



# Respiratory Care WA

Asthma | COPD | Respiratory Health



08 9289 3600



36 Ord Street, West Perth, WA, 6005



[respiratorycarewa.org.au](http://respiratorycarewa.org.au)

## Asthma at School: For School Staff

This fact sheet aims to help school staff better understand asthma in school students.

### Asthma Facts

One in ten children is currently diagnosed with asthma. It is important for school staff to be aware of the symptoms, triggers and management of asthma in the school environment. Asthma is the most common reason for school non-attendance and hospital admissions in children under 12.

### What is asthma?

People with asthma have sensitive airways in their lungs. When they are exposed to certain “triggers” e.g. cigarette smoke, pollens, house dust mite; their airways become narrow and inflamed making it hard for them to breathe.

### There are three main factors that cause the airways to become narrow:

The inside lining of the airways becomes red and swollen and extra mucus may be produced. The muscles around the airways tighten

### What triggers asthma symptoms?

- Viral infections e.g. colds and ‘flu’
- Exercise
- Inhaled allergens e.g. pollens, moulds, dust mites, animal saliva and skin flakes
- Emotions e.g. stress, anxiety, excitement, laughter
- Cigarette smoke, wood smoke and smoke from burn-offs
- Changes in temperature and weather
- Certain drugs e.g. aspirin and non-steroidal anti-inflammatories eg Nurofen
- Chemicals and strong smells
- Some foods and food preservatives, flavourings and colourings
- In some people it can be difficult to know what triggers asthma!

### Is all asthma the same?

Asthma is different in different people. Asthma may be mild, moderate, severe, episodic or persistent. The differences are:

- How often symptoms are present
- The severity of asthma flare-ups
- The amount and frequency of medication required

A student with mild or moderate asthma may have a severe flare-up if his/her asthma is not well controlled. Symptoms will vary according to the severity of the flare-up.



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## What are the main symptoms of asthma?

- Coughing
- Shortness of breath / rapid breathing
- Chest tightness
- Wheezing (noisy breathing)

## Asthma medications

There are four groups of asthma medications:

1. Preventers
2. Relievers
3. Symptom controllers
4. Combination medications

Parents are responsible for ensuring that their children have an adequate supply of the appropriate medication at school.

### 1. Preventers

Inhaled: Intal Forte, Tilade, Flixotide, Pulmicort, Qvar (autumn or desert colours)

Oral: Singulair (tablets)

Preventer medication helps reduce and prevent the inflammation in the lining of the airways. These are prescription medications taken at home on a daily basis - usually morning and night. They do not need to be brought to school, except perhaps for a school camp.

### 2. Relievers

Inhaled: Airomir, Asmol, Bricanyl, Epaq and Ventolin (blue or blue/grey colours)

Reliever medications are used to relieve asthma symptoms. They relax the muscles around the airways in 3-4 minutes, and last for up to four hours allowing easier breathing. All students with asthma should carry their reliever medication at school. In an emergency always use a blue reliever medication. Reliever medications are available over the counter and are extremely safe to use in a school setting.

### 3. Symptom Controllers

Inhaled: Foradile, Oxis and Serevent (usually green in colour)

In addition to relievers and preventers, the doctor may prescribe Symptom Controllers.

Symptom Controllers help to relax the muscles around the airways for up to 12 hours. These medications are usually taken by the student at home.

### 4. Combination Medications

Inhaled: Seretide and Symbicort (purple and red/white) Combination medications combine a Symptom Controller with a Preventer in one delivery device. These medications are usually taken at home.



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## 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. However, swimming is an activity less likely to aggravate Exercise Induced Asthma (EIA). Endurance exercise, e.g. cross country running, may bring on an asthma flare-up.

## Students known to have asthma symptoms during exercise (EIA) should:

1. Take their blue reliever medication 5-10 minutes before exercise or take medication as prescribed;
2. Start exercise with a warm-up program; and
3. Finish exercise with a cool-down session.

Exercise should only be avoided when the student is unwell or when symptoms of asthma are present. To improve overall control of their asthma, students should take Preventer medication as prescribed.

## How can students with poorly controlled asthma be recognised?

- Frequent absenteeism at school due to asthma;
- Regular/prolonged use of reliever medication for symptoms of asthma;
- Tiredness/poor concentration; and
- Inability to play sport or exercise due to asthma.

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



## How can we become an Asthma Friendly School?

To be recognised as an Asthma Friendly School, each school must address and satisfy a set of criteria that establish an Asthma Friendly environment.

### Essential features of an Asthma Friendly School:

- Asthma records for each student with asthma are actively encouraged and kept in a central location.
- Asthma First Aid posters are on display.
- Asthma medications are easily accessible to students with asthma.
- At least two Asthma Emergency Kits are available for emergencies
- A plan is in place for managing asthma during school sporting activities, excursions or camps.
- Staff have attended a 1-hour Asthma Education session.

### Recommended Criteria:

- Information and resources on asthma are available for families.
- Asthma Friendly Schools teaching resources are used in the school health curriculum.
- Potential asthma triggers minimised within the school environment.

## Are all asthma flare-ups the same?

The symptoms of an asthma flare-up depend on whether the flare-up is “mild”, “moderate” or “severe”:

Mild flare-up	Moderate flare-up	Severe flare-up
<ul style="list-style-type: none"><li>• Cough</li><li>• Soft wheeze</li><li>• Minor trouble breathing</li><li>• Talks in sentences</li></ul>	<ul style="list-style-type: none"><li>• Persistent Cough</li><li>• Loud wheeze</li><li>• Difficulty breathing</li><li>• Talks in shortened sentences</li></ul>	<ul style="list-style-type: none"><li>• Wheeze may be absent</li><li>• Distressed/anxious</li><li>• Pale/sweaty</li><li>• Blue lips</li><li>• Gasping for breath</li><li>• Few words / breath</li><li>• Sucking in of skin over ribs / throat</li></ul>



## Asthma First Aid

For Salbutamol (eg. Ventolin® or Asmol®)

1



**Keep calm and sit up straight**

2



**Have 4 doses of reliever inhaler**

Use a spacer if possible, one dose into the spacer at a time, taking four breaths after each dose.

3



**Wait 4 minutes**

If there is no improvement, have four more separate doses of reliever inhaler as above.

4



If no improvement

**call an ambulance (dial 000)**

Keep giving four separate doses every four minutes until ambulance arrives

**Follow your Asthma Action Plan**



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Whether or not the student is known to have asthma, no harm is likely to result from giving blue reliever medication to someone without asthma. If you think the student may be having an asthma flare-up, call 000 for an ambulance and give blue reliever medication as described in the Asthma First Aid Plan.

### How are spacers and puffers cleaned after use?

Spacers should be washed in a warm water and detergent solution and left to drain (without rinsing). Allow to air dry. When the spacer is dry the mouthpiece should be wiped thoroughly with a 70% alcohol swab.