

# ASTHMA GUIDELINES FOR AUSTRALIAN SCHOOLS



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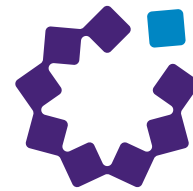
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## ASTHMA AUSTRALIA

Asthma Australia is committed to ensuring the health, safety and wellbeing of all students within all schools nationally.

A vital component of this commitment is to ensure that Australian schools are provided with evidence-based recommendations and information in order for students with asthma to engage in the full range of school-based activities

The Asthma Guidelines for Australian Schools ("Guidelines") provides specific information to schools on how to manage and treat students with asthma.

The guidelines are also relevant to support staff, visitors or previously undiagnosed students who require Asthma First Aid in the event of an asthma emergency.

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# INTRODUCTION

## HOW TO USE THE ASTHMA GUIDELINES FOR AUSTRALIAN SCHOOLS

Schools should use the Guidelines as a resource to assess and review their current asthma management practices, to inform their current asthma management readiness via the [Asthma Schools Health Check](#) and to develop a School Asthma Management Policy.

For this reason, the Guidelines have been carefully prepared to provide detailed information, suggestions and recommendations relating to the mandatory aspects of specific national legislation.

This information is designed to be considered by a school when developing its policy. As a result, not all the information, suggestions or recommendations will be relevant to each school.

These guidelines do not apply to kindergarten programs or outside school hours care, whether run by a school or an external provider.

The *Education and Care Services National Law Act 2010* specifies that kindergartens are an “education and care service”, and the requirements relating to the management of asthma are contained in Regulation 90 (1) (a) of the Education and Care Services National Regulations.

## ASTHMA AUSTRALIA RECOMMENDATIONS

Asthma Australia has also provided schools with further recommendations on how schools can support students diagnosed with asthma. To help schools identify these recommendations, they have been titled in purple and the thumbs-up icon will appear.



## DUTY OF CARE

All school staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable.

In relation to asthma management, the school and its staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is diagnosed with asthma.

One of the most obvious and practical ways to do this is through the enrolment process, by asking parents to specify, in a clearly defined section of the enrolment form, 'yes' or 'no' as to whether their child has asthma. Schools should pro-actively and promptly follow up parents if this question is not answered.

If the answer is 'yes', the school should ensure that sufficient information is provided by the parents, including an appropriate Asthma Action Plan completed by a Medical Practitioner.

Another way is to regularly remind parents and students to advise the school of any change in their circumstances, including any changes in the diagnosis and treatment of medical conditions. This should be done regularly (eg once or twice per year) and can be done via newsletters or other regular communications to the school community.

Having clearly defined, robust procedures in place on enrolment and regular reminder communications to the school community should enable schools to obtain the information required to meet this duty of care.

## DISABILITY DISCRIMINATION

Asthma falls within the definition of disability for the purposes of the *Disability Discrimination Act 1992* (Commonwealth). This means that schools must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with asthma.

Direct discrimination could occur when a student is treated unfavourably because of their asthma, for example, not being allowed to attend a camp because they have asthma. Indirect discrimination may occur where a school has imposed a requirement on all students which disadvantages students with asthma. For example, setting a policy which requires all students to participate in a beep test, where exercise is a trigger for specific student in the class, will impact on that student's ability to participate in the class.

Under the Disability Standards for Education 2005, schools have an obligation to make reasonable adjustments to accommodate students with disabilities. It is important to consult with a student's parent on what reasonable adjustments are appropriate for a student with asthma.

# ABOUT ASTHMA

## WHAT IS ASTHMA?

Asthma is a long-term health condition which affects the airways in the lungs. People with asthma have sensitive airways that narrow in response to a trigger.

This can happen at any time.

When a person with asthma is having an asthma flare-up, the muscles around the airways squeeze tight, the airways swell and more mucus is produced. This makes it hard to breathe. A sudden or severe asthma flare-up is often called an asthma attack.

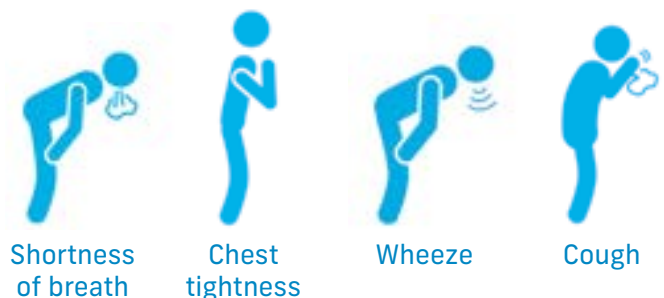


## SIGNS AND SYMPTOMS

Common signs and symptoms of asthma include:

- shortness of breath
- chest tightness
- wheeze
- cough.

Signs and symptoms vary between each student with asthma and over time. Symptoms will often occur at night, early in the morning or during/after physical activity.



## ASTHMA CONTROL

Students with well controlled asthma have few regular asthma symptoms and very few flare-ups. This means that students with asthma can fully participate in curricular activities and school events (e.g. excursions, camps, sports carnivals) without any limitation due to their asthma.

For students at risk of anaphylaxis, who also have asthma, having well controlled asthma is an important part of anaphylaxis risk management.

### Good Asthma Control

Students with good asthma control:

- require their reliever medication no more than 2 days per week
- are able to keep up with normal school activities (including physical activity)
- are free of daytime symptoms
- are free of symptoms during the night and upon waking in the morning.



### Poor Asthma Control

Students with poor asthma control may:

- use their reliever medication more than 2 days per week
- have difficulty keeping up with normal school activities (including avoiding physical activity)
- experience daytime symptoms
- become easily fatigued and lack concentration during class
- experience symptoms during the night and/or upon waking in the morning
- be absent from school for several days due to asthma
- have a higher risk of a severe asthma attack.



There are a number of factors which can contribute towards a worsening of a student's asthma. These include:

- recent cold virus or chest infection
- exposure to triggers
- flare-up of student's hay fever
- poor compliance to preventer medication (if prescribed)
- incorrect use of delivery devices
- inadequate asthma management as the student and/or family perceive asthma symptoms to be normal.

