Asthma is a disease of the airways in the lungs. It affects the small airways, which are called ‘bronchioles’. About one in nine children and about one in ten adults in Australia have asthma. Children with asthma have ‘twitchy’ or sensitive airways. When the airways are exposed to certain triggers, the airways react and asthma symptoms develop.

The changes in the airways are:

1. The muscles in the airways squeeze tightly
2. The lining of the airway becomes red and swollen
3. The airways produce lots of mucus.

All this leads to airway narrowing.

DEFINITIONS/SYMPTOMS

What is asthma?

1. Coughing - may be a dry cough at first
2. Wheezing - a whistling or high pitched sound which may be heard as the child tries to push air out of their narrow tight airways
3. Shortness of breath - breathing may become quicker and shallow. This leads to breaths out which are prolonged and forced
4. Tight chest - younger children may describe tummy ache, due to the work of the “tummy” muscle (diaphragm) to assist with the work of breathing
5. Vomiting - in some asthma attacks, the child may vomit.

In worsening asthma, which may take a few hours to a couple of days to develop, you may notice the following:

1. Sucking in around the ribs, tummy or throat
2. Continuous coughing
3. Rapid heartbeat
4. Increased effort to breathe
5. Problems talking because they are so short of breath

Early treatment may stop the attack from getting worse. Worsening asthma requires prompt treatment.

[To be Reviewed:]
PRINCIPLES

It is the professional responsibility and duty of the teacher to ensure that medications, student medical action plans and First Aid kits are taken on excursions, to sporting events and camp.

PROCEDURES

LOCATION OF ASTHMA MEDICATION AND SPACERS

All students whose medical condition requires medication to be administered must have a Medical Action Plan and Medical Administration form signed by a medical practitioner.

Generally, Student medicines will be kept in the School Office, First Aid cabinet (unlocked). Students in Pre-Kindergarten, Kindergarten and Pre-Primary will have their medications stored in the fridge or a secure area.

INDIVIDUAL ACTION PLANS

1. Student’s Individual Action Plan is to be provided by parents annually, i.e. at the beginning of each school year and within given time frame updated

2. Copy of student’s Individual Action Plan to be placed in the Medical Action Plan file

3. Copy of student’s Individual Action Plan to be placed on the wall in the teacher staffroom

4. Staff are alerted to all student medical information in the staff meeting immediately after updated information is received from parents

5. Notification of students’ allergies/triggers are given to Canteen, including Medical Action File

6. Relief teachers are provided with a Medical Action File upon arrival at school (Assistant Principal)

7. Outline of Medical Action Plan for all students with Asthma to be fixed by ‘contact’ to front of all duty files. Students’ names and allergy are also to be listed on the file

8. Parents will give written permission annually for school to display student’s Individual Action Plan in the classrooms and staffroom. (not yet part of the school policy)

9. It is important to remember that each Asthmatic child has an individual Action Plan each will require differing amounts of puffs and times required

10. A student’s Individual Action Plan is reviewed after each ‘reaction’ if appropriate.
ASTHMA MEDICATION

Students should keep their reliever medication in their school bag for use during the day if required. A ‘spacer’ device should also be kept in their bag to assist with fast and more effective delivery of the medication.

The School will keep the required amount of Ventolin inhalers stored in the School Office, First Aid cabinet. The required amount of ‘spacers’ should be stored in the First Aid Room.

< 300 students 2 inhalers 1 spacer

School ‘spacers’ must be cleaned after use.

They must be separated into 2 parts washed in warm water containing diluted detergent, left to air dry and when dry, reassembled ready for use.

Do not rinse body of spacer.

Mouthpiece is to be cleaned with hot water.

CAMPS

1. The Camps and Excursions Form must be completed fully as required for all off-site events

2. All Medical Action Plans for students on Camp are to be taken and to be in the care of the Class Teacher and or the adult supervising the student

3. Class Teacher/s to ensure all medications for mild and severe reactions are taken to camp in conjunction with a full First Aid Kit

4. At the Pre-Camp Parent meeting, teacher/s should discuss meal plans with parents and make alternative plans if necessary

5. Class Teacher/s are responsible for advising camp staff of students’ food/ allergy requirements, checking the menu in advance, checking food preparation at the camp and the overall care of the student regarding their allergy

6. At the pre-camp parent meeting Parents/carers will be notified of their responsibility to ensure that their child has an adequate supply of appropriate medication

7. A minimum of 1 staff member capable of managing an acute asthma attack shall be present

8. Students are encouraged to carry their own medication

9. A mobile phone will be kept within the vicinity of the student/s at all times.

[To be Reviewed:]

“Reaching for Great Heights”
EXCURSIONS INCLUDING SPORTING EVENTS

1. If the student requires medication, it will be kept with student at all times on their person or with a responsible adult supervising the student in the case of a small child or child with impairment. This is the Class Teacher’s responsibility.

2. All Medical Action Plans for students on Excursion are to be taken and to be in the care of the Class Teacher and or the adult supervising the student.

3. Class Teacher/s to ensure all medications for mild and severe reactions are taken on the excursion in conjunction with a First Aid Kit.

4. Class Teacher/s are be responsible for checking if there is anything the child might come into contact with on the excursion, which could contain allergens (not just food items) and make arrangements with parents or the provider if necessary.

5. The School mobile phone should be taken on all excursions.

ALL BUS TRAVEL

First Aid kits are required for all bus travel, including bus shuttle runs. e.g. to and from swimming lessons. These are to be collected on departure and returned on arrival at school by the Class Teacher.

SWIMMING LESSONS

A full First Aid kit must stay with supervising teachers at swimming lessons.

EMERGENCY PROCEDURES

In the event of an attack the student’s medical emergency plan (Medical Action Plan) should be followed. If documentation is not available the steps below should be taken immediately. Should the student’s own reliever puffer not be readily available, a reliever puffer should be obtained from First Aid Kit.

IT DOES NOT MATTER WHAT BRAND OF BLUE RELIEVER PUFFER IS USED

Step 1  Sit the student upright, remain calm and provide assurance. Do not leave the student alone.

Step 2  Give 4 puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin), one puff at a time, preferably through a spacer. Ask the student to take 4 breaths from the spacer after each puff.

Step 3  Wait four minutes.

Step 4  If there is a little or no improvement repeat steps 2 and 3.
If there is little or no improvement, call an ambulance immediately

Continue to repeat steps 2 and 3 while waiting for the ambulance

If the attack is severe, the student’s parents should be contacted.

Reliever puffers are safe. An overdose cannot be given by following the instructions outlined. However, it is important to note the student may experience harmless side effects of shakiness, tremor or a racing heart.

EDUCATION

Staff

• Staff are required to have Asthma information training on an annual basis
• Posters are to be displayed in the First Aid Room at all times

Students

• Asthma awareness is to be included in the school health curriculum and covered at least once per year.

Parents

• Parents are to be offered Asthma information sessions once per year
• Newsletter inserts are to be used as often as possible.

REVIEW HISTORY

Originally Released 2005
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NEXT REVIEW 2019