



Avila College

ASTHMA MANAGEMENT POLICY

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Date	2015
Author/s	Health Centre Team Deputy Principal Student Wellbeing
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Rationale

Avila College (the College) reflecting the Christian values of the Presentation Order is committed to promoting full engagement with all aspects of College life for all students. The College is committed to providing, as far as practicable, a safe and supportive environment for the student with Asthma. It is important to understand that Asthma is a long-term (chronic) disease. Over 2.5 million Australians have Asthma – about 1 in 10 adults and about 1 in 9 or 10 children.

Scope

The College acknowledges that the management of a student with Asthma is a partnership between College staff, the student's parents/carers, medical practitioner and the student.

Principles

The College recognises that students who have mild Asthma with very minor problems rarely need medication and have minimal restrictions to their school life. However, some students with moderate to severe Asthma may experience difficulties at school in relation to attendance, concentration and participation in school-based activities and will require extra assistance. The College recognises that anyone with Asthma can have a severe attack, even those with mild Asthma. To support the student experiencing a chronic health condition such as Asthma enabling structures that follow a collaborative approach are implemented, are fully supported by all stakeholders and are regularly reviewed. Comprehensive management is achieved by individual Asthma Action Plans that are approved by the Asthma Foundation.

Definition

Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. Sometimes it is harder for a person with Asthma to breathe in and out, but at other times their breathing is normal. Many people think they have Asthma only when they have Asthma symptoms. In fact, the airways are sensitive all the time and most people with Asthma have permanently irritated (inflamed) airways when not taking regular preventer treatment. Asthma symptoms occur when the muscles in the airway tighten and the lining of the airway swells and produces sticky mucus. These changes cause the airways to tighten or become constricted so there is less space to breathe through. (National Asthma Council September 2017)

The most common symptoms of Asthma may include, but are not limited to:

- wheezing – a continuous, high-pitched sound coming from the chest while breathing;
- shortness of breath – a feeling of not being able to get enough air;
- a feeling of tightness in the chest; and/or

- coughing – alongside other symptoms.

You do not need to have all of these symptoms to be diagnosed with Asthma. Symptoms vary from person to person.

Asthma flare-up

An Asthma flare-up is when Asthma symptoms start up or get worse compared to usual. The symptoms won't go away by themselves and need treatment. These flare-ups can happen quite quickly (i.e. exposure to smoke) but they can also come on gradually over hours or days (i.e. if you get a cold).

Common triggers may include, but are not limited to:

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

Asthma and allergies are closely linked. Asthma is more common in families with allergies but not everyone with Asthma has allergies.

Thunderstorm Asthma

Grass pollen season brings an increase in Asthma and hay fever. It also brings the chance of Thunderstorm Asthma.

Grass pollen grains get swept up in the wind and carried for long distances. Some can burst open and release tiny particles that are concentrated in the wind gusts that come just before a thunderstorm. These particles are small enough to be breathed deep into the lungs and can trigger Asthma symptoms, making it difficult to breathe.

For people with hay fever – especially those who experience wheezing or coughing with their hay fever – Thunderstorm Asthma can be sudden, serious and even life threatening.

Students in collaboration with their parents/carers are encouraged to manage their hay fever, and reduce their risk of developing Thunderstorm Asthma by administering antihistamines prior to coming to school. Antihistamines are available at the Health Centre and can be administered only with parents/carers permission. Parents/carers may record permission for antihistamine on CareMonkey. Consultation with a medical practitioner is encouraged for a Hay Fever Treatment Plan.

On days where there is a Thunderstorm Asthma warning, from October through to December, especially in wind gusts before the storm, at risk students should be encouraged to stay inside with doors and windows closed and air conditioning on recirculate only.

If a student has Asthma symptoms but no Asthma Action Plan follow the four steps of Asthma first aid and recommend follow up with a medical practitioner.

Documentation

Every student with Asthma attending the College will have a written Asthma Action Plan (Appendix 8) completed by their medical/health practitioner in consultation with the students' parents/carers.

The provision of an Asthma Action Plan and the shared approach ensures that:

- Students with Asthma are readily identified;
- Usual medical treatment (medication taken on a regular basis when the student is 'well' or as a premedication prior to exercise) is identified;
- Details are provided on what to do in the event of deteriorating Asthma and details of medication to be used including what to do during an acute Asthma attack;
- The medical section in the Confirmation of Student details includes an Asthma Action Plan and the necessary questions that identify students with Asthma. The completed form is then returned to the Health Centre Team;
- New students will be identified from information provided by parents/carers at the time of enrolment;
- Current students receive an Asthma Action Plan on a yearly basis, which can be updated by parents/carers via the CareMonkey portal if any changes take place during the school year;
- When an Asthma Action Plan is received by the Health Centre Team the details are entered in to the Synergetic health database and the student identified in general health alerts;
- Asthma Action Plans are copied and attached to CareMonkey, which teachers take on excursions and overnight camps;
- Acceptable Asthma Action Plans include: a current plan (within the last 12months) that has been signed by a medical practitioner

Where there is no plan the 4 x 4 Asthma first aid procedure will be implemented using salbutamol (Avila stocks the ASMOL brand).

