ST ALBERT’S CATHOLIC SCHOOL

ASTHMA MANAGEMENT POLICY

Introduction

St Albert’s Catholic School is committed to ensuring that all students in our care are safe and that their wellbeing is maintained. All staff are trained in asthma management and St Albert’s Catholic School is an accredited Asthma Friendly School.

Asthma is very common in Australian children. It is estimated that one in five children, one in seven adolescents and one in ten adults may be affected by asthma at some time. Common symptoms of asthma are wheezy breathing (a whistling noise in the chest), coughing, chest tightness and breathing difficulty. At school, these symptoms are likely to occur during or immediately after exercise.

Rationale

Whilst most children and adolescents have mild asthma and may only need occasional medication, asthma severity can vary considerably and even students with mild asthma may experience a severe attack from time to time. Those with extreme asthma need medication on a daily basis and may require additional medication at school.

Asthma Management

All students who have asthma should be encouraged to carry medication on their person for self-administration to relieve asthma symptoms.

Given that asthma is so common, it is important that teachers and school staff are aware of asthma symptoms and able to respond to these competently and appropriately.

Asthma can be triggered by certain factors, which include exercise, viral infections, allergies, strong emotions, weather changes, food additives and some medicines. These triggers will vary from student to student.

All students with asthma should exercise regularly and should be encouraged to participate in physical education programs. Teachers need to be aware of those children who have asthma and be watchful for symptoms during physical activity.

Ventolin can be given - two puffs before, during and after any physical activity, if needed.

Assessment of the severity of an asthma attack

- **MILD ATTACK** - This involves coughing, an audible wheeze, minor difficulty in breathing and no difficulty speaking sentences.

- **MODERATE ATTACK** - This involves a persistent cough, audible wheeze, obvious difficulty in breathing and ability to speak in short sentences only.

- **SEVERE ATTACK** - The child is often distressed and anxious, gasping for breath, unable to speak more than a few words.
Treating an Asthma Attack

If a student is having an asthma attack, appropriate care must be given immediately.

**STEP 1** - Sit the student down and remain calm to reassure the student.

**STEP 2** - Without delay give 4 puffs of a RELIEVER (Ventolin, Bricanyl, Respolin or Asmol). The inhalation is best given through a spacer, except for Bricanyl. The student should have their own medication. If not relieviers are available from the office. Ask the student to take 4 breaths from the spacer.

**STEP 3** - Wait 4 minutes - if there is no improvement give another 4 puffs.

**STEP 4** - If little or no improvement - call an ambulance immediately (Dial 000) and state that a student is having an asthma attack.

**REPEAT STEPS 2 AND 3 UNTIL THE AMBULANCE ARRIVES**

If a Spacer is not available then follow the above 4 steps using just the Reliever puffer.

**Notes:** A Spacer is a volumatic with adaptor.

**Reliever medications** are those medications taken to relieve symptoms of asthma such as shortness of breath, tightness in the chest, wheezing and cough. They usually start to take effect within a couple of minutes and last for up to 4 hours. Reliever medications usually come in a blue or grey colored inhaler and include medications such as Ventolin, Bricanyl, Respolin, Asmol and Respax.

**Preventer medications** do not have an immediate effect, but rather work over a period of time. These medications need to be taken on a twice-daily basis, whether or not symptoms of asthma are present, and are not usually taken by the student at school. Preventer medications usually come in white or autumn colored inhalers and include Intal, Tilade, Becotide, Becloforte, Pulmicort, Aldecin, Flixotide, Seretide and Symbicort. (Note. Symbicort100 or 200 can be taken as a preventer and a reliever.)

**First Attack of Asthma**

If a student suddenly collapses and appears to have difficulty breathing, an ambulance should be called immediately ... WHETHER OR NOT the student is known to have asthma. Give 4 puffs of a RELIEVER Ventolin, Bricanyl, Respolin or Asmol) whilst waiting for the ambulance to arrive. No harm is likely to result from giving a Reliever to someone without asthma.

- Never leave the student alone
- Contact the parents
- If the attack is considered to be severe it is necessary to seek medical attention.
This is also required if the symptoms do not improve after 1 or 2 doses of treatment and if the parents cannot be contacted. If it is noted that there is a bluing of the lips, it is an indication that oxygen is urgently needed. Call an ambulance alerting that the student is having an asthma attack.

**DO NOT WAIT FOR THE ASTHMA TO PROGRESS. IT IS EASIER TO TREAT AN ATTACK IN ITS EARLY STAGES.**

**MANAGEMENT PLAN FOR EXERCISE-INDUCED ASTHMA.**

A student with asthma may develop symptoms - coughing, wheezing, breathing, chest tightness difficulties - during exercise that may stop them from joining in games and sports. Asthma due to exercise can be prevented by encouraging the student to follow 6 simple steps.

1. Exercise regularly and know limits.

2. Take inhaled medication (Ventolin, Bricanyl, Respolin, Respax, Asmol, Tilade or Intal) 5 - 10 minutes prior to exercise, during and after physical activity if needed.

3. Do 10 - 15 minutes of warm up exercise prior to any sporting activity.

4. Breathe through nose, when possible, to warm and humidify the air going to the air passages.

5. Cool down at the end of the session and wear appropriate clothing.

6. STOP if symptoms occur, and take reliever medication - Ventolin, Bricanyl, Respolin, Respax and Asmol.

If a student regularly has exercise-induced asthma, it may be that the student’s asthma is not well controlled and needs review by a doctor.

**Students with asthma should be instructed to use medication before exercise. Students, whose asthma is not under control, that is, those who have symptoms, should be prohibited from undertaking strenuous exercise until their asthma is properly controlled.**

Students who have a viral illness or who are recovering from a viral illness, particularly if the respiratory tract has been involved, should have it explained to them that strenuous exercise may prompt the development of asthma, and be prohibited from undertaking strenuous exercise. However, they should fully participate in skills-related activities.

**Signed:**

Chairperson School Board: Sean Drake .........................

Principal: Jason Mittiga ..........................

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