Grovedale We Primary Sci Linking Learning to	Asthma Policy			
Purpose	To ensure that Grovedale West Primary School appropriately supports students diagnosed with asthma To explain to Grovedale West Primary School 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 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 sudder or severe asthma flare-up is sometimes called an asthma attack. <i>Symptoms</i>			
	 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.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.TriggersA trigger is something that sets off or starts asthma symptoms. Everyone with asthma has differen 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)• laughter or emotions, such as stress• certain medications (including aspirin and anti-inflammatories)			
	 Asthma management If a student diagnosed with asthma enrols at Grovedale West Primary School: Parents/carers must provide the school with an <u>Asthma Care Plan</u> 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 Care Plan.			

- 3. Grovedale West Primary School will keep all Asthma Care Plans:
 - In the First Aid Cupboard in the Adminstraton Building
- 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 Grovedale West Primary School's Healthcare Needs Policy.

- 5. If a student diagnosed with asthma is going to attend a school camp or excursion, Grovedale West Primary School 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 Care Plan.
- 7. School staff will work with parents/carers to review Asthma Care Plans (and Student Health Support 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 at the First Aid Cupboard in the Administration Building. Students will be required to keep a second prescribed asthma reliever medication labelled with their name with them while at school, in their bag.

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
1.	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 Care 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.
2.	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
3.	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)
4.	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)

5.	If asthma is relieved the student. Notify t		•	-	
 the ift ift ift ift ift 	all Triple Zero "000" i e person is not breathi he person's asthma su he person is having ar hey are not sure if it is he person is known to f or staff West Primary School	ng uddenly becomes v n asthma attack an s asthma n have anaphylaxis	d a reliever is not	t available	raining 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.	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, (including nurses, PE/sport teachers, first aid and school staff	Course in Management of Asthma Risks and Emergencies in the Workplace 22282VIC (accredited) OR Course in Emergency	Any RTO that has this course in their scope of practice	Paid by Grovedale West Primary School	3 years

Grovedale West Primary School will also conduct an annual briefing for staff on:

Asthma Management 10392NAT (accredited)

- 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

attending camp)

- the location of:
 - \circ $\;$ the Asthma Emergency Kits
 - \circ as thma medication which has been provided by parents for student use.

Grovedale West Primary School 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

Grovedale West Primary School will provide and maintain at least two Asthma Emergency Kits. One kit will be kept on school premises at the First Aid Cupboard in the Admisitraton Building and one will be a mobile kit for activities such as:

- yard duty
- camps and excursions.

Grovedale West Primary School an additional kit for every 300 students.

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 (Grovedale West Primary School will ensure spacers are available as replacements). Spacers will be stored in a dust proof container.
- clear written instructions on Asthma First Aid, including:
 - $\circ \quad$ 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 office staff 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 if needed.
- dispose of any previously single use 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 Grovedale West Primary School 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.

Communication plan

This policy will be available on Grovedale West Primary School's website so that parents and other members of the school community can easily access information about Grovedale West Primary School's asthma management procedures.

Epidemic Thunderstorm Asthma

	Grovedale West Primary School 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	This policy was last updated on 14/1/18 and is scheduled for review in 2020



Asthma Action Plan

Name: ____

Date of birth:

- Di	noto
	1010

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph:	
Home Ph: _	
Mobile Ph:	

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date:

Date of next review:



- Unscrew and lift off cap. Hold turbhaler upright
- Twist blue base around all the way, and then back all the way
- Breath out gently away from turbuhaler
- Do not breath in to it
- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breath in through mouth strongly and deeply. Remove turbuhaler from mouth
- Hold the breath for about 5 seconds or as long as comfortable. Breath out

For use with a Bricanyl Turbuhaler

MILD TO MODERATE SIGNS

- · Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - · Stay with person and be calm and reassuring
- 2 Give 2 separate doses of Bricanyl
 - · Breath in through mouth strongly and deeply
 - · Remove Turbuhaler from mouth before breathing
 - gently away from the mouthpiece
- 3 Wait 4 minutes.
 - If there is no improvement, give 1 more dose of Bricanyl

If there is still no improvement:

4 Phone ambulance: Triple Zero(000)

5 Keep giving 1 dose every 4 minutes until emergency assistance arrives

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- · Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest
 or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)
- 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)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- **1** Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give 2 separate doses of Bricanyl.
 - Breath in through mouth strongly and deeply
 - Remove Turbuhaler from mouth before breathing out gently away from the mouthpiece
- 4 Wait 4 minutes.
- 5 Keep giving 1 dose every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- · Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N N Type of autoinjector:

© The Asthma Foundation of Victoria 2016. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor, nurse practitioner and cannot be altered without their permission.



Asthma Action Plan

Name: ____

Date of birth: _

Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph:	
Home Ph: _	
Mobile Ph:	

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan. Signed:

Date:

Date of next review:



- Remove cap from puffer and shake well
 Tilt the chin upward to open the airways,
- breath out away from puffer • Place mouthpiece, between the teeth,
- and create a seal with lips • Press once firmly on puffer while
- breathing in slowly and deeply
 Slip puffer out of mouth
- Hold breath for 5 seconds or as long as comfortable

For use with a Puffer

MILD TO MODERATE SIGNS

- · Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - · Stay with person and be calm and reassuring
- 2 Giveseparate puffs of Airomir, Asmol or Ventolin
 - · Shake puffer before each puff
 - Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest
 or throat
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- Lethargic
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 - Unable to speak or 1-2 words
 - Collapsed / Exhausted
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 - Drowsy/ Confused / Unconscious
 - Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- **1** Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 4 Wait 4 minutes.
- 5 Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

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- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N N Type of autoinjector:

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Name: Date of birth:

Asthma Action Plan

For use with a Puffer and Spacer

MILD TO MODERATE SIGNS

- · Minor difficulty breathing
- May have a cough
- · May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

1 Sit the person upright.

- Stay with person and be calm and reassuring
- 2 Give 4 separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

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 - Put 1 puff into the spacer at a time
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Anaphylaxis: Y N N Type of autoinjector:

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Child can self administer medication if well enough.

Photo

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph:	
Home Ph:	
Mobile Ph:	

I hereby authorise medications specified on this plan to be administered according to the plan.



- Assemble Space
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- · Breath 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)

Plan prepared by Dr or NP:

Signed:

Date:





