

# MELBOURNE HIGH SCHOOL

## ASTHMA POLICY



### Help for non-English speakers

If you need help to understand the information in this policy please contact the school on 98260711

### PURPOSE

To ensure that Melbourne High School appropriately supports students diagnosed with asthma.

### OBJECTIVE

To explain to Melbourne High School parents/carers, staff and students the processes and procedures in place to support students diagnosed with asthma.

### SCOPE

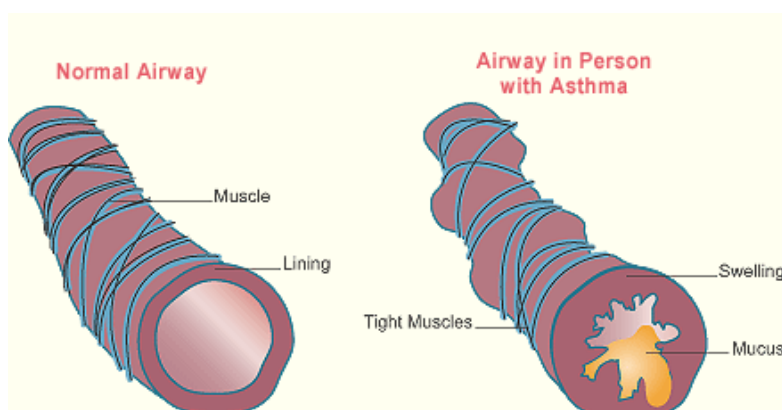
This policy applies to:

- all staff, including casual 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.



Three main factors cause the airways to become narrow:

- Inflammation – the inside lining of the airway becomes red and swollen
- Extra mucous – more than usual amounts of mucus may be produced
- Muscle spasm – the muscle around the airways constrict

### *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:

- |   |  |
|---|--|
| • 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  |  |

### *Recognising Asthma Severity*

Mild: patient can talk in sentences, will have a cough, a quiet wheeze, minor difficulty breathing and have tightness in the chest

Moderate: patient will speak in shortened sentences; have a persistent cough, loud wheeze, difficulty breathing and tightness in the chest

Severe: the patient will speak few words per breath, have a persistent cough, wheeze may be absent, gasping for breath/distress, pale and sweaty and have blue lips

### **Asthma management**

If a student diagnosed with asthma enrolls at Melbourne High School

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. Melbourne High School will keep all Asthma Action Plans in The Health Centre and are maintained by the School Nurse i.e. when they require renewal. Students attending Millgrove Outdoor Education Camp require a copy of their Asthma Management Plan. The School Nurse will provide all the copies of plans and hand over to the form teacher. Students do NOT need to have a new management plan completed for each camp (or excursion)  
If a student diagnosed with asthma is going to attend a school camp or excursion, Melbourne High School parents/carers are required to provide any updated medical information.
  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 Example School's Healthcare Needs Policy.

5. If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Action Plan.
6. School staff will work with parents/carers to review Asthma Action Plans (and Student Health Support Plans) after any relevant incident.

### 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)

With the age of MHS student ranging from 13 to 18 years, our students carry on their person (keep in their school bag/locker their asthma medication

### First Aid Kits

All first aid kits at MHS contain reliever medication (Ventolin) and disposable spacers (the reliever medication is not stored in all the first aid kits so that the Nurse can monitor expiry dates. When a kit is taken on an excursion or sporting event the reliever medication (Ventolin) is added

Emergency Asthma Kits are available on the Emergency Management Wall in the Health Centre (see figure 1), Front Reception and The Sports Office (these are maintained by the Nurse)

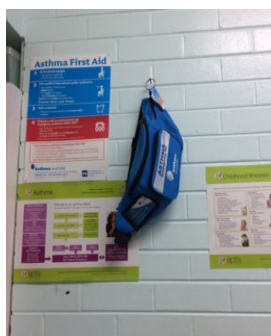


Figure 1. Photo of the Emergency Asthma Kits on the Emergency Management Wall in the Health Centre

