


PROCEDURE	
Title: Asthma	
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Asthma

1 OVERVIEW

At SPW, the welfare of all students is paramount.

As a school, we are aware that a number of children may be affected by asthma; either due to a pre-existing condition or for the first time and, therefore, staff need to know the appropriate action to be taken in an asthma attack. The following background information is provided in support of the rationale of this policy.

Background Information:

Asthma is a condition that affects the air tubes of the lungs.

An asthma attack occurs when a 'trigger factor' causes the air tubes to overreact and narrow in some people, so that breathing is difficult.

These 'trigger factors' can vary from person to person but may include colds, flu, chest infections, exercise, pollens, dust, dust mites, temperature change and / or cigarette smoke.


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 Note: able to speak in sentences without difficulty.
Moderate	<ul style="list-style-type: none"> • able to speak only in shortened sentences • persistent cough • loud wheeze • obvious difficulty in breathing.
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.

2 RESPONSIBILITIES

The responsibilities of the School and an overview of the processes involved in maintaining medical records are outlined in the First Aid Policy. In addition, the following responsibilities are in place:

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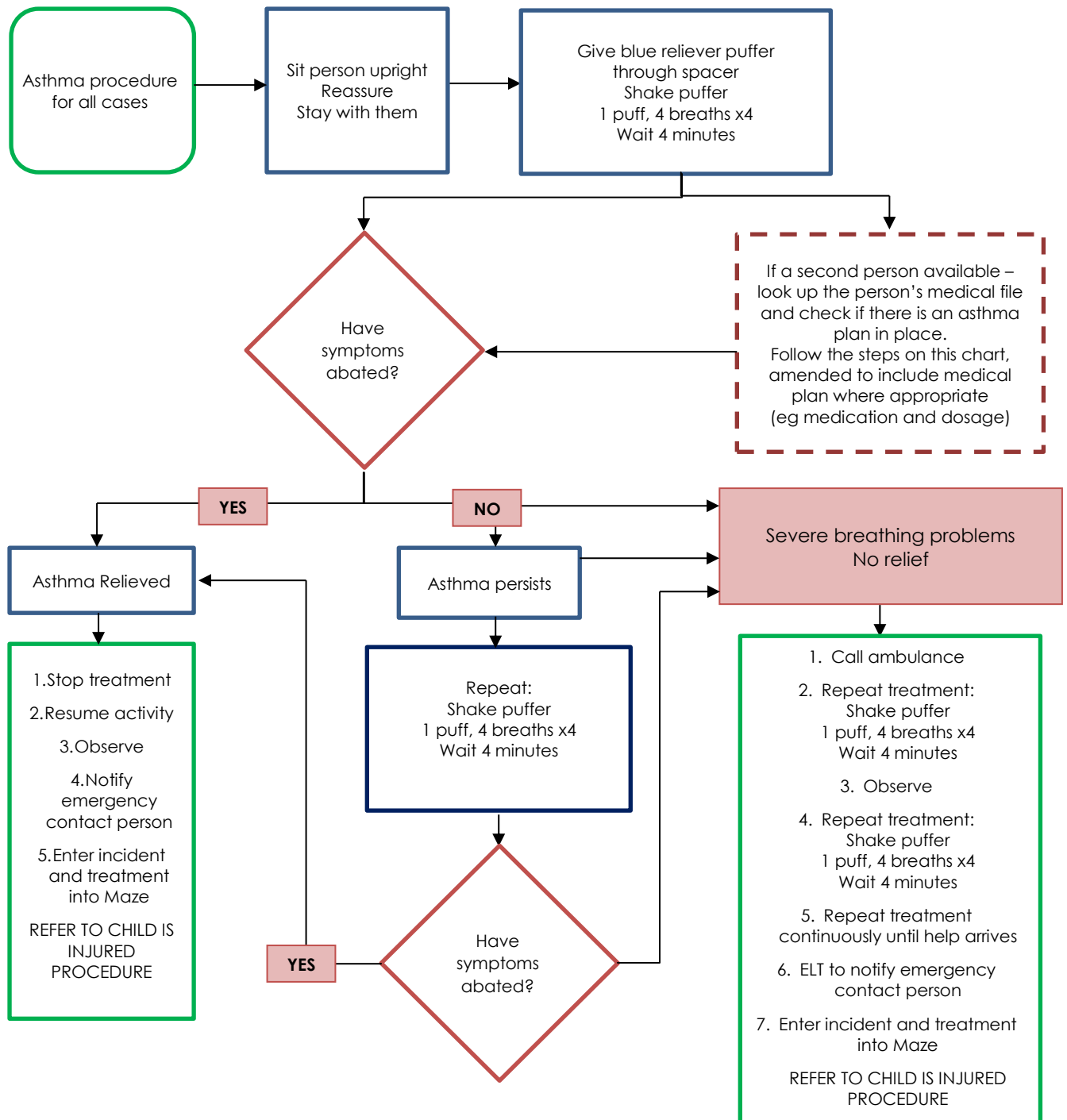
2.1 STAFF RESPONSIBILITIES


