



WOODLEIGHschool

# ASTHMA POLICY

POLICY CATEGORY: STUDENT DUTY OF CARE

STATUS: APPROVED

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# 1. POLICY STATEMENT

## 1.1. Purpose

Asthma affects around 10 per cent of Australian children and is one of the most common reasons for school absenteeism and hospital admission in school-aged children.

Asthma attacks must be identified quickly and treated correctly to ensure the best outcome for students affected. Teachers and staff must be aware of the symptoms, triggers and best practice management of asthma so they can assist their asthmatic students while at the School.

## 1.2. Scope

This policy applies to all Woodleigh staff and Board Directors.

This Policy and Procedures applies to all physical and online environments used by the School and applies to all School activities during and outside of school hours. This includes School activities that are occurring on school campus, offsite, online, extracurricular, sport activities and programs, excursions, camps, interstate and overseas travel.

## 1.3. Legal Obligation

The Victorian Registration Standards require that the School must ensure that the care, safety and welfare of all students attending the school is in accordance with any applicable State and Commonwealth laws, and that all staff are advised of their obligations under those laws.

All 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. The keys to prevention of an asthma attack is knowledge of the student who has been diagnosed with asthma, awareness of asthma triggers, and prevention of exposure to those triggers. Partnerships between schools and parents/carers are important in helping the student avoid an asthma attack.

Asthma also falls within the definition of disability for the purposes of both the Equal Opportunity Act 2010 (Vic) and the Disability Discrimination Act 1992 (Cth). This means that schools must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with asthma. Refer to Disability Discrimination.

# 2. RESPONSIBILITIES

<b>Principal</b>	The Principal has overall responsibility for owning and championing the implementation of this policy, including ensuring that the School annually reviews this policy.
<b>School Leadership</b>	School Leadership has a role to apply the principles of the policy to their role, to support the implementation of the policy and to contribute to updates.
<b>Deputy Principals and Heads of Campus</b>	<p>Deputy Principles and Heads of Campus must:</p> <ul style="list-style-type: none"><li>• ensure that there are sufficient numbers of trained staff available to supervise students diagnosed with asthma while they are under the care or supervision of the School, including during excursions, yard duty, camps and special event days.</li><li>• ensure that there are procedures in place for providing information to volunteers and casual relief staff at their campus, about students diagnosed with asthma and their role in responding to a student having an asthma attack in their care</li><li>• encourage ongoing communication between parents/carers and School staff about the current status of the student's asthma, the School's policies and their implementation</li><li>• raise student awareness about asthma and the importance of their role in fostering a School environment that is safe and supportive for their peers.</li></ul>

<b>School Nurse</b>	<p>The School Nurse provides support and guidance with the implementation of this policy. Their role is to:</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• ensure that parents of students with severe asthma provide an Asthma Action Plan and raise concerns with the relevant Head of Campus if this doesn't occur.</li> <li>• work with parents/carers of all students with an asthma diagnosis and encourage them to provide an Asthma Action Plan</li> <li>• encourage parents/carers to 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.</li> <li>• arrange the purchase and maintainance of asthma equipment in accordance with this policy.</li> </ul>
<b>All staff</b>	<p>All staff must:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• be familiar with the School's asthma management policy</li> <li>• be familiar with Asthma First Aid Plan</li> <li>• know the students with asthma in their care</li> <li>• know where the Asthma Kits are in the School</li> <li>• know how to implement First Aid treatment in the event of an asthma attack</li> <li>• know how to access students' Asthma Action Plans as required</li> <li>• know asthma triggers and how to recognise asthma symptoms</li> <li>• know that use of a spacer with a puffer is more effective than puffer alone</li> <li>• know that asthma puffers have an expiry date and to check asthma puffers regularly</li> <li>• be aware of the possibility of hidden triggers in art supplies, traces of triggers when using items such as paint cleaning chemicals in art or food additives in cooking classes, or students being at risk of an asthma attack when they experience extreme emotions induced at School (e.g. stress during exams)</li> </ul>
<b>Parents</b>	<p>Parents/carers of students diagnosed with asthma should:</p> <ul style="list-style-type: none"> <li>• inform the School in writing (electronical communication preferred) either at enrolment or diagnosis, of the student's asthma</li> <li>• obtain and provide the School with an Asthma Action Plan, and any medications to be administered, and other emergency procedures</li> <li>• inform School staff in writing of any changes to the student's medical condition and, if necessary, provide an updated Asthma Action Plan</li> <li>• provide the School with reliever medication and spacer device, where the medication is administered by a puffer, that are current and not expired</li> <li>• replace the student's reliever medication as needed, before their expiry date or when used</li> </ul>

