain to the school's parents/carers, staff and students the processes and procedures in place to support students diagnosed with asthma.

Scope

This policy applies to:

- All staff, including causal relief staff, contractors and volunteers.
- All students who have been diagnosed with asthma or who may require emergency treatment for asthma and their parents/carers.

Definition

Asthma is a chronic disease of the small airways in the lungs. People who suffer from asthma have sensitive airways. When exposed to a trigger, airway muscles tighten, 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 and out of the lungs causing symptoms. A flare-up can come on slowly over hours, days or even weeks, or quickly over minutes and may be life threatening. There is no cure for asthma, but it can be well managed.

Symptoms

Symptoms of asthma can vary over time and often vary from person to person. 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 often occur at night, early in the morning or during/ after physical activity. If asthma is well controlled, a person should only have 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:

- Cold and flu symptoms
- Weather conditions – e.g.: thunderstorms and cold dry air
- Exercise
- House dust mites and pets
- Pollens
- Smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- Chemicals, moulds and pollution
- Foods and additives
- Emotional factors
- Certain medications (including aspirin and anti-inflammatory drugs)

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 history of asthma, those with undiagnosed asthma (i.e. people who have asthma symptoms but have not yet been diagnosed with asthma) and 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.

Epidemic Thunderstorm Asthma Management

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

For more information, refer to the Better Health Channel link in further information and resources p7.

Asthma Management - General

If a student diagnosed with asthma enrolls at the school:

1. Parents/carers must provide the school with an Asthma Action Plan which has been completed by the student's medical practitioner. The plan must outline:

The prescribed medication taken by the student, 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
- Parents/carers should also provide a photo of the student to be included as part of the student's Asthma Action Plan.

2. Parents/carers should also provide a photo of the student to be included as part of the student's Asthma Action Plan.

The school will keep all Asthma Action Plans in the first aid room located in the admin building. A copy of all asthma plans is also kept with the student's asthma kits. Individual student asthma kits are also kept in the first aid room or where children self-administer, in their classroom. The first aid room always remains unlocked.

3. School staff may also work with parents/carers to develop a Student Health Support Plan which will include details on:

- How the school will provide support for the student
- Identify specific strategies
- Allocate staff to assist the student

Any Student Health Support Plan will be developed in accordance with the school's mandatory Health Care Needs Policy.

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.

4. If a student's asthma condition or treatment requirements change, parents/carers must notify the school and provide an updated Asthma Action Plan.

5. The school nurse will work with parents/carers to review Asthma Action Plans (and Student Health Support Plans) at the beginning of the school year or when changes occur.

Asthma Management - Emergency

Assessing the severity of an asthma attack

Asthma attacks can be:

- Mild - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- Moderate - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- Severe - the student is very distressed, anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance.

Call an ambulance (dial 000), notify the student's emergency contact and follow the '4 Step Asthma First Aid Plan' while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe. Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

Note: even if the student is not known to have asthma, school staff will endeavour to follow the **4 Step Asthma First Aid Plan**.

4 Step Asthma First Aid Plan:

1. Sit the person in an upright position

2. Give four puffs of blue reliever puffer. Make sure you shake the puffer, put one puff into a spacer at a time and get the person to take four breaths of each puff through the spacer.
Remember: shake, one puff, four breaths.
If you don't have a spacer, simply give the person four puffs of their reliever directly into their mouth. Repeat this until the person has taken four puffs.
3. Wait four minutes. If there is no improvement, give four more separate puffs as in step 2.
Remember: shake, one puff, four breaths.
4. If there is still no improvement, call triple zero (000) for an ambulance. Tell the operator that someone is having an asthma emergency. Keep giving the person four separate puffs of reliever medication, taking four breaths for each puff, every four minutes until the ambulance arrives.

If you are not sure if someone is having an asthma attack, you can still use blue reliever medication because it is unlikely to cause harm. **However, if you suspect the student is having an anaphylaxis ALWAYS give an Epipen prior to treating for asthma and advise 000** (see school anaphylaxis policy).

Managing Exercise Induced Asthma (EIA)

If a student has diagnosed EIA, staff will 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:

- 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.

Document events and inform first aid.

