



ASTHMA POLICY

PURPOSE

The purpose of this policy is to ensure that Monivae College appropriately supports students diagnosed with asthma. This policy explains to the Monivae College community including 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; and
- all students who have been diagnosed with asthma or who may require emergency treatment for asthma and their parents/carers.

DEFINITIONS

Key word/abbreviation	Definition
Asthma	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).
Asthma attack	A sudden or severe asthma flare-up.
Asthma Care Plan	A plan completed by a student's medical practitioner which outlines the student's known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack
Blue-grey reliever medication	This is usually Airomir, Asmol, or Ventolin.
Nebuliser	A machine that converts liquid medicine into a fine mist that can then be inhaled.
Puffer	A pressurised metered dose inhaler (pMDI). The medicine contained in the inhaler is in a fine mist. When you press the canister, this mist is released, and you breathe in to deliver the medicine to your airways.
Spacer	A holding chamber device that makes it easier to take asthma medication from the type of puffer. A spacer can also make it easier to coordinate breathing in and pressing your puffer.

POLICY STATEMENT

Monivae College has a responsibility to support students diagnosed with Asthma.

1. Asthma

- 1.1. 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.

2. Symptoms

- 2.1. 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
- 2.2. 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.

3. Triggers

- 3.1. 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
 - smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
 - house dust mites
 - pollens
 - chemicals such as household cleaning products
 - food chemicals/additives
 - laughter or emotions, such as stress
 - colds/flu
 - weather changes such as thunderstorms and cold, dry air
 - moulds
 - animals such as cats and dogs
 - deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays)
 - certain medications (including aspirin and anti-inflammatories)

4. Asthma Management

- 4.1. If a student diagnosed with asthma enrolls at Monivae College:
- 4.1.1. 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.
- 4.1.2. Parents/carers should also provide a photo of the student to be included as part of the student's Asthma Care Plan.
- 4.1.3. Monivae College will keep all Asthma Care Plans:
- Staff room
 - Back of reception

- Science block office
 - Chevalier Centre office
- 4.1.4. 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 Health Care Needs Policy.
- 4.1.5. 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.
- 4.1.6. If a student asthma condition or treatment required change, parents/carers must notify the school and provide an updated Asthma Care Plan.
- 4.1.7. The School Receptionist and relevant school staff will work with parents/carers to review Asthma Care Plans (and Student Health Support Plans) once a year.

5. Asthma Kits

- 5.1. All students diagnosed with asthma are required to have their asthma kit containing their own prescribed reliever medication labelled with their name and their spacer (if they use one) with them at school.
- 5.2. The School has a number of Asthma Emergency Kits stored in the following locations:
- Back of reception
 - Science block office
 - Chevalier Centre office
- 5.3. 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 (Monivae College 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
 - An Asthma Emergency Kit Record for recording the details of an asthma first aid incident, such as the number of puffs administered.
- 5.4. The Receptionist is responsible for monitoring and maintaining 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 spaces.
- 5.5. 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.
- 5.6. 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.
- 5.7. Where students are going on an excursion or camp, the staff member in charge is required to collect the appropriate number of Asthma Emergency Kits from the Receptionist.

6. Asthma Emergency Response Plan

- 6.1. If a student is:
- having an asthma attack
 - difficulty breathing for an unknown cause, even if they are not known to have asthma
- 6.2. School staff will endeavour to follow the First Aid for Asthma procedures outlined in Appendix 1. School staff may contact Triple Zero “000” at any time.
- 6.3. 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

7. Training for Staff

- 7.1. Monivae College arranges 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) Online training. Access course here	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.	<i>Course in Management of Asthma Risks and Emergencies in the Workplace 22282 VIC</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 Monivae College	3 years

- 7.2. Monivae College will provide this policy to casual relief staff and volunteers who will be working with students diagnosed with asthma.

8. Management of Confidential Medical Information

- 8.1. Confidential medical information provided to Monivae College to support a student diagnosed with asthma will be:
- recorded on the student's file; and
 - shared with all relevant staff so that they are able to properly support students diagnosed with asthma and respond appropriately if necessary.

