



SILVER TREE STEINER SCHOOL

Asthma Care Policy

2024

This policy applies to: Staff and Students

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1		Created	
8	09/2024	Reformatted. Minor update to Policy section. References to Asthma WA updated to Respiratory Care WA. Flow chart added to appendices. Useful Resources added to document.	EW

Relevant Legislation

- Privacy Act 1988
- Disability Discrimination Act 1992

Related Policies

Other policies that should be read in conjunction with this policy are:

- Critical Incident and Emergency Management Procedures
- Records Management Policy
- Staff First Aid, Asthma and Anaphylaxis Training Policy and Guidelines
- Student Health Care Policy

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Policy

Asthma is a serious and long-term lung condition affecting 1 in 9 Australians. It can impact people of all ages and may be diagnosed at any stage of life. Exposure to asthma triggers can cause the airways to narrow, swell and produce extra mucus, leading to difficulty breathing.

Objectives

Silver Tree Steiner School is dedicated to:

- Promoting the health and well-being of all individuals with asthma within the school community.
- Enhancing awareness and understanding of asthma among staff, students and parents.
- Creating an inclusive environment where students with asthma can fully engage in all school activities.

Aim

This policy outlines the strategies for effective asthma management in our school to ensure:

- All enrolled students with asthma receive appropriate care and attention.
- The school is prepared to respond to asthma attacks or breathing difficulties in students, whether or not they have a known asthma diagnosis.

To achieve these goals, Silver Tree Steiner School will provide clear guidelines and expectations for managing asthma effectively.

Guidelines

Asthma management is a shared responsibility, requiring both the school and parents to work together. While the school is committed to the care and safety of its students, parents play a crucial role in partnering with the school to ensure the well-being of children with asthma.

Parent's Responsibility

Parents are responsible for:

- Informing the school when a student is diagnosed with asthma, either at enrolment or when the diagnosis occurs.
- Ensuring their child's doctor completes all sections of an Asthma Action Plan at enrolment and reviews it annually.
- Notifying the school staff in writing of any updates or changes to the Asthma Action Plan during the year.
- Consulting with school staff regarding their child's health and safety, and the management of the student's asthma while at school.
- Communicating any relevant information or concerns with staff as needed, such as if asthma symptoms were present during the night.
- Providing an adequate supply of current, clearly labeled medication (reliever) and a spacer device with the child's name and expiry date.
- Familiarising themselves with this policy.

School's Responsibility

Silver Tree staff are responsible for:

- Requesting student health information at the time of enrolment and annually thereafter.
- Ensuring Student Asthma Records are easily accessible to teachers and distributed to relevant staff as per *Appendix A – Flowchart for the distribution of student health care information*.
- Promptly informing parents/guardians of any concerns about Asthma limiting a student's ability to participate fully in all activities.
- Requesting updated medical information from parents after their child has suffered an asthma flare up.
- Ensuring this policy is available to all parents and providing families with the contact details for the Asthma Foundation should further information be required.
- Encouraging children of appropriate age to self-manage their Asthma, including using their reliever medication as soon as symptoms develop.
- Displaying Asthma First Aid posters in key locations.
- Ensuring there are enough Asthma Emergency Kits for use at the school, checking medication is current and the spacer device and mask (if necessary) are ready to use.
- Providing a mobile Asthma Emergency Kit for use during activities offsite.
- Identifying, and where possible, minimising asthma triggers as defined in students' *Asthma Action Plans*.
- Maintaining current Asthma First Aid Training and attending annual refresher courses.

Student Asthma Records

All students with asthma should have a written Asthma Action Plan (see Appendix B) completed by the student's doctor. An Asthma Action Plan template is available on the school website and from Reception.

The following information should be on record and 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.
- 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. *Respiratory Care 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.
- 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.
- **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 general 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:

ASTHMA FIRST AID

Blue/Grey Reliever

Aiomir, Asmol, Ventolin or Zempreon and Bricanyl

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

DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)

1

SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not leave** them alone

2

GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

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

If using Bricanyl (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until **2 separate inhalations** have been taken

If you don't have a spacer handy in an emergency, 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 breathing does not return to normal, give **4 more separate puffs** of reliever as above

Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4

DIAL TRIPLE ZERO (000)

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

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

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- 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.

- 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.
- If the emergency results in a notifiable incident, follow the reporting procedure for 'Reportable Incidents' as per 'STSS Critical Incidents and Emergency Management Procedure'.

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

- Commence Asthma First Aid (see previous page).
- 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.

Location of Asthma Emergency Kits

Asthma Emergency Kits are located as follows:

- 1st Aid area of Reception.
- Each classroom, kindergarten and playgroup building.
- In each 1st Aid backpack, to be taken on camps, excursions and bushwalks.
- In the Village backpack which is located outside of Class 4.

Each Asthma Emergency Kit will contain:

- Two new spacers.
- Blue reliever medication.
- Log to record kit use.
- Asthma First Aid instructions.

The Receptionist and Administration Officer are responsible for maintaining all Asthma Emergency Kits.

Useful Resources

- **Asthma Australia** <https://asthma.org.au/>
- **Respiratory Care WA (formerly Asthma WA)** <https://asthmawa.org.au/>
- **National Asthma Council Australia** <https://www.nationalasthma.org.au/>
- **Children's Respiratory Hub:** Asthma can be difficult to diagnose and optimise in children, and sometimes requires several appointments bridging different health professionals across hospital and community services. Families need to take time off school and work, deal with waiting lists, and sometimes travel to and from hospital clinics.

