SILVER TREE
STEINER SCHOOL

Asthma Care Policy

2026

This policy applies to: Staff and Students

AUTHORISED BY:	Head of School
VERSION:	Version 9
DATE:	August 2026
REVIEW:	August 2028

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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.

Aim

To provide a safe, inclusive and supportive learning environment for students with asthma, enabling them to participate fully in all aspects of school life.

Objectives

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

- Ensure all students with asthma are identified and supported through appropriate asthma management plans and reasonable adjustments where required.
- Ensure staff are trained to recognise and respond appropriately to asthma symptoms, asthma attacks and other breathing difficulties.
- Maintain effective emergency response procedures to support students experiencing an asthma-related emergency, regardless of whether they have a known asthma diagnosis.
- Promote collaboration and communication between the school, parents/carers, students and healthcare providers to support effective asthma management.
- Minimise exposure to known asthma triggers within the school environment where reasonably practicable.
- Support students with asthma to participate safely and fully in all aspects of school life, including classroom activities, excursions, camps and sporting events.
- Ensure appropriate asthma first aid equipment and medication are accessible and maintained in accordance with relevant guidelines

The following guidelines set out the roles, responsibilities and procedures that support the effective management of asthma and ensure a coordinated response to asthma-related needs and emergencies.

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 or diagnosis 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

The school is 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, ensuring appropriately trained staff are also present.
- Identifying, and where possible, minimising asthma triggers as defined in students' *Asthma Action Plans* and *Health Care Management Plans*.
- Ensuring staff maintain current asthma management training and attend annual refresher courses.
- Assisting students experiencing asthma symptoms or an asthma emergency, within the scope of their training.

- Including familiarisation with the Asthma Care Policy in the induction of new staff.

Student Asthma Records

All students with asthma should have a written Asthma Action Plan (see Appendix B) completed by the student's doctor, along with a Health Care Management Plan. Templates are available on the school website and from Reception.

The following information should be on record and reviewed/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.

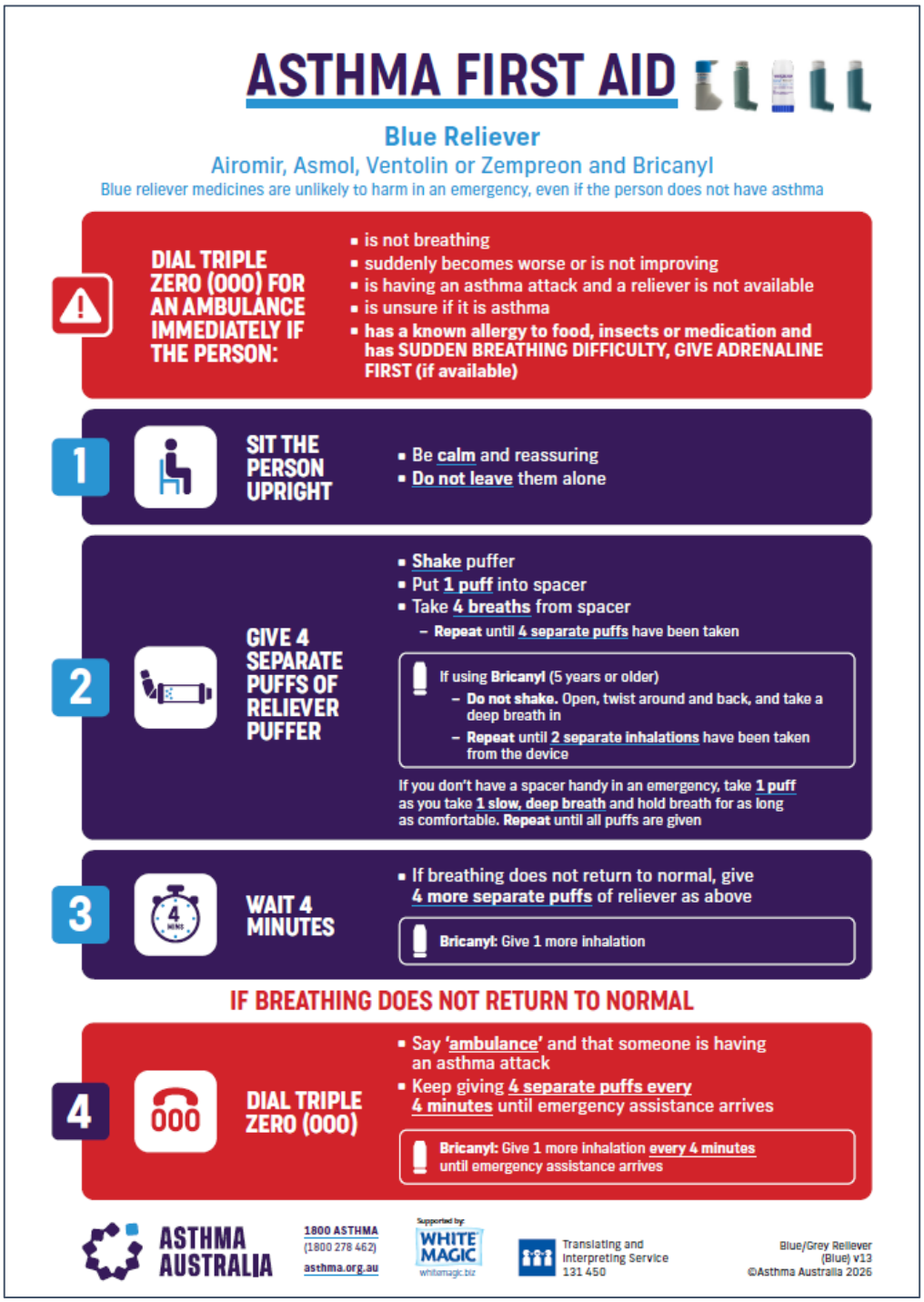
If a person has difficulty breathing and is not known to have asthma, call an ambulance immediately and follow the general Asthma Medical Emergency Plan. No harm is likely to result from giving a blue reliever puffer.

