



Asthma Management Policy

1. Purpose

- a) Asthma affects around 10 per cent of Australian children and is one of the most common reasons for school absenteeism and hospital admission in school-aged children.
- b) Asthma attacks must be identified quickly and treated correctly to ensure the best outcome for students affected. Teachers and staff must be aware of the symptoms, triggers and best practice management of asthma.
- c) This policy outlines how Launceston Church Grammar School will minimise the risks to students affected by asthma and ensure staff have the information they need to assist their asthmatic students while at the School.

2. Scope

This policy applies to all staff and students at Launceston Grammar's Junior and Senior Campuses, including the Early Learning and Outside of School Hours Care areas.

3. Launceston Grammar's Policy

Launceston Church Grammar School is committed to supporting students who suffer from asthma and assisting them to participate in all School activities. It is our policy that:

- a) we provide a clear set of guidelines for the management of asthma in our School. The guidelines in this Policy have been developed having regard to the publications of Asthma Australia and the National Asthma Council of Australia.
- b) we establish procedures for responding to and dealing with students who have been diagnosed with asthma and procedures for responding to an asthma attack
- c) we identify and, where possible, minimise asthma triggers identified on a student's health plan
- d) student medical records and Asthma Action Plans are communicated to relevant staff in a confidential manner, stored appropriately and updated yearly
- e) where possible, we encourage students with asthma to self-administer medication and keep it on their person at all times
- f) we inform parents/carers as soon as possible of concerns regarding a student's asthma, particularly where it is limiting the student's ability to participate fully in all activities

- g) where necessary, we modify activities for the student with asthma in accordance with their needs
- h) we provide education, support and resources for staff, parents/carers, students and the wider School community on asthma awareness
- i) we place Asthma Emergency Kits – spacer devices, reliever medication and Asthma First Aid Action Plans – in appropriate areas within the School and ensure staff know where to access them
- j) key staff are trained to provide Asthma First Aid and how to use the equipment and medication in our Asthma Emergency Kits
- k) we display emergency Asthma First Aid posters in key locations around the School.

4. Asthma Triggers

- a) Triggers which may cause an asthma attack include, but are not limited to, the following:
 - hay fever
 - air quality
 - thunderstorms
 - bushfire smoke
 - colds and flus
 - exercise
 - smoke e.g. cigarette, wood fire smoke
 - dust, pollens and allergens
 - certain medications
 - some foods or preservatives
 - extreme weather and sudden changes in the weather
- b) With the exception of exercise, asthma triggers should be avoided.

5. How to Recognise an Asthma Attack

- a) The symptoms of asthma depend on whether the attack is mild/moderate, severe or life-threatening:
 - i. **Mild/Moderate** Attack Symptoms include:
 1. coughing
 2. soft wheezing
 3. minor trouble breathing.
 - ii. **Severe** Attack Symptoms include:
 1. persistent coughing
 2. loud wheezing
 3. obvious difficulty breathing
 4. inability to speak a full sentence in one breath
 5. tugging in of the skin between the ribs or at the base of the neck

6. reliever medication not lasting as long as usual.
- iii. **Life-threatening** Attack Symptoms include:
 1. wheezing/coughing may be absent
 2. confused or exhausted
 3. turning blue
 4. gasping for breath
 5. collapsing
 6. not responding to reliever medication.

6. Recognising Symptoms of Poorly Controlled Asthma

- a) The following are indicators that a student's asthma is poorly controlled:
 - i. frequent absenteeism from school due to asthma
 - ii. students regularly use their reliever medication more than two times per week to ease asthma symptoms
 - iii. tiredness/poor concentration
 - iv. student is unable to exercise or play sport due to asthma
- b) If you recognise a student who may have poorly controlled asthma, consider informing the parents/carers so that they can seek medical advice.

7. Asthma Action Plan

- a) An Asthma Action Plan is a written set of instructions prepared in partnership with the student's doctor that helps students to manage their asthma at different times.
- b) The student's Asthma Action Plan should include:
 - i. a list of their usual asthma medications, including doses
 - ii. instructions on what to do when the asthma gets worse (including when to take extra doses or extra medicines, and when to contact a doctor or go to the emergency department)
 - iii. what to do in an asthma emergency
 - iv. the name of their doctor or other health professional that assisted in developing the plan.
- c) Early attention to worsening asthma may prevent students from having a severe or life-threatening attack.
- d) For every student with asthma there should be a written Asthma Action Plan provided to the School by the student's parent/guardian.
- e) The Asthma Action Plan should be stored appropriately and updated yearly. It should be communicated to relevant staff in a confidential manner.
- f) Each staff member shall fulfil their agreed roles as documented in a student's Asthma Action Plan and the School shall inform parents/guardians as soon as possible of concerns regarding the student's health care.

