

Asthma Management Policy

Our Commitment

Firbank Grammar School is committed to providing a safe and healthy learning environment for all students including those who may be at risk of asthma. This purpose of this policy is;

- To provide as far as practicable a safe and supportive environment in which students at risk of asthma can participate equally in all aspects of the student's schooling
- To raise awareness about asthma and the school's asthma management policy in the school community
- To ensure that each staff member has adequate knowledge about asthma and the school's policies and procedures in responding to an asthma attack

Introduction

Students with asthma have sensitive airways in their lungs. When exposed to certain triggers the airways narrow, making it hard for the student to breathe. Symptoms of asthma commonly include cough, tightness in the chest, shortness of breath /rapid breathing, wheeze (a whistling noise from the chest). Many students have mild asthma with very minor problems and rarely need medication. However, some will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise). Most students can control their asthma by taking regular medication.

Medication - Reliever medication provides relief from asthma symptoms within minutes. They are nominally blue or grey in colour and common brands include Ventolin, Asmol and Bricanyl. They should be easily accessible to students at all times, preferably carried by the student with asthma.

Preventer medications are used on a regular basis, mostly take twice a day at home, to prevent asthma symptoms. They are usually brown, orange and yellow in colour.

Symptom controller medication is used in conjunction with preventer medication (they are often combined in one device) and usually taken twice a day at home.

Combination medication – combines a Symptom Controller and Preventer in the one device. Students on the combination medication Symbicort (which is red and white in colour) can use this medication as a reliever medication as well as maintenance therapy. Teachers may see children over the age of 12 years using their Symbicort as a reliever, during school times. Teachers should refer to the student's asthma management plan if the child's doctor would like them to use this medication in an asthma emergency. During a severe asthma attack, a student may not be able to use this device appropriately. In such situations, refer to the 4 Step asthma First Aid Plan.

Devices

It is recommended that a puffer (hand-held inhaler device) be used in conjunction with a spacer device to assist with fast and more effective delivery of medication.

Firbank has adopted the Asthma Foundation Victoria recommendation of the use of single-person use spacers only. Best practice for infection control is that all spacers are to be used by one person only and should not be reused by another person, even it has been washed. If a puffer is used with a spacer, it is not coming in contact

Asthma Management Policy

with the mouth and therefore can be re-used. However, if a puffer is used without a spacer, then it must also be considered single-person use and cannot be used by another person.

The Student at School

Possible Effects of Asthma

Students who have mild asthma with very minor problems rarely need medication and have minimal restrictions of their school life. However, some students have moderate to severe asthma and will require additional support and consideration. Each student is unique and not everything listed below will be relevant to each student.

Student Learning and Wellbeing at School

Some students will need medication on a daily basis and frequently require additional medication at school, particularly before or after vigorous exercise. Students who have asthma, especially those with moderate to severe asthma may experience difficulties at school in relation to attendance, concentration and participation in school-based activities. Most students with asthma are able to control their asthma by taking regular medication. Students with asthma are to provide their own medication for their usual asthma management. They are able to use the spacer device from the school's Asthma Emergency Kit with their own medication.

Physical Activity, Camps and Special Events

Students with asthma should be encouraged to participate in sporting and physical activities as well as camps and special events. The only form of exercise that is not recommended for students with asthma is SCUBA diving. However exercise, particularly strenuous and endurance exercise such as cross county running can trigger an asthma attack in many children with asthma.

Exercise Induced Asthma (EIA) may vary considerably from day to day and can be particularly troublesome when a student has a cold or flu or is recovering from a recent flare-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.

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 5-20 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 has been unstable or they have been unwell it is recommended that they avoid exercise until their asthma stabilises.

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 outlined in the Asthma First Aid section in this policy), 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 Management Policy

With good planning and communication, most students with asthma should be able to attend school camps and special events. The school should receive extra information about the student's asthma management, on the school's Medical Consent Form. If the student is going away overnight the school should ensure that the parent/carer provides enough medication for the student including preventer medication if required. The school should also ensure that the appropriate numbers of Asthma Emergency Kits are available on the camp.

Medical Advice

Every student with asthma attending the school should have a written Asthma Action Plan, ideally completed by the student's parent/carer in consultation with the student's medical practitioner. The School Asthma Action Plan is available on the School's website or alternatively can be provided by The Asthma Foundation.

The Asthma Action Plan must include:

- Usual signs of the student's asthma and triggers
- Signs of worsening asthma
- Medication requirements
- Preferred Asthma First Aid Plan
- Name and number of an emergency contact
- Doctor's name and contact number

The **Asthma Care Plan** should be reviewed annually by parents/carers whose children have asthma. It is the parent/carer's responsibility to convey clear instructions from the doctor to the school about the student's asthma medication requirements. It is the parent's responsibility to update CareMonkey with any change to the Asthma Care Plan.

