



Ainslie Parklands Primary School

Respect - Responsibility - Resilience

ASTHMA MANAGEMENT POLICY

Latest DET Update: 15/06/2020

First Developed: November 2017

Updated: May, July & August 2019 and July 2020

PURPOSE

To ensure that Ainslie Parklands Primary School appropriately supports students diagnosed with asthma.

OBJECTIVE

To explain to the school's parents/carers, staff and students the processes and procedures in place to support students diagnosed with asthma.

SCOPE

This policy applies to:

- all staff, including casual relief staff, contractors and volunteers
- all students who have been diagnosed with asthma or who may require emergency treatment for asthma and their parents/carers

DEFINITIONS

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 hard 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
- 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:

- colds/flu

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- exercise
- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- house dust mites
- moulds
- pollens
- chemicals such as household cleaning products
- food chemicals/additives
- weather changes such as thunderstorms and cold, dry air
- animals such as cats and dogs
- deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays)
- certain medications (including aspirin and anti-inflammatories)

Types of asthma attacks

Below is a description of the symptoms of different types of asthma attacks. Symptoms will vary from student to student.

Mild/moderate attack

- may have a cough
- may have a wheeze
- minor difficulty in breathing
- able to talk in full sentences
- alert, able to walk/move around
- have normal skin colour

Severe attack

- cannot speak a full sentence in one breath
- obvious difficulty in breathing
- sitting hunched forward
- tugging in of skin over the chest and throat
- lethargic (children)
- sore tummy (young children)
- reliever medication is not lasting as long as usual

Life-threatening

- unable to speak, or 1-2 words per breath
- drowsy/confused
- collapsed, exhausted, unconscious
- wheeze and cough may be absent
- gasping for breath
- discolouration (turning blue)
- not responding to reliever medication

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Epidemic Thunderstorm Asthma

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

For more information, refer to the Better Health Channel link in Other Resources.

POLICY

Asthma Management

If a student diagnosed with asthma enrolls at the school:

1. Parents/carers must provide the school with an [Asthma Care Plan](#) which has been completed by the student's medical practitioner. The plan must outline:

- the prescribed medication taken by the student and when it is to be administered, for example as a pre-medication to exercise or on a regular basis
- emergency contact details
- the contact details of the student's medical practitioner
- the student's known triggers
- the emergency procedures to be taken in the event of an asthma flare-up or attack

2. Parents/carers should also provide a photo of the student to be included as part of the student's Asthma Care Plan.

The school will keep all Asthma Care Plans at the general office, as well in classrooms for primary school students, and the staffroom. This is so they can be accessed quickly.

3. School staff may also work with parents/carers to develop a Student Health Support Plan which will include details on:

- how the school will provide support for the student
- identify specific strategies
- allocate staff to assist the student

Any Student Health Support Plan will be developed in accordance with the school's mandatory Health Care Needs Policy.

If a student diagnosed with asthma is going to attend a school camp or excursion, parents/carers are required to provide any updated medical information.

4. If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Care Plan.

5. School staff will work with parents/carers to review Asthma Care Plans (and Student Health Support Plans) at the beginning of the school year.

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6. If a student is diagnosed with Exercise Induced Bronchoconstriction (EIB), staff will ensure adequate time (15 minutes) is allowed for reliever medication before the activity and cooling down after the activity. If a student has an asthma attack during exercise, the student will cease the activity and the Student's Asthma Action Plan will be followed. The student may return to the activity only if symptom free. A cool down activity will be undertaken and staff will be alert for symptoms.

Student Asthma Kit

All students diagnosed with asthma are required to have a student asthma kit at school which contains:

- their own prescribed reliever medication labelled with the student's name
- their spacer (if they use one)

Student asthma kits will be stored in the First Aid Room. Students in Years 7 – 9 may keep their asthma kits with them while at school.

Asthma Emergency Response Plan

If a student is:

- having an asthma attack
- difficulty breathing for an unknown cause, even if they are not known to have asthma

school staff will endeavour to follow the Asthma First Aid procedures outlined in the table below. School staff may contact Triple Zero "000" at any time.

| Step | Action |
|------|---|
| 1. | Sit the person upright <ul style="list-style-type: none">• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's reliever, the Asthma Emergency Kit and the student's Asthma Care Plan (if available). If the student's action plan is not immediately available, use the Asthma First Aid as described in Steps 2 to 5. |
| 2. | Give 4 separate puffs of blue or blue/grey reliever puffer: <ul style="list-style-type: none">• Shake the puffer• Use a spacer if you have one• Put 1 puff into the spacer• Take 4 breaths from the spacer Remember – Shake, 1 puff, 4 breaths |

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| | |
|----|---|
| 3. | Wait 4 minutes <ul style="list-style-type: none"> 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 Triple Zero "000" and ask for an ambulance. <ul style="list-style-type: none"> Tell the operator the student is having an asthma attack Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives (or 1 dose of Bricanyl or Symbicort every 4 minutes – up to 3 doses of Symbicort) |
| 5. | If asthma is relieved after administering Asthma First Aid, stop the treatment and observe the student. Notify the student's emergency contact person and record the incident |

Staff will call Triple Zero "000" immediately 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 they are not sure if it is asthma
- if the person is known to have anaphylaxis

