

ASTHMA

POLICY

Purpose:

- To ensure students diagnosed with asthma are supported and safe at school.

Aims:

- To provide a policy of Asthma Management, which focuses upon prevention as the priority.
- To administer first aid to children when in need in a competent and timely manner.
- To provide a process for the proper Asthma Management of students and staff within the school.

Definition:

- "Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms the muscles in the airways tighten and 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 your lungs" (National Asthma Council 2011)
- 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 vary from person to person.

Asthma Medication:

There are four main groups of asthma medications: relievers, preventers, symptom controllers and combination medications.

Reliever medications:

These medications should be easily accessible at all times to students who suffer from asthma. Common brands include: Ventolin, Airomir, Asmol, Epaq and Bricanyl.

Preventer medications:

These medications help reduce and prevent inflammation in the lining of the air tubes. These include, but are not restricted to: Intal, Intal Forte, Tilade, Becotide, Becloforte, Respocort, Qvar, Pulmicort and Flixotide. Preventer medications do not relieve an asthma attack.

Symptom controllers:

These medications are long lasting relievers, used in combination with reliever and preventer medications.

Combination medications:

These medications combine a preventer and a symptom controller in one device, e.g. Seretide and Symbicort.

Symptom controllers and combination medications do not relieve an asthma attack and are not usually used at school.

Triggers

- exercise
- colds/flu
- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- weather changes
- dust and dust mites
- moulds
- pollens
- animals
- chemicals
- deodorants (including perfumes, after-shaves, hair spray and deodorant sprays)
- foods and additives
- certain medications (including aspirin and anti-inflammatories)
- emotions.

Strategies

This table describes how schools manage students with asthma.

Strategy	Description
Developing an asthma care plan	<p>The Asthma Foundation Victoria's Asthma Care Plan for Schools should be:</p> <ul style="list-style-type: none">▪ completed by the student's medical/health practitioner in consultation with the parents/guardians▪ provided annually by the:<ul style="list-style-type: none">- doctor to the parents/guardian- parents/guardians to the school. <p>The plan must include:</p> <ul style="list-style-type: none">▪ the prescribed medication taken:<ul style="list-style-type: none">- on a regular basis- as premedication to exercise- if the student is experiencing symptoms.▪ emergency contact details▪ business contact details of the student's medical/health practitioner▪ details about deteriorating asthma including:<ul style="list-style-type: none">- signs to recognise worsening symptoms- what to do during an attack- medication to be used▪ an asthma first aid section and should:<ul style="list-style-type: none">- specify no less than 4 separate puffs of blue reliever medication, with 4 breaths taken per puff every 4 minutes, using a spacer if possible. <p>Note: It is recommended that if the plan has less than the required number of puffs per minute period it should be sent back to the parent/guardian and doctor for review.</p>
Training staff	<p>All school staff with a duty of care responsibility for the wellbeing of students should be trained in being able to manage an asthma emergency appropriately. Training should be conducted at least every three years. This can be face-to-face or online.</p>
Providing an asthma first aid kit	<p>Anyone with asthma can have a severe attack, even those with mild asthma. Cavendish PS will have a spacer and inhaler available in the first aid room.</p>

Parent/Guardian Responsibilities

- Parents/guardians are responsible for ensuring that their children have an adequate supply of the appropriate medication at school. They are advised that a spacer be at school for their child, where appropriate. A spacer assists in the administering of medications, making sure that the inhaled medication gets to the airways.
- Where a child is deemed to have asthma, the parents/guardians must supply an Asthma Management Plan to the school on an annual basis. This plan can only be developed and completed by the child's medical practitioner.

The severity of asthma attacks can be classed as follows:

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

Emergency Treatment

All students judged to be having a severe attack require emergency medical treatment. The following procedure should be followed:

- Call an ambulance, stating clearly that a student is having an asthma attack. Carry out asthma first aid, whilst waiting for the ambulance to arrive. The parents/guardians will be contacted immediately after calling the ambulance and the incident recorded. The child should not be left alone even, if there is a complete recovery. If the student has Asthma Action Plan, it should be followed.
- If no individual action plan is available, normal asthma protocols should be used. These steps are clearly displayed in the Staff Room, on a poster, so all staff are well versed with them.
- If the student's own reliever puffer is not readily available, a reliever puffer should be used from the First Aid kit or borrowed from another student/staff member. It does not matter if a different brand of reliever is used.
- Regardless of the severity of the attack, asthma first aid needs to commence immediately.

