



Asthma at school for school staff

Information to help school staff better understand
and manage school students with asthma.

**ASTHMA
FOUNDATIONS**
AUSTRALIA

Disclaimer: Information in this brochure is not intended to replace professional medical advice. Any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

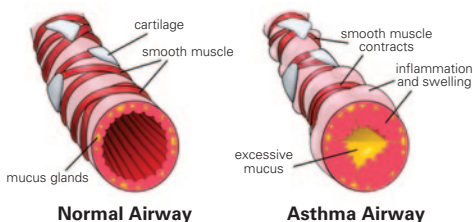
Asthma at school for school staff

This brochure aims to help school staff better understand and manage school students with asthma.

Asthma affects around one in nine (11%) Australian children and is one of the most common reasons for school absenteeism and hospital admission in school aged children. It is important for teachers and staff to be aware of the symptoms, triggers and management of asthma so they can assist their students while at school. School staff can play an important role in supporting positive health behaviours.

What is asthma?

People with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe.



Three main factors cause the airways to become narrow:

- The inside lining of the airways becomes red and swollen (inflammation)
- Extra mucus (sticky fluid) may be produced
- The muscle around the airways tightens (bronchoconstriction)



How do you recognise a student with asthma?

- Shortness of breath
- Wheeze
- Chest tightness
- A dry, irritating, persistent cough, particularly at night/early morning, with exercise or activity

Asthma triggers

Every student's asthma is different. Not all students will have the same triggers, nor will they react to every trigger listed below.

Common triggers may include:

- Colds and flu
- Cigarette smoking
- Exposure to cigarette smoke (passive smoking)
- Exercise/activity
- Inhaled allergens (e.g. pollens, moulds, animal dander and dust mites)
- Environmental factors (e.g. dust, pollution, wood smoke and bush fires)
- Changes in temperature and weather
- Certain medications (e.g. aspirin)
- Chemicals and strong smells (e.g. perfumes, deodorants and cleaners)
- Emotional factors (e.g. laughter, stress)
- Some foods and food preservatives, flavourings and colourings

Students may not always know what triggers their asthma. It is helpful to identify triggers in order for the student to avoid them however this is not always possible (e.g. colds and flu). Exercise is the only trigger that should not be avoided.

Asthma medications

There are three main groups of asthma medications:

1. Relievers
2. Preventers
3. Symptom controllers

1. Relievers

Inhaled medications - Airomir, Asmol, Bricanyl, Ventolin (blue)

Relievers provide relief from asthma symptoms within minutes by relaxing the muscles around the airways for up to four hours.

Important points

- Students should always carry their blue reliever medication at school in case they need to use it, particularly for an asthma emergency
- If they are using their reliever medication more than three times per week to ease asthma symptoms it may be a sign that their asthma is not well controlled. Suggest they have their asthma checked by their doctor

2. Preventers

Inhaled medications – Alvesco (rust), Flixotide (orange), Intal Forte (white), Pulmicort, Qvar (brown), Tilade (yellow)

Oral medications – Singulair

Preventers make the airways less sensitive, reduce the redness and swelling inside the airways and dry up the mucus. It may take a few weeks for preventers to reach their full effect.

Preventers must be taken daily to keep you well, reduce the risk of asthma attacks and to prevent lung damage. A number of these medications are corticosteroids (sometimes referred to as steroids). They are similar



to the steroids that we produce naturally in our bodies. They are not the same as anabolic steroids misused by some athletes. Students usually take these medications at home, however they may be seen out of normal school hours eg. at school camps.

Important points

- Some students may only need preventers for a set period (eg. seasonal) while others need to take preventers all year round
- Preventers need to be taken at the same time each day at the dosage prescribed by their doctor
- Preventers take time to work, so an improvement in a student's symptoms may not be noticed for a couple of weeks. Students should not stop taking their preventer medication after only a few days
- Preventers are safe to use every day and they can reduce the risk of life threatening asthma attacks

3. Symptom Controllers

Foradile (pale blue), Oxis, Serevent (green)

Symptom controllers (also called long acting relievers) help to relax the muscles around the airways for up to 12 hours. They are taken daily, usually at morning and night, and can only be prescribed for people who are taking regular inhaled corticosteroid preventers and are still experiencing asthma symptoms.

Combination Medications

Seretide (Flixotide and Serevent - purple), Symbicort (Pulmicort and Oxis - red)

Combination medications combine a preventer with a symptom controller in the same delivery device. Combination medications need to be taken at the same time each day at the dosage prescribed by their doctor.

Singulair is a non-corticosteroid preventer medication that may be prescribed by the student's doctor. It is a tablet that is taken daily and may be used on its own or in addition to corticosteroid medication.

The SMART (Symbicort Maintenance And Reliever Therapy) Protocol

- Some people over the age of 12 may have Symbicort prescribed as both their reliever and preventer, under strict guidelines. This is known as the SMART protocol

NOTE

- Seretide cannot be used as reliever medication or for asthma emergencies.

How are asthma medications taken?

Asthma medications can be inhaled (breathed in) or taken orally (swallowed). Most people use inhaled asthma medication because:

- Medication goes directly to the lungs
- Smaller doses can be given so there are fewer side effects

There are two types of inhalers; metered dose inhalers (puffers and breath activated) and dry powder inhalers.

