Respiratory Care WA
Asthma | COPD | Respiratory Health

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Asthma in schools: A guide for school staff

Asthma facts

1 in 10 children has asthma, so it's important for school staff to recognise symptoms, understand triggers and support effective management at school. Asthma is also one of the most common reasons children miss school or require hospital care.

What is asthma?

Asthma is a condition where the airways in the lungs are extra sensitive. When a person with asthma is exposed to certain triggers such as cigarette smoke, pollen or dust mites their airways can become narrow and inflamed, making it harder to breathe.

Airways become narrow for three main reasons:

1. The lining of the airways becomes red, swollen and irritated.
2. Extra mucus is produced, further blocking airflow.
3. The muscles around the airways tighten.

What triggers asthma?

- Viral infections e.g. colds and 'flu'
- Exercise / physical activity
- 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 medications e.g. aspirin and non-steroidal anti-inflammatories e.g. Nurofen
- Medical conditions e.g. gastro-oesophageal reflux disease, obesity, hormonal changes
- Chemicals and strong smells
- Some foods, food preservatives, flavourings and colourings

Is all asthma the same?

No. Asthma varies from person to person. It can be mild, moderate, severe, episodic or persistent, depending on:

- How often symptoms occur
- How severe flare-ups are
- How much and how often medication is needed

Even students with mild or moderate asthma can experience a severe flare-up if it is not well controlled. Symptoms will vary based on the severity of each flare-up.

What are the main symptoms of asthma?

Symptoms of asthma vary from person to person, however, the most common symptoms are:

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

Asthma medications and devices

There are three groups of asthma medications. Parents are responsible for ensuring that their children have an adequate supply of the appropriate medication at school.

Medication	Method	Description
Relievers	**Inhaled** e.g. Airomir, Asmol, Bricanyl, Epaq and Ventolin (blue or blue/grey colours)	Relievers quickly ease asthma symptoms by relaxing the airway muscles, working within 3-4 minutes and lasting up to 4 hours. All students with asthma should have their reliever with them at school. In an emergency, use a blue reliever. These medications are available over the counter and are safe to use in a school setting. Note: Some relievers are dual purpose, meaning they contain both a fast acting reliever and an inhaled corticosteroid. These are prescribed by the student's GP and are used at home and at school.
Preventers	**Inhaled** e.g. Flixotide, Pulmicort, Qvar (autumn or desert colours) **Oral** e.g. Singulair (tablets)	Preventers reduce swelling and inflammation in the airways, making them less sensitive. They must be taken daily as prescribed, even when students feel well, to help reduce symptoms and prevent asthma flare ups. Most are inhaled corticosteroids, and it can take a few weeks before a student will notice their full effect. These medications are usually taken at home, except possibly for school camps.
Combination preventers	**Inhaled** e.g. Seretide and Symbicort (purple and red/white)	Combination preventers contain both a preventer, which reduces long term airway inflammation, and a long acting reliever to ease ongoing symptoms. Some can be used as a reliever. These medications are usually taken at home, except possibly for camps or when a combination medication is used as both a preventer and a reliever.

What is a spacer?

A spacer helps deliver the correct dose of medicine into the lungs when using a puffer and can reduce medication side effects. Both adults and children should use a spacer, and depending on the person's age and ability, a mask may be needed. Spacers are for single-person use only.

Can students with asthma exercise?

Yes. Exercise is important for all students, and those with asthma should be encouraged to be active. With good asthma management, students can participate in physical activity normally.

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

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

Taking their Preventer as prescribed helps improve overall control.

How can students with poorly controlled asthma be recognised?

- Frequent absences due to asthma;
- Regular or prolonged use of reliever medication;
- Tiredness or poor concentration; and
- Difficulties in participating sport or exercise.

If you notice a student who may be showing these signs, consider informing their parents so they can seek medical advice.

How can we support students with asthma?

Schools can create a safe and supportive environment for students with asthma by putting key systems and practices in place. Key steps schools can take include:

- Maintain centralised asthma records for every student;
- Display Asthma First Aid posters;
- Ensure asthma medications are easily accessible;
- Keep at least two Asthma Emergency Kits on-site;
- Have plans for managing asthma during sports, excursions, and camps;
- Ensure staff complete a 1-hour Asthma Education session;
- Information and resources on asthma are available for families; and
- 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
• Cough • Soft wheeze • Minor trouble breathing • Talks in sentences	• Persistent cough • Loud wheeze • Difficulty breathing • Talks in shortened sentences	• Wheeze may be absent • Distressed or anxious • Pale or sweaty • Blue lips • Gasping for breath • Few words or breaths • Sucking in of skin over ribs or throat

Student Asthma Management and Emergency Response Plan

Signs of severe, life threatening asthma flare-up
- Extreme difficulty in breathing
- Unable to talk freely
- Sucking in at the base of the throat/ caving in of the rib cage
- Bluish tinge to the lips, pale, sweaty
- Distressed, anxious, exhausted, confused, drowsy

Signs of mild/moderate flare-up
- Mild or moderate difficulty in breathing
- Wheezing (high pitched whistling sound, generally heard when breathing out)
- Dry and irritable cough
- Chest tightness or sore chest
- Mostly able to talk in full sentences

Child's name:

_____

_____

Date of birth: ___/___/___

Child also has allergy/anaphylaxis (attach ASCIA action plan)

No ☐ Yes ☐

This child requires medication prior to planned exercise:

No ☐ Yes ☐

Name and dose of medication:

_____

_____

Name of health professional completing this form:

_____

_____

Signature: _____

Date: ___/___/___

Parent to complete

Please complete the below and return this form to your child's school or childcare.

Emergency contact details:

Name:

_____

_____

Relationship to child: _____

Best contact phone number/s:

_____

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/Grey reliever medication is unlikely to harm, even if the person does not have asthma.

DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:
- Is not breathing
- Suddenly becomes worse or is not improving
- Is having an asthma attack and a reliever is not available
- Is unsure if it is asthma
- **Has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever**

1 SIT THE PERSON UPRIGHT
- Be **calm** and reassuring
- **Do not** leave them alone.

2 GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

Shake puffer
Put **1 puff** into spacer
Take 4 breaths from spacer
- Repeat until **4 puffs** have been taken

If using Bricanyl, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency:
- Take **1 puff** as you take **1 deep breath**
- Hold breath for as long as comfortable
- **Repeat** until all puffs are given

3 WAIT 4 MINUTES
- If breathing does not return to normal, give **4 more** separate puffs of reliever as above

Bricanyl: Give 1 more breath

IF BREATHING DOES NOT RETURN TO NORMAL

4 DIAL TRIPLE ZERO (000)
- Say '**ambulance**' and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives

Bricanyl: Give 1 more breath every 4 minutes until emergency assistance arrives

Alternative emergency service _____

Developed by Respiratory Care WA in collaboration with Perth Children's Hospital. February 2025.