

ASTHMA POLICY

Definition:

- Asthma is a long-term lung condition which can be controlled, but not currently cured. People with asthma have sensitive airways. These airways are more likely to react to triggers. The lining of the airways is thicker and inflamed. When a person with asthma is having a flare-up, the muscles around the airways squeeze tight, the airways narrow and there is an increased production of mucus. This makes it hard to breathe. An asthma flare-up can come on slowly (over hours, days or weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.

Rationale:

- 1 in 10 people in Australia have asthma. In 2014, 421 people died from asthma related causes.
- Asthma can be different in everyone.
- With education, understanding and simple treatment people with asthma can lead normal lives without restriction. People with well controlled asthma have fewer symptoms and flare-ups, have less time off school and work and can participate fully in all aspects of life.
- It is important therefore for all members of the school community to be aware of asthma, its symptoms and triggers and the management of asthma in a school environment.

Aims:

- To understand all aspects of asthma.
- To manage asthma as effectively and efficiently as possible at school.

Signs and Symptoms of Asthma:

- Symptoms may include but are not limited to
 - Shortness of breath (unable to speak in long sentences)
 - Difficulty breathing – using accessory muscles (abdomen, tracheal tug (skin over throat pulling in), intercostal retraction (muscles pulling in between ribs))
 - Wheezing (not all asthmatics will have a wheeze)
 - Tightness in the chest or throat
 - Dry irritating cough – particularly in the morning and night
 - Pain or discomfort in tummy (particularly in young children)
 - Lethargy
 - Pale



Triggers:

- Some triggers for asthma flare-up include but are not limited to
 - Exercise
 - Viral illnesses
 - Change of season or sudden change in temperatures
 - Pollens/dust/animals/chemicals/smoke/moulds
 - Foods or additives

Implementation:

- Guthrie Street Primary School must have a current Asthma Action Plan for each student diagnosed with asthma. These are available from the office, first aid room or from <https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans> (see appendix 1)
- Asthma plans are to be kept with medication in classrooms, copies in First Aid and added to the students' records for reference.
- Puffers and Spacers are to be kept in a central location in the classroom. Teachers to monitor and record use of medication including signs & symptoms for use. This information needs to be communicated to parents via the 'Asthma medication administration log'
- Any student who is having a current 'flare-up' and feels they may need Ventolin whilst outside classroom must take it with them and return it when they return.
- Parents/guardians will be informed that they are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- Spacers will be used every time a student requires medication with an MDI (Metered Dose Inhalers)
- Professional development will be provided annually for all staff on the nature, prevention and treatment of asthma and asthma flare-ups (attacks). Updated information will also be displayed on the staffroom noticeboard.
- All staff will be required to do 22282VIC – Course in Asthma Management and Risk in the Workplace or 10392NAT Course in Emergency Asthma Management every 3 years.
- The school will provide, and have staff trained in the administration of, reliever puffers via a spacer - most commonly Salbutamol (blue canister – Ventolin /Asmol). Salbutamol and spacers will be available in the first aid room, all yard duty packs, in excursion and camp packs.
- Asthma First Aid charts with clear instructions will be included in each first aid kit, along with steps to be taken to treat severe asthma attacks.
- The School Nurse will be responsible for checking reliever puffer expiry dates.
- Spacers are single use only items and cannot be cleaned and reused.
- Care must be provided immediately for any student who develops signs of an asthma flare-up (attack).
- Any person having an asthma flare-up (attack) should be treated in accordance with their asthma plan.
- Any person with severe / life-threatening signs or if no plan is available is to be treated via the Asthma First Aid Algorithm (see appendix 2).
- Any person with signs of asthma with no known asthma diagnosis may be treated with the Asthma First Aid Algorithm.

Evaluation:

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

Appendix 1:

Asthma Action Plan

For use with a Puffer and Spacer



**Asthma
Foundation VIC**

Photo

Name: _____
 Date of birth: _____
 Confirmed Triggers

- Child can self administer if well enough.
- Child needs to pre-medicate prior to exercise.
- Face mask needed with spacer

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: _____

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Minor difficulty breathing
- May have a cough
- May have a wheeze

Other signs to look for:

SEVERE

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest/throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
 Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright
 - Stay with the person and be calm and reassuring
2. Give **4** separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from spacer between each puff
3. Wait 4 minutes
 - If there is no improvement, repeat step 2
4. If there is still no improvement call emergency assistance
 - Dial Triple Zero "000"
 - Say 'ambulance' and that someone is having an asthma attack
 - Keep giving **4** puffs every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

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



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

Emergency Contact Name: _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Medical or Nurse Practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date prepared: _____

Date of next review: _____

© The Asthma Foundation of Victoria August 2017. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical or nurse practitioner and cannot be altered without their permission.

Appendix 2:

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- **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

OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).



3 Wait 4 minutes

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

(OR give 1 more dose of Bricanyl or Symbicort inhaler.)



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 separate puffs** every **4 minutes** until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



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 reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

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



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA (1800 278 462) asthmaaustralia.org.au

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Translating and
Interpreting Service
131 450

AAA4FA2014



References:

www.asthmaaustralia.org.au

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www.nationalasthma.org.au