



ASTHMA POLICY

1 Rationale

Asthma is suffered by up to one in four primary aged children, one in seven teenagers and one in ten adults. Therefore, it is important for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in the school environment.

2 Aims

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

3 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).

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 record for reference.

Parents/guardians are responsible for ensuring their children have an up to date asthma plan and adequate supply of appropriate asthma medication (including a spacer if used) at school at all times.

The school will provide, and have staff trained in the administration of, reliever puffers such as Ventolin, Airomir, Asmol or Bricanyl and spacer devices in all first-aid kits, including kits on excursions and camps. Kits will contain 70% alcohol swabs to clean devices after use.

3.1 Types of asthma attack

This table describes the symptoms of different types of asthma attacks. Symptoms will vary from person to person

Type	Symptoms
Mild	<ul style="list-style-type: none">• coughing• a soft wheeze• minor difficulty in breathing <p>Note: able to speak in sentences without difficulty.</p>
Moderate	<ul style="list-style-type: none">• able to speak only in shortened sentences• persistent cough• loud wheeze• obvious difficulty in breathing.



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Type	Symptoms
Severe	<ul style="list-style-type: none">• unable to speak more than a few words per breath• being very distressed and anxious• wheeze may be absent• gasping for breath• pale and sweaty• may have blue lips• sucking in of skin over ribs/throat.

3.2 Treatment of asthma attacks.

Children suffering asthma attacks will be treated in accordance with *their asthma plan*.

If no plan is available children will be sat down, reassured, administered 4 puffs of a shaken reliever puffer 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 will be called if there is no improvement after the second 4-minute wait period, or if it is the child's first known attack. Parent will be contacted whenever their child suffers an asthma attack.

3.3 Asthma First Aid Kits

Asthma emergency first aid kits must contain:

- blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
 - how to use these medications and devices
 - steps to be taken in treating a severe asthma attack
 - 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.

Each child's Asthma Management Plan is included in a box clearly labelled with the child's name and their medication.

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 a plan includes and complies with section 4.5.7.3 Schools Reference Guide – Asthma Medication Delivery Devices. The nebuliser must be supplied by the parent.

All devices used for the delivery of asthma medication will be cleaned appropriately after each use.

Care will be provided immediately for any student who develops signs of an asthma attack.



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4 Staff Training

All 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 is to be conducted at least every three years. This can be face-to-face or online.

5 References

School Policy & Advisory Guide (Asthma Attacks: Treatment)

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/asthmaattack.aspx>

Asthma Foundation www.asthma.org.au

Asthma Australia <http://asthmaonline.org.au/>

6 Evaluation

Amendments to the policy will be made on a needs basis or sooner if guidelines change.

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