



## Asthma Policy

Asthma is a long-term lung condition. People with asthma have sensitive airways which react to triggers, causing a 'flare-up'. A flare up involves narrowing and swelling of airways and there is more mucus making it difficult to breathe. The most common symptoms include breathlessness, wheezing (a whistling noise from the chest), tight feeling in the chest and a persistent cough.

Symptoms can vary over time and often vary from person to person. Asthma symptoms can be triggered by different things for different people.

Triggers of asthma can be **(Appendix 1)**:

- Allergens (of the person is sensitised)
- Airborne/ environmental irritants (e.g. Thunderstorm Asthma- **Appendix 1a**)
- Certain medicines
- Dietary triggers
- Respiratory tract infections
- Certain medical conditions
- Physiological and psychological changes

The three most common asthma triggers in young people are: Exercise, colds and flues and cigarette smoke.

The best way to reduce an asthma flare-up occurring is to avoid/reduce, where possible, certain triggers and manage exposure to other triggers (Asthma Foundation Victoria, 2017).

### Rationale

Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.

### Aims

To manage asthma and support asthma sufferers as effectively and efficiently as possible, at school and during activities such as excursions, camps and school events outside of school grounds.

### Responsibilities

- Our Lady of the Assumption will comply with the schools policy advisory guide for asthma as published by the Department.



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- Professional development will be provided annually for all staff on the nature, prevention and treatment of an asthma flare up. Such information will also be displayed in the first aid room.
- A copy of Asthma Victoria's Asthma Action plan will be displayed in the first aid room, classrooms and staff workspaces.
- All students with asthma must have an up-to-date written asthma management plan consistent with Asthma Victoria's requirements and be completed by a GP or paediatrician.
- Families are required to provide the up-to-date asthma management plan to the school at the beginning of each new school year.
- Up-to-date asthma management plan proformas are available for families on [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- Up-to-date student asthma management forms are kept in the asthma register located in the first aid room.
- It is the responsibility of the first aid coordinator to ensure parents/guardians provide completed asthma management plans.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) at school at all times, including school camps, school excursions and school events outside of school grounds.
- At the commencement of term 1, we ask that your child's puffer and spacer is brought to school in a material lunch/carry bag containing their current asthma action plan and handed to their classroom teacher. At the conclusion of each school year, all medication will be returned.
- School puffers and disposable spacers are situated in all yard duty first aid bags. In case of emergency on the yard, staff will use the first aid emergency card to communicate to staff inside of the emergency. Staff will use school puffers & spacers with the student following the Asthma First Aid Plan until their Individualised plan is retrieved.
- Our Lady of the Assumption will provide appropriate training in line with the Asthma guidelines, and have staff trained in the administering of reliever puffers such as Ventolin, Airmoir, Asmol or Bricanyl and spacer devices.
- Reliever puffers and spacer devices are available in school first aid kits, including kits on excursions, camps and school events outside of school grounds. The first aid kits will also contain 70% alcohol swabs to clean devices after each use. Clear written instructions on how to use these medications and devices will be included in each first aid kit, together with steps to be taken to treat severe asthma flare-ups.
- All Asthma bags to be with the student (if they can self-administer) or teacher on all excursions/sporting events/camps.
- A risk assessment to be conducted before all excursions, sporting events and camps by organiser.



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- The first aid coordinator is responsible for checking school 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 is provided by the family
- In pollen season, be aware of forecast thunderstorms and where possible, on days with HIGH or EXTREME pollen count, have students stay indoors with doors and window closed until the storm front has passed.
- Avoid/reduce, where possible, certain triggers (**Appendix 3**) and manage exposure to other triggers in our learning environment.
- The most current Asthma policy to be available on the school website for staff, parents and the wider community.