### 3. DEFINITIONS

<b>Asthma</b>	Asthma is a long-term lung condition which can be controlled but cannot currently be cured. People with asthma have sensitive airways. These airways are more likely to react to triggers. The lining of the airways is thicker and inflamed. When a person with asthma has an asthma flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow, and there is more mucus. This makes it hard to breathe.
<b>Asthma Flare-up</b>	An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack. Any person with asthma can have an asthma flare-up.
<b>Asthma Triggers</b>	<p>A trigger is something that can set off a person's asthma symptoms. Every person with asthma has different triggers.</p> <p>Common triggers include but are not limited to:</p> <ul style="list-style-type: none"><li>• Colds and flu</li><li>• Smoke (cigarette, wood fires, bushfires)</li><li>• Inhaled allergens such as dust, pollen</li><li>• Chemicals</li><li>• Changes in temperature and weather</li><li>• Emotions – laughter or stress</li><li>• Some medications</li><li>• Some food chemicals and additives</li><li>• Exercise</li></ul>

## 4. POLICY

The following sections outline the elements of this policy:

### 4.1 Statement

Woodleigh School is committed to supporting students who suffer from asthma and assisting them to participate in all School activities. It is our policy that:

- we provide, as far as practicable, a safe and supportive environment in which students diagnosed with asthma can participate equally in all aspects of the schooling
- we provide a clear set of guidelines for the management of asthma in our School. The guidelines in this Policy have been developed having regard to the publications of Asthma Australia and the National Asthma Council of Australia.
- we establish procedures for responding to and dealing with students who have been diagnosed with asthma and procedures for responding to an asthma attack
- each student diagnosed with severe asthma must have a written Asthma Action Plan
- parents of students with asthma are encouraged to provide a written Asthma Action Plan
- we aim to minimise, as reasonably possible, asthma triggers identified on a student's Action Plan
- student medical records and Asthma Action Plans are communicated to relevant staff in a confidential manner, stored appropriately and updated yearly
- where possible, we encourage students with asthma to self-administer medication and keep it on their person at all times
- we inform parents/carers as soon as possible of concerns regarding a student's asthma, particularly where it is limiting the student's ability to participate fully in all activities
- where necessary, we modify activities for the student with asthma in accordance with their needs
- we provide information and resources for staff, parents/carers, students and the wider School community on asthma awareness
- we place Asthma Kits – spacer devices, reliever medication and Asthma First Aid Action Plans – in appropriate areas within the School and ensure staff know where to access them
- teaching and student support staff are trained to provide Asthma First Aid and how to use the equipment and medication in our Asthma Kits
- we display emergency Asthma First Aid posters in key locations around the School.

### 4.2 How to Recognise an Asthma Attack

The symptoms of asthma depend on whether the attack is mild/moderate, severe or life-threatening:

Mild/Moderate Attack: Symptoms include:

- coughing
- soft wheezing
- minor trouble breathing.

A student experiencing a Mild/Moderate Attack should still be able to walk/move around and talk in full sentences.