First Time Asthma Attacks

- In the situation of a first time asthma attack, a student is to be administered four separate puffs of a blue reliever puffer via a spacer and an ambulance is to be called immediately.
- Four separate puffs should be given every four minutes until the ambulance arrives.
- Reliever puffers are extremely safe, even if the student does not end up having asthma.
- The child's parents/guardians should be contacted immediately.

Evaluation:

- This policy will be reviewed as part of the school's three-year review cycle.

This policy was last ratified by School Council in....

June 2020



Cavendish Primary School is committed to Child Safety – We have a zero tolerance for child abuse.



<Date>

Dear <Parent / Guardian Names>

Re: Asthma Action Plan for <Student Name>

Use the below section for new students enrolling at the school

Many thanks for completing the enrolment form for <Student Name>, you have indicated that <Student Name> has been diagnosed with Asthma. As part of Cavendish Primary School's commitment to meeting our legislative requirements, we require you to provide us with an in-date Asthma Action Plan.

As this is <Student Name> first year at Cavendish Primary School please forward this letter on to <Student Name> medical practitioner, so they can; download the appropriate Asthma Action Plan for Victorian Schools to complete. Once completed if you could return it to us prior to term 1 commencement, with his/her medication and any other device aid i.e. spacer device.

<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

OR

Use the below section for existing students enrolled at the school

As part of Cavendish Primary School's commitment to meeting our legislative requirements and the School's Policy, we require you to provide us with an updated Asthma Action Plan for <Student Name>.

We have attached for you the new Asthma Action Plan for Victorians Schools, which has been specifically designed for schools to identify asthma signs and symptoms, and respond accordingly using the asthma medication device <Student Name> currently has at school.

If <Student Name> medication device has changed since their Action Plan was last updated please forward this letter on to <Student Name> medical practitioner, so they can; download the appropriate Asthma Action Plan for Victorian Schools to complete. Once completed if you could return it to us prior to term 1 commencement, with his/her medication and any other device aid i.e. spacer device.

<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

If your medical practitioner, has informed you that <Student Name> has grown out of their asthma, they will need to provide a letter, on the practice letterhead to the school stating such.

Kind regards

<School Representatives Name>

SCHOOL ASTHMA ACTION PLANS

This record is to be completed by parents/carers in consultation with their child's doctor. Please circle the appropriate information and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the 'Emergency Treatment' section of this policy.

COPIES OF THESE PLANS ARE AVAILABLE FROM:

<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

Name: _____

For use with a Puffer and Spacer

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 4 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: _____

Asthma Action Plan - for Salbutamol when using a puffer and spacer
(Health Professional to insert dose)

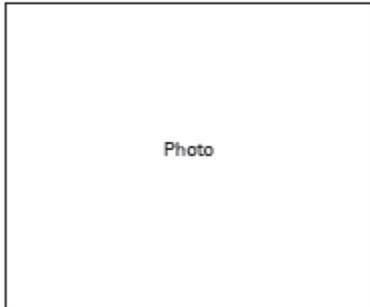
[Puffer and Spacer Asthma Action Plan \(PDF 452.7KB\)](#)

Asthma Action Plan

Name: _____

For use with a Puffer and Spacer

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 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 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 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 the spacer between each puff
- 4 Wait 4 minutes.
- 5 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 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: _____

Asthma Action Plan - for Salbutamol when using a puffer and spacer
(4 x 4 Procedure)

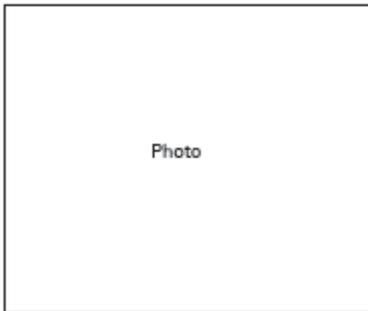
[4 x 4 Puffer and Spacer Asthma Action Plan \(PDF 608.9KB\)](#)

