Asthma Policy - Procedures

What is Asthma

Asthma is a condition of the airways. People with asthma have sensitive airways which react to triggers that set off their asthma. Their airways swell and get thick with mucus and the muscles around the airway squeeze tight. This makes it hard to breathe.

Asthma is potentially life threatening and may require an emergency response.

The term triggers is used to describe something that can set off or start asthma symptoms. This could be something that is:

- breathed in
- caught (eg. cold, flu)
- felt
- done
- eaten, drunk or taken.

Every person with asthma has different triggers. Common asthma triggers include:

- colds and flu
- smoke, eg. cigarettes or fire
- activity and exercise
- inhaled allergens, eg. moulds, pet allergen, dust mite
- chemicals
- dust and pollution
- changes in temperature and weather
- emotions, eg. laughter or stress
- some medications.

Guidelines for Implementation

The School needs to ensure that the individual student Asthma Action Plan is completed by the student’s medical/health practitioner in consultation with the parents or caregivers. These are to be provided annually by the parents or caregivers. (Appendix 3)

The plan must include:

- the prescribed medication taken on a regular basis
- any prescribed premedication needed before exercise
- the prescribed medication if the student is experiencing symptoms
- emergency contact details
- business and after hours contact details of the student’s medical/health practitioner
- instructions contained in Asthma First Aid - Appendix 1 and 2 (no less than 4 separate puffs of blue reliever medication, with 4 breaths taken per puff every minutes, using a spacer if possible).

Note: After treatment, if there is no improvement, dial emergency for assistance (000) and follow instructions contained in Point 4 of Appendix 1.
**Teacher Training**

Staff need to be trained so that they can recognise and effectively deal with an asthma emergency. Asthma Australia approved training covers not only the basics of asthma emergencies, but also provides a greater understanding of the issues and strategies to provide an organisation-wide approach to supporting children with asthma.

St Euphemia College ensures staff are trained every 2 years on current Asthma practices and procedures.

**Reducing Asthma Triggers**

To reduce asthma:

- school grounds need to be maintained
- carpets, blinds and curtains must be cleaned regularly
- cleaning products used in the School need to be evaluated in terms of potential impact on students with asthma
- maintenance that requires the use of chemicals and pest control, should be carried out during school holidays
- fans, air conditioning units and heaters that have not been used regularly should be run after School hours.

**Equipment**

St Euphemia College is responsible for providing Asthma Emergency kits for use by all staff members when required. This includes all excursions/sport off school grounds. However organisers of off site excursions and sporting events as part of their risk assessment, will need to ascertain whether an Asthma Emergency Kit is available at the venue. If not, an Emergency Asthma Kit must be taken.

Asthma Emergency Kits contain asthma first aid equipment. This equipment is vital in an asthma emergency, and needs to be accessible immediately to any staff member in case of emergency. This could include a first attack of asthma, or assistance for a student who does not have their reliever with them. Each kit should hold an in-date reliever medication and a spacer. Spacers are to be used by one person only, so you should also have a stock of spare replacement spacers.

**Regular Checks**

The Administration Staff are responsible for maintaining the Emergency Asthma First Aid Kits, including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date on the canister of the reliever puffer and replacing reliever medication if expired or if low on dose
- consulting with a pharmacist about matching the spacer with the reliever puffer
- replacing spacers in the first aid kit after each use. Spacers are now single-person use only. Once used, the spacer can be given to a person and replaced in the first aid kit.
Types of Asthma Attacks
Signs of an asthma attack can include:

Symptoms of a **mild** asthma attack:
- cough, wheeze
- some shortness of breath
- still able to speak in full sentences between breaths.

Symptoms of a **moderate** asthma attack:
- continual cough, moderate to loud wheeze
- obvious difficulty breathing
- only able to speak in short phrases between breaths.

Symptoms of a **severe** asthma attack:
- severe difficulties breathing
- speak no more than a few words at a time
- wheeze is often quiet
- sucking in of the throat and rib muscles
- pale and sweaty
- may have blue lips
- very distressed and anxious.

