



Asthma Policy

Effective Date	May 2012
Review Date	May 2014
Associated Documents	• N/A

A student asthma record must be completed by the parent/guardian of any student suffering from asthma. These forms are to be kept on file in the student records.

Any student suffering from or alerting a member of staff to an asthma attack must be given prompt appropriate care.

If any doubt exists as to the seriousness of the attack an ambulance should be called as a precautionary measure and a parent/guardian must be notified. Details of what constitutes appropriate care are available in the Asthma Management Policy Guidelines.

ASTHMA MANAGEMENT

Asthma is very common in Australian children. It is estimated that one in five children, one in seven adolescents and one in ten adults may be affected by asthma at some time.

Common symptoms of asthma are wheezy breathing (a whistling noise in the chest), coughing and breathing difficulty. At school, these symptoms are likely to occur during or immediately after exercise.

Whilst most children and adolescents have mild asthma and may only need occasional medication, asthma severity can vary considerably and even students with mild asthma may experience a severe attack from time to time. Those with extreme asthma need medication on a daily basis and may require additional medication at school.

All students who have asthma should be encouraged to carry medication on their person for self-administration to relieve asthma symptoms.

Given that asthma is so common, it is important that teachers and school staff are aware of asthma symptoms and are able to respond to these competently and appropriately.

Asthma can be triggered by certain factors, which include exercise, viral infections, allergies, strong emotions, weather changes, food additives and some medicines. These triggers will vary from student to student.

All students with asthma should exercise regularly and should be encouraged to participate in physical education programs. Teachers need to be aware of those children who have asthma and be watchful for symptoms during physical activity.

RESPONSIBLE PRACTICES

Schools should develop policies and procedures for the recognition of students with asthma, for the administration of medication to these students and the management of medical emergencies. As part of the identification process, appropriate forms and records should be maintained.

The key elements of such policies and procedures include the nomination of at least two staff members to supervise the administration of medication, and ensuring that in special situations such as school camps, sporting activities and excursions, an Asthma First Aid kit is available.

Every school student with asthma should have a standard Student Asthma Record filled out by their parents, in conjunction with the family doctor or paediatrician. This should also include an action plan for the student if an attack occurs whilst at school.

ASSESSMENT OF THE SEVERITY OF AN ASTHMA ATTACK

MILD ATTACK

This involves coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking sentences.

MODERATE ATTACK

This involves a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak in short sentences only.

SEVERE ATTACK

The child is often distressed and anxious, gasping for breath, unable to speak more than a few words.

TREATING AN ATTACK OF ASTHMA

If a student is having an asthma attack, appropriate care must be given immediately.

The following treatment (Action Plan) is recommended:

STEP 1

Sit the student down and remain calm to reassure the student.

STEP 2

Without delay give 4 puffs of a RELIEVER (Ventolin, Bricanyl, Respolin or Asmol). The inhalation is best given through a spacer. Ask the student to take 4 breaths from the spacer.

STEP 3

Wait 4 minutes – if there is no improvement, give another 4 puffs.

STEP 4

If little or no improvement – call an ambulance immediately (Dial 000) and state that a student is having an asthma attack.

REPEAT STEPS 2 AND 3 UNTIL THE AMBULANCE ARRIVES.

If a Spacer is not available then follow the above 4 steps using just the reliever puffer.

Notes: A Spacer is a volumatic with adaptor.

Reliever medications are those medications taken to relieve symptoms of asthma such as shortness of breath, tightness in the chest, wheezing and cough. They usually start to take effect within a couple of minutes and last for up to 4 hours. Reliever medications usually come in a blue or grey coloured inhaler and include medications such as Ventolin, Bricanyl, Respolin, Asmol and Respax.

Preventer medications do not have an immediate effect, but rather work over a period of time. These medications need to be taken on a twice-daily basis, whether or not symptoms of asthma are present, and are not usually taken by the student at school. Preventer medications usually come in white or autumn coloured inhalers and include Intal, Tilade, Becotide, Becloforte, Pulmicort, Aidecin and Flixotide.

FIRST ATTACK OF ASTHMA

If a student suddenly collapses and appears to have difficulty breathing, an ambulance should be called immediately..... WHETHER OR NOT the student is known to have asthma. Give 4 puffs of a RELIEVER (Ventolin, Bricanyl, Respolin or Asmol) whilst waiting for the ambulance to arrive. No harm is likely to result from giving a Reliever to someone without asthma.

- **Never leave the student alone**
- **Contact the parents**
- **If the attack is considered to be severe it is necessary to seek medical attention.**

This is also required if the symptoms do not improve after 1 or 2 doses of treatment and if the parents cannot be contacted. If it is noted that there is a bluing of the lips, it is an indication that oxygen is urgently needed. Call an ambulance alerting that the student is having an asthma attack.

DO NOT WAIT FOR THE ASTHMA TO PROGRESS. IT IS EASIER TO TREAT AN ATTACK IN ITS EARLY STAGES.

MANAGEMENT PRINCIPLES FOR EXERCISE INDUCED ASTHMA

A student with asthma may develop symptoms – coughing, wheezing and breathing difficulties – during exercise, that may stop them from joining in games and sports.

Students with asthma should be instructed to use medication before exercise. Students whose asthma is not under control, that is, those who have symptoms should be prohibited from undertaking strenuous exercise until their asthma is properly controlled.

Students who have a viral illness or who are recovering from a viral illness, particularly if the respiratory tract has been involved, should have it explained to them that strenuous exercise may prompt the development of asthma, and be prohibited from undertaking strenuous exercise. However, they should fully participate in skills-related activities.

ASTHMA FIRST AID KIT

An Asthma First Aid kit comprises:

- Bronchodilator Inhalers (Ventolin & Bricanyl)
- Spacer (Volumatic with adaptor)
- Student Asthma Records
- Asthma Information Folder.