Asthma Action Plan

Name: _____

For use with a Puffer

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: _____



- Remove cap from puffer and shake well
- Tilt the chin upward to open the airways, breath out away from puffer
- Place mouthpiece, between the teeth, and create a seal with lips
- Press once firmly on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- Hold breath for 5 seconds or as long as comfortable

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
 - Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 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
 - Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 4 Wait 4 minutes.
- 5 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 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: _____

Asthma Action Plan - for Salbutamol when using a puffer alone

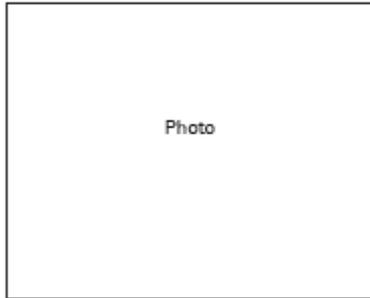
(Health Professional to insert dose)

[Puffer Asthma Action Plan \(PDF 528.3KB\)](#)

Name: _____

For use with a Bricanyl Turbuhaler

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: _____



- 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 breath 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

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 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 1 more dose of Bricanyl

If there is still no improvement:

- 4 Phone ambulance: Triple Zero(000)
- 5 Keep giving 1 dose every 4 minutes until emergency assistance arrives

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 2 separate doses of Bricanyl.
 - Breathe in through mouth strongly and deeply
 - Remove Turbuhaler from mouth before breathing out gently away from the mouthpiece
- 4 Wait 4 minutes.
- 5 Keep giving 1 dose 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.

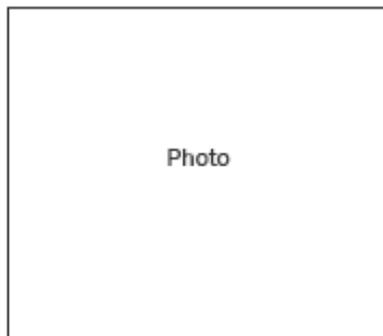
IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- 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: _____



Student Name: _____



- Student needs to pre-medicate prior to exercise
- Student can administer own medication

First family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Second family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Doctors Name: _____

Phone: _____

The information provided on this plan is true and correct

Signed (parent or guardian): _____

Date: _____

Additional information: _____

School Camp and Excursion Asthma Update Form

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion.

STUDENTS MEDICAL DETAILS

Has the student been hospitalized due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? Yes No

Has the student's asthma medications changed in the last two weeks? Yes No

Has the student had any other illness in the last two weeks? Yes No

If YES, please provide details:

Nature of illness?

When?

Severity?

Has this affected their asthma? Yes No

Is the student well enough to attend camp/excursion? Yes No

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

Example

Medication	Device	Dose	When
<i>Rivotide</i>	<i>puffer and spacer</i>	<i>1 puff</i>	<i>Twice daily</i>

Instructions for use
1 puff in the morning, and 1 puff of a night. Rinse mouth out after using

Please provide as much detail as possible

1. Medication Device Dose When

Instructions for use

2. Medication Device Dose When

Instructions for use

3. Medication Device Dose When

Instructions for use

ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

As listed below:

Step 1: Sit the person upright

- Be calm and reassuring
- Do not leave them alone

Step 2: Give medication

- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into a spacer
- The person is to take 4 breaths from the spacer after each puff

NOTE: You may use a puffer alone if no spacer is available and you can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer

NOTE: Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them.

Step 3: Wait 4 minutes

- If there is no improvement, repeat step 2

Step 4: If there is still no improvement call emergency assistance (DIAL 000)

- Tell the operator the person is having an asthma attack
 - Keep giving 4 puffs, 4 breaths per puff every 4 minutes while you wait for emergency assistance
- Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse.

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____ Date: ____/____/____

Doctor's Signature: _____ Date: ____/____/____