Severe Attack: Symptoms include:

- persistent coughing
- loud wheezing
- obvious difficulty breathing
- inability to speak a full sentence in one breath
- tugging in of the skin between the ribs or at the base of the neck
- reliever medication not lasting as long as usual.

**You should call 000 and commence Asthma First Aid if a student is experiencing severe attack symptoms.**

Life-threatening Attack: Symptoms include:

- wheezing/coughing may be absent
- confused or exhausted
- unable to speak one or two words per breathe
- turning blue
- gasping for breath
- collapsing
- not responding to reliever medication.

**You should call 000 and commence Asthma First Aid if a student is experiencing life-threatening attack symptoms.**

**Whether or not the student is known to have asthma, no harm is likely to result from giving reliever medication to someone without asthma.**

If you think a student may be having an asthma attack, give blue/grey reliever medication as described in the Asthma First Aid Plan. Call 000 if:

- the student is showing symptoms of a severe or life-threatening asthma attack
- the student is not breathing
- the student's asthma suddenly becomes worse or is not improving
- the student is having an asthma attack and a reliever is not accessible
- you are not sure if the student has asthma or they are known to have Anaphylaxis.

#### **4.3 Recognising Symptoms of Poorly Controlled Asthma**

Students with well controlled asthma have few regular asthma symptoms and very few flare-ups. The following symptoms may indicate that a student's asthma is poorly controlled, however, symptoms will vary from student to student:

- frequent absenteeism from school due to asthma
- students regularly use their reliever medication more than two times per week to ease asthma symptoms
- tiredness/poor concentration
- student is unable to exercise or play sport due to asthma

If you recognise a student who may have poorly controlled asthma, inform the School Nurse so they can advise parents.

#### **4.4 Asthma Management Procedures**

Woodleigh School has developed the following work practices and procedures for managing asthma.

##### **4.4.1 Asthma First Aid Plan**

In an asthma emergency follow the student's Asthma Action Plan (if easily accessible) or the Asthma First Aid Plan. Refer next page. Seek help from the School Nurse or First Aid Centre staff as soon as possible.

If the student doesn't have a plan or the plan is not easily accessible, staff should endeavour to follow the Asthma First Aid procedures outlined below. School staff may contact Triple Zero (000) at any time.

Sit the person upright

- Be calm and reassuring
- Do not leave them alone
- Seek assistance from another staff member or reliable student to locate the student's reliever, the Asthma Kit and the student's Asthma Care Plan (if available).


If the student's action plan is not immediately available, use the Asthma First Aid as per the following page.

# ASTHMA FIRST AID

## Blue/Grey Reliever

Airomir, 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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If asthma is relieved after administering Asthma First Aid, stop the treatment and observe the student. Notify the student's emergency contact person and record the incident.

Call Triple Zero ("000") immediately if:

- the person is not breathing
- if the person's asthma suddenly becomes worse or is not improving
- if the person is having an asthma attack and a reliever is not available
- if they are not sure if it is asthma
- if the person is known to have anaphylaxis



#### 4.4.2 Maintenance of Medical Records

Parents/carers are requested to notify Woodleigh of all medical conditions including asthma, as well as any medication that a student is required to take on an ongoing basis. Student medical records are accessed via systems such as Operoo or Consent2go and maintained on the main school database, TASS. Parents need to ensure that the School is updated as to the status of existing medical conditions including asthma.

#### 4.4.3 Asthma Action Plan

An Asthma Action Plan is a written set of instructions which may be prepared in partnership with the student's doctor that helps students to manage their asthma at different times.

It is recommended that the student's Asthma Action Plan include:

- known triggers
- a list of their usual asthma and other medications, including doses and administration times
- instructions on what to do when the asthma gets worse (including when to take extra doses or extra medicines, and when to contact a doctor or go to the emergency department)
- what to do in an asthma emergency
- the name of their doctor or other health professional that assisted in developing the plan.

