



ASTHMA POLICY

**Ratified
14/12/2010**

PURPOSE

Asthma is common chronic inflammatory disease of the airways.

Asthma is characterized by variable and recurring symptoms, reversible airflow obstruction and bronchospasm.

Symptoms commonly include: cough; tightness in the chest, shortness of breath/rapid breathing, wheeze (a whistling noise from the chest).

Symptoms are triggered by allergens and irritants (for example, pollen, dust, dust mite, cigarette smoke and colds/flu) and often occur during or immediately after exercise.

During an asthma attack the airways narrow making it difficult to breathe. The narrowing is caused by constriction of the muscle in the walls of the airways, swelling of the lining layer of the airways, or excessive production of mucus.

Many children and adolescents have mild asthma with very minor problems and rarely need medication. However, some students will need medications on a daily basis and frequently require additional medications at school. Most students with severe asthma can have their asthma controlled by taking regular medications.

There are three main groups of asthma medications; relievers, preventers and symptom controllers. Also used in combination as preventer and symptom controller medication. The relievers are seen at school as the first choice emergency kit. Preventer and controller are taken usually up to two times a day and so usually not seen at school.

We have many children at our school taking regular asthma medication, with the most commonly used one being Ventolin (a reliever medication in use together with a spacer). The Ventolin relaxes the muscles around the airways, allowing air to move more easily through the airways.

The medication is easily accessible to students at all times. We encourage our students to recognize their own asthma symptoms and take their reliever medication as soon as they develop symptoms at school. Therefore we encourage our students to always carry their own medication with them at school.

Still, we are prepared and equipped on all levels in our school to provide any child with the best possible help in case of an asthma attack

IMPLEMENTATION

1. First Aid Convener (FAC) ensures:

- 1.1 Contacting the parents to create a personal management plan, as well as action plan.
- 1.2 Children that have been diagnosed with asthma are outlined to all staff and have their condition and treatment noticed at the Classroom Roll Book
- 1.3 Each action plan for each student with asthma is kept in the First Aid Room
- 1.4 Asthma First Aid Poster and Emergency Plan are clearly displayed at the first aid room, and the emergency kit card.
- 1.4 Asthma First Aid incidents are recorded, reviewed and reported to the child's parents/guardian.
- 1.5 The school provides a bronchodilator metered dose inhaler (Ventolin) and a spacer in the first aid room, as well as Ventolin in every yard duty bag, emergency kit, and in our two excursion backpacks. An extra emergency kit for sport is provided
- 1.6 The FAC monitors the expiry dates of all these medications outlined in 1.5 for the most effective use
- 1.7 All staff are informed of the location of the medication
- 1.8 All staff undergoes annual training of the treatment of a child with asthma attack.
- 1.9 All steps of treatment of asthma attack are clearly displayed in the first aid room as well as staff room and all staff are well versed with them

2. Parents ensure:

- 2.1 To provide the school with an asthma medication plan, signed and dated by the child's treating doctor.
- 2.2 Parents/Guardian are responsible for ensuring that their children have an adequate supply of the appropriate medication at school that is labelled with students' name.
- 2.3 Monitoring of the expiry date of child's medication
- 2.4 Notify the school with any changes to their child's asthma status.

3. All staff ensure:

- 3.1 Knowledge of how to treat an Asthma Attack as well as the knowledge where the emergency medication is stored and used, and where to find the student's personal action plan.
- 3.2 Assessment the severity of an asthma attack
 - 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- student is very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

4. Treating an Asthma Attack:

All students judged to be having a severe attack require emergency medical assistance. The Teacher will ensure the FAC and Office is notified, an ambulance called as well as parent and doctor notified.

- Step 1** Sit the student upright and give reassurance. Do not leave the student alone.
- Step 2** Give medication
- shake the reliever puffer
 - Use a spacer if you have one
 - Give 4 separate puffs into a spacer
 - Take 4 breaths from the spacer after each puff
- Step 3** Wait 4 minutes. If there is little or no improvement repeat steps 2 & 3
- Step 4** If there is little or no improvement;
Call an ambulance immediately.
Continuously repeat steps 2 and 3 while waiting for the ambulance.
Contact the student's parent/guardian and doctor immediately, after calling the ambulance.
The incident will be recorded; Parent and Doctor notified even if the student has a complete recovery.

5. Excursions and Overnight Camps:

- 5.1 Every Excursion or overnight camp is supported by an extra staff with first aid training being responsible for the first aid kit, and communication with parent about any medication to be given
- 5.2 A ready packed first aid back pack, monitored and packed by the FAC is taken to every excursion or camp.
- 5.3 The First Aid Staff member makes sure to carry an appropriate number of asthma emergency medication with him.
- 5.4 Before any excursion a consent form will be given home to fill in and sign by the parent/guardian.
- 5.5 The parent/guardian ensures to provide the school with the appropriate amount of medication and updated child health report.
- 5.6 There are two School Camp Asthma Action Plans to be filled in and signed by Parent/Guardian before Camp and labelled with Photo of child with Asthma.

- 5.7 The school will encourage the child with Asthma to monitor his symptoms and carry a reliever medication with him at all times.

EVALUATION

This policy shall be reviewed as part of:

- the cyclical review process
- as deemed appropriate according to DEECD requirements

FURTHER INFORMATION

Further information about asthma at school is to be found on following websites:

www.asthma.org.au

www.asthmafriendlyschools.org.au