Training for Staff

The school will arrange the following asthma management training for staff:

| Staff | Completed by | Course | Provider | Cost | Valid for |
|---------------------------------------|--|--|---|---------------------|-----------|
| Group 1 General Staff | School staff with a direct teaching role with students affected by asthma or other school staff directed by the principal after conducting a risk assessment. | Asthma first aid management for education staff (non-accredited) One hour face-to-face or online training. | The Asthma Foundation of Victoria | Free to all schools | 3 years |
| Group 2 Specific Staff | Staff working with high risk children with a history of severe asthma, or with direct student wellbeing responsibility, (including nurses, PE/sport teachers, first aid and school staff attending camp) | <i>Course in Management of Asthma Risks and Emergencies in the Workplace 22282VIC</i> (accredited) OR <i>Course in Emergency Asthma Management 10392NAT</i> (accredited) | Any RTO that has this course in their scope of practice | Paid by DCC | 3 years |

We also will conduct an annual briefing for staff on:

- the procedures outlined in this policy
- the causes, symptoms and treatment of asthma [schools can refer to the introductory information at the start of this policy]
- identities of the students diagnosed with asthma
- how to use a puffer and spacer
- the location of:
 - the Asthma Emergency Kits
 - asthma medication which has been provided by parents/carers for student use.

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New staff will be briefed as part of the induction process.

The school will provide this policy to casual relief staff and volunteers who will be working with students, and may also provide a briefing if the Principal decides it is necessary depending on the nature of the work being performed.

Asthma Emergency Kits

The school will provide and maintain at least two Asthma Emergency Kits. One kit will be kept on school premises in the First Aid room and one will be a mobile kit for activities such as:

- yard duty
- camps and excursions

The school will provide an additional kit for every 300 students as enrolments increase.

The Asthma Emergency Kit will contain:

- at least 1 blue or blue/grey reliever medication such as Airomir, Admol or Ventolin
- at least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication (Example School will ensure spare spacers are available as replacements). Spacers will be stored in a dust proof container.
- clear written instructions on Asthma First Aid, including:
 - how to use the medication and spacer devices
 - steps to be taken in treating an asthma attack
- A record sheet/log for recording the details of an asthma first aid incident, such as the number of puffs administered [see template record sheet in “additional resources”].

The First Aid Coordinator will monitor and maintain the Asthma Emergency Kits. They will:

- ensure all contents are maintained and replaced where necessary
- regularly check the expiry date on the canisters of the blue or blue/grey reliever puffers and place them if they have expired or a low on doses
- replace spacers in the Kits after each use (spacers are single-person use only)
- dispose of any previously used spacers

The blue or blue/grey reliever medication in the Asthma Emergency Kits may be used by more than one student as long as they are used with a spacer. If the devices come into contact with someone’s mouth, they will not be used again and will be replaced.

After each use of a blue or blue/grey reliever (with a spacer):

- remove the metal canister from the puffer (do not wash the canister)
- wash the plastic casing
- rinse the mouthpiece through the top and bottom under running water for at least 30 seconds
- wash the mouthpiece cover
- air dry then reassemble
- test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit.

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Management of Confidential Medical Information

Confidential medical information provided to the school to support a student diagnosed with asthma will be:

- recorded on the student's file
- shared with all relevant staff so that they are able to properly support students diagnosed with asthma and respond appropriately if necessary.

Communication Plan

This policy will be available on the school's website so that parents/carters and other members of the school community can easily access information about the school's asthma management procedures.

Epidemic Thunderstorm Asthma

The school will be prepared to act on the warnings and advice from the Department of Education and Training when the risk of epidemic thunderstorm asthma is forecast as high.

Reduction of Triggers

To reduce asthma triggers the school, where possible, will introduce such measures as:

- mowing school grounds out of hours
- introducing low allergen plants
- limiting dust, for example, by having the carpets and curtains cleaned regularly and out of hours
- examining the cleaning products used in the school and their potential impact on students with asthma
- conducting maintenance, such as painting, that may require the use of chemicals, during school holidays
- turning on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use

Encouraging participation in camps & excursions, special events and exercise

We will encourage the participation of students with asthma in camps and excursions.

The school will ensure:

- parents/carers provide enough medication (including preventer medication) for the student if they are going away overnight
- enough asthma emergency kits are available for the camp or excursion needs
- that parents/carers complete the [Asthma Australia's School Camp and Excursion Medical Update Form](#) and the Department's [Confidential Medical Form for Excursions](#).

If a student has Exercise Induced Bronchoconstriction (EIB), the school will ensure that adequate time for the following procedures before, during and after exercise is allowed.

Before:

- 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:

- 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:

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- ensure cool down activity is undertaken
- be alert for symptoms
- If a student has an asthma attack during, or after exercise or activity, follow their Asthma Action Plan if easily accessible, or commence asthma first aid. Always notify parents or carers of any incidents or medication usage.

FURTHER INFORMATION AND RESOURCES

- [Asthma Australia](#) - see Asthma Australia resources for Victorian schools, including a log sheet template for recording the details of a first aid incident.
- [Asthma, Chronic Illness Alliance](#)
- [Asthma Australia](#)
- [Better Health Channel - Thunderstorm Asthma](#)

References:

<https://www.education.vic.gov.au/school/pal/asthma>

Please refer also to the school's *Duty of Care Policy*, the *Decision-Making Responsibilities for Students Policy* and the *Health Care Needs Policy*.

REVIEW CYCLE AND EVALUATION

This policy, first developed in this format in May 2019, updated in July and August 2019 and again in July 2020, will be reviewed as part of the school's three-year review cycle or if guidelines change (latest DET update late July 2020).

A mandatory policy for VRQA purposes if a child with asthma has enrolled

School Council Approval No Longer Required

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