

Julia Gillard Community College Policy and Procedure

Policy name	Asthma Management Policy and Procedure
Responsible person	Senior First Aid Officer and Assistant Principal
Staff involved	All Staff
Review dates	Approved: 13/9/2024 Review Date: Semester 2, 2025

Policy Context

Asthma is very common in the community. It is therefore essential that staff are aware of how to assess and manage an asthma emergency in the event of an occurrence.

Julia Gillard Community College (JGCC/the School) has a duty of care to its children (students/clients under-18) and while it is important that adolescents have an important role in managing their own asthma, JGCC and the families of its young people will work together to ensure young people with asthma are managed while at the School.

What is Asthma?

Asthma is a long-term lung condition. Individuals with asthma have sensitive airways which can 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.

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 with asthma is not well controlled with medication.

Common triggers include:

- Cold or flu symptoms;
- Weather changes such as thunderstorms and cold, dry air
- Exercise;
- House dust mite droppings;
- Pollens;
- Smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- Moulds;
- Animals such as cats and dogs
- Chemicals such as household cleaning products
- Deodorants including perfumes, after-shaves, hair spray and deodorant sprays)
- Food chemicals/additives
- Emotions such as stress and laughter
- Pollution
- Certain medications (including aspirin and anti-inflammatories).

Symptoms of Asthma

- Wheezing – high pitched whistling sound that occurs during breathing out, which is caused by turbulence of the air in the constricted airways. Although wheezing is a

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common symptom, some people never wheeze, particularly older adults. Wheezing may also be absent in a severe asthma attack where there is virtually no air movement.

- Persistent cough. – dry or moist – the typical asthma cough is a dry persistent cough often evident at night, particularly after a cold. Occasionally asthma causes a productive cough as the level of mucus builds up in the lungs. The night cough is an indication of worsening asthma and often causes sleep disturbance.
- Shortness of breath – this is due to the increased effort associated with moving air in and out of the lungs
- Tightness of the chest – as more air becomes trapped in the lungs, the person experiences increasing chest tightness.

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.

These symptoms may vary from person to person.

Other symptoms may include:

- Rapid breathing – caused when the brain signals the body to breathe faster to get more oxygen to the tissues
- Difficulty talking – the person will have difficulty talking as air begins to be trapped behind mucus plugs in the lungs. This reduces the number of words able to be spoken as less air travels across the vocal cords and they are unable to vibrate. Speech patterns can be used to rate the severity of an asthma attack.
- Pale/sweaty
- Distress/anxiety
- Blue lips – indicates lack of oxygen and a sign of a severe asthma attack.

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.

Policy

This policy is in place to manage the occurrence of asthma and to ensure staff asthma awareness. Staff with a duty of care for students will be trained to assess and manage an asthma emergency. School staff will do training each semester coordinated by the Senior First Aid Officer

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The Senior First Aid Officer will ensure that equipment to manage an asthma emergency is in the Asthma Emergency Kit (AEK). The AEK should contain:

- in date blue/grey reliever puffer
- disposable spacer
- instructions for asthma first aid
- Asthma Emergency Record Sheet.

Julia Gillard Community College has qualified, trained staff on site in the management of asthma and is committed to maintaining trained staff in this area.

For students under 18, diagnosed with asthma, an **Individual Asthma Action Plan** must be provided to relevant staff at, or immediately after enrolment and annually thereafter.

Parents/guardians of students under 18, accessing the School programs and services are responsible for ensuring that the young person has an adequate supply of the appropriate medication and spacer (if applicable) with them at all times.

If a student's Asthma Action Plan is unavailable, the Asthma Australia's Asthma Action Plan should be used.

An AEK should be taken on all student excursions by the teacher in charge.

Procedure

In the event of an asthma attack, follow an individual's Asthma Action Plan.

The Asthma Action Plan should be:

- completed by the student's medical/health practitioner in consultation with the parents/guardians; and,
- provided annually by the:
 - doctor to the parents/guardians/ family
 - parents/guardians to the School

The Individual Asthma Plan must include:

- a current photo of the student
- student's name and date of birth
- Reliever medication
- confirmed triggers
- emergency contact details
- contact details of the student's medical/health practitioner
- an asthma first aid section which specifies no less than 4 separate puffs of blue/grey reliever medication with 4 breaths taken per puff every 4 minutes, using a spacer if possible.
- If a student's Asthma Action Plan is unavailable, Australia Asthma First Aid Plan must be used

People experiencing asthma symptoms even if for the first time should **not** ignore it and should seek medical advice as soon as possible.

