

# Marlborough Primary School

## School Policies Manual



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### Asthma Policy

#### **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**

Asthma is a chronic health condition affecting approximately 10% of Australian children and teenagers. Asthma is one of the most common reasons for child admissions to hospital and missed days of school. Asthma exacerbations can commonly occur while attending school, particularly in February and May.

In order to meet the duty of care obligations specified by the School Policy and Advisory Guide (SPAG) and to ensure the health and wellbeing of all students attending, Marlborough Primary School recognises the importance of staff education and the implementation of an asthma policy. The school 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 SPAG, relevant to an asthma management policy, specify that schools must:

- Obtain an written asthma plan for all students diagnosed with asthma upon enrolment at the school and ensure they are updated at least annually
- Store medical information and medications appropriately
- Ensure that students feel safe and supported at school
- Support student healthcare needs
- Provide and maintain at least two asthma emergency kits, with an extra kit required for every 300 students in a large school
- 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 can be face-to-face or online
- ensure those staff with a direct student wellbeing responsibility such as nurses, PE/sport teachers, first aid and camp organisers have completed the Emergency Asthma Management (EAM) course at least every three years
- provide equipment to manage an asthma emergency in their asthma first aid kits

#### **Scope**

- To ensure the whole school community (principals, staff, volunteers, parents and carers and students) are aware of their obligations and the best practice management of asthma in the school setting

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- To provide the necessary information to effectively manage episodes of asthma within the school

### **Responsibilities**

#### **The Principal 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 written asthma plan to be completed and signed by the child's medical practitioner
- 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 the two 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, CRT employees (through CRT folders) 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 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 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 signed written asthma plan to the school, and ensure that it is updated at least yearly
- Provide a School Camp or Excursion Medical Update form as required
- 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
- 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 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 at 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 as necessary (if self-managing their asthma)

#### **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 Training).**

#### **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

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# 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**



To find out more contact your local Asthma Foundation  
**1800 645 130** | [asthmaaustralia.org.au](http://asthmaaustralia.org.au)

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### Asthma Emergency Kits

Asthma Emergency Kits should contain:

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

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Please note that it is a recommendation of The Asthma Foundation of Victoria 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 and Resources**

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](http://www.asthma.org.au)

**Related Legislation**

School Policy and Advisory Guide – Asthma     Department of Education and Training  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/conditionasthma.aspx>

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010),  
National Health and Medical Research Council,  
<https://www.nhmrc.gov.au/guidelines-publications/cd33>

Current Asthma Action Plans 2016  
<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

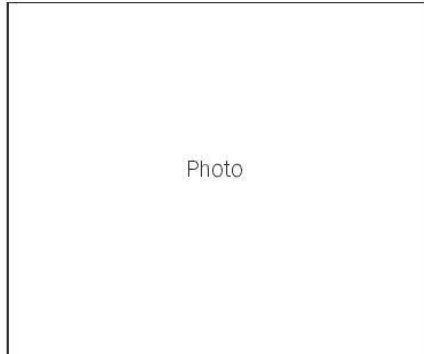


# Asthma Action Plan

**For use with a Puffer and Spacer**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Photo

☐ Child can self administer medication if well enough.

☐ Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by Dr or NP:

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

Signed:

Date: \_\_\_\_\_

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)

## MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

## ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
  - Stay with person and be calm and reassuring
- 2 Give..... separate puffs of Airomir, Asmol or Ventolin
  - Shake puffer before each puff
  - Put 1 puff into the spacer at a time
  - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
  - If there is no improvement, repeat step 2

**If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below**

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

## SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

## LIFE-THREATENING SIGNS

- 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)

## ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring.  
Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give ..... separate puffs of Airomir, Asmol or Ventolin
  - Shake puffer before each puff
  - Put 1 puff into the spacer at a time
  - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.
- 5 Keep giving ..... puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally.  
Blue reliever medication is unlikely to harm, even if the person does not have asthma.

## IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y ☐ N ☐ Type of autoinjector: \_\_\_\_\_