



**Silver Tree**  
STEINER SCHOOL

# Asthma Care Policy & Procedure

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2021

This policy applies to: Teachers, Staff and Students

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## **ASTHMA POLICY**

The Silver Tree Steiner School is committed to:

- Providing the necessary procedures to ensure the health and safety of all persons with asthma involved with the school.
- Raising the awareness of asthma amongst those involved with the school.
- Providing an environment in which young people with asthma can participate in all activities to their full potential

It will do this by providing a clear set of guidelines and expectations to be followed regarding the management of Asthma.

### **PURPOSE**

The aim of this policy is to document strategies for implementation of best practice asthma management within an educational setting so that:

- All children enrolled at the site who have asthma can receive appropriate attention as required;
- The school can respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the site.

### **IMPLEMENTATION**

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within the school give the following undertakings:

**The staff are responsible for:**

- Implementing this policy on a daily basis.
- Ensuring that they maintain current Asthma First Aid Training.
- Identifying students with Asthma during the enrolment process and documenting this information in student files, the School database and distributing action plans to class teachers and other staff as required, including Relief Staff. See Appendix 3 – Flow chart.
- Copies of completed Asthma Action Plans are kept in the School Administration Building.
- Promptly informing parents/guardians of any concerns about Asthma limiting a student's ability to participate fully in all activities.
- Encouraging children of appropriate age to self-manage their Asthma, including using their reliever medication as soon as symptoms develop.
- Displaying the Asthma First Aid posters in key locations.

- Maintain the Asthma Emergency Kits to ensure medication is current and the spacer device and mask (if necessary) are ready to use. It is recommended that the school has a minimum of 2 kits plus an additional 1 for every 300 students.
- Provide a mobile Asthma Emergency Kit for use during activities outside of the school site.
- Identifying, and where possible, minimising asthma triggers as defined in students' *Asthma Action Plans*.
- Ensure this policy is available to parents/guardians of children with Asthma.
- Provide families with the contact details for the Asthma Foundation should further information be required.

**The Parents/Carers are responsible for:**

- Informing the School that a student has Asthma, either upon enrolment or initial diagnoses;
- Having their child's doctor complete all sections of an *Asthma Action Plan* for their child with asthma at enrolment and reviewed annually thereafter;
- Notifying the staff, in writing, of any changes to the asthma action plan, should any occur during the year;
- Consulting with the staff, in relation to the health and safety of their child and the supervised management of the student's asthma;
- Communicating all relevant information and concerns with staff as the need arises, e.g. if asthma symptoms were present during the night;
- Providing an adequate supply of appropriate medication (reliever) and spacer device that is current and clearly labeled with the child's name and expiry date;
- Familiarising themselves with this policy.

**STUDENT ASTHMA RECORDS**

For best practice management of asthma at school all students with asthma should have a written Asthma Action Plan (Appendix 2) developed by the student's doctor. An Asthma Action Plan template is available on the school website and at reception.

The Asthma Foundation of WA recommends that the following information be on record and that this information is updated at the beginning of each year:

- Usual medical treatment whilst at school (medication taken on a regular basis when the student is 'well' or as pre-medication prior to exercise)

- An Asthma Action Plan detailing medication to be used when asthma symptoms develop at school. This should include how to recognise worsening symptoms and what to do during an acute attack
- Written authority by parent/carer for school staff to administer the prescribed medication
- A list of known or suspected triggers for asthma
- Name, address and telephone number of an emergency contact, and the student's doctor.

### **INCURSIONS, EXCURSIONS AND CAMPS**

Outdoor activities, including sports incursions and excursions, provide a potential risk for students with asthma. *The Asthma Foundation of WA* recommends that for all sports days, excursions or camps:

- Ensure at least one staff member is present who has current emergency asthma training, and can manage an acute asthma attack;
- If a student has asthma symptoms, follow the instructions on the student's written asthma action plan for handling exercise induced asthma;
- Notify parents/carers that it is their responsibility to ensure that their child has adequate supply of appropriate medication;
- Encourage students to continue taking their usual asthma medications and to always carry their blue Reliever or Doctor recommended medication;
- Carry a spacer, blue Reliever puffer and a copy of the Asthma First Aid Plan in the school's First Aid Kit/Asthma Emergency Kit. Two masks are also required for children 5 years and under.

