



Asthma Policy

Date of Policy:

Date of last major review:

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Rationale:

- Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.

Aims:

- To manage asthma and asthma sufferers as effectively and efficiently as possible at school.

Implementation:

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.
- Children and adults with mild asthma rarely require medication, however severe asthma sufferers may require daily or additional medication (particularly after exercise).
- Professional development will be provided annually for all staff on the nature, prevention and treatment of asthma attacks. Such information will also be displayed on the staffroom wall.
- All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria's requirements completed by their doctor or paediatrician. Appropriate asthma plan proformas are available at www.asthma.org.au
- Asthma plans will be attached to the student's records for reference.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- The school will provide, and have staff trained in the administering of, reliever puffers (blue canister) such as Ventolin, spacer devices in all first-aid kits, including kits on excursions and camps. Clear written instructions on how to use these medications and devices will be included in each first aid kit, along with steps to be taken to treat severe asthma attacks. Kits will contain 70% alcohol swabs to clean devices after use.
- The first aid staff member will be responsible for checking reliever puffer expiry dates.
- A nebuliser pump will not be used by the school staff unless a student's asthma management plan recommends the use of such a device, and only then if the plan includes and complies with section 4.5.7.3 of the SOTF Reference Guide – Asthma Medication Delivery Devices.
- All devices used for the delivery of asthma medication will be cleaned appropriately after each use. See 4.5.7.6 SOTF Reference Guide – Cleaning of Delivery Devices.

- Care must be provided immediately for any student who develops signs of an asthma attack. See 4.5.7.7 SOTF Reference Guide – Assessment of an Asthma Attack.
- Children suffering asthma attacks should be treated in accordance with their asthma plan, which is to be updated annually.
- If no plan is available children are to be sat down upright, reassured, not left alone, administered 4 puffs(1 puff at a time) of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called (clearly state there is an asthma attack) if there is no improvement after the second 4-minute wait period, or if it is the child's first known attack. Parents must be contacted whenever their child suffers an asthma attack.

Evaluation:

- This policy will be reviewed as part of the school's three-year review cycle.

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4.5.7 Students with Asthma

4.5.7.1 Asthma Awareness

Students with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe. It is important that all school staff are aware of how to assess and manage an asthma emergency and the importance of daily asthma management.

Symptoms of asthma commonly include:

- Cough
- Tightness in the chest
- Shortness of breath/rapid breathing
- Wheeze (a whistling noise from the chest)

Many children and adolescents have mild asthma with very minor problems and rarely need medication. However, some students will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise). Most students with asthma can control their asthma by taking regular medication.

4.5.7.2 Asthma Medication

There are three main groups of asthma medications: relievers, preventers and symptom controllers. There are also combination medications containing preventer and symptom controller medication in the same delivery device. Reliever medication provides relief from asthma symptoms within minutes. It relaxes the muscles around the airways for up to four hours, allowing air to move more easily through the airways. Reliever medications are usually blue in colour and common brand names include Airomir, Asmol, Bricanyl, Epaq and Ventolin. They should be easily accessible to students at all times, preferably carried by the student with asthma. All students with asthma should be encouraged to recognise their own asthma symptoms and take their blue reliever medication as soon as they develop symptoms at school.

Blue reliever medications should be the only ones used during the school day unless a parent/carer has advised otherwise.

Preventer medications come in autumn colours (for example brown, orange, yellow) and are used on a regular basis to prevent asthma symptoms. They are mostly taken twice a day at home and will

generally not be seen in the school environment. Symptom controllers are green in colour and are often referred to as long acting relievers.

Symptom controllers are used in conjunction with preventer medication and are taken at home once or twice a day.

Symptom controllers and preventer medications are often combined in one device. These are referred to as combination medications and will generally not be seen at school.

Although preventers, symptom controllers and combination medications will not be seen on a daily basis at school, they may be used on camp and overnight excursions and staff may need to assist or remind a student to take them under advice from the parent/carer (see Section 4.5.7.11 Asthma at Camps and Overnight Excursions). Parents/carers are responsible for ensuring that their children have an adequate supply of the appropriate medication at school and that it is labelled with the name of the student and parent/carer contact details. It is also recommended that parents/carers provide a spacer at school for their child's individual use where appropriate. It is necessary that staff, as part of their duty of care, assist students with asthma, where appropriate, to take their own medication.

4.5.7.3 Asthma Medication Delivery Devices

Asthma medications are generally taken by a hand-held inhaler device such as a 'puffer' (metered dose inhaler) or dry powder inhaler (turbuhaler, accuhaler, aerolizer). It is recommended that a puffer be used in conjunction with a spacer device to assist with fast and more effective delivery of medication. A spacer is an inexpensive device that assists in the effective administration of medication, ensuring that the inhaled medication (both reliever and preventer) gets into the airways. Note: Schools should provide a blue reliever puffer (for example Airomir, Asmol, Epaq or Ventolin puffer) and a matching spacer device in the school's First Aid Kit (see section 4.5.1.4 First Aid Cabinets/Kits and 4.5.7.6 Cleaning of Delivery Devices).