Asthma can get worse quickly or slowly over a longer period of time, even a few days. Asthma First Aid can be provided as soon as you notice asthma worsening.

Do not wait until asthma is severe to start asthma first aid.
Appendix 1

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

Asthma Australia
To find out more contact your local Asthma Foundation
1800 ASTHMA (1800 278 462) | asthmaaustralia.org.au
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Translating and Interpreting Service
131 450
Appendix 2

Asthma First Aid Flowchart

Sit person upright | Reassure | Stay with them

Give blue reliever puffer through spacer
Shake, 1 puff, 4 breaths — x4 | Wait 4 minutes

Asthma relieved
— Stop treatment
— Resume activity
— Observe
— Notify emergency contact person

Asthma persists
— Repeat: Shake, 1 puff, 4 breaths — x4
— Wait 4 minutes

Asthma relieved
— Stop treatment
— Do NOT resume activity
— Observe
— Notify emergency contact person

Severe breathing problems
No relief
— Call ambulance
— Repeat: Shake, 1 puff, 4 breaths — x4
— Wait 4 minutes
— Repeat treatment continuously until help arrives
— Notify emergency contact person

Asthma Australia
To find out more about asthma contact your local Asthma Foundation
1800 ASTHMA (1800 278 362)
asthmaaustralia.org.au
Asthma care plan for schools

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Photo of student (optional)

Student’s name:

Date of birth:

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack.

Daily asthma management

This student’s usual asthma signs

☐ Cough
☐ Wheeze
☐ Difficulty breathing

☐ Other (please describe)

Frequency and severity

☐ Daily/most days
☐ Frequently (more than 5 x per year)
☐ Occasionally (less than 5 x per year)

☐ Other (please detail)

Known triggers for this student’s asthma (eg exercise*, colds/flu, smoke) — please detail:

Does this student usually tell an adult if s/he is having trouble breathing? ☐ Yes ☐ No

Does this student need help to take asthma medication? ☐ Yes ☐ No

Does this student use a mask with a spacer? ☐ Yes ☐ No

*Does this student need their blue reliever puffer medication before exercise? ☐ Yes ☐ No

Medication Plan —

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

<table>
<thead>
<tr>
<th>Name of medication and colour</th>
<th>Dose/number of puffs</th>
<th>Time required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of doctor

Address

Signature

Phone

Date

Parent/guardian

I have read, understood and agreed with this care plan and any attachments to it. I also approve the treatment and care provided by staff and any other medical personnel. I will notify the staff in writing if there are any changes to these medications. I understand staff will seek emergency medical help if needed and I will be responsible for payment of any emergency medical costs.

Name

Signature

Date

St Euphemia College Asthma K–12 Procedures 2014
FIRST AID FOR SEIZURES

TONIC CLONIC SEIZURE
Convulsive seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase).

**DO**
- Stay with the person
- Time seizure
- Protect from injury especially the head
- Roll onto side after jerking stops OR immediately if food/fluid/vomit in mouth
- Observe and monitor breathing
- Gently reassure until recovered

**DO NOT**
- Put anything in the person’s mouth
- Restrain the person
- Move person unless in danger

FOCAL DYSCOGNITIVE SEIZURE (complex partial)
Non-convulsive seizures with outward signs of confusion, inappropriate responses or behaviour.

- Stay with the person
- Time seizure
- Gently guide away from harm
- Reassure until recovered
- DO NOT restrain the person unless in danger

CALL 000 FOR AN AMBULANCE IF:

- You are in any doubt
- Injury has occurred
- There is food/fluid/vomit in mouth
- Seizure occurs in water
- Person has breathing difficulties after jerking stops
- Another seizure quickly follows
- Seizure lasts longer than 5 mins
- The person is non-responsive for more than 5 mins after the seizure ends

This is not medical advice nor an exhaustive list of responses to seizures. This is a guide to help you consider your response to seizures. If you are in any doubt about what to do, do not hesitate to call an ambulance.

For more information or advice about epilepsy, contact Epilepsy Action Australia on 1300 37 45 37 or visit www.epilepsy.org.au

Epilepsy Action Australia