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:



- 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

- Accompany the student to Reception for immediate treatment if an emergency asthma kit is not available at your location.
- 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

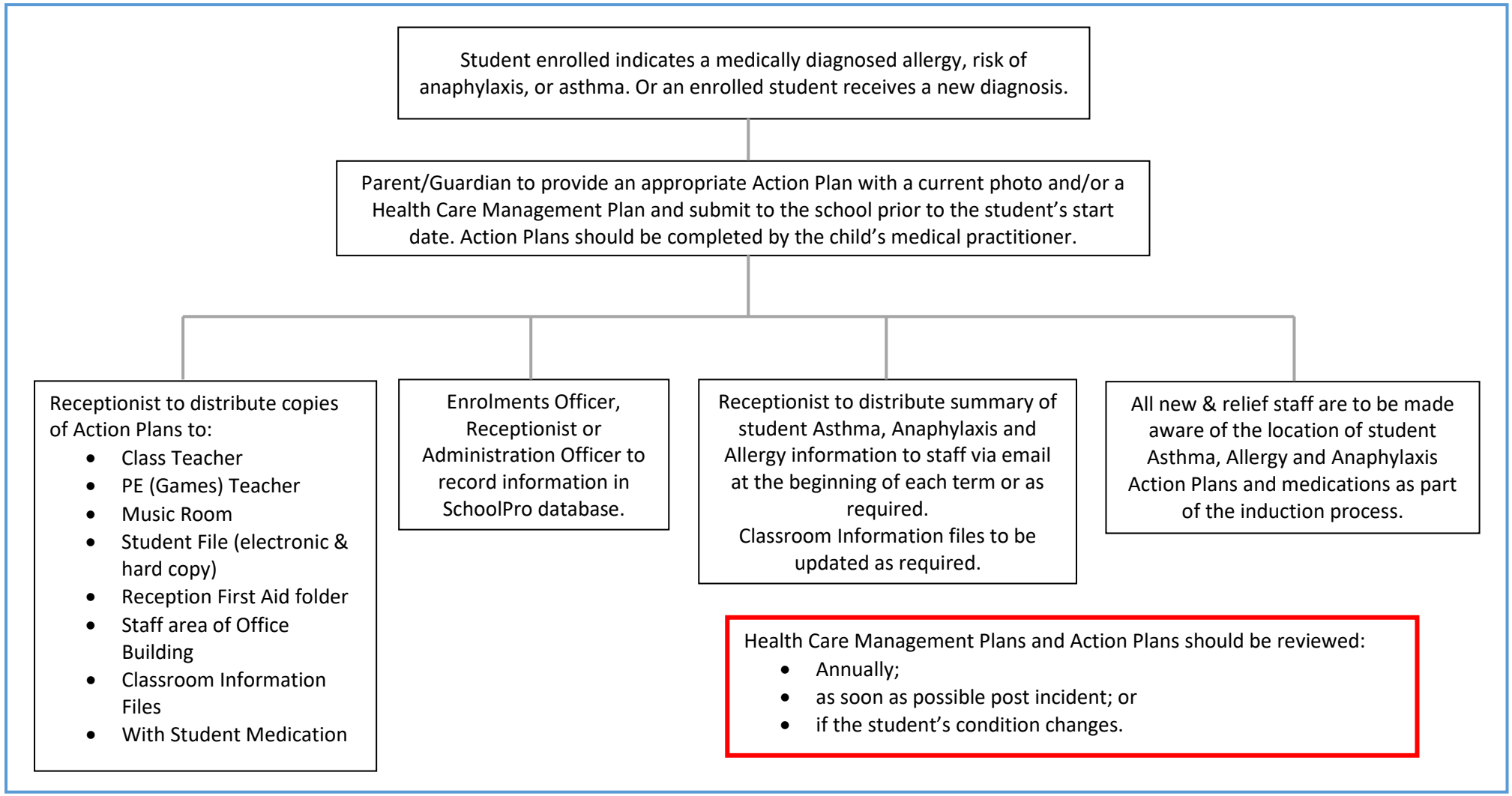
- **Asthma Australia** asthma.org.au/
- **Respiratory Care WA (formerly Asthma WA)** https://respiratorycarewa.org.au/
- **National Asthma Council Australia** https://www.nationalasthma.org.au/
- **Children's Respiratory Hub:** Asthma can be difficult to diagnose and optimise in children, and sometimes 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.