- 2.1.1 All Student Asthma Action Plans to be kept in a highly visible place in the school's sick bay and in the appropriate classroom.
- 2.1.2 Staff to receive professional development in this area by a qualified person.
- 2.1.3 Each teacher to have a copy, and be aware, of the school's Asthma Policy.
- 2.1.4 Students suffering from asthma attack to be sent immediately to the office.
- 2.1.5 Office staff to deal with any asthma emergency in accordance with the Student's Asthma Action Plan. Then to notify an ELT member to contact parents or ambulance if required.
- 2.1.6 All students judged to be having a severe attack require emergency medical treatment. The following procedure should be followed:-Call an ambulance, stating clearly that a student is having an asthma attack. Carry out asthma first aid, whilst waiting for the ambulance to arrive. The parents/guardians will be contacted immediately after calling the ambulance by a member of the ELT and the incident recorded. The child should not be left alone even, if there is a complete recovery. If the student has Asthma Action Plan, it should be followed.
- 2.1.7 Staff to be made aware of any students who are determined as asthmatics by noting the student in their TRT Folder

2.2 PARENTS/CAREGIVERS RESPONSIBILITIES

- 2.21 Parents/guardians are responsible for ensuring that their children have an adequate supply of the appropriate medication at school. They are advised that a spacer be at school for their child, where appropriate. A spacer assists in the administering of medications, making sure that the inhaled medication gets to the airways.
- 2.22 Where a child is deemed to have asthma, the parents/guardians must supply an Asthma Management Plan to the school on an annual basis. This plan can only be developed and completed by the child's medical practitioner.
- 2.23 Parents should ensure that their child is capable of administering any medication required.
- 2.24 Information and opportunities to answer questions regarding the student's allergies will be provided.
- 2.25 The School will be notified of any changes to the student's allergy status and a new Asthma Plan will be provided in accordance with these changes.

3 GENERAL ACTION PLAN IN THE EVENT OF AN ASTHMA ATTACK



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4 GENERAL ACTION PLAN IN THE EVENT OF AN ASTHMA ATTACK

4.1 STUDENT EXPERIENCES AN ASTHMA ATTACK

This table describes how to treat a student suffering an asthma attack, having difficulty breathing for an unknown cause, even if they are not a known asthma sufferer.

Note: For a student who is not a known asthma sufferer, this treatment:

- could be life saving if the asthma has not previously been recognised
- would not be harmful if the cause of breathlessness was not asthma.


Warning: Immediately call an ambulance (**Dial 000**) and state a person is having an asthma attack if:

- the student is having difficulties breathing, and not known to have asthma
- the student is having a severe attack; or
- you are concerned
- at any time the student's condition suddenly worsens

Delay in treatment may increase the severity of the attack and ultimately risk the student's life.

STEP	ACTION
1	Sit the person upright: <ul style="list-style-type: none"> • be calm and reassuring • do not leave them alone • seek assistance from another teacher (or reliable student) to locate the student's action plan and first aid kit if required. <p>Note: Breathing is easier sitting rather than lying down</p>
2	Give medication: <ul style="list-style-type: none"> • shake the blue reliever puffer • use a spacer if you have one • give 4 separate puffs into the spacer, shaking the puffer between each puff • ensure student takes 4 breaths from the spacer after each puff. <p>Important:</p> <ul style="list-style-type: none"> • If a spacer is not available use the puffer on its own. • If the student's own blue reliever puffer is not readily available immediately get one from: <ol style="list-style-type: none"> 1. the asthma emergency first aid kit 2. another student or staff member (only as a last resort and if the reliever medication is not prescribed) . <p>All blue reliever puffers are safe, when used as directed. The student may experience harmless side effects such as shakiness, headache, a tremor or a 'racing' heart.</p>
3	Wait 4 minutes. If there is no improvement, repeat step 2.
4	If there is still no improvement call an ambulance (000). Tell the operator the person is having an asthma attack Keep giving 4 puffs, getting the student to take 4 breaths per puff, every 4 minutes while you wait for emergency assistance. ELT member notified.
5	If asthma is relieved after administering the 4x4 procedure stop the treatment and observe the student. Member of the ELT to notify the student's emergency contact person and record the incident.

