

ASTHMA POLICY

1. RATIONALE:

Asthma is a chronic health condition affecting approximately 10% of Australian children and teenagers and is one of the most common reasons for child admissions to hospital and missed days of school. Asthma exacerbations can commonly occur while attending schools, particularly in February and May.

"Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms, the muscles in the airways tighten and the lining of the airways swell and produce sticky mucus. These changes cause the airways to become narrow, so that there is less space for the air to flow into and out of your lungs." (National Asthma Council 2011)

Symptoms of asthma may include - but are not limited to: shortness of breath, wheezing (a whistling noise from the chest), tightness in the chest as well as a dry, irritating and persistent cough. Symptoms vary from person to person.

Triggers may include - but are not limited to: exercise, colds/flu, smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires), weather changes, dust and dust mites, moulds, pollens, animals, chemicals, deodorants (including perfumes, after-shaves, hair spray and deodorant sprays), foods and additives as well as certain medications (including aspirin and anti-inflammatories) as well as emotions.

2. PURPOSE

To ensure schools support students diagnosed with asthma.

3. IMPLEMENTATION:

3.1 Developing An Asthma Care Plan

3.1.1 The Asthma Foundation Victoria's Asthma Care Plan for Schools should be:

- completed by the student's medical/health practitioner in consultation with the parents/guardians
- provided annually by the:
 - doctor to the parents/guardian
 - parents/guardians to the school

3.1.2 The plan must include:

- the prescribed medication taken:
 - on a regular basis
 - as premedication to exercise
 - if the student is experiencing symptoms
- emergency contact details
- business 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
- an asthma first aid section and should:
 - specify no less than 4 separate puffs of blue reliever medication with 4 breaths taken per puff every 4 minutes, if required, using a spacer if possible

NOTE: It is recommended that if the plan has less than the required number of puffs per minute period it should be sent back to the parent/guardian and doctor for review.

NOTE: Should students be of an age to self-administer reliever medication, this should be noted on the care plan

3.2 Training Staff

All school staff with a duty of care responsibility for the wellbeing of students should be trained in being able to manage an asthma emergency appropriately. Training should be conducted at least every three years. This can be face-to-face .

The Asthma Foundation of Victoria provides a free one hour training session to educate school staff on how to manage asthma in the school setting including how to:

- manage asthma in the school setting
- assess and manage an asthma emergency

3.3 Reducing Asthma Triggers

To reduce asthma triggers schools may:

- mow school grounds out of hours
- plant a low allergen garden - limit dust, for example having the carpets and curtains cleaned regularly and out of hours
- examine the cleaning products used in the school and their potential impact on students with asthma
- conduct maintenance that may require the use of chemicals, such as painting, during school holidays

turn on fans, air-conditioning and heaters out of hours when being used for the first time after a long period of non-use

3.4 Providing An Asthma First Aid Kit

Anyone with asthma can have a severe attack, even those with mild asthma. Schools asthma emergency kits.

3.5 Camps And Excursions

Schools should ensure:

- parents provide enough medication for the student if they are going away overnight
- enough asthma emergency kits are available for the camp or excursion needs

3.6 Managing Exercise Induced Asthma (EIA)

If a student has diagnosed Exercise Induced Asthma, schools should ensure that they allow adequate time for the following procedures; before, during and after exercise:

Before:

- reliever medication to be taken by student 5-20 minutes before activity
- student to undertake adequate warm up activity

During:

- if symptoms occur, student is to stop activity, take reliever and only return to activity if symptom free
- if symptoms reoccur, student is to take reliever and cease activity

After:

- ensure cool down activity is undertaken
- be alert for symptoms

If a student has an asthma attack during exercise, follow their Asthma Action Plan, if easily accessible, or commence first aid procedure.

3.7 Communicating With Parents

Regularly communicate with the student's parents about the student's successes, development, changes and any health and education concerns in particular, the frequency and severity of the student's asthma symptoms and use of medication at school.

3.8 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.

3.8.1 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.

3.8.2 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 4 Step Asthma First Aid Plan (displayed in Sick Bay and Classrooms):

Step 1

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. 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.

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| References | Victorian Government Schools Policy Advisory Guide. |