

Skye Primary School
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ASTHMA MANAGEMENT POLICY



2019



POLICY STATEMENT

Skye Primary School is committed to protecting the wellbeing of children and young people with severe asthma and respiratory conditions. This commitment is enshrined in the Education Training and Reform Act 2006 and more specifically in Schools Policy Advisory Guide, which outlines requirements for schools in the management of asthma.

Approximately ninety per cent of all Victorian government schools have a child enrolled who are diagnosed with asthma. The keys to prevent an asthma attack are planning, risk minimisation, awareness and education.

RATIONALE

Asthma is a disease of the airways – the breathing tubes that carry air into our lungs. Sometimes it is harder for a person with asthma to breathe in and out, but at other times, their breathing is normal. Asthma is a long-term (chronic) disease.

Many people think they have asthma only when they have asthma symptoms. In fact, the airways are sensitive all the time and most people with asthma have permanently irritated (inflamed) airways when not taking regular preventer treatment.

From time to time, the airways tighten or become constricted so there is less space to breathe through, leading to asthma symptoms.

Asthma causes three main changes to the airways inside the lungs, and all these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus

Asthma symptoms can be triggered by different things for different people. Common triggers include colds and flu, allergies, and cigarette smoke. (see appendix D for more avoidable and unavoidable triggers).

AIM

This policy outlines asthma management and addresses staff asthma awareness training, Asthma Emergency Kit content and maintenance, medication storage and management of confidential medical information by;

- ensuring 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 of Education and Training's Emergency Management Division associated with potential thunderstorm asthma activity
- provide equipment to manage an asthma emergency in the form of an Asthma Emergency Kit
- all student care (action plan) information and health summaries are stored appropriately and made available to teachers and staff when required

IMPLEMENTATION

Students diagnosed with asthma enrolled at Skye Primary School must have on enrolment or when recently diagnosed by a medical professional;

- asthma Action plan, written in conjunction with the student's general practitioner, parent/carer/guardian, updated on an annual basis or sooner if changes occur (see appendix A for sample action plan)
- student Health Support Plan written by the school's first aid officer or nominated staff member
- parent/carer/guardian to supply asthma medication to treat acute attack (salbutamol)
- parent/carer/guardian to supply individual spacer
- emergency contact details for parent/carer/guardian in the event of an asthma emergency
- if a student is prescribed a nebuliser, they are required to bring their own to school

Asthma Emergency Kits and locations

Skye Primary School has Asthma Emergency Kits located strategically around the school and readily available in an asthma emergency. Mobile Asthma Emergency Kits are also located in the following areas:

- sickbay
- yard duty bum bags
- excursions/sports days first aid bags
- camp first aid bags

Asthma Emergency Kits contain:

- at least 1 blue or blue/grey reliever medication (Salbutamol) such as Asmol, or Ventolin
- at least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on Asthma First Aid, including:
 - how to use the medication and spacer device
 - steps to be taken in treating an asthma attack
 - a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered

Regular checks

The first aid officer is responsible for maintaining the Asthma Emergency Kit/s, including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date on the canister of the blue or blue/grey reliever puffer and replacing it if expired or low on doses



- replacing spacers in the Asthma Emergency Kit after each use spacers are single-person use only once used, the spacer can be given to that student, or thrown away
- previously used spacers should be disposed of

Cleaning requirements and infection control precautions

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.

Note: Blue or blue/grey reliever medication ‘puffers’ in the Asthma Emergency Kit may be used by more than one student, as long as they are used with a spacer. If the medication delivery device (e.g. puffer) comes into contact with someone’s mouth it cannot be reused by anyone else and must be replaced.

Cleaning puffer

1. remove metal canister from the puffer - do not wash canister
2. wash the plastic casing (blue part)
3. rinse the mouthpiece through the top and bottom under running water for at least 30 seconds
4. air dry then reassemble
5. wipe canister over with 70% alcohol wipe
6. test the puffer to make sure no water remains in it, then return to the Emergency Asthma kit

Recognising Asthma symptoms and understanding triggers

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
- increased respirations

Type	Symptoms
Mild / Moderate	<ul style="list-style-type: none"> • may have a cough • may have a wheeze • minor difficulty in breathing
Severe	<ul style="list-style-type: none"> • cannot speak a full sentence in one breath • may have a cough • may have a wheeze • obvious difficulty in breathing • sitting hunched forward • lethargic • tugging in of skin over the chest and throat • sore tummy (young children)



Life-threatening

- unable to speak or 1-2 words more than a few words per breath
- being very distressed and anxious
- collapsed, exhausted, unconscious
- wheeze and cough may be absent
- gasping for breath
- pale and sweaty
- may have blue lips discoloration
- sucking in of skin over ribs/throat
- drowsy/confused

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: (for more detailed list see appendix D)

- 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
- animal dander (cat/dog/rabbit hair)
- chemicals such as household cleaning products
- deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays)
- food chemicals / additives
- certain medications (including aspirin, ibuprofen and anti-inflammatories)
- emotions such as stress and laughter

Epidemic thunderstorm asthma

The thunderstorm of Monday, 21 November 2016 triggered an unprecedented thunderstorm asthma event in metropolitan Melbourne and Geelong. It caused significant demand on both Ambulance Victoria and hospital emergency departments and sadly may have contributed to nine lives being lost.