USE OF AN INHALER	
<u>With a spacer</u> <ul style="list-style-type: none"> • Assemble spacer • Remove puffer cap and shake well • Insert puffer upright into spacer • Place mouthpiece between teeth and seal lips around it 	<u>Without a spacer</u> <ul style="list-style-type: none"> • Remove cap and shake well • Breathe out away from puffer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer while breathing in

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<ul style="list-style-type: none"> • Press once firmly on puffer to fire one puff into spacer • Take 4 breaths in and out of spacer • Slip spacer out of mouth • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap 	<p>slowly and deeply</p> <ul style="list-style-type: none"> • Slip puffer out of mouth • Hold breath for 4 seconds or as long as comfortable • Breathe out slowly away from puffer • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap
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5 MEDICATION

Most students can control their asthma by taking medication. Asthma medication is normally:

- taken via a metered-dose inhaler (puffer) preferably in conjunction with a spacer device or via a breathe-activated dry powder inhaler
- provided by the parents or the student, and may be self-administered
- self-managed by the student at secondary level.


This table describes the common forms of asthma medication.

PURPOSE	MEDICATION THAT:
Reliever	<ul style="list-style-type: none"> • provides relief from symptoms within minutes • used in an asthma emergency • should be easily accessible to students at all times • is preferably carried by the student • is normally blue or grey in colour • includes common brands such as Ventolin, Bricanyl, Airomir and Asmol. <p>Note: some relievers can be purchased from a pharmacy without a prescription - schools must have a letter of authorisation from the principal.</p>
Preventer	<ul style="list-style-type: none"> • is used on a regular basis to prevent asthma symptoms • is usually brown, orange, rust or yellow in colour • is prescribed by a doctor.
Symptom controller	<ul style="list-style-type: none"> • is always used in conjunction with preventer medication • is a long-acting reliever • usually green in colour • is prescribed by a doctor.
Combination	<ul style="list-style-type: none"> • combines a preventer with a symptom controller in the same device • there are two types of combination medications, Seretide and Symbicort • for students aged 12 or over, Symbicort may be used in an asthma emergency if documented on the student's asthma action plan (a maximum of 6 inhalations while waiting for an ambulance) • usually white, red or purple in colour • is prescribed by a doctor. <p>Important: Teachers should refer to the student's asthma action plan to determine how to use this medication in an asthma emergency.</p>

6 FURTHER INFORMATION

Further information regarding this policy is available from any member of the Executive Leadership Team.

If any of the documents below are altered, corresponding alterations may need to be made in other documents.

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Related Policies

- POLICY Outdoor Education
- POLICY Child Safety & Wellbeing
- POLICY Emergencies, Evacuations, Lockdowns & Critical Incidents
- POLICY Excursions
- POLICY Healthy Eating
- POLICY Skin Protection

Related Procedures & Standard Operating Procedures

- WHS-05-01 PROCEDURE – First Aid – Child is injured
- WHS-05-02 PROCEDURE – First Aid – Child is sick
- WHS-05-03 PROCEDURE – First Aid – Child requires medical attention (offsite)
- WHS-05-04 PROCEDURE – Off-Campus First Aid Overview
- WHS-05-05 PROCEDURE – Infectious Diseases
- WHS-05-06 PROCEDURE – Categories and Processes for Administering Medication and First Aid
- WHS-05-07 PROCEDURE – Anaphylaxis
- WHS-05-08 PROCEDURE – Asthma
- WHS-05-09 PROCEDURE – Food Handling and Storage

Related Forms & Checklists


- FORM Accident & Injury Report Form
- FORM Incident Form
- FORM Diary Note (Maze – First Aid Room Attendance)
- FORM Excursion Risk
- FORM Medical/First Aid Plan – Ongoing Condition
- FORM Medical/First Aid Plan – Temporary Condition
- FORM Medication Authority

Related Safe Work Practices & Guidance Notes

None

Related Other Documentation

- MANUAL Child Protection Manual
- INDUCTION Contractors
- INDUCTION Staff
- INDUCTION Relief Teacher
- INFORMATION Student Teacher
- INFORMATION Work Experience Student
- FOLDERS TRTs
- FOLDERS Class/Subject

	10 December 2015
PRINCIPAL (Signature)	DATE