Nebulisers are no longer in common use and schools are not required to provide a nebuliser for their students to use. If a student is prescribed a nebuliser and wants to bring their own nebuliser to school please call The Asthma Foundation of Victoria for the 'Schools and Nebulisers' Information Sheet or download it from www.asthma.org.au

4.5.7.4 School Asthma Action Plans

Every student with asthma attending the school should have a written Asthma Action Plan, ideally completed by their treating doctor or paediatrician, in consultation with the student's

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replaced into the puffer container and check the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible upon firing

- If any device is contaminated by blood, throw it away and replace the device
- Ensure the devices are stored in a dustproof container, as hygienically as possible.

4.5.7.7 Assessment and First Aid Treatment of an Asthma Attack

If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately.

Assessing the severity of an asthma attack

Asthma attacks can be:

- Mild - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- Moderate - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- Severe - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance. Call an ambulance (dial 000), notify the student's emergency contact and follow the 4 Step Asthma First Aid Plan while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

4.5.7.8 Asthma First Aid

If the student has an Asthma Action Plan follow the first aid procedure immediately. If no Asthma Action Plan is available the steps outlined below should be taken immediately. The Asthma First Aid procedure should be clearly displayed in the staff room so that all staff are familiar with it. Asthma First Aid posters can also be displayed in the sick bay or wherever asthma attacks are treated. Asthma First Aid instructions should also be written on a card in the asthma emergency kit

Extra copies of Asthma First Aid posters and emergency kit cards are available from The Asthma Foundation of Victoria.

If the student's own blue reliever puffer is not readily available, one should be obtained from the asthma emergency kit or borrowed from another student or staff member and given without delay. It does not matter if a different brand of reliever medication is used.

The 4 Step Asthma First Aid Plan

Step 1 Sit the student upright and give reassurance.

Do not leave the student alone.

Step 2 Without delay give 4 separate puffs of a blue

reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

Step 3 Wait 4 minutes. If there is little or no improvement

repeat steps 2 and 3.

Step 4 If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties.' Continuously repeat steps 2 and 3 while waiting for the ambulance.

If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

Contact the student's parent/carer and doctor immediately, after calling the ambulance.

The incident should be recorded if the 4 Step Asthma First Aid Plan is used.

Even if the student has a complete recovery from the asthma attack do not leave them alone.

Blue reliever puffers are safe. An overdose cannot be given by following the instructions outlined. However, it is important to note that the student may experience harmless side effects such as shakiness, tremor or a 'racing' heart.

4.5.7.9 First Attack of Asthma

A problem that may be encountered is when a student is having difficulty breathing at school and is not known to have pre-existing asthma. In this situation administer 4 separate puffs of a blue reliever puffer via a spacer and call an ambulance immediately.

Keep giving 4 separate puffs of a blue reliever puffer via a spacer every 4 minutes until the ambulance arrives.

This treatment could be life saving for a student whose asthma has not been previously recognised and it will not be harmful if the

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breathing difficulty was not due to asthma. Blue reliever puffers are extremely safe even if the student does not have asthma.

4.5.7.10 Exercise Induced Asthma (EIA)

Students with asthma should be encouraged to participate in all school activities, including sport and fitness. The only form of exercise that is not recommended for people with asthma is SCUBA diving. However, exercise (particularly strenuous and endurance exercise such as cross country running) can trigger an asthma attack in many children with asthma. EIA may vary considerably from day to day and can be particularly troublesome when the student has a cold or flu, is recovering from a recent flare-up of asthma, during cold weather or in unsuitable conditions such as high pollution or high pollen days. If a student's asthma has recently flared up, it may be suitable for the student to abstain from activities until they recover.

In many instances, EIA comes on soon after completion of the activity when the student is 'cooling down,' rather than during activity. Frequent EIA is likely to occur when inadequate preventer medication is being used and if this is occurring, the parent/carer should be advised to seek medical guidance about their child's asthma.

Prevention

EIA can often be prevented by a simple warm-up period and pre-medicating with a blue reliever puffer and/or other medication as recommended by the treating doctor, at least 5-10 minutes before exercise. A simple cool down period is recommended after exercise. Obtaining better overall control of the student's asthma with long-term preventative treatment also reduces the likelihood of EIA. If the student's asthma has been unstable or they have been unwell it is recommended that they avoid exercise until their asthma stabilises.

Treatment

If students develop EIA, they should immediately cease exercise, rest and take reliever medication. If all symptoms disappear they may be able to resume their exercise program. However, if symptoms persist, worsen or reappear, the asthma attack needs to be managed as outlined in Section 4.5.7.8 'Asthma First Aid' and the student must not return to exercise. Even if the student responds the second time to the reliever medication, he/

she should not resume exercise that day.

4.5.7.11 Asthma at Camps and Overnight Excursions

If students are going away overnight the accompanying staff should:

- Take the appropriate number of asthma emergency kits
 - Take extra information away with them about the student's asthma (e.g. Camp Asthma Action Plan available from The Asthma Foundation or download from www.asthma.org.au)
 - Check the parent/carer has given their child enough medication for the period, including preventer medication if required.
- If staff and students are going to a remote setting call The Asthma Foundation for advice and appropriate training.

4.5.7.12 Evacuation

All schools are required to develop and maintain an emergency management plan (see Section 6.15.4 Emergency Management), which should include procedures to be followed in case of an evacuation. In the event of an evacuation, schools should ensure that a nominated staff member collects an asthma emergency kit together with student Asthma Action Plans in case breathing difficulties occur during evacuation.