Early attention to worsening asthma may prevent students from having a severe or life-threatening attack. Staff should encourage the parents/carers of students to ask their doctor for a written Asthma Action Plan. Best practice is for every student with asthma there should be a written Asthma Action Plan provided to the School. A student's Asthma Action Plan must be completed by the student's doctor in consultation with their parents/guardians. Parents should ensure that the Asthma Action Plan is updated yearly.

Action Plans are communicated to relevant staff via systems such as TASS, SEQTA, Toddle, Operoo and Consent2go. In an asthma emergency, the student's Action Plan must be followed if it is easily accessible.

To assist staff in identifying asthma signs and symptoms, including their severity and action to be taken, Asthma Australia and the National Asthma Council have developed preferred Action Plans for use in schools. Refer to Appendices as below.

- Puffer and Spacer Asthma Action Plan – Appendix 2
- Bricanyl Turbuhaler Asthma Action Plan – Appendix 3
- Symbicort Turbuhaler Asthma Action Plan – Appendix 4
- Symbicort Rapihaler Asthma Action Plan – Appendix 5

These Action Plan Templates are designed to complement, rather than replace, the student's Asthma Management Plan. While any written Action Plan in use by a student and communicated to the School will be sufficient for the School's asthma management procedures, the School may request that the student provides a completed Asthma Action Plan using one of the templates from the list above.

#### 4.4.4 Bushfire Preparation

During periods when students are considered to be in a "high-risk bushfire zone", staff should ensure that each student with asthma:

- has a reliever on their persons at all times
- has their asthma action plan and spare medication stored in a location that is easily accessible should evacuation be required.

#### 4.4.5 Administering Prescribed Medication

Parents/carers of students who require prescribed asthma medication to be administered during school hours must notify the School of this requirement and collaborate with the School to work out arrangements for supply, administration and storage of the prescribed medication.

Students who have been diagnosed with asthma should carry their blue/grey reliever medication at all times while at the School in case they need to use it, particularly for an asthma emergency.

The regular use of the blue/grey reliever medication more than two days a week may be a sign that the asthma is not being well managed. Staff members should be alert for such usage and should inform parents as soon as possible of concerns regarding the student's health care.

#### **4.4.6 Asthma Kits**

An Asthma Kit contains:

- at least two disposable spacers (e.g. Lite Aire®)
- an in-date reliever medication
- alcohol swabs
- instructions on how to use asthma relievers and spacer devices
- steps to be taken in treating an asthma attack

Woodleigh School keeps Asthma Kits in the following locations:

- First Aid Centre/Area
- School Gyms and at Senior Campus - the Farm
- Yard Duty Bags

#### **4.4.7 Exercise Induced Attack**

Exercise is important for health and development. Students with asthma should be encouraged to be active. With good management, most students with asthma can exercise normally. Any sporting activity (except SCUBA diving) is suitable for students with asthma.

School staff need to be particularly alert for asthma symptoms when students are participating in sports carnivals or endurance events (e.g. cross country). Asthma Kits will be made available if required.

The following guidelines have been developed using the Fact Sheet produced by Asthma Australia for dealing with Exercise Induced Bronchoconstriction (EIB) (formerly known as Exercise Induced Asthma).

EIB is temporary narrowing of the lower airways, occurring after vigorous exercise. While EIB can occur without asthma, up to 90 per cent of people with asthma experience EIB.

##### **Before Exercise:**

Students who suffer from EIB should exercise in a warm and humid environment wherever possible, and avoid environments with high levels of allergens, pollution, irritant gases or airborne particles.

Students should also:

- use their blue/grey reliever or doctor recommended medication 5-20 minutes before exercising
- always warm up before exercise or activity
- always carry or have their reliever medication close by in case it is needed.

During Exercise students should:

- breathe through their nose to help warm and humidify the air (or use a mask to filter the air)
- if symptoms occur stop activity and take blue/grey reliever or doctor recommended medication
- return to activity only if free of symptoms
- if symptoms reoccur, take blue/grey reliever or doctor recommended medication and do not return to activity.

