

Murtoa College

ASTHMA POLICY



Rationale:

Asthma is a chronic health condition, which affects 1 in 6 children and 1 in 9 adults. It is the most common reason for hospital admission in children under 12 years of age and the leading cause of school absenteeism (Asthma Foundation of Australia). 8 Australians die from asthma each week and more than half of these asthma deaths can be prevented. With appropriate management the impact of asthma on school absenteeism and deaths can be minimized.

Aim:

- To provide a policy of asthma management that focuses upon prevention as the priority.
- To provide a process for the proper asthma management of students and staff within the school.

Scope and Development:

This policy applies to children enrolled at Murtoa College, their parents/guardians, the staff and Council.

This policy was correct at the time of publication and developed in accordance with:

- The Asthma Foundation of Victoria – The Victorian Schools Asthma Policy
- The Asthma Foundation of Australia.

Implementation:

Our Asthma Friendly Strategies are:

Education:

- An information session will be held annually to update all school staff on asthma and its management. This will ensure that the Asthma Friendly Schools Program standards are being met.
- Parents will be kept informed about asthma and related topics through regular newsletter inserts developed by the Asthma Foundation of Victoria.
- The Asthma First Aid poster will be displayed wherever appropriate including in the first aid room, staff room and school office.

Asthma Management:

- School management will identify children with asthma during the enrolment process and convey this information to all school staff where and when appropriate.
- Asthma Action Plans:
 - The Welfare Co-ordinator or school nurse will distribute Asthma Action Plans to the parents of all students with asthma (as indicated on their enrolment form) (Appendix 1). The person responsible will follow-up these plans until all have been returned.
 - The Welfare Co-ordinator will ensure that an Asthma First Aid poster is displayed in each key location.
- Medications:
 - Students are able to bring appropriate asthma medications to school provided:
 - The parent/carer has completed and returned the Asthma Action Plan form.
 - All medications are labelled clearly and properly.
 - It is the parents' responsibility to ensure that the medication is not out of date. However, in the even of the medication being past it's use by date the school puffer must be used and the parents informed of its use and the need to purchase another puffer for their child.

- A spacer (to assist with the delivery of blue reliever medication (Ventolin, Asmol) during an acute asthma attack)), blue reliever puffer, alcohol swabs and asthma first aid steps card shall be kept in all first aid kits, the first aid room and with staff on excursions or sporting events. The First Aid Person is responsible for checking expiry dates on this medication and replacing when required.

- Emergency Management:

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

- Call 000 or ambulance. Clearly state that the student is having an asthma attack. Carry out asthma first aid whilst waiting for the ambulance to arrive (Appendix 2). Have another staff member contact the parents as the child should not be left alone, even if there is complete recovery. If the student has an asthma action plan, follow the steps immediately.
- If no individual action plan is available, normal asthma protocol should be used immediately (Appendix 2). These steps are clearly displayed in poster format in the First Aid Room, school office and staff rooms.
- If the student's own reliever puffer is not readily available, a reliever puffer should be used from the first aid kit.
- Regardless of the severity of the attack, asthma first aid needs to commence immediately.
- In the situation of a first-time asthma attack, asthma first aid must be followed immediately (Appendix 2).

- School Camps/Excursions:

- A minimum of one staff member capable of managing an acute asthma attack shall be present.
- Parents/Carers will be notified of their responsibility to ensure that their child has an adequate supply of appropriate medication and this medication has been added to a Camp/Excursion Asthma Action Plan which is returned to the school office along with other camp permission documentation. This Asthma Action Plan will be taken to camp by camp staff.
- An asthma first aid kit will be carried by staff.
- Catering staff will be provided with a record of students known to have food allergies or have their asthma triggered by food or food additives.

- School Activities/Physical Education:

- Students with asthma will be encouraged to participate in all school activities.
- Staff responsible for Physical Education/Activity will know and understand the steps involved in managing exercised induced asthma

Evaluation:

This policy will be reviewed as part of the school policy review cycle, and as required by the Asthma Foundation, to maintain accreditation as part of the Asthma Friendly School program.

References:

Asthma Foundation of Australia

POLICY REVIEW AND APPROVAL

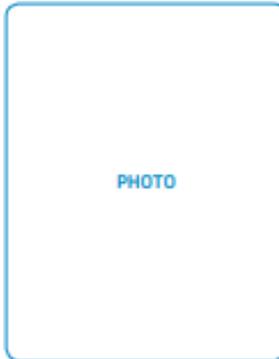
Policy last reviewed	November 2021
Approved by	Principal
Next scheduled review date	November 2022

FOR USE WITH PUFFER AND SPACER
ASTHMA ACTION PLAN



VICTORIAN SCHOOLS

Student's name: _____
 DOB: _____
 Confirmed triggers:



- Child can self-administer if well enough
- Child needs to pre-medicate prior to exercise
- Face mask needed with spacer

ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: - _____

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
 Mild to moderate symptoms do not always present before severe or life-threatening symptoms

- Sit the person upright**
Stay with the person and be calm and reassuring
- Give - separate puffs of Airomir, Asmol or Ventolin**
Shake the puffer before each puff
Puff 1 puff into the spacer at a time
Take 4 breaths from spacer between each puff
- Wait 4 minutes**
If there is no improvement, repeat step 2
- If there is still no improvement call emergency assistance**
Dial Triple Zero "000"
Say 'ambulance' and that someone is having an asthma attack
Keep giving - _____ puffs every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

SIGNS AND SYMPTOMS	MILD TO MODERATE	SEVERE	LIFE-THREATENING
	<ul style="list-style-type: none"> Minor difficulty breathing May have a cough May have a wheeze Other signs to look for: 	<ul style="list-style-type: none"> Cannot speak a full sentence Sitting hunched forward Tugging in of skin over chest/throat May have a cough or wheeze Obvious difficulty breathing Lethargic Sore tummy (young children) 	<ul style="list-style-type: none"> 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)

Emergency contact name: _____

 Work ph: _____

 Home ph: _____

 Mobile ph: _____

Plan prepared by Dr or Nurse Practitioner: _____
 Signed: _____
I hereby authorise medications specified on this plan to be administered according to the plan
 Date prepared: _____
 Date of next review: _____

- 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).

- Assemble spacer.
- Remove cap from puffer.
- Shake puffer well.
- Attach puffer to end of spacer.