**SCHOOL STAFF CAN POSITIVELY ASSIST A STUDENT'S ASTHMA MANAGEMENT BY REPORTING ANY SIGNS OF POOR CONTROL**



## TRIGGERS

Trigger is the word used to describe something that may cause an asthma flare-up or make existing asthma symptoms worse. There are a number of triggers for asthma and these can vary and change for each student with asthma.

Asthma symptoms may develop from exposure to one trigger or from several triggers simultaneously.

The most common triggers for asthma in schools are:

- exercise
- colds/flu
- emotions.

Other triggers include:

- weather changes
- moulds and pollens
- dust and dust mites
- smoke
- animals
- chemicals
- deodorants and perfumes
- foods and additives
- certain medications.

Maintaining good asthma control, by following an Asthma Plan (e.g. Asthma Action Plan), is the most effective way to prevent triggers from worsening asthma. When asthma is well controlled, triggers are less likely to cause an asthma flare-up.

Avoiding or reducing exposure to asthma triggers is one strategy to minimise the risk of making asthma worse, however this is not always possible or practical in schools.





## EXERCISE AND ASTHMA

Physical activity is an important part of student health and wellbeing. Students with asthma, like all students, should be encouraged to take part in sport and physical activity as long as their asthma is well controlled.

Exercise may trigger asthma symptoms. This is called exercise induced bronchoconstriction, or more commonly, exercise-induced asthma. Exercise-induced asthma is common and, is more likely to be a problem if a student's asthma is not well controlled. Although exercise may be a trigger, a student's asthma should be managed so that exercise is not avoided.

### Management of Exercise-Induced Asthma

Exercise-induced asthma can be managed using a student's Asthma Plan, or by following the national Asthma First Aid procedure.

Students with asthma may have specific instructions on their Asthma Plan regarding the management of their exercise-induced asthma. This may involve self-administration of the student's reliever medication prior to exercise even if the student has no asthma symptoms. In the absence of a student's Asthma Plan, school staff should follow the national Asthma First Aid procedure.



## Asthma and Colour Fun Runs

The inhalation of any small particles could affect people with asthma. The colours used in the Colour Run are in powder form (corn-starch), which could irritate the airways of someone with asthma and result in an asthma flare-up, particularly if they have a sensitivity to corn.

Students with asthma should be aware of the potential risk and use their best judgment as to whether it will affect them, this should include consulting their GP to ensure it is safe to participate. If students with asthma are participating in the event, they should ensure they take their preventer if prescribed leading up to the event, have a reliever puffer and spacer available and follow their written Asthma Action Plan or the Asthma First Aid steps in the event they experience asthma symptoms. Additional protective measures include wearing a facemask.

**ASTHMA AUSTRALIA RECOMMENDS THE ORGANISERS OF THE EVENT TO AVOID THROWING THE POWDER IN THE FACES OF PARTICIPANTS.**



## THUNDERSTORM ASTHMA

Thunderstorm asthma is a form of asthma that is triggered by an uncommon combination of high pollen (usually during late Spring to early Summer) and a certain kind of thunderstorm. Anyone can be affected, even if they don't have a history of asthma.

People at increased risk have a history of asthma, have unrecognised asthma, have hay fever (allergic rhinitis), particularly seasonal hay fever, or are allergic to grass pollen. People experiencing asthma symptoms even if for the first time should not ignore it and should seek medical advice as soon as possible. An asthma flare up can vary in severity and can be life threatening. If there are signs that a person's condition is deteriorating, urgent care should be sought. Call Triple Zero (000).

Schools should be aware of forecast thunderstorms in the pollen season particularly on days with a HIGH or EXTREME pollen count. Where possible, students should stay indoors with doors and windows closed until the storm front has passed.

More information on thunderstorm asthma as well as forecast pollen across Australia through a number of participating universities and partners can be accessed on the Asthma Australia website: <https://asthma.org.au/about-asthma/triggers/thunderstorm-asthma/>



## ASTHMA PLANS

An integral part of asthma management is the development of a written asthma action plan by the person with asthma and/or their carer together with their doctor.

An asthma action plan helps the person with asthma and/or their carer recognise worsening asthma and gives clear instructions on what to do in response.

The process of developing a written asthma action plan is important, as this should be a discussion of the person's individual asthma and its management. The written plan is a reminder of that discussion.

Use of a written asthma action plan:

- reduces absences from work or school
- reduces hospital admissions
- reduces emergency visits to general practice
- reduces reliever medication use
- improves lung function.

Parents must provide the school with an Asthma Action Plan completed by the student's medical practitioner. The plan must outline the students known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.

The Asthma Action Plan should be completed/reviewed annually for each student with asthma and contain:

- the prescribed medication taken and when it is to be administered (e.g. on a regular basis; as premedication to exercise; if the student is experiencing symptoms)
- emergency contact details
- contact details of the student's medical/health practitioner
- details about deteriorating asthma including: signs to recognise worsening symptoms; what to do during an attack and medication to be used.

There are many different types of Asthma Action Plans with some versions (eg. Victorian Schools) having been developed specifically to suit local requirements. Asthma Action Plans can be obtained from a medical practitioner or can be downloaded [here](#).

For templates of letters to send to parents see the Asthma Australia website at [asthma.org.au/schools](http://asthma.org.au/schools)

**WRITTEN ASTHMA ACTION PLANS ARE ONE OF THE MOST EFFECTIVE ASTHMA INTERVENTIONS AVAILABLE.**

**ASTHMA ACTION PLAN**

PATIENT NAME \_\_\_\_\_

PLAN DATE \_\_\_\_\_ REVIEW DATE \_\_\_\_\_

DOCTOR DETAILS \_\_\_\_\_

**WELL CONTROLLED** is all of these...

- needing reliever medication no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak Flow reading (if used) above

**ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES**

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

**MANAGING AN ASTHMA ATTACK**

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

PHOTO OF STUDENT (OPTIONAL)

Plan date \_\_\_\_/\_\_\_\_/20\_\_

Review date \_\_\_\_/\_\_\_\_/20\_\_

## **Asthma Care Plan for Education and Care Services**

The Asthma Care Plan for Education and Care Services is an Asthma Australia document specifically designed for use within education and care services.

The Asthma Care Plan for Education and Care Services must be completed by the student's medical practitioner.

