

SCHOOL NO. 4401 - KATANDRA WEST

Policy Statement: MANAGEMENT - 700 Administrative Services
705 - ASTHMA

Responsibility: Principal

This Policy was last ratified by School Council in 2017.

PURPOSE

To assist students with asthma to manage their asthma as effectively and efficiently as possible at school.

Asthma affects up to one in four primary aged children 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.

DEFINITION

Asthma is a long term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. This makes it harder to breathe. An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.

SYMPTOMS

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.

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.

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:

- 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
- animals such as cats and dogs
- chemicals such as household cleaning products
- deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays)
- food chemicals / additives
- certain medications (including aspirin and anti-inflammatories)
- emotions such as stress and laughter.

A detailed description of triggers can be found on the Asthma Foundation of Victoria website, <https://www.asthmaaustralia.org.au/vic/home>

IMPLEMENTATION

Children and adults with mild asthma rarely require medication, however severe asthma sufferers may require daily or additional medication (particularly after exercise). All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria's requirements completed by their doctor or paediatrician. Appropriate asthma plan proformas are available at www.asthma.org.au

Asthma plans will be attached to the student's record for reference. Parents/guardians are responsible for ensuring their children have an up to date asthma plan and adequate supply of appropriate asthma medication (including a spacer if used) at school at all times.

The school will provide, and have staff trained in the administration of, reliever puffers such as Ventolin, Airomir, Asmol or Bricanyl and spacer devices in all first-aid kits, including kits on excursions and camps. Kits will contain 70% alcohol swabs to clean devices after use.

TREATMENT OF ASTHMA ATTACKS

Children suffering asthma attacks will be treated in accordance with their asthma plan. If no plan is available children will be sat down, reassured, administered 4 puffs of a shaken reliever puffer delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance will be called if there is no improvement after the second 4- minute wait period, or if it is the child's first known attack. Parent will be contacted whenever their child suffers an asthma attack.

ASTHMA FIRST AID KITS

Asthma emergency first aid kits must contain:

- blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
 - how to use these medications and devices
 - steps to be taken in treating a severe asthma attack
 - a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.

Each child's Asthma Management Plan is included in a box clearly labelled with the child's name and their medication. The first aid staff member will be responsible for checking 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 only then if a plan includes and complies with section 4.5.7.3 Schools Reference Guide – Asthma Medication Delivery Devices. The nebuliser must be supplied by the parent.

All devices used for the delivery of asthma medication will be cleaned appropriately after each use.

Care will be provided immediately for any student who develops signs of an asthma attack.

STAFF TRAINING

All school staff with a duty of care responsibility for the wellbeing of students will be trained in being able to manage an asthma emergency appropriately. Training is to be conducted at least every three years. This can be face-to-face or online.

The Principal, in consultation with School Council may vary this Policy if circumstances require it to be changed.