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An asthma flare up can vary in severity and can be life threatening. If there are signs that a person's condition is deteriorating, urgent care should be sought. Call Triple Zero (000). Be aware of forecast thunderstorms in the pollen season particularly on days with a HIGH or EXTREME pollen count.

Where possible, stay indoors with doors and windows closed until the storm front has passed.

Asthma Attacks: Treatment Medication

Most students can control their asthma by taking medication. Asthma medication is normally:

- taken via a metered-dose inhaler (puffer) preferably in conjunction with a spacer device or via a breathe-activated dry powder inhaler
- provided by the parents or the student, and may be self-administered
- self-managed by the student at secondary level.

This table describes the common forms of asthma medication.

Reliever

Medication that:

- provides relief from symptoms within minutes
- used in an asthma emergency
- should be easily accessible to students at all times
- is preferably carried by the student
- is normally blue or grey in colour
- includes common brands such as Ventolin, Bricanyl, Airomir and Asmol.

Preventer*

- is used on a regular basis to prevent asthma symptoms and reduce the frequency and severity of asthma attacks
- is usually autumn or desert colours (brown, orange, rust or yellow)
- is prescribed by a doctor.

Combination Preventer*

- combines a preventer with a long acting reliever in the same device
- there are two common types of combination medications, Seretide and Symbicort
- for students aged 12 or over, Symbicort may be used in an asthma emergency if documented on the student's Asthma Action Plan
- usually white/red or purple in colour
- is prescribed by a doctor.

Important: Staff should refer to the student's Asthma Action Plan to determine how to use this medication in an asthma emergency.

*Preventers and Combination Preventers should not be taken to JGCC unless:

- the combination medication is Symbicort and has been prescribed as a reliever medication

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- the student is attending a school camp or overnight excursion and will be required to take the medication as prescribed, whilst in the care of the JGCC.

Types of asthma attack

Below are descriptions of the symptoms of different types of asthma attacks. Symptoms will vary from student to student.

Mild/Moderate:

- 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:

- 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.

Treating an asthma attack

The information below describes how to treat a student:

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

Note: For a student who is not a known to have asthma, this treatment:

- could be lifesaving if the asthma has not previously been recognised
- would **not be** harmful if the cause of breathlessness was not asthma.

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Warning: Immediately call Triple Zero "**000**" and ask for an ambulance and state a student is having an asthma attack if:

- the student is not breathing
- the student is having a severe or life threatening attack
- the student is having an asthma attack and a reliever is not available you are concerned
- at any time the student's condition suddenly worsens, or is not improving
- the student is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give asthma first aid.

Delay in treatment may increase the severity of the attack and ultimately risk the student's life.

First time asthma attack

If a student appears to be having difficulty breathing, but has not been diagnosed with asthma, the school staff should follow the School's first aid procedures.

This should include immediately:

- locating the administering reliever medication from the Asthma Emergency Kit
- after the first 4 doses of reliever medication call Triple Zero "**000**" for an ambulance
- continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive.

Steps and Action:

1. Sit the person upright:
 - be calm and reassuring
 - do not leave them alone
 - seek assistance from another staff member (or reliable student) to locate the student's Asthma Action Plan and an Asthma Emergency Kit if required. If the student's action plan is not immediately available, use Australia Asthma First Aid Plan as described below.
2. Give 4 separate puffs of blue or blue/grey reliever puffer:
 - shake the blue or blue/grey reliever puffer
 - use a spacer if you have one
 - put 1 puff into the spacer.
3. Wait 4 minutes.

If there is no improvement, give 4 more separate puffs of blue or blue/grey reliever as above and wait 4 minutes.

(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.

Tell the operator the student is having an asthma attack

Keep giving 4 separate puffs, every 4 minutes until emergency assistance arrives.

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(OR 1 dose of Bricanyl or Symbicort every 4 minutes – up to 3 more 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.

Note: Blue-grey reliever medication is unlikely to harm, even if the person does not have asthma

If at any time the condition worsens, or you are concerned, call an ambulance on 000

If the student is under-18, contact the student's parent/carer immediately, after calling the ambulance.

Even if the individual has a complete recovery from the asthma attack, do not leave them alone.