The Victorian Government has allocated \$15.56 million in the 2017-18 state budget to ensure Victorians are ready for any future thunderstorm asthma events. The funding will allow for education and engagement campaigns to help communities prepare and respond to epidemic thunderstorm asthma and research the gaps in understanding the phenomena in greater depth.

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 hayfever who may or may not have asthma. Having both asthma and hayfever, as well as poor control and self-management of asthma increases the risk further.

Information is available from Melbourne pollen count and forecast (during spring only) indicating daily pollen forecasts <http://www.melbournepollen.com.au/> also available an app for smart phones.

Awareness posters are located around the school (see appendix B)

EMERGENCY ASTHMA FIRST AID

Inhaled short-acting beta agonist relievers (reliever medication) administered through an asthma spacer device is the most effective first aid treatment for asthma, some students may need to use a mask along with their spacer.

Children diagnosed as being at risk of asthma are prescribed reliever medication for use in an emergency. Reliever medication comes in various devices to be administered; the most common device is a metered-dose inhaler (puffer).

Puffer reliever medication should be delivered through an asthma spacer device with young children sometimes needing a face mask attached to the spacer.

How to administer an Reliever Medication with a Spacer	
1.	Remove cap from puffer, shake puffer well and attach puffer to end of spacer
2.	Place mouthpiece of spacer in mouth ensure lips seal around it or mask if needed
3.	Get the person to breath gently out into the spacer
4.	Press down on puffer canister once to fire medication into spacer
5.	Get the person to breathe in and out normally for four breaths (keeping their mouth on the spacer)
6.	Give more medication in accordance with the Asthma Action Plan by repeating steps 2 -5



How to administer an Reliever Medication using a Turbuhaler Device	
1.	Unscrew and lift of the cap
2.	Hold the turbuhaler upright, twist coloured base around all the way, and then back all the way
3.	Get the person to breath out gently away from the turbuhaler, do not let them blow into the turbuhaler
4.	Put mouthpiece in mouth ensuring a good seal is formed with lips, get the person to breath in through their mouth strongly and deeply
5.	Remove turbuhaler from mouth, get the person to hold their breath for about 5 seconds, or as long as is comfortable
6.	Give more medication in accordance with the Asthma Action Plan by repeating steps 2 -5



If the student is having a severe or life threatening asthma attack, the school must	
1.	Immediately call an ambulance (000/112)
2.	Sit the person upright
3.	Reassure the student experiencing the attack as they are likely to be feeling anxious and frightened as a result of the attack. Watch the student closely in case the condition is worsening. Ask another member of the school staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or severe symptoms progress (as described in the Asthma Action Plan), more medication (of the same dosage) may be administered after four minutes and repeat steps until ambulance arrives
5.	Then contact the student's emergency contacts.



6.	<p>For government and Catholic schools - later, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).</p>
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Exercise induced bronchoconstriction (EIB) (asthma)

Children with asthma can and should participate in physical activity. Exercise induced asthma can be managed effectively with relievers and preventers (or both) and should not stop children with asthma participating in activities unless they are already unwell.

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

Before Exercise:	<ul style="list-style-type: none"> • blue or blue/grey reliever medication to be taken by student 15 minutes before exercise or activity (if indicated on the students’ Asthma Action Plan) • student to undertake adequate warm up activity
During Exercise:	<ul style="list-style-type: none"> • if symptoms occur, student to stop activity, take blue or blue/grey reliever medication, only return to activity if symptom free • if symptoms reoccur, student to take blue or blue/grey reliever medication and cease activity for the rest of the day. This is known as ‘two strikes and out’
After Exercise:	<ul style="list-style-type: none"> • ensure cool down activity is undertaken • be alert for symptoms

Asthma and Colour Fun Runs

The inhalation of any small particles could affect people with asthma. The colours used in the Colour Run are in powder form (cornstarch), which could irritate the airways of someone with asthma and result in an asthma flare-up, particularly if they have a sensitivity to corn.

Parents of students with asthma should be aware of the potential risk, and use their best judgement as to whether it will affect their child; this should include consulting their GP to ensure it is safe to participate.

If students with asthma are participating in the event they should ensure they take their preventer if prescribed leading up to the event, have a blue reliever puffer and spacer available and follow their written Asthma Action Plan or the Asthma First Aid Steps in the event they experience asthma symptoms. Additional protective measures include wearing a facemask and protective eyewear.

The Asthma Foundation of Victoria advises organizers of the event to not throw the powder in the faces of participants.



