

ASTHMA POLICY

PURPOSE

To ensure that Monash Children's Hospital School appropriately supports students diagnosed with asthma. As our setting meets the educational needs of students as both inpatients at Monash Children's Hospital and outpatients, through the ELMHS Outreach Programs, the MCHS Asthma Policy will outline how it will assist students with asthma in either of these instances.

OBJECTIVE

To explain to Monash Children's Hospital 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

POLICY FOR INPATIENT PROGRAM

Monash Children's Hospital School is a school that operates on-site at Monash Children's Hospital, and as such, the Asthma Management Plan must comply with Monash Children's Hospital's asthma policy.

In accordance with our First Aid Policy, at no time will Monash Children's Hospital School (MCHS) staff administer medication to a student that is an inpatient at Monash Children's Hospital; however, in an emergency they may need to administer basic first aid treatment while waiting for the medical team to arrive from within the hospital. When the Monash Children's Hospital Treating Team arrive the MCHS staff member will assist as requested by the medical team.



POLICY FOR COMMUNITY OUTREACH PROGRAMS

This policy applies to students attending teaching sessions whilst outpatients of Monash Children's Hospital, eg ARC or Wellness and Recovery Centre.

Individual Asthma Management Plans will be maintained and managed by DET employed teaching staff and Monash Children's Hospital clinicians/health personnel. DET employed teaching staff and Monash Children's Hospital clinicians/health personnel must advise of asthma and associated risks to assess how risk can be minimised.

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:

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



- chemicals such as household cleaning products
- food chemicals/additives
- laughter or emotions, such as stress
- deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays)
- certain medications (including aspirin and anti-inflammatories)

Asthma management

All students attending the MCHS Community Outreach Program at ARC or WRC, who are diagnosed by a medical practitioner as being at risk of suffering from asthma must have an Individual Asthma Management Plan.

If a student diagnosed with asthma enrolls at Monash Children's Hospital School and is attending sessions at MCHS Community Outreach Program at ARC or WRC:

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. Monash Children's Hospital School will keep all Asthma Action Plans:
 - At the office.
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, Monash Children's Hospital Schools 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)

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
1.	<p>Sit the person upright</p> <ul style="list-style-type: none"> • 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.
2.	<p>Give 4 separate puffs of blue or blue/grey reliever puffer:</p> <ul style="list-style-type: none"> • Shake the puffer • Use a spacer if you have one • Put 1 puff into the spacer



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	<ul style="list-style-type: none"> Take 4 breaths from the spacer <p>Remember – Shake, 1 puff, 4 breaths</p>
3.	<p>Wait 4 minutes</p> <ul style="list-style-type: none"> If there is no improvement, give 4 more separate puffs of blue/grey reliever as above <p>(or give 1 more dose of Bricanyl or Symbiocort inhaler)</p>
4.	<p>If there is still no improvement call Triple Zero “000” and ask for an ambulance.</p> <ul style="list-style-type: none"> 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.	<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>

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

Monash Children’s Hospital School 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



Monash Children's Hospital School 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.

Monash Children's Hospital 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

Monash Children's Hospital School will provide and maintain at least three Asthma Emergency Kits. One kit will be kept Myuna Farm premises at the front office, another will be kept at the Wellness and Recovery Centre at the front office and one additional mobile kit for any emergency that could take place away from the hospital setting.

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 (Monash Children's Hospital School 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.



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The Business Manager and Principal 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 Monash Children's Hospital 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 Monash Children's Hospital School website so that parents and other members of the school community can easily access information about Monash Children's Hospital School's asthma management procedures.



Epidemic Thunderstorm Asthma

Monash Children's Hospital 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.

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	10 August 2021
Approved by	Colin Dobson, Principal
Next scheduled review date	August 2022