Respiratory Care WA's Children's Respiratory Hub is bulk-billed and aims to alleviate some of this stress and expense. It provides lung function testing, immediate analysis and review by a respiratory specialist, and consultation with a Respiratory Care WA Respiratory Health Nurse all in the one appointment and location.

The service is available for children aged 4-18 years old with a referral from your GP. For further information about this service or how to refer, please phone [\(08\) 9289 3600](tel:0892893600).

References

AISWA – Asthma Care for Students Guidelines

Available: <https://www.ais.wa.edu.au/policy-and-procedure-guidelines>

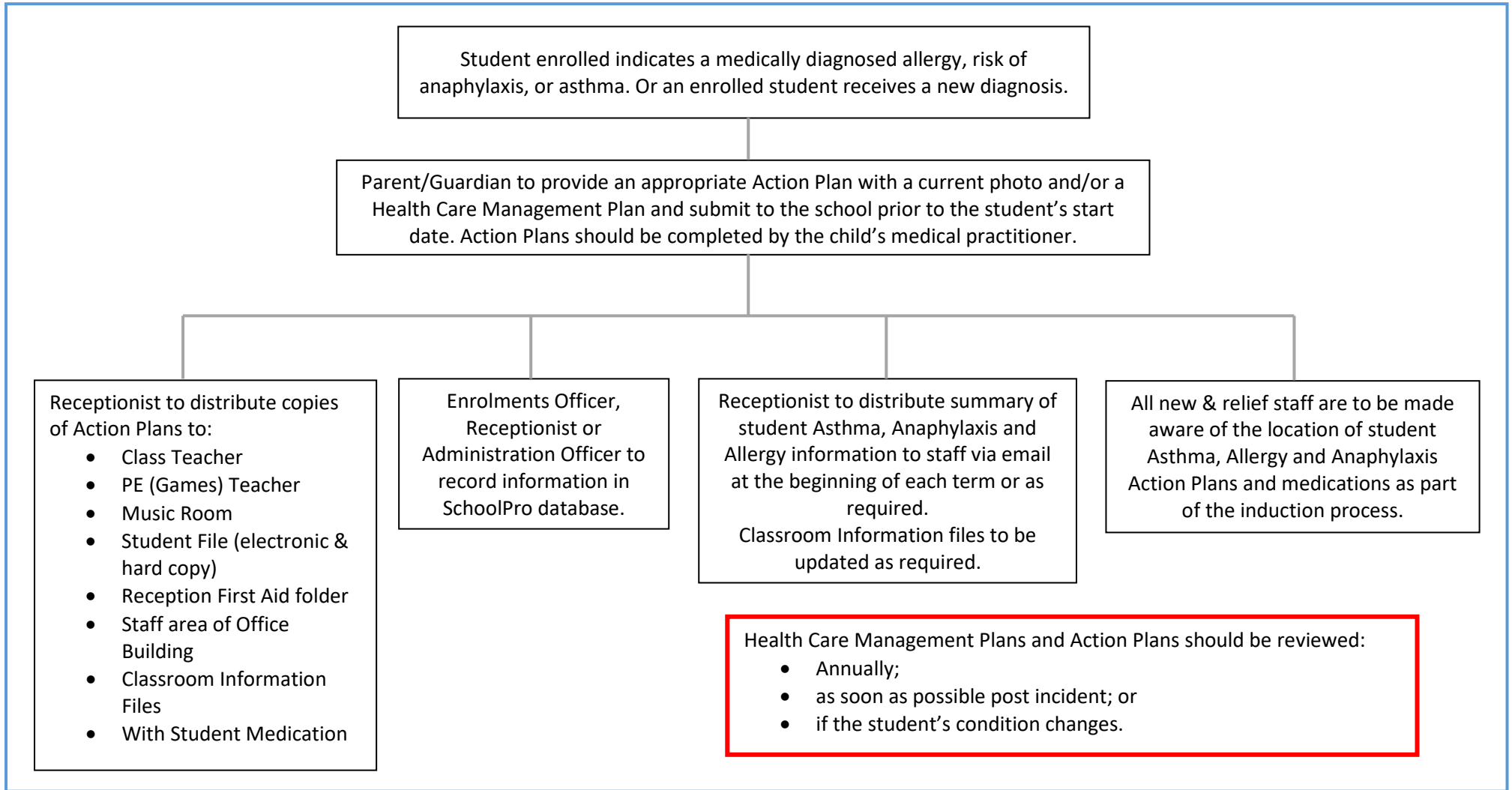
Respiratory Care WA

Available: www.asthmawa.org.au

Asthma Australia

Available: www.asthma.org.au

Appendix A – Flow Chart for the distribution of student healthcare information



Appendix B – Asthma Action Plan

(Please note: plan is 2 pages)

ASTHMA ACTION PLAN

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

ACTION PLAN FOR Name _____ Date _____ Next asthma check-up due _____	DOCTOR'S CONTACT DETAILS Name _____ Phone _____	EMERGENCY CONTACT DETAILS Name _____ Phone _____ Relationship _____
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😊 WHEN WELL

Asthma under control (almost no symptoms) **ALWAYS CARRY YOUR RELIEVER WITH YOU**

Peak flow* (if used) above: _____

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

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)

Peak flow* (if used) between _____ and _____

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

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

😱 IF SYMPTOMS WORSEN

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

Peak flow* (if used) between _____ and _____

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


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)

DIAL 000 FOR AMBULANCE

Peak flow (if used) below: _____
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
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.

nationalesthma.org.au

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