Note: Preventative medications do not treat the symptoms of an asthma attack. Do not administer **preventative** asthma medication for an emergency asthma attack.

Post Incident Support

An asthma attack can be a very traumatic experience for the student and others witnessing the reaction. In the event of an asthma attack, students and staff may benefit from post incident counselling.

Review

After an asthma attack has occurred it is important the following process review processes take place.

1. Any medication and/or spacers are replaced, if required
2. The student's individual asthma action plan is reviewed in consultation with the student's parent/guardian
3. Julia Gillard Community College's Policy & Procedure is reviewed to ensure that it adequately responds to asthma.

Asthma Emergency Kits

The School will provide at least one Asthma Emergency Kit – one to keep on the premises of the School, and a mobile kit for activities such as excursions and camps.

Contents

Asthma Emergency Kits must contain:

- at least 1 blue or blue/grey reliever medication such as Airomir, Asmol, 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 (ensure spare spacers are available as replacements)
- clear written instructions on Asthma First Aid, including:

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- 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 a first aid incident, such as the number of puffs administered

Notes:

The School uses the Lite-Aire Disposable Cardboard (or equivalent) spacer in the Asthma Emergency Kits, School staff need to be aware that the imagery is printed in refined soy ink. Although the risk of developing an allergic reaction to refined soy ink is low, there is still a risk and should be taken into account when developing Individual Anaphylaxis Management Plans for students diagnosed with soy allergy and Asthma.

Regular checks

A nominated staff member will be responsible for maintaining the Asthma Emergency Kit/s, including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date on the canister of the blue or blue/grey reliever puffer and replacing it if expired or low on doses
- replacing spacers in the Asthma Emergency Kit after each use spacers are single-person use only. Once used, the spacer can be given to that student, or thrown away.
- previously used spacers should be disposed of.

Cleaning requirements

Asthma spacers are single person use only. To avoid infection transmission via mucus, spacers and masks must only be used by the one student. They should be stored in a dustproof container. Note: Blue or blue/grey reliever medication ‘puffers’ in the Asthma Emergency Kit may be used by more than one student, as long as they are used with a spacer. If the medication delivery device (e.g. puffer) comes into contact with someone’s mouth it cannot be reused by anyone else and must be replaced.

Steps and Action for cleaning puffer after every use

1. Remove the metal canister from the puffer. Do not wash the canister.
2. Wash the plastic casing.
3. Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds. Wash mouthpiece cover.
4. Air dry then reassemble.
5. Test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit.

Communication Plan

The Assistant Principal will be responsible for ensuring that a Communication Matrix is completed and actioned. This provides information to all staff, parents/guardians and students about Asthma and the School’s Asthma Management Policy & Procedure.

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	Communication provided	Timing	Target Audience
1.	List of all asthmatic students (and other medical conditions) available from Assistant Principal, Senior First Aid Officer and on Student Medical Register	Term 1: First Week of school year & updated upon new enrolments or if the student's medical condition relates to asthma changes.	Staff
2.	Class lists for all Classrooms includes medical alerts for students with medical conditions including asthma	Term 1: First Week of school year OR if any changes to current list as required	Staff
3.	Providing Asthma Training	Completed by first day Term 1 or as required	Staff
4.	Providing Asthma Briefing	Semester 1 and Semester 2	Staff
4.	Excursions/Camps If required, the School will consult parents of students with asthma in advance to discuss plans for appropriate management of asthma. Medications to manage Asthma to be provided by parent/guardian or student if 18 and over.	As required	Staff Parents/Guardians Students
5.	Assistant Principal advise parents of requirements to obtain Asthma Action Plan for student prior to commencing at the School or if any changes to the student's medical condition	Upon new enrolment or as required	Parents/Guardians
6.	Casual staff / volunteers briefed at start of day by the Assistant Principal or nominee about student in their classes with medical alerts	As required	CRT Staff / Volunteers
7.	Raising community awareness. Completing and executing the requirements within the Communication Matrix. Information about asthma and related conditions and management will be provided to the community through training, briefings, student briefings, and posters at the School. Further	As required	Staff Students Parents/Guardians CRT Staff Volunteers

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	information can also be obtained from the Senior First Aid Officer		
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Staff Training

Staff will complete the Asthma Foundations asthma online training package via their e-Learning Hub asthmaonline.org.au/product/asthma-first-aid-for-schools. This online course covers the same content as the face to face session.

