

FOR SCHOOL STAFF

General information about asthma

Asthma is the most common chronic illness among children. Most children with asthma have symptoms that can be controlled by medicine. (don't 2nd guess the severity degree, because severity is not fixed. It can change with good management and good response to medications). Don't want teachers to get complacent and think that asthma isn't serious. Deaths have occurred in people with mild asthma that escalated to life-threatening).

Asthma is characterized by:

- ◆ airway inflammation
- ◆ airway hyperresponsiveness
- ◆ airway obstruction

Breathing difficulty results from changes in the air passages of the lungs:

- ◆ inner walls of the airways swell
- ◆ muscles of the airway walls tighten and constrict
- ◆ swollen walls produce excess mucus, which clogs the airways

Factors that may trigger asthma include:

- ◆ respiratory infections, colds
- ◆ allergic reactions to pollen, mold, animal dander, dust, food, etc.
- ◆ vigorous exercise
- ◆ exposure to cold air or sudden temperature changes
- ◆ air pollution, fumes, or strong odors
- ◆ cigarette smoke
- ◆ excitement, stress
- ◆ menses

Teachers and Staff as Friends

Children with asthma may feel scared and different than other classmates. The staff person who knows what to do, and who treats children with understanding and kindness, can help to empower students and reduce their fear of asthma. If it is possible to do without embarrassing children with asthma, explain to the class what asthma is, its effects on breathing, and how classmates can be helpful.



*Source: Asthma Alert for Teachers American Lung Association (2003).
Reviewed by Asthma Ready® Communities Staff (2010).*

FOR SCHOOL FACULTY AND STAFF *First-Aid Tips for Breathing Difficulties*

Help the student sit in a comfortable position with his or her shoulders relaxed. Leaning forward with elbows on knees may be helpful. Talk with the child reassuringly.

If there is an asthma action plan for the student, follow the steps prescribed by the child's provider. Encourage the child to take appropriate medicine that the child's provider has prescribed.

If the medicines do not appear to be working effectively, within 10-15 minutes after administration, notify the school nurse (or school administrator who handles these situations) and the parent or guardian. In some cases children with asthma will need emergency medical care.

Never send a student complaining of asthma or breathing problems to the nurse, school office, or anywhere else by themselves!



*Source: Asthma Alert for Teachers. American Lung Association (2003).
Reviewed by Asthma Ready® Communities Staff (2010).*

FOR TEACHERS

Asthma symptoms you should know

Common Symptoms:

- Wheezing
- Tightness or pain in the chest
- Coughing throughout the day
- Difficulty breathing and shortness of breath
- Little energy for active play

A child may have only one of the above symptoms or a combination of the above.



More Serious Symptoms (Signs that Need Quick Medical Attention):

- If the child's wheeze, cough, or shortness of breath worsens, even after the medicine has been given time to work (most inhaled bronchodilator medicines produce an effect within 5 to 10 minutes).
- The child feels uncomfortable and is having trouble breathing, but you don't hear wheezing sounds (this may still indicate extreme bronchial distress).
- The child has trouble walking or talking, stops playing and cannot start again.
- The child's chest and neck are pulled or sucked in with each breath.
- The child's peak flow rate gets lower, or does not improve after treatment with bronchodilators, or drops 50% of the child's personal best (check with the school nurse or the appropriate personnel about peak flow measurement).
- The child's lips or fingernails are grey or blue. If this happens, get emergency help right away!

Source: Asthma Alert for Teachers. American Lung Association (2003). Reviewed by Asthma Ready® Communities Staff (2010).

TIPS FOR TEACHERS

It is helpful for teachers to understand asthma, given the increasing number of children diagnosed with asthma in this country. It is not uncommon to have several asthmatic students in one classroom.

Teachers should be aware of early signs of an asthma attack, methods of reducing triggers in the classroom environment, and ways to make asthmatic students feel more comfortable about asthma while at school.

Providing Comfort

- Encourage students with asthma to participate in all activities, including physical education.
- Develop a protocol for making up missed schoolwork with parents and students with asthma.
- Educate other students in the classroom about asthma.

Teachers have the unique opportunity to notice subtle changes in students within their classes. As a result of the considerable time spent with each student, teachers can assess the social and physical changes in students as a result of their asthma. Teachers can benefit the asthmatic student by promoting self-esteem in spite of the condition, and by minimizing differences between asthmatic students and other students. This allows them to better fit in with peers.

Concerning Signs

- The student seems to feel that he/she is different from other students
- The student avoids taking medications, often toughing it out during an attack
- The student is reluctant to go to the office for medication.
- The student does not notify school staff when self-administering medication, or does not inform staff of need for medication.
- The student shares his/her medication with other students.
- The student avoids physical activity out of fear of asthma symptoms, rather than the presence of actual asthma symptoms.

Field Trips

Teachers should be aware of issues unique to asthmatic students when planning field trips. Sites such as botanical gardens, petting zoos, and smoky locations may trigger asthma.

Make sure the students' reliever medications are brought on all field trips, as well as a peak flow meter (if prescribed). The Emergency Care Plan should always accompany the child outside of school.

*Adapted from: Asthma Management in the School Setting: American Lung Association of Washington.
Reviewed by Asthma Ready® Communities Staff (2010).*

FOR TEACHERS

What You Can Do

- ◆ Find out which students have asthma. A conference with the parent, child, teacher, and school nurse may be needed. Discuss the child's asthma, medicines, and school management. This information can be entered into an asthma action plan for the child. Make certain copies of the plan are easily accessible. The plan should have information about the child's symptoms and signs, types of medicines and dosages needed, the peak flow readings, what to do in emergencies, and whom to contact.
- ◆ You are in control of the classroom environment. Understand what starts the child's asthma and make the classroom as "trigger-free" as possible. Help the child avoid triggers such as excessive dust, sharp odors, other children with respiratory infections, and very cold air.
- ◆ On very cold days, it may be best to have the child spend recess time indoors. A friend may wish to join in the indoor activities. During the pollen season, children allergic to pollen should not sit near open windows.
- ◆ Furry animals and bedding materials such as wood chips, strong odors from cosmetics, chemicals and art supplies can sometimes trigger asthma. If possible, remove such irritants from the classroom. Gym mats, shoes, lockers, as well as old library books are often loaded with dust and molds. Regular cleaning and airing can help.
- ◆ Encourage children to be as active as possible to participate in physical education activities. Children will learn their limits. Not all children will be capable of normal activity. They can stop playing if wheezing or coughing begins. Have them do warm-up exercises before playing. Also, some medicines can be taken prior to physical activity in order to prevent some episodes.
- ◆ Children with severe asthma may miss school. You can provide extra encouragement and time to help children keep up with class work.
- ◆ If the child seems unusually tired, inattentive or hyperactive, advise the school nurse or parents, as changes in the child's asthma management may be needed. Encourage parents to get continuous asthma care for their child. Lack of ongoing, regular asthma care can lead to serious problems.

*Source: Asthma Alert for Teachers. American Lung Association (2003).
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