RATIONALE
Asthma affects up to two in five 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.

Asthma attacks involve narrowing of airways making it difficult to breathe. Symptoms may include difficulty in breathing, wheezy breathing, dry/irritating cough, chest tightness and difficulty in speaking. Children and adults with mild asthma rarely require medication. However, severe asthma sufferers may require daily or additional medication (particularly after exercise).

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

PROCEDURES
• Professional learning is provided for staff on the nature, prevention and treatment of asthma. Such information may be displayed in the administration area, first aid room and staffroom.
• All students with asthma must have an annual up-to-date written “Asthma Management Plan” consistent with the Asthma Tasmania’s requirements and completed by their doctor or paediatrician in consultation with the parents. (Appropriate asthma plan proformas are available at www.asthma.org.au)
• Asthma plans will be placed in the “Asthma Management Folder” which is located in the School Office.
• Parents are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.

• Students, who provide written parent permission supported by approval of the Principal, may carry an asthma inhaler with them at school.

• The school will provide, and have staff trained in the administering of, reliever puffers (blue/grey canister), such as Ventolin, or Bricanyl, and disposable spacer devices in all first aid kits, including kits used 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 for severe asthma attacks. Kits will contain 70% alcohol swabs to clean devices after use.

• All devices used for the delivery of asthma medication must be cleaned appropriately after use.

• The school’s First Aid Officer is responsible for checking reliever puffer expiry dates.

• Care must be provided immediately for any student who develops signs of an asthma attack: Children suffering asthma must be treated in accordance with their individual “Asthma Management Plan”.

• **EMERGENCY PLAN:** (a copy is to be kept in each First Aid bag/kit)

Children are to be sat upright, calmed and reassured; administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths after each puff; wait 4 minutes; if little or no improvement, administer 4 more puffs and repeat the cycle. Call an ambulance if there is no improvement after the second 4-minute wait period, or if it’s the child’s first known attack. Continue the cycle until the ambulance arrives.

• Parents must be contacted whenever their child suffers an asthma attack.

• To minimise exercise-induced asthma attacks, start exercise with a warm-up and finish with a cool-down program. The child should cease activity; 2 to 4 puffs of a blue/grey inhaler with spacer. Return to activity only if totally free of symptoms, otherwise use the above mentioned EMERGENCY PLAN.

References

[www.asthma.org.au](http://www.asthma.org.au) Asthma Tasmania 6223 7725 Toll Free 1800 645 130

This policy and procedures will be reviewed as part of St Joseph’s Catholic School review cycle.

*Implemented 2003
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