Asthma Policy
February 2014

Asthma Management Plan

It is the intention of PCW Melbourne 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 School life.

It is the intention of the School to raise awareness about asthma and this policy in the School community.

The School will engage with parents/carers of students at risk of asthma, developing risk minimisation strategies and management strategies for the students. The School will also take reasonable steps to ensure each staff member has adequate knowledge about asthma and the school’s expectations in responding to an asthma attack.

The School considers that management of students at risk of asthma is a shared responsibility of parents/guardians and the School to take all reasonable steps to:

(a) Share information regarding the student’s medical condition
(b) If such an incident occurs, to respond in a timely, informed and appropriate manner.

Introduction

Students with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them 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 children and adolescents have mild asthma with very minor problems and rarely need medication. However, some students will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise – exercise induced asthma). Most students with asthma can control their asthma by taking regular medication

Typical Asthma Medications

There are three main groups of asthma medication
• Relievers
• Preventers
• Symptom Controllers

Relievers
Reliever medication provides relief from asthma symptoms within minutes. The medication relaxes the muscles around the airways for up to four hours, allowing air to move more easily through the airways. Reliever medications are usually blue in colour; common brand names include Airomir, Asmol, Bricanyl, Epaq and Ventolin.
Reliever medications should be easily accessible to students at all times, preferably carried by the student. All students with asthma should be encouraged to recognise their own asthma symptoms and take their blue reliever medication as soon as they develop symptoms at school.

Preventers
Preventer medications are used on a regular basis to prevent asthma symptoms. They come in autumn colours (brown, yellow and orange). Preventer medications are usually taken twice a day at home and will generally not be seen in the School environment. Although Preventer medications will not be seen on a daily basis at School, they may be used on camp and overnight excursions. Staff may need to assist or remind a student to take them under advice from the student / carer.

Symptom Controllers
Symptom Controllers are often referred to as long acting relievers and are used in conjunction with preventer medication and are taken at home once or twice a day. Although Symptom Controller medications will not be seen on a daily basis at School, they may be used on camp and overnight excursions. Staff may need to assist or remind a student to take them under advice from the student / carer.

Combination Medication
Symptom Controllers and Preventer medications are often combined in one device. These are referred to as combination medications and will generally not be seen at School. Although Combination medications will not be seen on a daily basis at School, they may be used on camp and overnight excursions. Staff may need to assist or remind a student to take them under advice from parents / carers.

School Asthma Action Plan
Every student with asthma attending PCW Melbourne should have a written Asthma Action Plan ideally completed by their treating doctor or paediatrician, in consultation with the student’s Parent/Carer. This Action Plan should be attached to the student’s records and updated annually or more frequently, if the student’s asthma changes significantly.

The Action Plan should be easily assessable to staff, and staff should identify high-risk asthma students. If a student is obviously and repeatedly experiencing asthma symptoms and/or using an excessive amount of Reliever medication, the parents/carers should be notified so that appropriate medical consultation can be arranged.

The Asthma Action Plan will include:
- Triggers in order to employ efficient risk management (ie. Dust allergy, hot winds etc.)
- Usual medical treatment (medication taken on a regular basis when the student is ‘well’ or as premedication prior to exercise – (Exercise Induced Asthma);
- Details on what to do and details of medications to be used in cases of deteriorating asthma. This should include how to recognise worsening symptoms and what to do during an acute asthma attack. The Asthma First Aid section of the Asthma Action Plan must recommend no less than 4 separate puffs of blue reliever medication every 4 minutes. If the Asthma Action Plan is returned with less than the required number of puffs per minute the Plan must be sent back to the parent/carer and treating Doctor for review;
- Name, address and telephone number of an emergency contact;
- Name, address and telephone number (including an after-hours number) of the student’s doctor;
- A request for an updated School Asthma Action Plan should be offered annually to 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.
Asthma at Camps and Overnight Excursions.
It is necessary that Staff associated with the organisation of camps and overnight excursions, as part of their duty of care, assist students with asthma, where appropriate, to take their own medication.

If the group will be away overnight the accompanying Staff should:
• Take the appropriate number of asthma emergency kits;
• Take extra information about the student’s asthma (e.g. Camp Asthma Action Plan);
• Check the parent/carer has given their child enough medication for the period, including preventer medication if required.

Parents/carers are responsible for ensuring that their children have an adequate supply of the appropriate medication at School and that it is labelled with the name of the student and parent/carer contact details if appropriate.