### 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.	<p>Sit the person upright</p> <ul style="list-style-type: none"> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• 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).</li> <li>• If the student’s action plan is not immediately available, use the Asthma First Aid as described in Steps 2 to 5.</li> </ul>
2.	<p>Give 4 separate puffs of blue or blue/grey reliever puffer:</p> <ul style="list-style-type: none"> <li>• Shake the puffer</li> <li>• Use a spacer if you have one</li> <li>• Put 1 puff into the spacer</li> <li>• Take 4 breaths from the spacer</li> </ul> <p><b>Remember – Shake, 1 puff, 4 breaths</b></p>
3.	<p>Wait 4 minutes</p> <ul style="list-style-type: none"> <li>• If there is no improvement, give 4 more separate puffs of blue/grey reliever as above (or give 1 more dose of Bricanyl or Symbicort inhaler)</li> </ul>
4.	<p>If there is still no improvement call Triple Zero “000” and ask for an ambulance.</p> <ul style="list-style-type: none"> <li>• Tell the operator the student is having an asthma attack</li> <li>• 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)</li> </ul>
5.	<p>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</p>

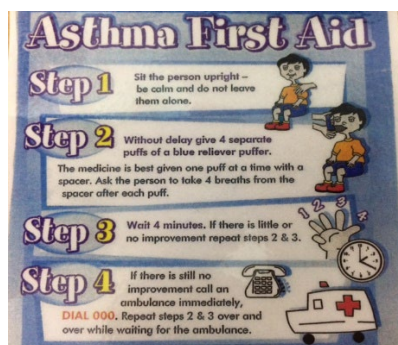


Figure 2. Photo of Asthma First Aid signs that are posted around the school.

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

Staff are encouraged to be trained in Asthma Management. Asthma is included in the Schools Skills Set (Level 2 First Aid, Asthma, Anaphylaxis and CPR).

Melbourne High 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

Melbourne High School will provide and maintain at least two Asthma Emergency Kits. Kits will be kept on school premises at The Medical Centre, Reception, Gym, Library, Millgrove OEC 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. 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 School Nurse 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 Melbourne High 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.

### Cleaning of Reliever Medication (Ventolin)

The reliever medication (Ventolin) in the First Aid Kits and 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 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.

The School Nurse is responsible for completing these cleaning protocols.

### Epidemic Thunderstorm Asthma

Grass pollen season, which is generally from October through December however, can begin as early as September, brings a seasonal increase in Asthma and Allergic Rhinitis (Hayfever).

Melbourne High 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.

Epidemic thunderstorm asthma is thought to be triggered by a unique combination of high grass pollen levels and a certain type of thunderstorm (high temperatures, humidity, and rain). Grass pollen grains are swept up in the wind and carried for long distances, they then 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 lung and can rapidly trigger asthma symptoms, making it difficult to breath.

The symptoms of thunderstorm asthma can occur quickly and include shortness of breath, chest tightness, coughing and wheezing.

The majority of people who will experience thunderstorm asthma are people who have a diagnosis of Allergic Rhinitis (Hay fever) and not typically asthma, however if a person does not have well controlled asthma, they too will be effected. Usually with Hayfever, grass pollen is large enough not to enter the airways/ lungs and is filtered out by the nose, causing Hayfever symptoms (runny nose, itchy/watery eyes)

All students diagnosed with Allergic Rhinitis are required to have either an ASCIA Action Plan for Allergic Reactions or an ASCIA Treatment Plan for Allergic Rhinitis (Hayfever) completed by their doctor. To accompany this plan, the Nurse develops an Individual Allergic Reactions Management Plan for the student.

## COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Available on the Student Management System, Compass
- Included in staff induction processes and staff training
- Included in staff handbook/manual
- Discussed at annual staff briefings/meetings
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

## FURTHER INFORMATION AND RESOURCES

- Asthma Australia: [Resources for schools](#)
- Policy and Advisory Library:
  - [Asthma](#)
  - [Treating an asthma attack](#)

## POLICY REVIEW AND APPROVAL

Policy last reviewed	July 2022
Approved by	Principal – Dr Tony Mordini
Next scheduled review date	July 2023