The Asthma Care Plan for Education and Care Services summarises:

- signs and symptoms an individual student may experience
- a student's asthma medications and prescribed doses
- a student's known triggers
- the national Asthma First Aid procedure
- student's emergency contact information.

**ASTHMA AUSTRALIA RECOMMENDS THE ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES FOR USE IN SCHOOLS IN THE ABSENCE OF AN ASTHMA ACTION PLAN.**



Download [here](#).

## ASTHMA MEDICATIONS

Most students with asthma can achieve good control of their condition by taking medication. There are two main groups of asthma medications – Relievers and Preventers.

### Reliever Medication

Reliever medications work quickly to relax the muscles that have tightened around the airways, enabling the airways to open, making it easier to breathe. In schools, reliever medications are the most common group of asthma medication, and are used to treat an asthma emergency through the national Asthma First Aid procedure.

#### Reliever Medications:

- are used in Asthma First Aid
- are used when having asthma symptoms
- are often blue/grey in colour
- work within 4 minutes
- can be taken prior to physical activity to manage exercise-induced asthma
- may cause students to experience short-term localised side effects of tremor and increased heart rate
- are very safe to administer, even if a student does not have asthma.



Students 12 years and older may be prescribed Symbicort as their anti-inflammatory reliever medication. These students can be given blue/grey reliever medication for an asthma attack as per the national Asthma First Aid procedure.



### Preventer Medication

Preventer medications reduce inflammation, excess mucus, redness and sensitivity in the airways. When taken regularly, preventer medications reduce the risk of a student having an asthma flare-up or attack. Importantly, preventer medications are not used in Asthma First Aid.

Preventer medications are usually kept and administered at home, however, school staff may encounter preventer medications on school camps or overnight excursions.

#### Preventer Medications:

- should be taken every day as prescribed, even when asthma is well controlled
- come in a variety of colours
- take 7-10 days to show some effect, and up to one month to have full effect.





# MANAGING AN ASTHMA EMERGENCY AT SCHOOL

## SIGNS AND SYMPTOMS OF AN ASTHMA FLARE-UP

An asthma flare-up is a worsening of asthma symptoms. A flare-up can develop slowly, (over hours to days) or can get worse very quickly (in seconds to minutes).

A sudden or severe asthma flare-up is also called an asthma attack. A student can experience an asthma attack anywhere, at anytime. All asthma attacks are serious and require swift, appropriate action by school staff.

Asthma attacks vary in severity from mild/moderate symptoms which can be managed by commencing Asthma First Aid to severe or life-threatening symptoms which require emergency service support.

With all asthma attacks, time is critical. School staff should not hesitate to commence Asthma First Aid immediately.

Signs of an asthma attack can include any of the following:

**Table 1: Signs and Symptoms of an Asthma Attack**

MILD/MODERATE	SEVERE	LIFE-THREATENING
Minor difficulty breathing May have a cough May have a wheeze	Obvious difficulty breathing May have a cough May have a wheeze	Gasping for breath May no longer have a cough May no longer have a wheeze
SIGNS OF SEVERITY		
Able to talk in full sentences Able to walk / move around	Cannot speak in a full sentence in one breath Tugging in of the skin between ribs or at the base of the neck Sore tummy (young children) Reliever medication not lasting as long as usual	Unable to speak 1 or 2 words per breath Confused or exhausted Collapsing Turning blue (skin discolouration) Not responding to reliever medication
ACTION	ACTION	ACTION
<b>1. Follow instructions on student's asthma plan, or commence asthma first aid</b>	<b>1. Call Triple Zero (000) 2. Commence asthma first aid</b>	<b>1. Call Triple Zero (000) 2. Commence asthma first aid</b>

## ASTHMA FIRST AID

Asthma First Aid (see Appendix 1) is the nationally recognised four-step procedure used to manage a person experiencing a suspected asthma flare-up or attack.

Whilst these guidelines are specific to treating students, the Asthma First Aid procedure can be performed on a work colleague, adult or visitor to the school experiencing an asthma flare-up or attack.

In schools, the Asthma First Aid procedure can be performed using the student's own reliever medication and spacer or the equipment from the school's first aid kit.

Reliever medication is unlikely to be harmful, even if the student does not have asthma.

A student experiencing an asthma attack should always be under the supervision of an adult. School personnel should never leave a student experiencing an asthma attack alone, or under the supervision of another student.

Asthma Australia encourages schools to allow students to self-administer reliever medication providing the student:

- can recognise their asthma symptoms
- knows when to take their reliever medication
- has correct inhaler technique.

**DELAYS IN GIVING RELIEVER MEDICATION OR CONTACTING EMERGENCY SERVICES CAN RESULT IN RAPID DETERIORATION AND DEATH. THEREFORE, THE PRIORITY ACTIONS ARE TO COMMENCE ASTHMA FIRST AID AND PHONE EMERGENCY SERVICES FROM THE SITE.**

### Symbicort

Students 12 years and over may be prescribed a red and white medication, known as *Symbicort*, as their anti-inflammatory reliever medication. The student's Asthma Plan should clearly indicate when/if the student needs to self-administer this medication.

These students can be given reliever medication for an asthma attack as per the national Asthma First Aid procedure.

If the student's *Symbicort* is the only medication available (i.e. student or school reliever medication is not available), then follow the *Symbicort* specific instructions as per the Asthma First Aid procedure.

### Asthma or Anaphylaxis?

Sometimes students experiencing anaphylaxis can present with symptoms similar to those of an asthma attack.

If the student is known to be at risk of anaphylaxis and you are unsure whether they are experiencing anaphylaxis or an asthma attack, give the adrenaline auto-injector FIRST, following the student's Anaphylaxis Action Plan and then administer the student's reliever medication.

### First time asthma attacks

If a student experiences asthma symptoms, but has not been previously diagnosed with asthma, the school staff should follow the school's asthma first aid procedures.





## Severe or life-threatening asthma attack

It is important for schools to have in place first aid and emergency response procedures that allow staff to react quickly if an asthma attack occurs, for both in-school and out-of-school settings.

Drills to test the effectiveness of these procedures should be undertaken.

