**ASTHMA POLICY**

**Help for non-English speakers**

If you need help to understand the information in this policy please contact the school office on 5456 2361

**Purpose**

To ensure that CCS appropriately supports students diagnosed with asthma.

**Objective**

To explain to CCS 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 causal 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.

**Policy**

**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). 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:

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

**Asthma management**

If a student diagnosed with asthma enrols at CCS:

1. Parents/carers must provide the school with an Asthma Action 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 Action Plan.
3. CCS will keep all Asthma Action Plans:
	* front office, classroom for primary school students, the staffroom, sick bay.
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
5. If a student diagnosed with asthma is going to attend a school camp or excursion, CCS parents/carers are required to provide any updated medical information.
6. If a student’s asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Action Plan.
7. School staff will work with parents/carers to review Asthma Action Plans once a year.

**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 their classroom

**OR**

Students will be required to 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** |
|  | 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 reliever, the Asthma Emergency Kit and the student’s Asthma Action 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.
 |
|  | Give 4 separate puffs of blue or blue/grey reliever puffer:* 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** |
|  | Wait 4 minutes* If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

(or give 1 more dose of Bricanyl or Symbiocort inhaler) |
|  | 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

(or 1 dose of Bricanyl or Symbicort every 4 minutes – up to 3 doses of Symbicort) |
|  | 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**

CCS 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. | Asthma Australia | 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) | *Course in Management of Asthma Risks and Emergencies in the Workplace 22282VIC* (accredited)OR*Course in Emergency Asthma Management 10392NAT*(accredited) | Any RTO that has this course in their scope of practice  | Paid by CCS | 3 years |

CCS will also conduct an annual briefing for staff on:

* the procedures outlined in this policy
* the causes, symptoms and treatment of asthma
* 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 for student use.

CCS will also 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 Kit**

CCS 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 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 CCS 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.

The first aid officer 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 spaces.

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.

**Management of confidential medical information**

Confidential medical information provided to CCS 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.

**Epidemic Thunderstorm Asthma**

CCS 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.

**Review cycle and evaluation**

To ensure ongoing relevance and continuous improvement, this policy will be reviewed every 4 years.

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| Policy last reviewed | 24th May 2023 |
| Approved by | Principal, Valerie Lobry |
| Next scheduled review date | May 2027 |