First-time asthma attacks

If a student has a severe or life threatening asthma attack, but has not been previously diagnosed with asthma, the school staff will follow the school's first aid procedures and asthma 4 x 4 delivery (see appendix C)

This includes immediately:

- locating the administering reliever medication from the Asthma Emergency Kit
- after the first 4 doses of reliever medication call Triple Zero "000" for an ambulance
- continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive

Post incident support

A life threatening asthma attack can be a very traumatic experience for the student, others witnessing the attack, and parents/carers/guardians. In the event of a severe or life threatening attack, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or school psychologist.

APPENDIX A – Asthma Care plan for schools

APPENDIX B – Thunderstorm asthma poster for schools

APPENDIX C – Asthma first aid procedure

APPENDIX D- Avoidable and unavoidable triggers



Appendix A

Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Photo of student (optional)

Plan date ___/___/201__
Review date ___/___/201__

Student's name _____ Date of birth _____

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

Daily asthma management

<i>This student's usual asthma signs</i>	<i>Frequency and severity</i>	<i>Known triggers for this student's asthma (eg exercise*, colds/flu, smoke) — please detail:</i>
<input type="checkbox"/> Cough	<input type="checkbox"/> Daily/most days	_____
<input type="checkbox"/> Wheeze	<input type="checkbox"/> Frequently (more than 5 x per year)	_____
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Occasionally (less than 5 x per year)	_____
<input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Other (please describe)	_____

Does this student usually tell an adult if s/he is having trouble breathing? Yes No

Does this student need help to take asthma medication? Yes No

Does this student use a mask with a spacer? Yes No

*Does this student need a blue reliever puffer medication before exercise? Yes No

Medication plan

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

Emergency contact information

Contact name _____

Phone _____

Mobile _____

Email _____



Date of approval: November 2016 | Approved by: CEO Asthma Australia | Date of review: July 2019 | Approved by: CEO Asthma Australia | Date of review: July 2019

Appendix B



PROTECT YOURSELF FROM THUNDERSTORM ASTHMA

- 1 Speak to your doctor or pharmacist about what you can do to protect yourself this pollen season.
- 2 Learn the 4 steps of asthma first aid.
- 3 Be aware of thunderstorm asthma forecasts during pollen season.

Protect yourself this pollen season.
Managing asthma and allergies matters.
Visit betterhealth.vic.gov.au for more information.
Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne



Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- 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

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler



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 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



Call emergency assistance immediately - Dial Triple Zero (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 reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid

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



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA Helpline (1800 278 462) asthmaaustralia.org.au

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Translating and
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131 450

Appendix D

Avoidable triggers	Unavoidable triggers
Always avoid	Do not avoid
Cigarette smoke	Exercise Laughter
Avoid or reduce where possible	Manage
<p>Allergens (if person is sensitised and relevant avoidance strategies are practical and shown to be effective)</p> <ul style="list-style-type: none"> • Animal allergens (e.g. pets, animals in workplace) • Cockroaches • House dust mite • Moulds • Occupational allergens • Pollens • Thunderstorms (airborne pollens, moulds) <p>Airborne/environmental irritants</p> <ul style="list-style-type: none"> • Cold/dry air • Fuel combustion (nitrogen dioxide-emitting gas heaters) • Home renovation materials • Household aerosols • Moulds (airborne endotoxins) • Occupational irritants • Outdoor industrial and traffic pollution • Perfumes/scents/incense • Smoke (any, including bushfires, vegetation reduction fires, indoor wood fires) • Thunderstorms (multiple mechanisms) <p>Certain medicines</p> <ul style="list-style-type: none"> • Aspirin and NSAIDs (in patients with aspirin-exacerbated respiratory disease) • Beta blockers† • Bee products (pollen, propolis, royal jelly) • Echinacea <p>Dietary triggers</p> <ul style="list-style-type: none"> • Food chemicals/additives (if person is intolerant) • Thermal effects (e.g. cold drinks) 	<p>Respiratory tract infections</p> <p>Certain medicines</p> <ul style="list-style-type: none"> • Aspirin (when given for purpose of desensitisation)† • Anticholinesterases and cholinergic agents <p>Comorbid medical conditions</p> <ul style="list-style-type: none"> • Allergic rhinitis/rhinosinusitis • Gastro-oesophageal reflux disease • Nasal polyposis • Obesity • Upper airway dysfunction‡ <p>Physiological and psychological changes</p> <ul style="list-style-type: none"> • Extreme emotions • Hormonal changes (e.g. menstrual cycle) • Pregnancy • Sexual activity



Skye Primary School

Asthma Management Policy

Developed:
May 2019
Review: May 2020

References and Acknowledgments

www.asthmaaustralia.org.au - Asthma foundation Australia

www.education.vic.gov.au – Education department Victoria – Policy advisory

www.melbournepollen.com.au – Melbourne pollen forecast

Related policies

First Aid Policy

Administration of Medication Policy

Infectious Disease Policy

Student Health and Wellbeing Policy

Emergency Management Policy