Prior to the student attending any overnight camp or tour, an updated Asthma Care Plan must be made available to the School.

Communication

The impact of asthma on a student and their family cannot be underestimated. It is important to ensure open communication between Firbank and the student's parents/carers. Knowing and reducing asthma triggers as much as possible is a significant way to help control asthma.

Asthma First Aid

It is important to remember that anyone with asthma can have a severe attack, even those with mild asthma. All school staff should be aware of the importance of daily asthma management and know how to recognise and manage an asthma emergency. It is recommended that all school staff with a duty of care responsibility for the wellbeing of students are trained to be able to manage an asthma emergency appropriately.

Students should provide their own equipment for managing an asthma attack however Firbank provides equipment for managing an asthma emergency in First Aid kits located at the Health Centre for Senior School and Reception for Junior School. First Aid kits are strategically located around the school eg. Health Centre, Hospitality Centre, Physical Education and Sport Centre (PESC) and mobile kits are available for camps and excursion.

Asthma Management Policy

If the students own blue reliever puffer is not readily available, one should be obtained from one of these locations without delay. It does not matter if a different brand of reliever medication 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.

The Asthma Emergency Kit must include:

- A blue reliever puffer (for example Airomir, Asmol, 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 single use 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

The Health Centre Manager or designated First Aid Officer is responsible for regularly checking the expiry date on the canister of the reliever puffer and the amount of medication left in the puffer.

Nebulisers are no longer in common use and schools are not required to provide a nebuliser for students.

Recognition of an Asthma Attack

Type of Asthma Attack	Common Symptoms (may differ between individuals)	First Aid Procedure
Mild	Coughing, a soft wheeze, minor difficulty in breathing and no difficulty in speaking in sentences	Immediately follow the First Aid procedure on the student’s Asthma Action Plan, or if no plan is in place follow the <i>4 Step Asthma First Aid Plan</i> . Delay in treatment may increase the severity of the attack and ultimately risk the student’s life.
Moderate	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	Call an ambulance (dial 000) and immediately follow the 4 Step Asthma first Aid plan. Notify the student’s emergency contact details as soon as possible.

The 4 Step Asthma First Aid Plan

If the person’s condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (Dial 000) and state that the person is having an asthma attack.

If a person has difficulty breathing and is not known to have asthma, call an ambulance immediately.

In an asthma emergency follow the Asthma First Aid Plan.

Asthma Management Policy

4 STEP ASTHMA FIRST AID PLAN	
Step 1	<p>Sit the person upright, be calm and reassuring.</p> <p>Do not leave them alone.</p>
Step 2	<p>Give 4 separate puffs of a blue reliever</p> <p>Ask the person to take 4 breaths from the spacer after each puff of medication. If a spacer is not available, use the blue reliever puffer on its own</p> <p>The medication is best given one puff at a time via a spacer device, shaking the puffer between each puff.</p>
Step 3.	<p>Wait 4 minutes.</p>
Step 4	<p>If there is little or no improvement after 4 minutes repeat steps 2 and 3. If there is <u>still</u> little or no improvement call an ambulance immediately (DIAL 000).</p> <p>Continue to repeat steps 2 and 3 while waiting for the ambulance.</p>

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 call emergency assistance (Dial 000) and then follow the Asthma First Aid Plan. Giving the blue reliever medication to someone who does not have asthma is unlikely to harm them.

Reference

The Asthma Foundation of Victoria
 491-495 King Street
 West Melbourne, Victoria 3003
 Telephone 03 9326 7088
www.asthma.org.au

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 puffs of blue reliever puffer medication

- Use a spacer if there is one
 - **Shake** puffer
 - Put **1 puff** into spacer
 - Take **4 breaths** from spacer
- Repeat until 4 puffs** have been taken
Remember: Shake, 1 puff, 4 breaths



3 Wait 4 minutes

- If there is no improvement, give **4 more puffs** as above



4 If there is still no improvement call emergency assistance (DIAL 000)*

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 puffs** every **4 minutes** until emergency assistance arrives



*If calling Triple Zero (000) does not work on your mobile phone, try 112

Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a puffer is not available
- If you are not sure if it's asthma

Blue reliever medication is unlikely to harm, even if the person does not have asthma



To find out more contact your local Asthma Foundation
1800 645 130 | asthmaaustralia.org.au

© Asthma Australia 2012 Supported by the Australian Government



Translating and
Interpreting Service
131 450