



Related Policies

First Aid
Medication Dispensing

Purpose

To provide schools with guidelines for the management of student asthma.

Policy

Every student with significant asthma should have a standard record and an Asthma Management & Emergency Treatment Plan filled out by his/her parent/carer in consultation with the student's doctor. This record should be completed at the beginning of each school year and updated if there are any changes to the student's asthma treatment throughout the year. *A Student Asthma Management & Emergency Treatment Plan* is attached. This can be photocopied and provided to parents/carers.

Definitions

Asthma affects one in four primary school and one in seven secondary school students and is the most common cause of hospital admission in children. People with asthma have sensitive airways. When they are exposed to certain triggers such as dust, pollens, animals, tobacco smoke and exercise, their airways narrow, making it hard for them to breathe.

Asthma can be controlled and need not interfere with playing sport or exercising. As Exercise Induced Asthma (EIA) affects more than 80% of people with asthma, it is important that teachers responsible for physical education understand and are ready to assist their students who have asthma. Frequent asthma symptoms while exercising may suggest that a student's asthma is not well managed.

Causes of Exercise Induced Asthma

Breathing normally occurs through the nose. The nose warms and moistens the air. When people exercise they tend to breathe faster and through the mouth. The mechanism in the mouth to warm and moisten the air is less effective than that in the nose. This means that colder, drier air reaches the airways causing water loss and cooling. This is thought to irritate and tighten the airways of people with asthma.

In many instances, symptoms occur soon after the completion of the exercise during the 'cooling down' period rather than during the exercise.

The main symptoms of asthma are -

- wheezing (noisy breathing)
- persistent cough, particularly at night, early morning or with exercise
- shortness of breath.

Asthma

These symptoms vary from student to student. Some students may have all symptoms, while some may only have a cough or wheeze.

Procedures

Management of Exercise Induced Asthma

Students with a history of asthma should be encouraged to carry their bronchodilators (blue – reliever medication) at all times.

An asthma attack can take anything from a few minutes to a few days to develop. During an attack wheezing, coughing, and breathlessness can worsen quickly, until breathing becomes difficult. An asthma attack can be life threatening and should be taken seriously.

1. Emergency treatment.

If a student suddenly collapses or appears to have difficulty breathing and there is no other immediate cause call an ambulance immediately and follow *the Standard First Aid Asthma Plan*

Standard Asthma First Aid Plan

1. Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
2. 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.
3. Wait 4 minutes.
4. If there is little or no improvement and 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.*

2. How to prevent exercise induced asthma.

First:

- Make sure the student's day-to-day asthma is under control.
- Encourage all students with significant asthma to have regular reviews with their doctors and to have their own Asthma Action Plans. An Asthma Action Plan gives step-by-step instructions to help manage asthma.

Then:

- Ensure that students use their blue reliever puffer (*Airomir, Asmol, Bricanyl or Ventolin*) 5-10 minutes BEFORE they warm up. These medications are commonly known as relievers. *Intal Forte, Tilade* and *Singulair* are preventer medications but may also be used to help manage EIA. Students should always check with their doctors as to which inhaler is best for them.
- Ensure that 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.

Asthma

3. If a student experiences asthma symptoms during sport or exercise

First:

- 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.

Then:

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 Record Card.
- Not return to any exercise for the rest of the day.
- Have their asthma reviewed by their doctor.

If they continue to have symptoms, follow the Asthma Management and Emergency Treatment Plan which forms part of the Asthma: Student Record.

4. Asthma first aid kit contents.

First aid kits in schools and workplaces should, as a minimum, contain the items listed below. Portable kit contents can be modified depending on the risk level of the activity and its proximity to the school.

Item	First Aid Room Kit	Portable Camp Kit
	Number	Number
Asthma First Aid Kit comprising - A bronchodilator (reliever) inhaler device - "puffer" (eg. <i>Airomir</i> , <i>Asmol</i> or <i>Ventolin</i> .) & written instructions on how to use it.	2	1
A large volume spacer (<i>Asmol</i> & <i>Ventolin</i> fits a volumatic spacer device) <i>Airomir</i> needs an adaptor to fit a volumatic spacer device & written instructions on how to use it.	1	1
A copy of the guidelines for the management of asthma at school.	1	1

STUDENT RECORD FORM: ASTHMA

Personal Details

Student's name:.....

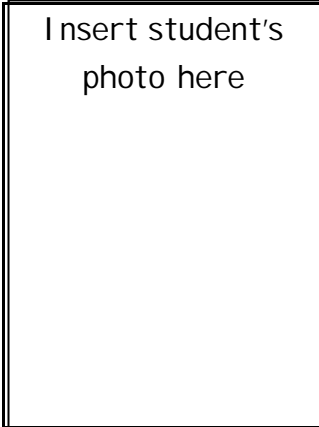
Sex: M F Date of birth:.....Year/Class.....

Emergency contact (e.g. parent, carer):

a.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

b.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

Doctor:.....Telephone No.....



Usual Asthma Management Plan

Student's symptoms (e.g. cough)
.....

Triggers (e.g. exercise, pollens)
.....

Medication requirements:

Name of medication	Method (eg. Puffer & spacer, turbuhaler)	When and how much?
.....
.....
.....

In an **Emergency** follow the Plan below that has been ticked (✓).

Standard Asthma First Aid Plan Please tick (✓) the preferred box.

1. Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
2. Give 4 puffs of a blue reliever puffer (*Airomir, Asmol, Bricanyl or Ventolin*), one puff at a time preferably through a volumatic spacer device. Ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes.
4. If there is little or no improvement and student is breathless or distressed call an ambulance immediately
5. (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.*

OR

My Child's Asthma Emergency Treatment Plan (attached)

Additional comments:.....
.....
.....

I verify that I have read the individual Asthma First Aid Plan and agree with its implementation.

Signature of Doctor:.....Date:.....
Date of Plan:.....

Note: A doctor's signature is **only required** for an Individual Asthma Emergency Treatment Plan. A doctor's signature is **not required** if the standard Asthma First Aid Plan is selected.

Signature of Parent/Carer:.....

Date:

Asthma

- a) I/We (Parent/carer)give permission for my/our child
(Name)
1. to be assisted by staff when taking asthma medication should they require help
 2. to be treated by staff at the school, in an emergency, using the preferred Asthma Emergency Treatment Plan if in their judgement it is required for the treatment of an asthma attack
 3. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.
- b)
1. As parent/carer I will notify you in writing if there are any changes to these instructions.
 2. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signed:..... **Date:**

Asthma

References

ACT Department of Youth and Community Services Asthma Policy 2004
AIS Asthma Policy 2004

Forms

Student Record Form: Asthma

Approved by:	CEO Heads of Division
Issuing Group:	Education Services Division
Implementation Date:	January 2005
Revision Date:	2008
CEO Contact Officer:	Education Officer: Student Health, Sport and Safety