If the student is having a severe or life-threatening asthma attack, the school must:

1. Immediately call an ambulance (000).
2. Sit the student upright.
3. Reassure the student experiencing the attack as they are likely to be feeling anxious and frightened as a result of the attack. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or severe symptoms progress (as described in the Asthma Action Plan or Asthma First Aid plan), more medication (of the same dosage) may be administered after four minutes.
5. Then contact the student's emergency contacts.

### Victoria:

*For government and Catholic schools, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System). For independent schools, enact your school's emergency and critical incident management plan.*

Always call an ambulance as soon as possible (000)

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

This should include immediately;

- locating and administering reliever medication from the Asthma Emergency Kit
- after the first four doses of reliever medication call Triple Zero "000" for an ambulance
- continue giving four doses of reliever medication every four minutes whilst waiting for the ambulance to arrive.

## Responding to an incident

A member of the school staff should remain with the student who is displaying symptoms of an asthma attack at all times.

As per instructions on the Asthma Action Plan/Asthma First Aid plan:

- "Sit the person upright."
- Another member of the school staff should immediately locate the student's reliever medication and the student's Asthma Action Plan.
- The reliever medication should then be administered following the instructions in the student's Asthma Action Plan, or if unavailable, the Asthma First Aid plan. Where possible, only school staff with training in the administration of the reliever medication should administer the student's medication.

**HOWEVER, IT IS IMPERATIVE THAT THE MEDICATION IS ADMINISTERED AS SOON AS POSSIBLE AFTER AN ASTHMA ATTACK STARTS.**

## Classrooms

Schools may use classroom phones/personal mobile phones to raise the alarm that an attack has occurred.

Some schools may decide to utilise an emergency card system (eg. a laminated card stating asthma emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting reliever medication to the student and other emergency response protocols.

## Yard

Schools may use mobile phones, walkie talkies or a card system whilst on yard duty.

Consideration needs to be given to the size of the campus, the number and age of students diagnosed, where first aiders will be stationed during breaks etc.

In addition to planning 'how' to get reliever medication to a student, plans need to be in place for:

- a nominated staff member to call ambulance if needed
- a nominated staff member to wait for ambulance at a designated school entrance.

## Out-of-school environments

Each individual camp and excursion where a child stays overnight requires a School Camp and/or Excursion Medical Update form or similar for each individual student attending who is diagnosed with asthma.

Therefore, emergency procedures may vary accordingly.

A team of school staff trained in asthma need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp and venue.

It is imperative that the process also addresses:

- the location of reliever medication (i.e. Who will be carrying them? Is there a Asthma Emergency Kit? Who has it?)
- “how” to get the reliever medication to a student
- will reliever medication be stored with the teacher or the student during the night?
- “who” will call for ambulance response, including giving detailed location address.

## How to administer asthma medication

### Reliever Medication with a Spacer

1. Remove cap from puffer, shake puffer well and attach puffer to end of spacer
2. Place mouthpiece of spacer in mouth ensure lips seal around it
3. Get the person to breathe gently out into the spacer
4. Press down on puffer canister once to fire medication into spacer
5. Get the person to breathe in and out normally for four breaths (keeping their mouth on the spacer)
6. Give more medication in accordance with the Asthma Action Plan or Asthma First Aid plan by shaking the puffer and repeating steps 2 - 5

### Reliever Medication using a *Turbuhaler* device

1. Unscrew and lift off the cap
2. Hold the *Turbuhaler* upright, twist coloured base around all the way, and then back all the way
3. Get the person to breathe out gently away from the *Turbuhaler*, do not let them blow into the *Turbuhaler*
4. Put mouthpiece in mouth ensuring a good seal is formed with lips, get the person to breathe in through their mouth strongly and deeply
5. Remove *Turbuhaler* from mouth, get the person to hold their breath for about 5 seconds, or as long as is comfortable
6. Give more medication in accordance with the Asthma Action Plan or Asthma First Aid plan by repeating steps 2 - 5



# EQUIPMENT FOR AN ASTHMA EMERGENCY

## School Equipment

### Reliever Medication

It is recommended that schools purchase and maintain a minimum of one reliever medication on site at all times and determine, through a risk assessment process, the purchase of any additional reliever medication, taking into consideration factors such as the:

- number of students, staff and potential visitors with asthma
- location of the first aid kit(s) and proximity to classrooms, playground area and sports field
- accessibility of reliever medication during off site activities (e.g. school camps, sporting carnivals and excursions)
- level of risk in the environment (e.g. increased exposure to potential triggers distance from emergency services).



The school reliever medication should be stored with a copy of the Asthma First Aid procedure.

The school reliever medication may be used in situations when a:

- student's personal reliever medication cannot be located
- student forgets to bring their personal reliever medication to school
- student not previously diagnosed with asthma, presents with signs and symptoms of asthma
- visitor (child/adult) to the school, or staff member, presents with signs and symptoms of asthma.

### Purchase

School personnel who have completed an approved Asthma First Aid training course are authorised to purchase and administer reliever medication for the purpose of providing Asthma First Aid in accordance with the national Asthma First Aid procedure.

Information on a selection of approved asthma management courses can be accessed on page 34.

This medication is for emergency first aid use in a school and therefore does not require a pharmacy label. The school's reliever medication does not replace a student's personal reliever medication.

## Spacers

A spacer is a plastic or cardboard device used with a puffer. Spacers assist with administering asthma medication.



It is recommended that schools purchase and maintain a spacer for each school-purchased reliever medication.

In schools, spacers purchased for first aid use are a single person, single use device.

**DUE TO POTENTIAL HEALTH AND SAFETY RISKS, A SPACER FOR FIRST AID PURPOSES CAN ONLY BE USED ONCE. ONCE IT HAS BEEN USED, IT SHOULD BE DISPOSED OF AND REPLACED WITH A FRESH SPACER. IT CANNOT TO BE CLEANED TO AN ACCEPTABLE LEVEL FOR OTHERS TO USE.**

## Purchase

Spacers can be purchased from Asthma Australia, pharmacies and some First Aid organisations.



## ASTHMA EMERGENCY KITS (AEK)

A dedicated Asthma Emergency Kit provides a convenient means of storing and maintaining the equipment needed for an asthma emergency.



Asthma Emergency Kits should contain:

- reliever medication such as *Asmol* or *Ventolin*
- at least two single person use spacer devices to assist with effective inhalation of the reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
  - how to use the medication and spacer devices
  - steps to be taken in treating an asthma attack
- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered (record sheets can be downloaded from the Asthma Australia [website](#)).