8. Asthma Emergency Kits

- a) Asthma Emergency Kits can be purchased from Asthma Australia or the Asthma Foundation and reliever medication is available from pharmacies.
- b) An Asthma Emergency Kit should contain:
 - i. at least two disposable spacers (e.g. Lite Aire®)
 - ii. an in-date reliever medication
 - iii. alcohol swabs
 - iv. instructions for use and cleaning.
- c) Launceston Church Grammar School keeps Asthma Emergency Kits in the following locations:
 - i. Junior Campus:
 - Reception / First Aid Room
 - Faulkner Hall
 - Resource Centre
 - Street Building
 - Omagh Upstairs
 - Rooney Top Floor
 - Art House
 - Duty Bum Bags
 - ii. Senior Campus:
 - Reception
 - Poimena
 - Music Centre
 - Drama Centre
 - Grade 7 area
 - Girls' Boarding House
 - Boys' Boarding House
 - Boat Sheds
 - With rowing first aid kits
 - With excursion first aid kits
- d) A record should be made in the Medication Log Book located in the Junior or Senior Campus Reception on each occasion the Asthma Emergency Kits are used.
- e) Asthma Emergency Kits will be checked regularly by the School Nurse or First Aid Officer to ensure they are well-maintained and stocked appropriately.

9. Responsibilities:

- a) Parents / guardians of students who require prescribed asthma medication to be administered during school hours must notify the School of this requirement and collaborate with the School to work out arrangements for supply, administration and storage of the prescribed medication.

- b) Parents / guardians are also required to provide the school with an Asthma Action Plan for their child, signed by their medical practitioner and updated annually.
- c) Senior students who have been diagnosed with asthma are responsible for carrying their blue/grey reliever medication at all times while at the School in case they need to use it, particularly for an asthma emergency.
- d) Junior students may carry their own asthma medication with them, as developmentally appropriate and determined by the School Nurse / Head of Junior Campus in consultation with the student's parents/guardians.
- e) For any student who does carry their own asthma medication, a second asthma reliever will be held at the relevant Campus reception, as well as the asthma emergency kits.
- f) Staff are expected to:
 - i. be familiar with the School's asthma management policy
 - ii. be familiar with Asthma First Aid Plan
 - iii. know the students with asthma in their care
 - iv. know where the Asthma Emergency Kits are in the School
 - v. know how to implement First Aid treatment in the event of an asthma attack
 - vi. access students' written Asthma Action Plans as required
 - vii. know asthma triggers and how to recognise asthma symptoms
 - viii. know that use of a spacer with a puffer is more effective than puffer alone
 - ix. know that asthma puffers have an expiry date and to check asthma puffers regularly
 - x. be alert for over usage by students of their reliever medication, and inform parents as soon as possible of concerns regarding the student's health care (regular use of reliever medication more than two days per week may be a sign that the asthma is not being managed effectively).
 - xi. always inform parents/carers of an asthma incident

10. Procedures: In the Event of an Asthma Attack

- a) In an asthma emergency follow the student's Asthma Action Plan (if easily accessible) or the Asthma First Aid Plan (see Appendix).
- b) If you think a student may be having an asthma attack, give blue/grey reliever medication as described in the Asthma First Aid Plan. Call an ambulance if:
 - i. the student is showing symptoms of a severe or life-threatening asthma attack
 - ii. the student is not breathing
 - iii. the student's asthma suddenly becomes worse or is not improving
 - iv. the student is having an asthma attack and a reliever is not accessible
 - v. you are not sure if the student has asthma or they are known to have Anaphylaxis.
- c) Whether or not the student is known to have asthma, no harm is likely to result from giving reliever medication to someone without asthma.

11. Procedures: Exercise Induced Asthma

- a) Exercise is important for health and development. Students with asthma should be encouraged to be active. With good management, most students with asthma can exercise normally.
- b) Any sporting activity (except SCUBA diving) is suitable for students with asthma.
- c) School staff need to be particularly alert for asthma symptoms when students are participating in sports carnivals or endurance events (e.g. cross country). Asthma Emergency Kits should be made available if required, and staff trained in asthma management should attend such events.
- d) The following guidelines have been developed using the Fact Sheet produced by Asthma Australia for dealing with Exercise Induced Bronchoconstriction (EIB) (formerly known as Exercise Induced Asthma).
- e) EIB is temporary narrowing of the lower airways, occurring after vigorous exercise. While EIB can occur without asthma, up to 90 per cent of people with asthma experience EIB.
- f) Students who suffer from EIB should exercise in a warm and humid environment wherever possible, and avoid environments with high levels of allergens, pollution, irritant gases or airborne particles.
- g) **Before exercise**, students should also:
 - i. use their blue/grey reliever or doctor recommended medication 5-20 minutes before exercising
 - ii. always warm up before exercise or activity
 - iii. always carry or have their reliever medication close by in case it is needed.
- h) **During exercise**, students should:
 - i. breathe through their nose to help warm and humidify the air (or use a mask to filter the air)
 - ii. if symptoms occur stop activity and take blue/grey reliever or doctor recommended medication
 - iii. return to activity only if free of symptoms
 - iv. if symptoms reoccur, take blue/grey reliever or doctor recommended medication and do not return to activity.
- i) **After exercise**, students should:
 - i. always cool down and be alert for asthma symptoms
 - ii. breathe through their nose, covering their mouth in cold or dry weather.
- j) Exercise should only be avoided when the student is unwell or when symptoms of asthma are present. Always notify parents/carers of any asthma incident.