In addition, for every school camp:

- Ensure Student Asthma Records are up to date (parents to complete a Medical Form before camp); and
- Provide catering staff with a record of those students who are known to have food allergies or whose asthma is triggered by food or food additives.

## EMERGENCY PROCEDURE FOR AN ATTACK

The severity of an asthma attack can be determined by symptoms which may involve:

- *Mild:* Coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences;
- *Moderate:* Persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only; and
- *Severe:* Distress and anxiousness, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, emergency procedure must commence immediately.

If the person's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (Dial 000) and state that the person is having an asthma attack. In an asthma emergency, follow the Asthma First Aid Plan on the student's Asthma Record. If the documentation is not available, follow the general Asthma Medical Emergency Plan.

If a person has difficulty breathing and is not known to have asthma, call an ambulance immediately and follow the Asthma Medical Emergency Plan. No harm is likely to result from giving a blue reliever puffer.

## ASTHMA MEDICAL EMERGENCY PLAN

In the event of an asthma attack the instructions provided by a student's doctor on that student's Asthma Action Plan should be followed.

### **OR where the plan is not available:**

Commence Asthma First Aid (see appendix 2):

- Step 1:** Sit the student upright and remain calm and provide reassurance. Do not leave the student alone.
- Step 2:** Give 4 puffs of a blue/grey reliever, one puff at a time, through a spacer device. Ask the student to take 4 breaths from the spacer after each puff.
- Step 3:** Wait 4 minutes.
- Step 4:** If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

- Parents/Carers should be notified of any medication used for an emergency asthma attack.
- In an emergency, the blue/grey reliever puffer can be the student's own or accessed from the Asthma Emergency Kit. The Asthma Foundation recommends that only staff who are trained

in Asthma First Aid should administer blue/grey reliever medication from the Asthma Emergency Kit.

- Record the number of puffs used on the log provided in the Asthma Emergency Kit, or on the Student's Administration of Medication log if using their own reliever medication.
- Record any asthma incident and file the completed form with all incident reports.

### **Plan of action for a student who is not known to have asthma**

**Step 1:** Call an ambulance immediately (dial 000) and state that the student is having breathing difficulties.

**Step 2:** Give 4 puffs of a blue reliever, one puff at a time, through a spacer device. Ask the student to take 4 breaths from the spacer after each puff. If a spacer is not available, use the blue/grey reliever on its own.

**Step 3:** Wait 4 minutes.

**Step 4:** If there is little or no improvement, repeat steps 2 and 3. Continue to repeat steps 2 and 3 while waiting for the ambulance.

- Contact parents/carers immediately.
- Record the number of puffs used on the log provided.
- Record any asthma incident and file the completed form with all incident reports.
- This treatment could be lifesaving for a student whose asthma has not been previously recognised and no harm is likely to result from giving a reliever puffer if the breathing difficulty was not due to asthma.

### **SINGLE PERSON USE OF SPACERS**

Each Asthma Emergency Kit should contain at least 2 spacers as these are now designated as single person use due to infection control guidelines. A back-up supply should also be kept. Any spacer used by a student may then be kept at the school and used by that student (appropriately labeled) or sent home with its packaging for the student's own use.

Asthma Emergency Kits are first aid equipment. Ideally students also will have their own, named medication and spacer/mask for use in an emergency. Encouraging families to follow this practice will enhance their health and safety and minimise cost to the school.

## **ASTHMA EDUCATION OF STAFF**

Silver Tree Steiner School holds Asthma Education refreshers each year unless a First Aid Training for staff, including Asthma Management is held (every three years). See *STSS Staff First Aid, Asthma and Anaphylaxis Training* Policy for more information.

## WHERE TO GO FOR FURTHER INFORMATION

*The Asthma Foundation of WA* can provide information and training to assist you to better understand and manage asthma at your school. Resources are also available for students as well as their parents/carers. *The Asthma Foundation of WA* can be contacted on (08) 9289 3600 or on their website [www.asthmawa.org.au](http://www.asthmawa.org.au).

