



SORRENTO PRIMARY SCHOOL ASTHMA POLICY AND PROCEDURES

Reviewed: 22nd June, 2017

Review Date: 2020

RATIONALE

Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.

AIMS

To manage asthma and asthma sufferers as effectively and efficiently as possible at school.

IMPLEMENTATION

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.
- Asthma attacks can be:
 - ✓ **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
 - ✓ **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
 - ✓ **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.
- Children and adults with mild asthma rarely require medication, however moderate asthma sufferers may require daily or additional medication (particularly after exercise).
- All students judged to be having a severe asthma attack require emergency medical assistance.
- Call an ambulance (dial 000), notify the student's emergency contact and follow the '4 Step Asthma First Aid Plan' while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.
- All students with asthma must have an up to date (annual) written asthma management plan consistent with Asthma Victoria's requirements completed by their doctor or paediatrician. Appropriate asthma plan proformas are available at www.asthma.org.au
- Asthma plans will be attached to the student's records for reference.
- If the student has an Asthma Action Plan, follow the first aid procedure immediately. If no, Asthma Action Plan is available the steps outlined below should be taken immediately.

Step 1

- Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

Step 2

- Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

Step 3

- Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

Step 4

- If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties.'

Continuously repeat steps 2 and 3 while waiting for the ambulance.

- Professional development will be provided annually for all staff on the nature, prevention and treatment of asthma attacks. Such information will also be displayed in the First Aid Room.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- The school will provide, and have staff trained in the administering of, reliever puffers (blue canister) such as Ventolin, Airomir, Asmol or Bricanyl and disposable spacer devices in all first-aid kits, including kits on excursions and camps. Clear written instructions on how to use these medications and devices will be included in each first aid kit, along with steps to be taken to treat severe asthma attacks.
- Paper spacer devices are to be disposed of after use. Plastic spacers are only to be used by one child.
- The first aid staff member will be responsible for checking reliever puffer expiry dates.
- Plastic Puffers should be washed after each use:
 - ✓ Remove the metal canister from the puffer (do not wash the canister)
 - ✓ Wash the plastic casing only
 - ✓ Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds. Wash mouthpiece cover.
 - ✓ Air dry and then re-assemble.
- Parents must be contacted whenever their child suffers from a moderate or severe asthma attack.

EVALUATION

- This policy will be reviewed as part of the school's three-year review cycle.