After Exercise students should:

- always cool down after exercising, and be alert for asthma symptom
- breathe through their nose, covering their mouth in cold or dry weather.

Exercise should only be avoided when the student is unwell or when symptoms of asthma are present. Always notify parents/carers of any asthma incident.

#### 4.4.8 Bushfire Smoke Induced Attack

Bushfire smoke produces fine particulate matter that can exacerbate asthma and trigger symptoms, such as wheezing, breathlessness, coughing or chest tightness. During periods of bushfire, staff should regularly check air quality information. Air quality is measured using the Air Quality Index (AQI), which standardises the measurement of the presence of certain gases and particulate matter (including those produced by bushfire smoke) in the air. The AQI can assist in determining appropriate control measures to reduce the risk of an asthma attack, including adjusting the level of or cancelling outdoor activities.

The following table shows AQI categories and the correlating acceptable level of activity:

AQI	Category	What does this mean?
0-33	Very Good	Enjoy normal activities.
34-66	Good	Enjoy normal activities.
67-99	Fair	People unusually sensitive* to air pollution should reduce or reschedule strenuous outdoor activities.
100-149	Poor	Sensitive groups** should reduce or reschedule strenuous outdoor activities.
150-199	Very Poor	Sensitive groups should avoid strenuous outdoor activities.
200+	Hazardous	Sensitive groups should avoid all outdoor activities.

\* There is no definition for “unusually sensitive” but is likely to include children with asthma

\*\* Sensitive groups include all children

It is important to be aware that bushfire smoke and debris can linger long after the actual bushfire has subsided. Winds can also carry smoke and debris to areas not directly affected by bushfires.

Students should stay indoors with windows closed and vents blocked if hazard-reduction burns or bushfire smoke is in the school area and avoid physical activity on high-pollution days or if smoke is in the air.

#### 4.4.9 Thunderstorm

“Thunderstorm asthma” is an asthma event triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm that sweeps up pollen grains from grasses and carries it a long distance. Thunderstorm asthmas can be very serious for people with asthma.

The School 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.

### 4.5 Asthma Communication Plan

The School’s communication plan includes the following information:

- strategies for how to respond to an asthma attack during normal School activities
- strategies for how to respond to an asthma attack during off-site or out of School activities
- procedures to inform volunteers and casual relief staff on arrival at the School of students diagnosed with asthma, and if they are caring for a student diagnosed with asthma, the potential of and their role in responding to an asthma attack

Refer to Appendix 6 for the Communication Plan.

## 4.6 Staff Training

Woodleigh will conduct an annual briefing for staff on:

- the causes, symptoms and treatment of asthma
- identities of the students diagnosed with severe asthma
- how to use a puffer and spacer
- the location of the Asthma Kits and students' asthma information

All teaching staff and student support staff and any other staff identified by the Principal, are required to attend the annual briefing and complete first aid training, which includes training on asthma, every 3 years.

Volunteers, external sport coaches and casual relief staff who may be responsible for the supervision of students will be informed of students at risk of asthma and their role in responding to an asthma medical incident. They will be advised of the school's general first aid and emergency response procedures.

## 4.7 Risk Minimisation Strategies

The minimisation of the risk of a severe/life-threatening asthma attack is everyone's responsibility, including the Principal, all staff, parents/carers, students and the broader School community.

The School may employ all or some of the following prevention strategies that are designed to minimise the risk of a severe/life-threatening asthma attack. Staff should determine which strategies are appropriate after consideration of factors such as the:

- age of the student at risk
- facilities and activities available at the School
- general School environment
- likelihood of a student's exposure to the relevant trigger/s while at School.