It is also recommended that parents/carers provide a ‘spacer’ at School for their child’s individual use where appropriate.

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. The Asthma First Aid procedure should be clearly displayed in staff rooms to allow staff to familiarize themselves with the information it contains. Asthma First Aid posters should also be displayed in the sick bay or wherever asthma attacks are treated. Asthma First Aid instructions should also be written on a card in the asthma emergency kit.

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.

An ambulance should be called (dial 000) in cases where a student’s asthma attack appears severe or does not improve and is concerning.

The staff member is expected to 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, the staff member should 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.
The 4 Step Asthma First Aid Plan

If a student’s Asthma Action Plan is unavailable, the staff member should adopt the principles of the 4 Step Asthma First Aid Plan as detailed below.

Step 1  Sit the student upright and give reassurance. Do not leave the student alone.

Step 2  Without delay, administer 4 separate puffs of a blue reliever medication (Airomir, Asmol, Epaq, Bricanyl or Ventolin). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, the puffer should be used on its own. Ask the patient 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.

If at any time the student’s condition suddenly worsens, or if the staff member becomes concerned, an ambulance should be called immediately. Even if the student seems to have had a complete recovery from the asthma attack, it is expected that staff will not leave the student alone.

After calling an ambulance, the staff member should contact the principal or his/her delegate as soon as possible to advise him/her of the situation and seek instructions.

Note:
Blue reliever puffers are safe. If the student’s own blue reliever puffer is not readily available, one should be obtained from the asthma emergency kit or borrowed from another student or staff member and given without delay. It does not matter if a different brand of reliever medication is used.

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.

First Attack of Asthma
If a student appears to be having difficulty breathing at School and is not known to have pre-existing asthma, it is expected that staff will follow the steps outlined below:

• administer 4 separate puffs of a blue reliever puffer via a spacer;
• call an ambulance immediately;
• repeat (4 puffs) doses from the blue reliever puffer via a spacer every 4 minutes until the ambulance arrives.

This treatment could be life saving for a student whose asthma has not been previously recognised and it will not be harmful if the breathing difficulty was not due to asthma. Blue reliever puffers are extremely safe even if the student does not have asthma.

Exercise Induced Asthma (EIA)
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 ‘Asthma First Aid’ and the
student must not return to exercise. Even if the student responds the second time to the reliever medication, he should not resume exercise that day.

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 5-10 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.

**Supplementary First Aid Supplies**

As well as ready access to the details of each student’s Asthma Action Plan (usual treatment and first aid), it is essential to have equipment for managing an asthma emergency available in all First Aid Kits. Mobile asthma emergency kits can be useful for yard duty, excursions and camps.

**The asthma emergency kit must include:**

- A blue reliever puffer (for example Airomir, Asmol, Epaq, Bricanyl 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 spacer device to assist with effective inhalation of the blue reliever medication, for example a Volumatic, Able Spacer or Breatha-Tech. The First Aid Officer will consult a pharmacist about matching the spacer with the reliever puffer and ensure that appropriate spacer’s are available where practical;
- Clear, written instructions on how to use these medications and devices, plus the steps to be taken in treating an acute asthma attack as described Asthma First Aid;
- Sterile swabs e.g. AeroWipe™ to clean devices after use (see Cleaning of Delivery Devices). Schools can legally purchase a blue reliever puffer for First Aid purposes from a pharmacist on written authority of the principal;
- The puffers should be regularly checked for their expiry date on the canister of the reliever puffer and the amount of medication left in the puffer.

**Cleaning of Delivery Devices**

Devices (for example, puffers and spacers) that are used by more than one person must be cleaned thoroughly after each use to prevent cross-infection. Devices can be easily cleaned by following these steps (Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting, Department of Health & Ageing, Canberra, 2004):

- Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts;
- Wash devices in hot water and kitchen detergent;
- Do not rinse;
- Allow devices to ‘air dry’. Do not wipe dry;
- When dry, wipe the mouthpiece thoroughly with a sterile swab e.g. AeroWipe™;
- When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two ‘puffs’ into the air. A mist should be visible upon firing;
- If any device is contaminated by blood, throw it away and replace the device;
- Ensure the devices are stored in a dustproof container, as hygienically as possible.

**References**

- Victorian Government Schools Reference Guide
- The Victorian Schools Asthma Policy
- REVISED 2006
- AISV
- Asthma Foundation