If schools are using the *Lite-Aire* brand disposable cardboard spacer in their Asthma Emergency Kit, the school needs to be aware that the imagery is printed in refined soy ink. Although the risk of developing an allergic reaction to refined soy ink is low, there is still a risk in highly sensitive individuals.

Schools can purchase Asthma Emergency Kits from Asthma Australia or the components can be purchased through retail pharmacies or first aid suppliers.

Reliever medication such as *Asmol* or *Ventolin* can be purchased at any chemist. No prescription is necessary on the written authority of the principal. Medication for the kits is to be purchased by a school at its own expense, and in the same way that supplies for school first aid kits are purchased.

### Number of Asthma Emergency Kits

Schools must provide and maintain at least two Asthma Emergency Kits – one to keep at the school and, a mobile kit for activities such as excursions and camps.

**ASTHMA AUSTRALIA RECOMMENDS THAT LARGER SCHOOLS CONSIDER AN ADDITIONAL ASTHMA EMERGENCY KIT FOR EVERY 300 STUDENTS.**



The principal should take into account the following relevant considerations:

- the availability and sufficient supply of asthma emergency kits in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- reliever medication contains up to 200 doses. As puffers generally do not have a dose counter on them, the school will need to replace the medication before 200 doses have been administered.
- reliever medication has a limited life, and will usually expire within 12-18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first.

### **When to use an Asthma Emergency Kit**

It is recommended that the asthma emergency kits be used when:

- a student's prescribed reliever medication does not work, is misplaced, out of date or is not immediately available
- a student is having a first-time asthma attack and does not have a medical diagnosis for asthma or
- when instructed by a medical officer after calling 000.

**RELIEVER MEDICATION IS UNLIKELY TO HARM, EVEN IF THE PERSON DOES NOT HAVE ASTHMA.**

### **Cleaning requirements**

Asthma spacers are single-person use only.

To avoid infection transmission via mucus, spacers and masks must only be used by the one student.

Note that the reliever medication 'puffer' may be used by more than one student, as long as they have been used with a spacer. To clean, dismantle, wash with soapy water, dry thoroughly, by not using for one hour or similar, and reassemble ready for use. If the medication delivery device (e.g. puffer) comes into contact with someone's mouth it cannot be reused and must be replaced.

### **Locations**

Asthma Emergency Kits should be located strategically around the school and be readily available in an asthma emergency.

Mobile Asthma Emergency Kits are also recommended for:

- yard duty
- excursions/sports days
- camps.

**AN ASTHMA EMERGENCY KIT SHOULD BE CLEARLY LABELLED AND DISTINGUISHABLE FROM THOSE PERSONAL KITS FOR STUDENTS DIAGNOSED WITH ASTHMA.**



## STUDENT EQUIPMENT

Each student diagnosed with asthma should have their own medication and equipment at the school.

This includes:

- reliever medication - with prescription label including the student's name and dosage information.
- spacer - clearly labelled with the student's name (if using aerosol reliever medication).
- Asthma Plan - completed by the student's doctor (the school will require a copy of the Asthma Plan if the student requires assistance to administer their medication).

For some students, a facemask may be required for use with their spacer.

A facemask is recommended for children under the age of five, or those unable to form a good seal around the mouthpiece of a spacer.

They should be:

- stored in a dustproof container.
- cleaned once a month or after a respiratory tract infection by the student/parent/carer.

### Self-administration of the reliever medication

The decision whether a student can carry their own reliever medication should be made, in consultation with the student, the student's parents and the student's medical practitioner.

It is important to note that students who ordinarily self-administer their reliever medication may not physically be able to self-administer due to the effects of an attack.

In relation to these circumstances, school staff must administer the reliever medication to the student, in line with their duty of care for that student.

If a student self-administers their reliever medication in an emergency, one member of the school staff should supervise and monitor the student, and another member of the school staff should contact an ambulance (on emergency number 000).

If a student carries their own reliever medication, it may be prudent to locate and bring an Asthma Emergency Kit for general use to the site of the asthma attack.

### Nebulisers

Nebulisers are no longer recommended for use in schools to administer asthma medication to students. In most cases, students get the same effect by using a reliever medication with a spacer.

In the event that there is a need for the use of a nebuliser for a student with asthma, the request should be in writing from the student's medical practitioner. School staff should access appropriate training before using a nebuliser for asthma treatment with a student.



## EQUIPMENT STORAGE

It is recommended that:

- Reliever medication for individual students, or for the Asthma Emergency Kits, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to a trigger can lead to a severe / life-threatening asthma attack in as little as a few minutes
- Reliever medication be stored in an unlocked, easily accessible place away from direct heat but not in a refrigerator or freezer
- Each reliever medication be clearly labelled with the student's name, or for general use
- Each student's reliever medication is distinguishable from other students' reliever medication and is stored with a copy of the student's Asthma Action Plan
- All school staff know where reliever medications are located and signed in and out when taken from its usual place (e.g. for camps or excursions)

**DEPENDING ON THE SEVERITY OF PAST ATTACKS, IT MAY BE APPROPRIATE TO HAVE A STUDENT'S RELIEVER MEDICATION IN CLASS OR IN A YARD-DUTY BAG.**

Schools are also encouraged to arrange for a designated school staff member (eg. school nurse, first aid co-coordinator) to conduct regular reviews of the reliever medications to ensure they are not out of date.

If the designated staff member identifies any reliever medications which are out of date, they should consider:

- sending a written reminder to the student's parents to replace the reliever medication
- advising the principal that the reliever medication needs to be replaced by a parent
- working with the principal to prepare an interim Individual Asthma Risk Minimisation Plan pending the receipt of the replacement reliever medication.

# ROLES AND RESPONSIBILITIES

## ROLES AND RESPONSIBILITIES OF PRINCIPALS

School principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students diagnosed with asthma.