Student Asthma Kits

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.
- A spacer
- A copy of the student's asthma action plan

Student asthma kits will be stored in the first aid room. Students may keep their asthma kits with them if it has been discussed with parents/carers and is stipulated on the Asthma Action Plan.

If a student does not have their asthma kit school supplies may be used. Asthma kits are kept in every first aid bag and in the first aid room.

Asthma awareness / Staff training in asthma

An annual asthma briefing is attended by all staff to cover emergency asthma management in the school in week 2 of first term. A staff attendance record is kept.

The briefing conducted by the school nurse includes but is not limited to:

- The procedures outlined in this policy.
- The causes, symptoms and treatment of asthma.
- Identities of the students diagnosed with asthma.
- Assessment of the unwell student.
- How to use reliever puffer and spacer.
- Contacting parents /emergency services.
- Documentation.

Emergency Asthma Management training is attended by a proportion of staff, determined by the principal / school nurse, every 3 years and an attendance record is kept. Minimally 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 /staff currently undertake accredited training every 3 years. The training is currently accessed in the follow ways:

- Online training, see: Asthma First Aid for School Staff at Asthma Australia
- Attending an accredited course through a registered training organization (RTO).

The school will provide this policy to casual relief staff (CRT) who will be working with students and may also provide a briefing if the Principal decides it is necessary.

CRT staff are required to have current Emergency Asthma Management training as a condition of employment. A record of CRT staff and their training status is kept by the school.

From 2021 St Francis of Assisi will be offering Emergency Asthma Management training to all staff as part of a full day in service first aid program provided by an RTO, valid for 3 years.

Other:

Newsletter articles are placed into the school letter at peak asthma times and periodically. Posters are displayed in the first aid room and other locations throughout the school.

Asthma Emergency Kits

The school will provide and maintain at least fifteen Asthma Emergency Kits. Several kits will be kept on school premises in the first aid room and in every first aid bag for activities such as:

- Outdoor activities / incursions
- Camps and excursions.

The school will provide an additional kit for every 300 students as enrolments increase.

The Asthma Emergency Kit will contain:

- At least 1 blue or blue/grey reliever
- At least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication (St Francis will ensure spare spacers are available as replacements). Spacers will be stored in a dust proof bag
- Clear written instructions on Asthma First Aid, including: how to use the medication, spacer and steps to be taken in treating an asthma attack
- A record sheet/log for recording the details of an asthma first aid incident, such as the number of puffs administered [see template record sheet in “additional resources”].

The school nurse or nominee will monitor and maintain the Asthma Emergency Kits. They 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 place them if they have expired or a low on doses.
- Replace spacers in the kits after each use (spacers are single person use only)

- Dispose of any previously used spacer.

The blue or blue/grey reliever medication in the Asthma Emergency Kits may be used by more than one student if they are used with a spacer. If the device comes into direct contact with someone's mouth, they must 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 the school 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.

Communication plan

This policy will be available on the school's website so that parents/carers and other members of the school community can easily access information about the school's asthma management procedures.

The **school asthma register** is a document that lists every child in the school with a diagnosis of asthma by grade and year level. Each year an asthma status letter is sent home to every family in the second week of first term to ascertain the current asthma status of every student in the school. Once all asthma notices are returned to the school the asthma register is updated. The document is sent to all teaching staff and to ensure when students are in specialist classes, on incursions, excursions etc. the teacher in charge has access to all student's asthma status. The document is updated as required throughout the year and emailed to staff.

Each year prep children are added to the asthma register from information provided on enrolment forms. Enrolment forms are checked by the school nurse following the enrolment closure date. If a prep student receives a diagnosis of asthma between enrolment and starting school, they are captured by the asthma status letter as are all newly enrolled students to the school. The school nurse is responsible for following all students with a diagnosis of asthma. An Asthma Action Plan is requested and asthma information and education provided to families as required.

FURTHER INFORMATION AND RESOURCES

- Asthma Australia: **Resources for schools**
- **Better Health Channel** <https://www.betterhealth.vic.gov.au/health/Videos/thunderstormasthma-explained>
- **Why use spacers for asthma?** <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/factsheets/spacer-use-and-care>

POLICY REVIEW

Policy reviewed	February 2025
Approved by	Principal Mark Basile
Next scheduled review date	February 2028