

BACKGROUND / INTRODUCTION

Asthma is a medical condition that 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.

Asthma is a condition that affects the air tubes of the lungs making it difficult to breathe. The 'trigger factors' for asthma can vary from person to person but may include colds, flu, chest infections, exercise, pollens, dust, dust mites, moulds, animals, chemicals including cleaning products, food chemicals/additives, certain medications, emotions such as stress and laughter, weather changes and/or cigarette smoke.

Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking. These symptoms are particularly likely to occur during or immediately after exercise.

PURPOSE

- To manage asthma and asthma sufferers as efficiently and effectively as possible at school.
- To ensure the whole school community (principal, staff, parents/carers) are aware of their obligations and best practice management of asthma in the school.

GUIDELINES / IMPLEMENTATION

Parent/Guardian Responsibilities

- Where a child is deemed to have asthma, the parents/guardians must supply an up to date (annual) written Asthma Action Plan consistent with Asthma Victoria's requirements and completed by their doctor or pediatrician. The action plan required is *Asthma Action Plan for Victorian schools (Appendix 1)* and must contain:
 - The prescribed medication taken and when it is to be administered.
 - Emergency contact details.
 - Contact details of the student's medical/health practitioner.
 - Details about deteriorating asthma including signs to recognise worsening symptoms, what to do during an attack, medication to be used.
- Parents/guardians are responsible for ensuring that their child/ren have an adequate supply of the appropriate medication at school including a spacer. (The spacer assists in the efficient administering of medications, ensure that the inhaled medication gets into the airways.)

School Responsibilities

- The majority of school staff, with a duty of care responsibility for the wellbeing of students, will be trained in being able to manage an asthma emergency appropriately. Training will be conducted at least every three years. This can be face-to-face or via the online training module: <http://asthmaonline.org.au/>
- Designated staff members will also undertake an accredited training in emergency asthma management by a registered training organization.
- The designated first aid staff member will be responsible for checking reliever puffer expiry dates.
- The school will provide at least two Asthma Emergency Kits, which will be available to take on camps and excursions. Kits will contain:
 - at least 1 blue or blue/grey reliever medication such as Airomir, Asmol, 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 (ensure spare spacers are available as replacements)
 - 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
 - 70% alcohol swabs to clean devices after use.
 - a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.
- Asthma information posters will be displayed on the wall in all classrooms, staffroom, Office and sickbay.

- All students with asthma must have an up-to-date (annual) written *Asthma Action Plan for Victorian schools* completed by their doctor or paediatrician. *Asthma Action Plan for Victorian schools* are available at www.kensingtonps.vic.edu.au/Forms
- The *Asthma Action Plans* will be kept in the sick bay and be readily accessible to any staff member so they can be referred to as required.
- Individual student medication will be stored in individually labelled pouches
- Copies of *Asthma Action Plans* will be provided to each classroom teacher and filed in the Attendance Rolls.
- A nebuliser pump will not be used by the school staff unless a student's *Asthma Action Plan* recommends the use of such a device, and only then if the plan includes and complies with the 'Victorian Government School Policy and Advisory Guide – Asthma.'
- Care will be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks should be treated in accordance with their Asthma Action Plan.
- An Asthma Record book (containing triplicate copies) will be kept by teachers to record the administration of ventolin throughout the day. One copy will be sent to a central location in the Office, one copy will be sent home to parents, one copy will remain in the Asthma Record book.
- Parents will be contacted if a student requires more than two doses of asthma medication in a day.
- If no Asthma Action Plan is available, children will be treated according to the Asthma Foundation First Aid Plan, located in the sick bay and classrooms:
 - sit children down and reassure
 - administer 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff
 - wait 4 minutes and monitor student
 - administer 4 more puffs and repeat the cycle if necessary
 - call an ambulance if there is no improvement after the second 4-minute wait period
 - contact parents

RELEVANT RESOURCES

- DET School Policy & Advisory Guide - <http://www.education.vic.gov.au/school/principals/spag/health/Pages/conditionasthma.aspx>
- Asthma Australia <https://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools>

EVALUATION

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

This Policy was approved by School Council: August 2017

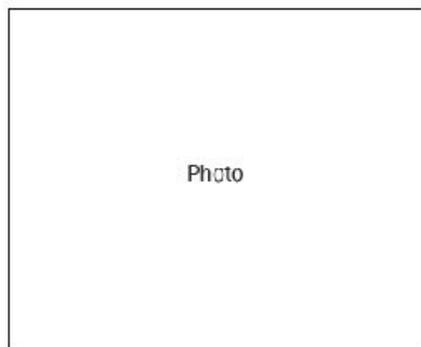


Asthma Action Plan

For use with a Puffer and Spacer

Name: _____

Date of birth: _____



Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Moblie Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouth piece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give 4 separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give 4 separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.
- 5 Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____