ASTHMA POLICY

STUDENTS WITH ASTHMA

Asthma Awareness

Students with asthma have sensitive airways in the 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.

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 in the First Aid Room. Children who have a second asthma reliever are asked to keep one in their school bag/ classroom. 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 used only once 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 in date and 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.

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.

School Asthma Action Plans

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

This should be attached to the student's records and updated annually or more frequently if the student's asthma changes significantly. The Asthma Action Plan should be provided by the student's doctor and be easily accessible to all staff. These are kept in both the classroom and the First Aid room. A photographic list of all asthmatic children in the school is placed in each classroom. Staff should identify high-risk asthma students and ensure that their Asthma Action Plan is updated regularly. If a student is obviously and repeatedly experiencing asthma symptoms and/or using an excessive amount of reliever medication, the parents/carers should be notified so that appropriate medical consultation can be arranged.

When a student attends a camp, their asthma may require different management and so Our Lady's school recommends the use of Camp Asthma Action Plan (see Section 4.5.7.11 Asthma at Camps and Overnight Excursions).

The Asthma Action Plan uses the format recommended by the Asthma Foundation of Victoria:

- Usual medical treatment (medication taken on a regular basis when student is 'well' or as premedication prior to exercise).
- Details what to do and details of medications to be used in cases of deteriorating asthma. This should include how to recognise worsening symptoms and what to do during an acute asthma attack. The Asthma First Aid section of the Asthma Action Plan must have no less than 4 separate puffs of blue reliever medication every 4 minutes. If the Asthma Action Plan is returned with less that the required number of puffs per minute the plan must be sent back to the parent/carer and doctor for review. If a student's Asthma Action Plan is unavailable use the 4 Step Asthma First Aid Plan.
- Name, address and telephone number of an emergency contact
- Name, address and telephone number (including an after-hours number) of the student's doctor.

A new School Asthma Action Plan should be revised and filled in annually by parents/carers whose children have asthma. It is the parent/carer's responsibility to convey via the Asthma Action Plan clear instructions from the doctor to the school about the student's asthma medication requirements.
Supplementary First Aid Supplies

As well as ready access to the details of each student's Asthma Action Plan (usual treatment and first aid), equipment for managing an asthma emergency is available in every school First Aid Kit. Mobile asthma emergency kits can be useful for yard duty, excursions and.

**The asthma emergency kit must include:**

- A blue reliever puffer (for example Airomir, Asmol, Epaq or Ventolin). Blue reliever puffers in the asthma emergency kit are for First Aid use only. Students should provide their own medication for their usual asthma management although the spacer device from the asthma emergency kit can be used with the student's own medication.

- A spacer device to assist with effective inhalation of the blue reliever medication.

- Clear, written instructions on how to use these medications and devices, plus the steps to be taken in treating an acute asthma attack as described in Section 4.5.7.8 Asthma First Aid.

- 70% alcohol swabs e.g. MediSwab™ to clean devices after use (see 4.5.7.6 Cleaning of Delivery Devices).

A staff member is given the responsibility of regularly checking the expiry date on the canister of the reliever puffer and the amount of medication left in the puffer.

**Cleaning of delivery Devices**

Devices (for example, puffers and spacers) that are used by more than one person must be cleaned thoroughly after each use to prevent cross-infection. Devices can be easily cleaned by following these steps (Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting. Department of Health & Aging, Canberra, 2004):
Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts

- Wash devices in hot water and kitchen detergent
- Do not rinse
- Allow devices to 'air dry'. Do not wipe dry
- When dry, wipe the mouthpiece thoroughly with 70% alcohol swab e.g. MediSwab™
- When completely dry, ensure the canister is 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 dustproof container, as hygienically as possible

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.

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.

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 in the black folder is kept in the sick bay. 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.

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 Not leave the student alone.

Step 2 Without delay give 4 separate puffs of a blue reliever medication (Aicromir, 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.

It 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.
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.

**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 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 had not been previously recognised and it will not be harmful if the breathing difficulty was not due to asthma.

Blue reliever puffers are extremely safe even if the student does not have asthma.

**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 had 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 had 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 outlines 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.

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 Plan available from The Asthma Foundation or download from [www.asthma.org.au](http://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.

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 teacher with the children collects an asthma emergency kit together with student Asthma Action Plans in case of breathing difficulties. In the event of an DISPLAN the school office will be responsible for taking the Emergency medication pack out to the Evacuation point.