The Health Centre Team will advise staff and document in Synergetic if a student has had a recent admission or episode of severe Asthma and together will monitor the student during the day.

Education

Although Asthma is a common condition it is a serious respiratory condition and breathing difficulty can lead to death. For this reason an Asthma attack must be treated as a medical emergency and requires an emergency response.

The College is committed to having regular staff Asthma education, maintaining Asthma policies for the College, and promoting Asthma awareness to students and parents/carers.

Staff have the opportunity to undertake first aid training which includes Asthma Management.

Staff are instructed biannually and as required throughout the year on the management of an Asthma emergency.

Staff are aware of students on Asthma Management Plans and understand the importance of daily Asthma management and how to assess and manage an Asthma emergency. Individual student Asthma Management Plans can be accessed via the College Portal.

Students are encouraged, where possible to take responsibility for their own health issues, when information is provided and where they are supported by parents/carers and the College staff. Education via newsletters, daily notices and resources such as the Melbourne Pollen App assist in prevention and risk minimisation. Asthma awareness is promoted via posters around the College. First aid information is available and displayed throughout the College.

Excursions and Overnight Camps

- Asthma Action Plans are copied and attached to CareMonkey, which teachers take on excursions and overnight camps. This assists with the management of the students' daily Asthma and in the event of an emergency;
- Special consent may be required for permission to participate in special activities that are off Campus. Alternative plans in consultation with parents/carers and Medical Practitioners may be required;
- Asthma first aid kits are supplied and readily available for students and staff.

Equipment

- Asthma reliever (bronchodilator such as salbutamol, Avila stocks the ASMOL brand) is provided in First Aid bags to all staff taking excursions and overnight camps and is provided in all sport/PE First Aid bags. A disposable spacer delivery device is included in First Aid bags and is always recommended to use with Asmol.

Ventolin and spacers are also located throughout the College in the Red Anaphylaxis EpiPen® bags at the:

- General Office
- PE Office in Gym
- Kitchen area in Food Technology
- Health Centre
- Music School

Black bags containing Asthma and Hypo kits are at the:

- Resource Centre;
- Administration Assistant for YLCs office

Asthma Medication

- Blue reliever medication such as Ventolin, Asmol, Airmir must be carried by the student at all times and are the only puffers used in an emergency. A spacer delivery device is always used in an emergency;
- Preventer medications must be provided for all students attending overnight camps and excursions. They must be clearly labelled with the student name and are kept with the student. Preventer medications are not used in an emergency;
- In the event of an Asthma flare up/attack and the student reliever is not available the College Ventolin and spacer are accessed immediately. Ventolin reliever and disposable spacers are available in all excursion/camp First Aid bags and in all sport/PE bags and in the Health Centre.

Emergency

Where there is no personal student Asthma Action Plan the 4 x 4 Asthma first aid procedure will be implemented using salbutamol (Avila stocks the ASMOL brand).

- In an emergency when no other reliever is available another person's medication may be used.

Review

This policy will be reviewed annually, as recommended by the Asthma Guidelines 2017, Asthma Foundation Victoria, by the Health Centre Team in conjunction with the Deputy Principal Student Wellbeing with recommendations for change going to the Principal.

It is recommended the Principal complete an annual Asthma Risk Management Checklist to monitor College compliance with the Schools Policy Advisory Guide, these guidelines, and their legal obligations. The annual checklist can be found at The Asthma Foundation of Victoria's website: Victorian School Resources.

Appendices

Asthma Action Plan

VERSION HISTORY

Version	Date Issued	(Minor, Major Change)
November 2015	November 2015	
December 2018	December 2018	Minor
May 2020	May 2020	Minor

Document approved by Principal and ratified by the Executive Team	
Next Review Date	May 2021
Person/s Responsible	Health Centre Team Deputy Principal Student Wellbeing
Related Documents	
References	<ol style="list-style-type: none">1. The Asthma Foundation of Victoria Asthma Guidelines July 2017 www.Asthmaaustralia.org.au2. Ministerial Order 706 - Anaphylaxis Management in Schools. Victorian Government3. Victorian State Government Department of Education and Training Schools

APPENDIX: Asthma Action Plan

FOR USE WITH PUFFER AND SPACER

ASTHMA ACTION PLAN

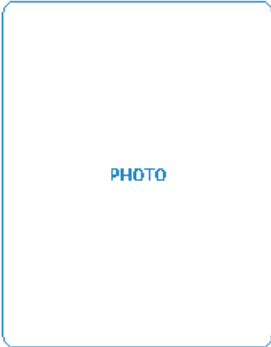


VICTORIAN SCHOOLS

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: <div style="border: 1px solid black; width: 100px; height: 100px; margin-top: 10px;"></div>	<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: _____

Plan prepared by Dr or Nurse Practitioner: _____

Work ph: _____

Signed: Health authority medical officer for this state has administered or will administer this plan

Home ph: _____

Date prepared: _____

Mobile ph: _____

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.