To assist principals in meeting their responsibility, a summary of some suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by principals:

1. Use the Asthma Schools Health Check [online tool](#) for an overview of your current asthma management readiness
2. Ensure that the school develops, implements and reviews its school Asthma Management Policy
3. Actively seek information to identify students with severe life-threatening asthma or those who have been diagnosed with asthma, either at enrolment or at the time of diagnosis (whichever is earlier).
4. Ensure that parents provide an Asthma Action Plan which has been completed by the student's medical practitioner and that contains an up-to-date photograph of the student.
5. Ensure that a Communication Plan is developed to provide information to all school staff, students and parents about asthma and the school's Asthma Management Policy.
6. Ensure that parents provide the school with reliever medication and a spacer device, if reliever is a puffer, for their child that is not out-of-date and replacement reliever medication when requested to do so.
7. Ensure there are procedures in place for providing volunteers and casual relief staff of students diagnosed with asthma and their role in responding to a student having an asthma attack in their care.

8. Ensure that relevant school staff have successfully completed approved asthma training in the three years prior.
9. Encourage ongoing communication between parents and school staff about the current status of the student's asthma, the school's policies and their implementation.
10. Arrange to purchase and maintain an appropriate number of Asthma Emergency Kits for general use to be part of the school's first aid kit.

## ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

All school staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist school staff who conduct classes that students diagnosed with asthma attend, and other school staff where relevant, a summary of some suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by school staff when seeking to discharge their duty of care:

1. Know and understand the school's Asthma Management Policy.
2. Know the identity of students who are diagnosed with asthma. Know the students by face.
3. Understand the causes, symptoms, and treatment of asthma.
4. Obtain regular training in how to recognise and respond to an asthma attack, including administering relieve medication.
5. Know where to find a copy of each student's Asthma Action Plan quickly, and follow it in the event of an asthma flare-up/attack.
6. Know the school's general first aid and emergency response procedures, and understand their role in relation to responding to a severe or life-threatening asthma attack.
7. Know where students' reliever medication and the Asthma Emergency Kits for general use are kept.
8. Know and follow the prevention and risk minimisation strategies in the Schools Asthma Management Plan.
9. Plan for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school.
10. Be aware of the possibility of hidden triggers in art supplies or traces of triggers when using items such as paint cleaning chemicals in art or food additives in cooking classes.
11. Students may also be at risk of an asthma attack when they experience extreme emotions induced at school; e.g. stress during exams
12. Raise student awareness about asthma and the importance of their role in fostering a school environment that is safe and supportive for their peers.



## ROLES AND RESPONSIBILITIES OF PARENTS

Parents have an important role in working with the school to minimise the risk of asthma. Set out below is a summary of some suggested areas where they may actively assist the school.

This is a guide only, and is not intended to contain an exhaustive list to be relied upon by parents:

1. Inform the school in writing, either at enrolment or diagnosis, of the student's asthma.
2. Obtain an Asthma Action Plan from the student's medical practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.
3. Inform school staff in writing of any changes to the student's medical condition and if necessary, provide an updated Asthma Action Plan.
4. Provide the school with an up to date photo for the student's Asthma Action Plan and when the plan is reviewed.
5. Provide the school with reliever medication and spacer device, where the medication is administered by a puffer, that are current and not expired.
6. Replace the student's reliever medication as needed, before their expiry date or when used.
7. Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
8. Inform school staff in writing of any changes to the student's emergency contact details.



# STRATEGIES TO MANAGE STUDENTS WITH ASTHMA

## SCHOOL ASTHMA MANAGEMENT POLICY

If a school has enrolled a student diagnosed with asthma, it must have a school asthma management policy.

A school asthma management policy must contain all of the following matters:

- a statement that the school will comply with relevant education sector and/or department guidance
- identification of school staff who must complete certain training, and the procedures for the training
- information about the collection, monitoring and regular review of Asthma Action Plans for diagnosed students
- information and guidance in relation to the school's management of asthma, including:
  - prevention strategies to be used by the school to minimise the risk of an asthma attack
  - school management and emergency response procedures that can be followed when responding to an asthma attack
  - the circumstances under which reliever medication in Asthma Emergency Kits must be purchased by the school
  - a communication plan that ensures that all school staff (including volunteers and casual staff), students and parents are provided with information about asthma and the school's asthma management policy.

If the principal has decided to implement Individual Asthma Risk Minimisation Plans and an Annual Risk Minimisation, the school asthma management policy should contain the following matters:

- information about the development, implementation, monitoring and regular review of Individual Asthma Risk Minimisation Plans for affected students, which include an individual Asthma Action Plans
- completion of an annual Risk Management Checklist

More detailed information about the matters which must be contained in the school asthma management policy is set out in the following sections of this chapter.

This policy should be reviewed regularly, and as relevant circumstances change.

A sample school asthma management policy can be downloaded from the Asthma Australia website at [asthma.org.au/schools](http://asthma.org.au/schools).

**FOR AN INSTANT SNAPSHOT OF YOUR ASTHMA MANAGEMENT READINESS, USE THE ASTHMA SCHOOLS HEALTH CHECK ONLINE TOOL.**



## COMMUNICATION PLAN

The principal of a school is responsible for ensuring that a Communication Plan is developed to provide information to all school staff, students and parents about asthma and the school's Asthma Management Policy.

The Communication Plan must include strategies for advising school staff, students and parents about how to respond to an asthma attack in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

The Communication Plan must include procedures to inform volunteers and casual relief staff of students diagnosed with asthma and the potential of an asthma attack and their role in responding to a student experiencing an asthma attack in their care.

### Raising staff awareness

The Communication Plan should include arrangements for relevant school staff to be briefed at least once per year. However, it is best practice for a school to brief all school staff on a regular basis regarding asthma and the school's Asthma Management Policy.

In addition, it is recommended that a designated staff member(s) be responsible for briefing all volunteers and casual relief staff, and new school staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to a student having an asthma attack in their care.

Training could be recommended as required.

### Raising student awareness

Peer support is an important element of support for students diagnosed with asthma. School staff can raise awareness in school through information or posters displayed in hallways, canteens and classrooms.

Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:



## **Student messages about asthma**

1. Always take asthma seriously– everyone can have asthma.
2. Don't use an excessive amount of aerosol deodorant or perfume around friends who have asthma.
3. Know what triggers your friend's asthma.
4. If a school friend becomes sick, get help immediately even if the friend does not want to.
6. Be respectful of a school friend's medication and asthma devices.

