



## Asthma Policy

***This policy addresses issues in relation to:***  
*Safe and Supportive Environment – Student Welfare 3.6.2*

***(See also Medical Care Policy and Anaphylaxis Policy)***

### **Purpose:**

The purpose of this document is to:

- improve understanding of asthma and its management in the school environment.
- increase confidence in recognising an asthma episode and providing asthma first aid.

### **Scope:**

This policy applies to the Head of College, Coordinators (primary & High School) and all Al-Faisal College teachers and administrative staff.

### **Definitions:**

Asthma is a breathing problem. One in four children in Australia is affected. Children with Asthma have sensitive airways in their lungs. When exposed to certain triggers, the airways react causing three things to happen:

- Airway muscle tightens
- Airway lining becomes inflamed and swollen
- Excess mucous builds up

This causes the airway to become narrow making it hard for the child to breath.

### **Asthma symptoms:**

- Shortness of breath / difficulty in breathing
- Wheezing or high pitched whistling sound
- Cough
- Chest Tightness

**Not all symptoms need to occur to signify a child is having an Asthma attack. Symptoms vary between children and can worsen very quickly.**



## Policy:

1. Al-Faisal College has a duty of care to assist every child who exhibits symptoms of asthma.
2. Staff are educated in assessing symptoms of asthma and in the management of such symptoms.
3. It is the responsibility of the parent/guardian to notify the school that their child is at risk of asthma either at the time of enrolment, or if the student is enrolled, as soon after diagnosis is possible.
4. If written information provided by the parent confirms that their child has been assessed as being at risk of asthma, **an individual health care plan will be formulated by the Head of College (or Administration Officer) in consultation with parents and staff.**
5. At the beginning of the academic year, each student will receive the 'Update of Student Information' form. Every student with asthma attending the school should have the information recorded on the form. These students then receive the Medical Alert form that must be completed by parents, in consultation with the student's family doctor/pediatrician. Parents or carers have the responsibility to convey clear instructions from the medical practitioner to the school about the child's medical condition.
6. The school has Asthma First Aid Kits. The kit may include:
  - a bronchodilator (blue puffer) metered dose inhaler (e.g. Airomir, Asmol or Ventolin puffer);
  - a large volume spacer device to assist with effective inhalation of the blue puffer bronchodilator (e.g. a Volumatic).

## Procedures: Emergency Treatment of an Asthma Attack Treating an Asthma Attack

The following steps would be taken immediately.

1. Sit the student upright, remain calm and provide reassurance. Do not leave the student alone.
2. Shake the blue puffer and give four puffs of a blue reliever puffer (Airomir, Asmol or Ventolin), one puff at a time through a spacer device. Ask the student to take four breaths (i.e., four inhalations) from the spacer after each puff is inserted into the device.
3. Wait three or four minutes.
4. If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement call an ambulance immediately (dial 000). While waiting for the ambulance, four puffs of the blue puffer can be repeated every four minutes.

### If no spacer is available the instructions are as follows:

1. Use a blue reliever puffer (Airomir, Asmol or Ventolin) on its own.
2. Remove the cap and shake the puffer.
3. Have the student hold the puffer either in the mouth, or slightly away (say 1cm) from the open mouth.
4. Either the student, or the teacher, should then 'fire' the puffer the moment the student begins to take a slow steady breath (inhalation/inspiration). Ideally, the student should hold her/his breath for 3-4 seconds at full inspiration.
5. Allow the student to take four normal breaths of air, then repeat the procedure above until a further three puffs of bronchodilator have been delivered.
6. If the child has not improved after 3-4 minutes, give a further four puffs (i.e. repeat steps 1 to 4).



7. If the student has not improved after this treatment, and is getting worse, or is assessed as having a severe attack then an ambulance should be called immediately. While waiting for the ambulance, four puffs of the blue puffer bronchodilator can be repeated every four minutes.

For a moderate attack of asthma, parents would be contacted after the medication has been administered. Regardless of the assessment of initial severity of the attack, if the student fails to respond adequately to the medication, the attack should be treated as severe.

## Management of Exercise-Induced Asthma (EIA)

### Prevention of Exercise-Induced Asthma (EIA):

#### Step 1

- Ensure the student's day to day asthma is under control and documented.
- Encourage students to have regular reviews with their doctor and to have their own written Asthma Action Plan.

#### Step 2

- Ensure students use their **blue reliever** puffer (Airomir, Asmol, Bricanyl or Ventolin) 5-10 minutes BEFORE they warm up before any sport or exercise.
- These medications are commonly known as relievers. Intal, Intal Forte and Tilade are preventer medications and may also be used to help manage EIA.

### WHAT IF A STUDENT EXPERIENCES ASTHMA SYMPTOMS DURING SPORT OR EXERCISE?

#### First:

- Have the student STOP exercising.
- Have them take 4 separate puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) with a spacer if available.
- They should restart exercise only if they can breathe easily and are free of symptoms.

#### Then:

If symptoms do not go away immediately or if they return when the student starts exercising again, the student should:

- Use a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) as before.
- Not return to any exercise for the rest of the day.
- Have their asthma reviewed by their doctor.

## Management of Asthma during SCHOOL EXCURSIONS

### Staff should be alert for:

- Students with a high risk history of asthma
- Students who show asthma symptoms before departure
- The need to modify an activity for students with asthma
- Strategies to prevent exercise symptoms of asthma



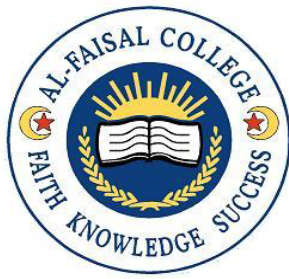
- A student who denies symptoms of asthma
- The need for early intervention of emergency treatment for asthma symptoms

**Personal action plan including medications to be used in an emergency:**

- Maintenance of normal medication regime
- Name and number of emergency contact and doctor

**Revision History**

Version	Policy Date	Review date of policy	Notes
1.0	January 2024	January 2025	<i>Amendments to this policy will be made based on updated legislative requirements or changes to school needs</i>
2.0	January 2025	January 2027	<i>Amendments to this policy will be made based on updated legislative requirements or changes to school needs</i>



**ASTHMA INFORMATION SHEET**

**IMPORTANT CONTACT NUMBERS**

**1. The Asthma Foundation of NSW:**

Phone number: 99063233

Fax number: 99064493

**2. Children's' Hospital at Westmead:**

Phone number: 9845 0000

**3. Campbelltown Hospital:**

Therry Road, Campbelltown NSW 2560

Phone number: 02 4634 3000

**4. Minto Mall Medical Centre:**

Phone number: 9603 3211