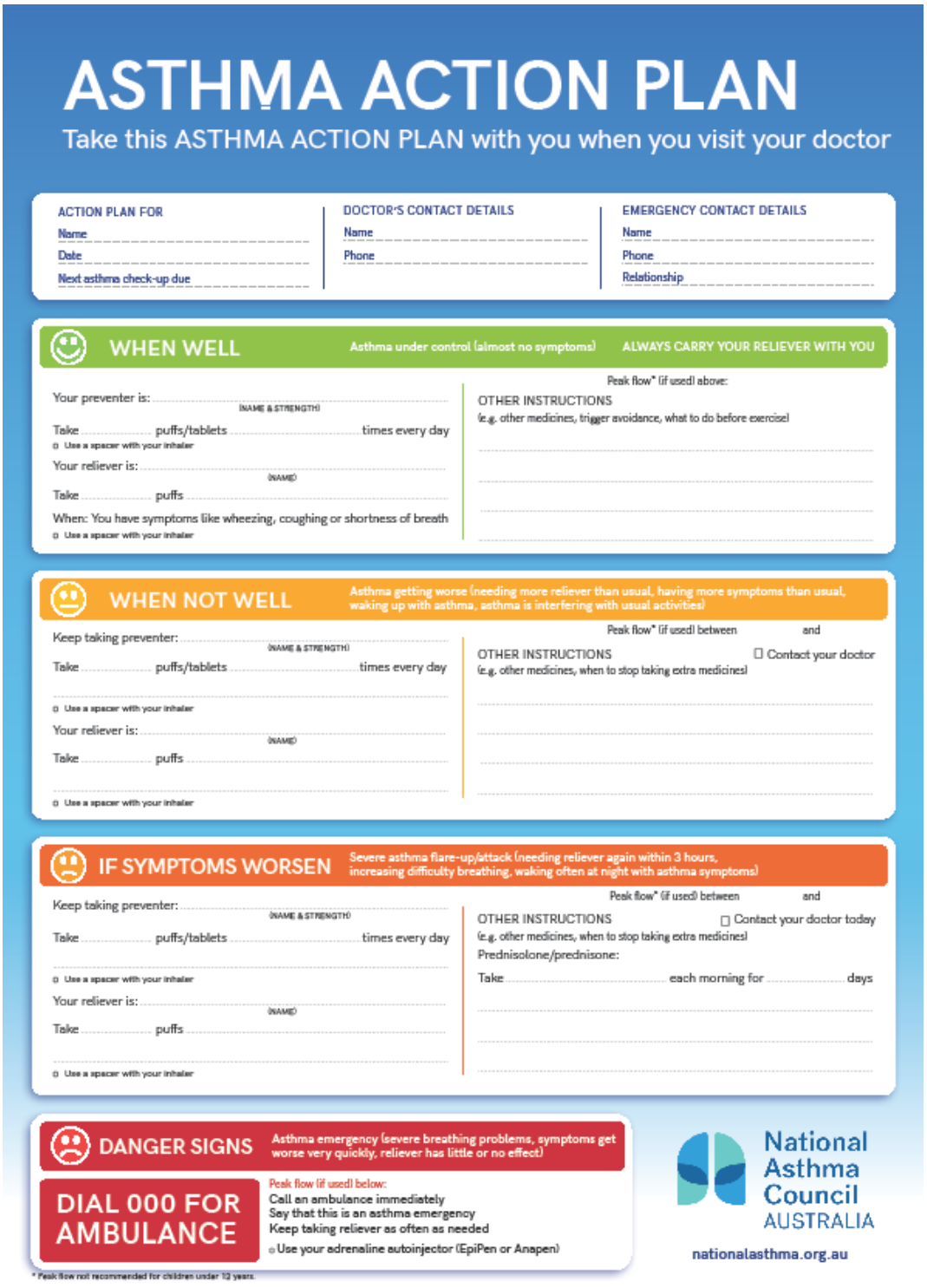
The service is available for children aged 4-18 years old with a referral from your GP. For further information about this service or how to refer, please phone (08) 9289 3600.

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

WHEN WELL
Asthma under control (almost 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 WORSEN
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)

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)

* Peak flow not recommended for children under 12 years.

National Asthma Council AUSTRALIA
nationalasthma.org.au

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

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