It is important to be aware that a student diagnosed with asthma may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students diagnosed with asthma can occur in the form of teasing. Talk to the students involved so they are aware of the seriousness of an asthma attack. Any attempt to harm a student diagnosed with asthma must be treated as a serious and dangerous incident and dealt with in line with the school's anti-bullying policy.

## **Working with parents**

Schools should be aware that parents of a child who is diagnosed with asthma may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

## **Raising school community awareness**

Schools are encouraged to raise awareness about asthma in the school community so that there is an increased understanding of the condition. This can be done, for example, by providing information in the school newsletter.

## Organisations and services providing information and resources

- Asthma Australia is a for-purpose, consumer organisation with a history of improving the lives of people with asthma.
  - A range of items including brochures, medical devices and training resources are available from the online store on Asthma Australia website. Further information is available at: [www.asthma.org.au](http://www.asthma.org.au)
  - The 1800 ASTHMA Helpline (1800 278 462) provides information, education and support on asthma management. Further information is available at: [www.asthma.org.au](http://www.asthma.org.au)
- National Asthma Council (NAC) is a national authority on asthma providing the latest information on asthma to health professionals to help improve their quality of care. The NAC writes Guidelines based on scientific and medical evidence on asthma and the treatment of asthma. Further information is available at: [www.nationalasthma.org.au/](http://www.nationalasthma.org.au/)
- School nurses may also be able to refer parents and students to the Asthma Australia Helpline if they are concerned about their asthma for asthma education and support.

## SCHOOL PLANNING AND EMERGENCY RESPONSE

What should schools do to plan for an emergency?

A school's Asthma Management Policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.

The school's Asthma Management Policy must include Emergency Response Procedures relating to asthma attacks including:

- a complete and up to date list of students identified as being diagnosed with asthma
- details of Individual Asthma Action Plans and where these can be located including:
  - in a classroom
  - in the school yard
  - in all school buildings and sites including gymnasiums and halls
  - on school excursions
  - on school camps
  - at special events conducted, organised or attended by the school
- an outline of the storage and accessibility of reliever medication, including Asthma Emergency Kits
- how communication with school staff, students and parents is to occur in accordance with a Communication Plan

The school's Asthma Management Policy must state that when a student diagnosed with asthma is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there are a sufficient number of school staff present who have been trained in accordance with the policy..

The school's Asthma Management Policy must state that in the event of a severe or life threatening asthma attack, the Emergency Response Procedures in its policy must be followed, together with the school's general first aid and emergency response procedures and the student's Asthma Action Plan.

**Schools must have Emergency Response Procedures for students diagnosed with asthma as part of their school Asthma Management Policy.**

# ASTHMA FIRST AID TRAINING FOR SCHOOLS

## Who must undertake this training?

The following school staff should undertake training in asthma first aid management:

- all staff with a direct teaching role with students affected by asthma
- any other school staff identified by the principal, based on an assessment of the risk of an asthma attack occurring while a student is under the care or supervision of the school.

If a staff member has not yet completed training, the principal is responsible for developing an interim support plan that includes the student's Asthma Action Plan in consultation with the student's parents. Training should take place as soon as practicable after the student diagnosed with asthma enrolls, preferably before the student's first day at school.

## Training for general school staff

Relevant school staff must have successfully completed an asthma management training program. A selection of training courses that meet the definition of an "asthma management training program" for the purposes of the guidelines are on Table 2. on the following page.

## Asthma First Aid for Schools course

The Asthma First Aid for Schools online course is available to all schools free of charge. The online course is comprised of three learning modules:

1. About Asthma
2. Asthma at School
3. Asthma First Aid

Each module will take approximately 20 minutes to complete. Quiz questions and activities are incorporated within each module to check understanding of the information presented.

All three modules must be completed for staff to be issued with an Asthma First Aid certificate as a record of their compliance. The certificate is valid for three years.

If staff are unable to complete the entire package all at once, they can log out after completing a module and return to the package later. If they log out before completing a module, they will need to recommence at the start of the module when they log back in.

To access the online Asthma First Aid for School course go to:  
[asthmaonline.org.au](http://asthmaonline.org.au)

Asthma Australia also offers other training options for schools – see Table 2 on the following page. Further, many first aid training providers may offer similar courses to suit school needs.

**Table 2. Selection of Approved Asthma Management Courses**

Course	Provider	Completed By	Cost	Accreditation	States available
<b>Asthma First Aid for Schools - online</b>	<b>Asthma Australia</b>	<b>All school staff</b>	<b>Free to all schools</b>	<b>3 years</b>	<b>National</b>
Supporting People Live Well with Asthma	Asthma Australia	All school staff	\$450.00 per campus	3 years	Check with <a href="#">Training team</a>
10760NAT - Course in Asthma Awareness	Any RTO that has this course in their scope of practice	Staff working with high risk children with a history of severe asthma  Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers.  Staff in higher risk teaching areas, such as PE/Sports teachers, Home Economics/Cooking Teachers.	Paid by each school	3 years	National

Schools generally only need to complete one of these courses to meet their requirements.

**ASTHMA AUSTRALIA RECOMMENDS SCHOOLS UNDERTAKE ASTHMA MANAGEMENT TRAINING FOR ALL RELEVANT STAFF ANNUALLY.**



## PREVENTION STRATEGIES

### How can the risk of an asthma attack be minimised in schools?

A school's asthma management policy should include prevention strategies used by the school to minimise the risk of a severe / life-threatening asthma attack.

It is important to remember that minimisation of the risk of a severe / life-threatening asthma attack is everyone's responsibility: including the principal and all school staff, parents, students and the broader school community.

Parents must also assist their child's school to manage the risk of an asthma attack. For example, parents must:

- communicate their child's triggers and diagnosis of asthma to the school at the earliest opportunity, preferably on enrolment
- continue to communicate with school staff and provide up to date information about their child's medical condition
- provide the school staff with an Asthma Action Plan
- ensure that their child has asthma reliever medication and an asthma spacer device (where directed by a medical practitioner) that is current and not expired at all times.

## Risk minimisation and prevention strategies

Statistics show that smoke, pollen, exercise and colds and flu are the most common trigger for an asthma attack. To minimise the risk of a first time reaction to pollen, schools should consider removing any high risk flowering plants from the school grounds. It is recommended that school activities don't place pressure on student with exercise-induced-asthma to participate in activities when they are unwell.