What is an Asthma Action Plan?

An Asthma Action Plan is a written set of instructions prepared in partnership with the doctor that helps students to manage their asthma at different times. The student's plan should help them to:

- Recognise worsening asthma symptoms
- Start treatment quickly
- Seek the right medical assistance

Early attention to worsening asthma may prevent students from having a serious attack. Encourage them to ask their doctor for a written Asthma Action Plan.

For every student with asthma there should be a written Asthma Action Plan provided to the school.



Can students with asthma exercise?

Exercise is important for health and development. Students with asthma should be encouraged to be active. With good management most students with asthma can exercise normally. Any sporting activity (except SCUBA diving) is suitable for students with asthma.

School staff need to be particularly alert for asthma symptoms when students are participating in sports carnivals or endurance events (e.g. cross country). Policy considerations for the school in this regard include updated Asthma Action Plans for all students with asthma participating, ensuring Asthma Emergency Kits are available and having asthma trained staff in attendance for such events.

How to manage Exercise Induced Asthma (EIA)

Before Exercise

- Students with exercise induced asthma should use their blue reliever or doctor recommended medication 5-20 minutes before exercising
- The student should always warm up before exercise or activity
- The student should always carry or have their reliever medication close by in case it is needed

During Exercise

- If symptoms occur stop activity and take blue reliever or doctor recommended medication
- Return to activity only if free of symptoms
- If symptoms reoccur, take blue reliever or doctor recommended medication and do not return to activity

After Exercise

- Cool down and be alert for asthma symptoms

Exercise should only be avoided when the student is unwell or when symptoms of asthma are present. Always notify parents/carers of any asthma incident.

How to recognise students whose asthma is poorly controlled

- Frequent absenteeism from school due to asthma
- Students use their reliever medication more than 3 times per week to ease asthma symptoms (this does not include using their reliever before exercise)
- Tiredness/poor concentration
- Unable to exercise or play sport due to asthma

If you recognise a student who may have poorly controlled asthma, consider informing the parents so that they can seek medical advice.

What should I know as a member of school staff?

- Your school's asthma management policy
- The students with asthma in your care
- Where the Asthma Emergency Kits are located in the school
- How to implement First Aid treatment in the event of an asthma attack
- How to access students' written Asthma Action Plans
- Know asthma triggers and how to recognise asthma symptoms
- Use of a spacer with a puffer is more effective than puffer alone
- Asthma puffers have an expiry date. Ensure a staff member has responsibility for checking these regularly
- Always inform parents/carers of an asthma incident

Asthma is a serious condition. The Asthma Foundations of Australia provide training for school staff to understand and manage asthma and be able to administer Asthma First Aid.



Asthma Emergency Kits

Asthma Emergency Kits can be purchased from your Asthma Foundation and reliever medication is available from pharmacies.

An emergency ready kit should contain:

- A spacer
- An in-date reliever medication
- Alcohol swabs
- Instructions for use and cleaning

For schools it is recommended that a medication log is used to record each use of the kit.

How are spacers cleaned after use?

- Washing in warm soapy water
- Do not rinse
- Allow to air dry. Do not wipe
- Wipe the mouthpiece with 70% alcohol wipes

If contaminated with blood the spacer should be discarded.

Spacers

A spacer is a holding chamber into which you fire medication from a puffer and inhale through a mouthpiece. It is recommended that everyone who uses a puffer also uses a spacer as this significantly increases the amount of medication reaching the airway.

How to recognise an asthma attack

The symptoms of asthma depend on whether the attack is **mild**, **moderate** or **severe**:

Mild attack		
Cough	Soft wheeze	
Minor trouble breathing	Talks in sentences	
Moderate attack		
Persistent Cough	Loud wheeze	
Difficulty breathing	Shortened sentences	
Severe attack		
Wheeze may be absent	Distressed / anxious	Pale / sweaty / blue lips
Gasping for breath	Few words per breath	Sucking in of skin over ribs / throat

What if it is a student's first asthma attack?

Whether or not the student is known to have asthma, no harm is likely to result from giving reliever medication to someone without asthma.

If you think the student may be having an asthma attack, call an ambulance and give blue reliever medication as described in the Asthma First Aid Plan.

What to do in an asthma emergency

In an asthma emergency follow the student's Asthma Action Plan (if easily accessible) or the nationally recognised Asthma First Aid Plan opposite.

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Asthma First Aid

1

Sit the person upright, be calm and reassuring.

Do not leave them alone.

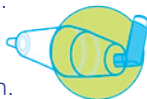


2

Give 4 separate puffs of a blue reliever*

The medication is best given one puff at a time via a spacer device.

Ask the person to take 4 breaths from the spacer after each puff of medication. If a spacer is not available, use the blue reliever puffer on its own.



3

Wait 4 minutes.



4

If there is little or no improvement repeat steps 2 and 3.

If there is still no improvement call an ambulance immediately (DIAL 000).

Continue to repeat steps 2 and 3 while waiting for the ambulance.



If the person's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (DIAL 000).

For further information:

1800 645 130

(office hours)

www.asthmaaustralia.org.au

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*A Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer is unavailable.

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for professional, confidential and
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