Asthma first aid qualification

An e-certificate is generated on completion which is documented. The asthma first aid certificate remains current for a period of three years.

Staff Briefing

School staff undertake a briefing each semester. The briefing is conducted by the Senior First Aid Officer who has completed one of the approved current Asthma Management Training courses. The Senior First Aid Officer uses the *Asthma Management Briefing Presentation and Facilitator's Guide for Victorian Schools*.

Roles and Responsibilities

Students are supported to self-manage their asthma.

Parents/guardians (of students under-18)

- Inform the School staff if their young person has asthma upon enrolment
- Read the School's Asthma Management Policy and Procedure
- Provide a relevant Asthma Action Plan signed by a doctor/health practitioner
- Provide their young person's medication, clearly dated and in original labelled container. A spacer should also be provided, unless the child is carrying the medication and spacer for self-management purposes
- Alert staff to any change in instructions for treating their young person's asthma.
- Provide a signed student Health Support Plan (for all health issues except Anaphylaxis)

Staff

- Document any serious asthma attack on an Accident, Injury and Illness Report Form, and advise parent/guardian as a matter of priority
- Have a supply of disposable spacers in the AEK in case a student does not have their own
Inform the School Senior First Aid Officer to replenish disposable spacers in AEK.
- Review documentation regularly including policies and procedures
- Ensure that students attending excursions/activities off site have their Asthma Reliever Puffer and Asthma Action Plan
- For offsite excursions/activities the AEK is taken by the teacher in charge.
- Ensure that students with Asthma can participate in all activities safely and to their fullest abilities

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The School Management Staff

- Meet all legal, regulatory and policy requirements related to Asthma Management at the School
- Maintain a central record of students healthcare needs, including Asthma, and review regularly
- Ensure staff working with under-18s undergo training and briefing each semester
- Complete the Annual Asthma risk management checklist
- Complete an Individual Asthma Risk Minimisation Plan
- Completes and actions the requirements within the Communication Matrix
- Provide parents and carers with a copy of the centre's Asthma Management Policy & Procedure, if a young person identifies as having asthma at the enrolment.
- Ensure Health Support Plans are completed for students with Asthma

The Asthma Emergency Kit will be kept for first aid purposes in case of:

- An emergency where a person has difficulty breathing
- A person's own reliever medication is unavailable, empty, or expired
- A person's first Asthma attack

The AEK must be accessible at all times and the Senior First Aid Officer is responsible for the currency of the kit.

All reliever medication for AEK must be purchased from a pharmacy.

The expiry date on the medication must be checked regularly by removing the canister from the puffer casing.

Asthma first aid posters will be on display at all School venues.

Disposable spacers must only be used once or only used for that student.

Related Documents

Legislation: Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 (Vic), Education and Training Reform Act 2006 (Vic), Education and Training Reform Regulations 2017, Occupational Health and Safety Act 2004 (Vic), Children, Youth and Families Act 2005 (Vic), Health Records Act 2001 (Vic), Privacy Act 1988 (Cth), Privacy and Data Protection Act 2014 (Vic), Child Wellbeing and Safety Act 2005 (Vic)

Policies: School Anaphylaxis Management Policy & Procedure, School Health Policy & Procedure, School Duty of Care Policy & Procedure, OH&S Policy & Procedure, Risk Identification and Management Policy & Procedure, Critical Incident & Emergency Management Policy & Procedure, School Excursions Policy & Procedure, School Records Management Policy & Procedure, Child Safety and Wellbeing Policy & Procedure, School Accident and First Aid Policy & Procedure

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Other: Accident, Injury and Illness Report Form, Medication Administration Log (under-18s), Medication Authority Form; Anaphylaxis Risk Management Plan, Anaphylaxis and Asthma Individual Action Plans, Asthma Communication Matrix, Student Health Support Plan, Incident & Emergency Management Form, DRSABCD Chart (Basic Life Support Chart), Student Enrolment Form, Asthma First Aid Poster, Asthma Emergency Kit Log; Annual Asthma Risk Management Checklist, Individual Asthma Management Plan, Asthma Australia First Aid Poster, Asthma Management Briefing for Victorian Schools, Asthma Management Briefing Facilitators Guide for Victorian Schools, Asthma Australia Asthma Guidelines for Victorian Schools, Asthma Communication Matrix, School Medical Register, Consent to Share Information Form

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