## REVIEW

The policy will be reviewed annually and/or after an emergency Asthma event.

## REFERENCES

AISWA – Asthma Care for Students Guidelines

Available: <https://www.ais.wa.edu.au/index.cfm?view=member&partof=114&fID=132>

The Asthma Foundation of WA

Available: [www.asthmawa.org.au](http://www.asthmawa.org.au)

Asthma Australia

Available: [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

## Appendix 1 – Asthma Action Plan

This record is to be completed by the child’s doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the action plan. Please tick the appropriate boxes and print your answers clearly in the blank spaces where indicated.

# ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

<b>NAME</b> .....	<b>DOCTOR'S CONTACT DETAILS</b>	<b>EMERGENCY CONTACT DETAILS</b>
<b>DATE</b> .....		<b>Name</b> .....
<b>NEXT ASTHMA CHECK-UP DUE</b> .....		<b>Phone</b> .....
		<b>Relationship</b> .....

**WHEN WELL** *Asthma under control (at most no symptoms)*
ALWAYS CARRY YOUR RELIEVER WITH YOU

**Your preventer is:** .....  
(NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

Use a spacer with your inhaler

**Your reliever is:** .....  
(NAME)

Take ..... puffs .....

When: You have symptoms like wheezing, coughing or shortness of breath

Use a spacer with your inhaler

Peak flow\* (if used) above:

**OTHER INSTRUCTIONS**  
(e.g. other medicines, trigger avoidance, what to do before exercise)

.....

.....

.....

**WHEN NOT WELL** *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

**Keep taking preventer:** .....  
(NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

Use a spacer with your inhaler

**Your reliever is:** .....  
(NAME)

Take ..... puffs .....

Use a spacer with your inhaler

Peak flow\* (if used) between ..... and .....

**OTHER INSTRUCTIONS**  **Contact your doctor**  
(e.g. other medicines, when to stop taking extra medicines)

.....

.....

.....

**IF SYMPTOMS GET WORSE** *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

**Keep taking preventer:** .....  
(NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

Use a spacer with your inhaler

**Your reliever is:** .....  
(NAME)

Take ..... puffs .....

Use a spacer with your inhaler

Peak flow\* (if used) between ..... and .....

**OTHER INSTRUCTIONS**  **Contact your doctor today**  
(e.g. other medicines, when to stop taking extra medicines)

**Prednisolone/prednisone:**

Take ..... each morning for ..... days

.....

.....

**DANGER SIGNS** *Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*

Peak flow (if used) below:

**DIAL 000 FOR AMBULANCE**

**Call an ambulance immediately**  
Say that this is an asthma emergency  
Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)

National Asthma Council Australia  
Leading the attack against asthma

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

\* Peak flow not recommended for children under 12 years.

# ASTHMA ACTION PLAN

## what to look out for

### WHEN WELL



#### THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

### WHEN NOT WELL



#### THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

*THIS IS AN ASTHMA FLARE-UP*

### IF SYMPTOMS GET WORSE



#### THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

*THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)*

### DANGER SIGNS



#### THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY: DIAL 000  
SAY THIS IS AN ASTHMA EMERGENCY**

**DIAL 000 FOR  
AMBULANCE**

### ASTHMA MEDICINES

#### PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs.

Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

#### RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

**Always carry your reliever with you** – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website.  
A range of action plans are available on the website – please use the one that best suits your patient.  
[nationalasthma.org.au](http://nationalasthma.org.au)

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National Asthma Council Australia  
Leading the attack against asthma

# 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
- Remember: **Shake, 1 puff, 4 breaths**

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

**3**  **WAIT 4 MINUTES**

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

OR give 1 more dose of Bricanyl or Symbicort inhaler

## 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 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort

 Translating and Interpreting Service  
131 450



Contact Asthma Australia

**1800 ASTHMA**  
(1800 278 462)

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

### 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's 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.

**Appendix 3 - Flow Chart for the Distribution of Student Asthma, Allergy, Anaphylaxis and Healthcare Information**