9. Communication

- 9.1. This policy is available on the website so that parents and other members of the school community can easily access information about the school's asthma management procedures.
- 9.2. Monivae College will display Asthma Australia - Asthma First Aid posters in the following places:
- staff room
 - sick room
 - areas where asthma attacks are likely to occur or be treated.
- 9.3. The school will maintain regular communication with the student's parents/carers about the student's asthma or any changes in health. In particular, the frequency and severity of the student's asthma symptoms and use of medication at school.

10. Epidemic Thunderstorm Asthma

- 10.1. Monivae College will be prepared to act on the warnings and advice from the Catholic Education Commission Victoria and Department of Education and Training when the risk of epidemic thunderstorm asthma is forecast as high.
- 10.2. Monivae College will implement procedures to avoid exposure, such as staying indoors with windows and doors closed and implement emergency response procedures and follow individual Asthma Care Plans as needed.

11. Risk Mitigation

- 11.1. Monivae College will endeavour to where possible reduce asthma triggers which may include undertaking the following:
- mowing school grounds out of hours
 - planting low allergen gardens
 - limiting dust, for example, 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 that may require the use of chemicals, such as painting, 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.

GOVERNANCE

Associated policies	Medication Policy Health Care Needs Policy Excursions Policy
Associated forms	Student Health Support Plan Asthma Emergency Kit Record
Related Legislation	Education and Training Reform Act 2006 (Vic.) Privacy Act 1988 (Cth)

	Occupational Health and Safety Act 2004 (Vic.)
Category	Operational
Approval	School Leadership Team 17.11.2021
Policy Owner	Compliance and Risk Manager
Date Effective	18.11.2021
Review Date	2026 (5 years from effective date)
Version	1.0
Content Enquiries	eguthrie@monivae.vic.edu.au

First Aid for Asthma

1	<p>Sit the person comfortably upright. Be calm and reassuring. Don't leave the person alone.</p>	
2	<p>Give 4 puffs of a blue/grey reliever (e.g. Ventolin, Asmol or Airomir) Use a spacer, if available. Give 1 puff at a time with 4 breaths after each puff Use the person's own inhaler if possible. If not, use first aid kit inhaler or borrow one.</p>	OR
3	<p>Wait 4 minutes. If the person still cannot breathe normally, give 4 more puffs.</p>	
4	<p>If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack. Keep giving reliever. Give 4 puffs every 4 minutes until the ambulance arrives. Children: 4 puffs each time is a safe dose. Adults: For a severe attack you can give up to 6-8 puffs every 4 minutes</p>	
HOW TO USE INHALER	<p>WITH SPACER</p>  <ul style="list-style-type: none"> • Assemble spacer • Remove puffer cap and shake well • Insert puffer upright into spacer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer to fire one puff into spacer • Take 4 breaths in and out of spacer • Slip spacer out of mouth • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap 	<p>WITHOUT SPACER</p>  <ul style="list-style-type: none"> • Remove cap and shake well • Breathe out away from puffer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer while breathing in slowly and deeply • Slip puffer out of mouth • Hold breath for 4 seconds or as long as comfortable • Breathe out slowly away from puffer • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap
	<p>BRICANYL OR SYMBICORT</p>  <ul style="list-style-type: none"> • Unscrew cover and remove • Hold inhaler upright and twist grip around and then back • Breathe out away from inhaler • Place mouthpiece between teeth and seal lips around it • Breathe in forcefully and deeply • Slip inhaler out of mouth • Breathe out slowly away from inhaler • Repeat to take a second dose – remember to twist the grip both ways to reload before each dose • Replace cover 	
	<p>Wait 4 minutes. If the person still cannot breathe normally, give 1 more dose.</p> <p>If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack.</p> <p>Keep giving reliever while waiting for the ambulance: For Bricanyl, give 1 dose every 4 minutes For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)</p>	

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person's Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit:
Asthma Foundations – www.asthmaaustralia.org.au
National Asthma Council Australia – www.nationalasthma.org.au



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