

**Holy Family Primary School
GOWRIE**



ASTHMA

Policy



Asthma Policy

Related Policies

HF First Aid Policy
HF Dispensing of Medication
CE Medical Welfare of Students

Purpose

Holy Family is a registered 'Asthma Friendly School'. Parents of students with significant asthma complete an Asthma Plan in consultation with the student's doctor. This plan is completed every 2 years and updated when needed.

The main symptoms of asthma are wheezing, persistent cough, particularly at night, early morning or with exercise, shortness of breath. These symptoms vary from student to student. Some students may have all symptoms, while some may only have a cough or wheeze.

Students with a history of asthma should be encouraged to carry their bronchodilators (blue – reliever medication) at all times. During an asthma attack, wheezing, coughing, and breathlessness can worsen quickly, until breathing becomes difficult.

Definitions

Asthma affects all age groups but often starts in childhood. It is a disease characterised by recurrent attacks of breathlessness and wheezing, that vary in severity and frequency from person to person. In an individual, these episodes may occur from hour to hour and day to day.

This condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow, reducing the flow of air in and out of the lungs.

Procedures

Emergency treatment

If a student suddenly collapses or appears to have difficulty breathing and there is no other immediate cause:

- Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
- Give 4 puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin), one puff at a time preferably using a volumatic spacer device. Ask the student to take 4 breaths from the spacer after each puff.

- Wait 4 minutes.
- If there is little or no improvement and the student is breathless or distressed, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.
- Use a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) on its own if no volumatic spacer device is available.

Preventing exercise induced asthma

- Make sure the student's day-to-day asthma is under control.
- Encourage all students with significant asthma to have regular reviews with their doctor and to have their individual Asthma Plan. An Asthma Plan gives step-by-step instructions to help manage asthma.
- Ensure students use their blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) 5-10 minutes BEFORE they warm up before a sporting session. These medications are commonly known as relievers. Intal Forte, Tilade and Singulair are preventer medications but may also be used to help manage EIA. Parents should always check with their child's doctor as to which inhaler is best for their child.
- Ensure students ALWAYS WARM UP before any sport or exercise. A warm up consists 15-20 minutes of light, intermittent exercises and stretching.
- Students should always COOL DOWN following sport or exercise.

If a student experiences asthma symptoms during exercise

- Have the student STOP exercising.
- Have them take 4 separate puffs of their blue reliever puffer (Airomir Asmol, Bricanyl or Ventolin) with a volumatic spacer device if available.
- Restart exercise only if they can breathe easily and are free of symptoms.
- If the symptoms do not go away immediately or if they return when the student starts exercising again they should:
 - Use their blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) as before and follow the students Student Asthma Plan.
 - Not return to any exercise for the rest of the day.
 - Advise parents to have their child's asthma reviewed by their doctor.

First Aid

Teachers at Holy Family, as part of their general duty of care, are obligated to provide assistance to injured and sick students. If a student is sick or injured, the teacher must do everything possible to assist that child.

The designated First Aid Officers are the School Secretaries and the First Aid kit is kept in the Front Office and maintained by these Secretaries.

All staff members have annual CPR training and anaphylaxis training. All staff have current Senior First Aid qualifications.

In the event that a child becomes ill or needs First Aid during class time, he/she will be accompanied to the Front Office for attention.

In the event that a child becomes ill or is injured during recess or lunch, he/she will be accompanied to the Front Office where a teacher (with First Aid qualifications) or a Secretary will attend to the child.

When a child requires further attention than can be given at school, the Principal is notified and the parents of the child are contacted by the Secretary. If needed an ambulance is called. If the child requires further attention, the accident must then be recorded by the attending teacher in the Accident Report Book, which is kept in the Front Office.

See also http://www.ceo.cg.catholic.edu.au/policies.first_aid.htm.

Medication

With the exception of the administration of bronchodilator inhalers in the emergency treatment of an asthma attack or suspected asthma attack, no medication is to be administered to students without the written permission of parents (see below for emergency treatment of an asthma attack). All medications are to be kept in the Front Office. A record of expiry dates is kept by the Front Office staff. Children in Yrs 5 and 6 who can confidently self-administer their own puffer retain their medication in their school bags.

Parents should be regularly informed of the school's policy in regard to the administration of medication. The school maintains 3 asthma puffers and a spacer for emergency use.

Appropriate equipment for administration of medicine, eg. medication measures should be supplied by parents. Teachers are to take the relevant student's medication on excursions and are responsible for obtaining the medication and signing it in and out at the Front Office.

Staff responsibility in an emergency

In an emergency, all staff have a duty of care. Staff are to use common sense, which dictates that in an emergency, while they should not act beyond their capabilities and qualifications, they are expected to do what they can to take appropriate action.

The student's individual Emergency Action Plan will outline what action needs to be undertaken. It includes an emergency response plan detailing how to deal with a reaction should it occur.

Early recognition of symptoms and immediate treatment could save a child's life.

References

Nil

Forms

Approved by:	Holy Family School Board
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School Contact Officer:	Anne-Marie Marek