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of a severe / life-threatening asthma attack is an important step to be undertaken by school staff when trying to satisfy this duty of care.

It is recommended that school staff determine which strategies are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment.

The selected prevention strategies must be specified in the school asthma management policy. This includes any other strategies developed by the school staff, but which are not contained in these Guidelines.

# INDIVIDUAL ASTHMA RISK MINIMISATION PLANS

**ASTHMA AUSTRALIA RECOMMENDS SCHOOLS DEVELOP INDIVIDUAL ASTHMA RISK MINIMISATION PLANS FOR STUDENTS DIAGNOSED WITH ASTHMA.**



It is recommended that the principal of the school is responsible for ensuring that an Individual Risk Minimisation Plan is developed for each student who has been diagnosed by a medical practitioner as having asthma, where the school has been notified of that diagnosis. The plan is to be developed in consultation with the student's parents.

The plan should be in place as soon as practicable after the student enrolls, and where possible, before the student's first day at the school.

## What should be included in an individual asthma risk minimisation plan?

- information about the student's medical condition that relates to asthma and the potential for a severe / life-threatening asthma attack, including the type of triggers the student has (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known and notified triggers while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the strategies
- information on where the student's medication will be stored
- the student's emergency contact details
- a completed Asthma Action Plan by a medical practitioner.



## Where should the plans be kept?

Copies of each student's Individual Asthma Risk Minimisation Plan should be kept in various locations around the school so that it is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, the school gym, the sick bay, the school office, and in the yard duty bag.

## When should the plan be reviewed?

It is recommended the principal review an Individual Asthma Risk Minimisation Plan in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe / life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

A sample Asthma Risk Minimisation Plan can be downloaded from the Asthma Australia website at [asthma.org.au/schools](http://asthma.org.au/schools)



## ANNUAL RISK MANAGEMENT CHECKLIST

**ASTHMA AUSTRALIA RECOMMENDS SCHOOLS COMPLETE AN ANNUAL RISK MANAGEMENT CHECKLIST TO MONITOR THEIR COMPLIANCE.**



It is recommended the principal complete an Annual Risk Management Checklist to monitor their compliance with state/territory requirements, these guidelines and their legal obligations.

It is recommended that the school's Risk Management Checklist for asthma contain questions relating to the following

- background information about the school and students diagnosed with asthma
- details of Individual Asthma Risk Minimisation Plans and Asthma Action Plans
- storage and accessibility of reliever medication
- prevention strategies used by the school to minimise the risk of an asthma attack
- school's general first aid and emergency response procedures for when an asthma attack occurs at all on-site and off-site school activities
- communication with school staff, students and parents.

A sample annual checklist can be downloaded from the Asthma Australia website at [asthma.org.au/schools](http://asthma.org.au/schools)

**THE ASTHMA SCHOOLS HEALTH CHECK ONLINE TOOL CAN PROVIDE INSTANT FEEDBACK AS TO YOUR ASTHMA MANAGEMENT READINESS**



## ASTHMA AND SCHOOL CAMPS

Schools should ensure:

- parents/carers provide enough medication (including preventer medication) for the student if they are going away overnight
- enough Asthma Emergency Kits are available for the camp or excursion needs
- that parents/guardians to complete the required school forms.

### **Victoria:**

*A specific School Camp and Excursion Medical Update Form can be downloaded from the Asthma Australia website at [asthma.org.au/schools](http://asthma.org.au/schools)*

# GLOSSARY

## **Asthma**

Asthma is a long-term health condition which affects the airways in the lungs. People with asthma have sensitive airways that narrow in response to a trigger.

### **Asthma Action Plan**

An Asthma Action Plan is a written set of individualised instructions, completed by a medical practitioner, that outlines management of a student's asthma when well controlled and during a flare-up.

### **Asthma Attack**

An asthma attack is a sudden worsening of asthma symptoms. All asthma attacks are life-threatening.

### **Asthma Care Plan for Education and Care Services**

The Asthma Care Plan for Education and Care Services is an Asthma Australia document specifically designed for use within education and care services. The Asthma Care Plan for Education and Care Services must be completed by the student's medical practitioner.

### **Asthma Emergency Kit**

A specific first aid kit for asthma designed to be portable in an emergency.

### **Asthma Flare-Up**

An asthma flare-up is a worsening of asthma symptoms. A flare-up can develop slowly, (over hours to days) or can get worse very quickly (in seconds to minutes). A sudden or severe asthma flare-up is also called an asthma attack.

## **Preventer Medications**

Preventer medications reduce inflammation, excess mucus, redness and sensitivity in the airways of the lungs. When taken regularly, preventer medications reduce the risk of a student having an asthma flareup or attack. Importantly, preventer medications are not used in Asthma First Aid.

## **Reliever Medications**

Reliever medications work quickly to relax the muscles that have tightened around the airways, enabling the airways to open, making it easier to breathe. Blue/grey reliever medications are used to treat an asthma emergency through the national Asthma First Aid procedure.

## **Spacer**

A spacer is a plastic or cardboard device used with a puffer. Spacers assist with administering asthma medication.

## **Trigger**

Trigger is the term used to describe something that may cause an asthma flare-up, or make existing asthma symptoms worse.

# ASTHMA FIRST AID

1



## SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



## GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

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

OR give 2 separate inhalations of Bricanyl (6 years or older)

OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)

OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



## WAIT 4 MINUTES

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more inhalation of Bricanyl

OR give 1 more inhalation of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer

## IF THERE IS STILL NO IMPROVEMENT

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

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

## CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

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



Translating and Interpreting Service  
131 450



**ASTHMA AUSTRALIA**

**1800 ASTHMA**  
(1800 278 462)

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

Asthma Australia acknowledges the support of the Australian Government's Asthma Management Program in the development of these guidelines.

As these guidelines are a dynamic document that need to reflect the currency of asthma management evidence and practice, Asthma Australia welcomes your comments and feedback in order to ensure these guidelines remain relevant to the management of asthma across the range of education sector audiences.

Feedback may be provided via email to [schools@asthma.org.au](mailto:schools@asthma.org.au)



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AUSTRALIA**

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