12. Procedures: Bushfire Smoke Induced Attack

- a) Bushfire smoke produces fine particulate matter that can exacerbate asthma and trigger symptoms, such as wheezing, breathlessness, coughing or chest tightness.
- b) During periods when the school is considered to be in a “high-risk bushfire zone”, staff and teachers should ensure that each student with asthma:
 - i. has a reliever on their persons at all times
 - ii. has their asthma action plan and spare medication stored in a location that is easily accessible should evacuation be required.
- c) During periods of bushfire, teachers and staff should regularly check air quality information. Air quality is measured using the Air Quality Index (AQI), which standardises the measurement of the presence of certain gases and particulate matter (including those produced by bushfire smoke) in the air. The AQI can assist in determining appropriate control measures to reduce the risk of an asthma attack, including adjusting the level of or cancelling outdoor activities.
- d) The AQI Categories Table available on the Federal Government’s website is available here. An explanation of what each category means for the School is below:

AQI	Category	What does this mean?
0-33	Very Good	Enjoy normal activities
34-66	Good	Enjoy normal activities
67-99	Fair	People unusually sensitive* to air pollution should reduce or reschedule strenuous outdoor activities.
100-149	Poor	Sensitive groups** should reduce or reschedule strenuous outdoor activities.
150-199	Very poor	Sensitive groups should avoid strenuous outdoor activities.
200+	Hazardous	Sensitive groups should avoid all outdoor activities.

* There is no definition for “unusually sensitive” but is likely to include children with asthma

**Sensitive groups include all children

- e) It is important to be aware that bushfire smoke and debris can linger long after the actual bushfire has subsided. Winds can also carry smoke and debris to areas not directly affected by bushfires.
- f) Students should stay indoors with windows closed and vents blocked if hazard-reduction burns or bushfire smoke is in the school area and avoid physical activity on high-pollution days or if smoke is in the air.

- g) On days when the air quality is in question, the headmaster will monitor advice from the appropriate authorities and make an informed decision about whether the school will be closed. All parents will be notified of school closures by email and Skoolbag notification.
- h) If students are sent home because air quality becomes worse throughout the day, parents will be notified via email and Skoolbag notification. Where parents are unable to get to the school earlier than the usual, students will be supervised by designated teachers or staff members. However, our after school supervision policy applies after usual school hours.

13. Procedures: Thunderstorms

- a) “Thunderstorm asthma” is an asthma event triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm that sweeps up pollen grains from grasses and carries it a long distance. Thunderstorm asthmas can be very serious for people with asthma.
- b) The School should be aware of forecast thunderstorms in the pollen season, particularly on days with a HIGH or EXTREME pollen count. Where possible, students should stay indoors with doors and windows closed until the storm front has passed.


14. Implementation

- a) This policy is implemented through a combination of:
 - i. staff training
 - ii. the availability of asthma emergency kits
 - iii. individual asthma action plans
 - iv. effective incident notification procedures
 - v. effective communication procedures
 - vi. allocation of the overall responsibility for this Policy to a senior member of staff
 - vii. initiation of corrective actions where necessary.


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ASTHMA FIRST AID

1  **SIT THE PERSON UPRIGHT**


- Be calm and reassuring
- Do **not** leave them alone

2  **GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER**

- Shake puffer
- Put **1** puff into spacer
- Take **4** breaths from spacer
 - Repeat until **4 puffs** have been taken

OR give 2 separate inhalations of Bricanyl (6 years or older)
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)


If **no spacer available**: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3  **WAIT 4 MINUTES**

- If there is no improvement, **give 4 more separate puffs of blue/grey reliever as above**

OR give 1 more inhalation of Bricanyl
OR give 1 more inhalation of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer

IF THERE IS STILL NO IMPROVEMENT

4  **DIAL TRIPLE ZERO (000)**

- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

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



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