### Our Lady of the Assumption will ensure:

- ❖ All devices used for the delivery of asthma medication are cleaned appropriately after each use.
- ❖ Care will be provided immediately for any student who develops signs of an asthma flare up.
- ❖ Children suffering asthma flare-ups will be treated in accordance with their asthma management plan.
- ❖ If no plan is available, children will be treated using Asthma First Aid and according to Asthma Victoria's Asthma Action Plans located in the first aid room, classrooms and staff workspaces. (**Appendix 2**)
- ❖ A staff member will notify parents/guardians if their child/student presents to Our Lady of the Assumption's first aid room and is administered asthma medication according to Asthma First Aid or the student's Asthma Action Plan.
- ❖ A staff member will check in with the student after recovery to see how they are feeling and answer any questions they may have.

### Resources

- [Asthma Australia](#)
- [Victorian Asthma Action Plans](#)

Date of next review: 2021



## **Appendix 1- Triggers of Asthma**

Triggers of asthma can be:

- Allergens (of the person is sensitised)
- Airborne/ environmental irritants (e.g. Thunderstorm Asthma)
- Certain medicines
- Dietary triggers
- Respiratory tract infections
- Certain medical conditions
- Physiological and psychological changes

### **(a) Thunderstorm Asthma**

‘Thunderstorm asthma is a form of asthma that is triggered by an uncommon combination of high pollen (usually during late spring to early summer) and a certain kind of thunderstorm. Anyone can be affected, even if they don’t have a history of asthma.

People at increased risk have a history of asthma, have unrecognised asthma, have hay fever (allergic rhinitis), particularly seasonal hay fever, or are allergic to grass pollen.’ (Asthma Australia, 2017)



**Appendix 2** (Asthma First Aid & Victorian Asthma Action Plans)

# 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



Contact your local Asthma Foundation  
**1800 ASTHMA Helpline** (1800 278 462) [asthmaaustralia.org.au](http://asthmaaustralia.org.au)

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AAWA038 First Aid Poster WA | 27 November 2016

First



## Asthma Action Plan

For use with a Puffer and Spacer

Photo

Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Confirmed Triggers  
 \_\_\_\_\_



**Asthma**  
 Foundation VIC

- 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.

Adrenaline autoinjector prescribed:  Y  N Type of adrenaline autoinjector: \_\_\_\_\_

### SIGNS AND SYMPTOMS

#### MILD TO MODERATE

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

Other signs to look for:

\_\_\_\_\_

#### SEVERE

- 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)

#### LIFE-THREATENING

- 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)

### 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 4 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 spacer between each puff
3. Wait 4 minutes
  - If there is no improvement, repeat 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 **4** 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**



- 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)

Emergency Contact Name: \_\_\_\_\_

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

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

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

Plan prepared by Medical or Nurse Practitioner: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Date of next review: \_\_\_\_\_

© The Asthma Foundation of Victoria August 2017. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical or nurse practitioner and cannot be altered without their permission.



## Asthma Action Plan

For use with a Bricanyl Turbuhaler



Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Confirmed Triggers  
 \_\_\_\_\_



**Asthma**  
Foundation VIC

- 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: \_\_\_\_\_

### SIGNS AND SYMPTOMS

#### MILD TO MODERATE

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

Other signs to look for:

\_\_\_\_\_

#### SEVERE

- 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)

#### LIFE-THREATENING

- 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)

### 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 2 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 2 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 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**



- 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 the breath for about 5 seconds or as long as comfortable. Breathe out

Emergency Contact Name: \_\_\_\_\_  
 Work Ph: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_  
 Mobile Ph: \_\_\_\_\_

Plan prepared by Dr or Nurse Practitioner: \_\_\_\_\_  
 I hereby authorise medications specified on this plan to be administered according to the plan.  
 Signed: \_\_\_\_\_  
 Date prepared: \_\_\_\_\_  
 Date of next review: \_\_\_\_\_

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### Appendix 3- Trigger Minimisation

