



*A School With A View*

## ASTHMA POLICY

### DEFINITION

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 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.

### 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
- a 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:

- Exercise
- colds/flu
- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires
- weather changes such as thunderstorms and cold, dry air
- house dust mites
- moulds
- pollens
- animals such as cats and dogs
- 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)
- emotions, such as stress and laughter.

## RATIONALE

Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment. Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.

## AIMS

To manage asthma and asthma sufferers as effectively and efficiently as possible at school.

To reduce triggers in our school environment.

Respond to Epidemic Thunderstorm Asthma warnings and asthma attacks efficiently and effectively.

## IMPLEMENTATION

- Children and adults with mild asthma rarely require medication; however severe asthma sufferers may require daily or additional medication (particularly after exercise).
- All school staff with a direct duty of care responsibility for students will be trained in being able to manage an asthma emergency appropriately. Training will be conducted at least every three years. This can be face-to-face or online. Additional information is displayed in the sickbay.
- All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria's requirements. Parents must provide the school with an Asthma Action Plan completed by the student's medical practitioner. The plan must outline the students known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.
- Asthma plans will be kept in the office, along with clearly labelled medication for each child.
- Students with asthma will be identified and visible on Compass for staff to see when calling the roll in the morning and afternoon, this way all staff are aware of students in their care with asthma.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- The school's first aid kits will each contain a Ventolin & alcohol swabs to clean devices after use.
- The delegated first aid staff member will be responsible for checking reliever puffer expiry dates.
- Care must be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks should be treated in accordance with their asthma plan.

### **Implement the following emergency response procedure:**

If no plan is available children are to be sat down, reassured, administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called if there is no improvement after the second 4-minute wait period, or if it is the child's first known attack. Parents must be contacted whenever their child suffers an 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.

### **COMMUNICATION PLAN**

Act on the warnings and advice from the Department when the risk of epidemic thunderstorm asthma is forecast as high, including:

- act on advice and warnings from the Department Education and Training's Emergency Management Division associated with a potential thunderstorm asthma activity
- inform the school community and parents via Compass
- implement an indoor timetable (equivalent to a wet day timetable) to avoid exposure by staying indoors with windows and doors closed
- implement emergency response procedures (as mentioned above) and follow individual asthma action plans as needed.

### **REVIEW CYCLE**

This policy was ratified at school council July 2020. This policy is scheduled for review each year.