Triggers	
<b>Cigarette Smoke</b>	<p>From 13 April 2015, smoking is banned within four metres of an entrance to all primary and secondary schools in Victoria, and within the school grounds, under an amendment to the Tobacco Act 1987.</p> <ul style="list-style-type: none"><li>• 'No smoking' signs at all entrances to the school grounds.</li></ul> <p><u>The smoking ban applies to:</u></p> <ul style="list-style-type: none"><li>• anyone present on school premises during and after school hours including students, teachers, contractors, parents/guardians or the wider community, such as sporting groups.</li><li>• all activities that take place on school premises including pre-schools, kindergartens, outside school hours care, cultural, sporting or recreational activities and school fetes.</li></ul>
<b>Animal Allergens (dander and urine)</b>	<ul style="list-style-type: none"><li>• Classrooms where animals are kept especially birds and furred animals should be cleaned regularly including the animal's housing.</li><li>• Class teachers to consider only having low risk animals for class room pets, such as; Fish, lizards and turtles.</li><li>• Animals in classrooms with highly sensitive students should be rehomed within the school.</li></ul>
<b>Dust and Dust Mites</b>	<ul style="list-style-type: none"><li>• Pillow cases and cushions in classrooms to be washed regularly.</li><li>• Carpets vacuumed regularly and outside of school hours.</li><li>• Turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.</li></ul>
<b>Moulds</b>	<ul style="list-style-type: none"><li>• Clean all bathrooms and wet rooms regularly and air out to dry any moisture in the air.</li></ul>
<b>Pollens and grasses</b>	<ul style="list-style-type: none"><li>• Plant low allergen gardens.</li><li>• Remove stamen and the connective anther from flowers before being placed in classrooms.</li><li>• During pollen season, be aware of forecast thunderstorms and where possible, on days with HIGH or EXTREME pollen count, have students stay indoors with doors and window closed until the storm front has passed.</li></ul>
<b>Pollution</b>	<ul style="list-style-type: none"><li>• Students with asthma should stay indoors on smoggy and dusty days; air conditioners should be used to filter the air</li></ul>
<b>Chemicals</b>	<ul style="list-style-type: none"><li>• Cleaning materials that may contain chemicals to be stored in locked cupboards</li><li>• When possible, cleaning materials that may contain chemicals to be</li></ul>



	conducted outside of school hours.
<b>Aerosols</b>	<ul style="list-style-type: none"> <li>Encourage use of roll on deodorants and insect repellents for staff and students.</li> </ul>
<b>Smoke (any, including; bushfire, vegetation reduction)</b>	<ul style="list-style-type: none"> <li>Yearly inspection of all heaters in school.</li> <li>Students should stay indoors with windows closed and vents blocked if hazard-reduction burns or bushfire smoke is in the school area</li> <li>Avoid physical activity on high-pollution days or if smoke is in the air.</li> </ul>
<b>Food Chemicals/additives</b>	<ul style="list-style-type: none"> <li>Ensure food product sold in the canteen or cooked in cooking classes at school do not contain the below additives; sulphites – 220–228, tartrazine – 102, other food colourings – 107, 110, 122–129, 132, 133, 142, 151, 155, monosodium glutamate – 620–625.</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>Staff to not administer any medication to students without a completed OLA medication form completed and signed by the student's parents.</li> </ul>
<b>Exercise</b>	<p>Students with exercise induced asthma should follow the below management plan prior to any physical activity:</p> <p><u>Before Exercise:</u></p> <ul style="list-style-type: none"> <li>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)</li> <li>student to undertake adequate warm up activity</li> </ul> <p><u>During Exercise:</u></p> <ul style="list-style-type: none"> <li>if symptoms occur, student to stop activity, take blue or blue/grey reliever medication, only return to activity if symptom free</li> <li>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'.</li> </ul> <p><u>After Exercise:</u></p> <ul style="list-style-type: none"> <li>ensure cool down activity is undertaken</li> <li>be alert for symptoms Students should not be pressured to exercise when they are unwell.</li> </ul>
<b>Colds and Flu</b>	<ul style="list-style-type: none"> <li>Encourage staff and parents of students, not to attend school when they have a cold or flu.</li> <li>Where children with asthma have a cold or the flu and attend school, their reliever medication should be stored close to the student. Students should not be pressured to exercise when unwell.</li> </ul>