### Risk Minimisation Strategies

#### In the Classroom

- teachers should ensure that they are aware of the identity of any students who are diagnosed with asthma and be familiar with the student's Asthma Action Plan, which should be readily accessible
- teachers should be familiar with the locations of staff who are trained to deal with an asthma attack
- carpets and curtains should be cleaned regularly and as possible, out of hours to limit dust
- if fans, air conditioning and heaters have not been used for a long period, they should be turned on for the first time out of hours
- teachers should ensure that they are aware of the importance of not providing students, whose asthma is triggered by certain medications, with that medication

#### In the School Yard

- staff trained to provide an emergency response to asthma attacks should be readily available during non-class times (e.g. recess and lunch)
- each student's reliever medication or a generic reliever medication and any parent provided Asthma Action Plan should be easily accessible
- staff on duty need to be able to communicate that there is an asthma emergency without leaving the child experiencing the asthma attack unattended

#### In the Canteen

- in the event we use an external/contracted food service provider, the provider should be able to demonstrate training in food allergen management and its implications on food-handling practices, including knowledge of the major food triggers triggering asthma

#### During Off-site Excursions

- the student's reliever medication or a generic reliever medication, any parent provided Asthma Action Plan and means of contacting emergency assistance must be taken or accessible on the excursion
- one or more staff members who have been trained in the administration of reliever medication and responding to an asthma attack must accompany the student on excursions.
- All staff present need to be aware if there is a student diagnosed with asthma

#### During Camps and Remote Settings

- parents should provide enough medication (including preventer medication) for the student to last the period of the camp
- the student's reliever medication or a generic reliever medication, along with any parent provided Asthma Action Plan and a mobile phone must be taken on camp
- a team of staff who have been trained in the recognition of asthma and the administration of reliever medication should accompany the student on camp. However, all staff present need to be aware if there is a student diagnosed with asthma
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an asthma attack
- an appropriate number of Asthma Emergency Kits should be taken on a camp, even if there is no student diagnosed with asthma, in case of an emergency
- reliever medication should remain close to students with asthma and staff must be aware of its location at all times. It may be carried in the School's first aid kit, although the School can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own reliever medication.

#### Colds and Flu

- The School encourages staff, parents/carers and students to not attend School when they have a cold or flu.
- Students are encouraged to cover their mouth when sneezing or coughing and to wash their hands regularly.

#### Moulds

- Bathrooms and wet rooms will be cleaned regularly and aired to dry any moisture in the air.
- Any rugs, leaves or fabric that contain mould or mildew should be removed and disposed of.
- It is recommended that turning on any fans, air conditioning units and/or heaters that have experienced a long period of non-use, should occur out of school hours

### 4.8 Implementation

This Policy is implemented through a combination of:

- staff training
- the availability of asthma kits
- effective incident notification procedures
- effective communication procedures
- allocation of the overall responsibility for this Policy to a senior member of staff
- initiation of corrective actions where necessary.

## 5. POLICY COMPLIANCE

Woodleigh School enforces this Policy and its Procedures. In the event of any non-compliance, we will instigate a review that may result in a range of measures including (depending on the severity of the breach):

- remedial education
- counselling
- increased supervision
- the restriction of duties
- suspension
- in the case of serious breaches, termination of employment, contract or engagement.

All breaches, near misses and risks related to this policy should be reported to the Deputy Principal - Community, Culture and Student Experiences or the Principal.

Compliance with this policy will be monitored by the Principal and the Deputy Principal - Community, Culture and Student Experiences and this may include independent audits and reviews.

## 6. RELATED POLICIES, PROCEDURES AND LEGISLATION

### 6.1 Woodleigh School policy and procedure linkage

- Anaphylaxis Policy
- Allergy Policy
- Medication Policy
- First Aid Policy

Further information on this policy can be obtained from: Deputy Principal - Community, Culture and Student Experiences

### 6.2 Policy access

Staff can access this policy via Policy Hub. The policy will be publically available on the School's website. Hard copies can be provided on request.

## 7. POLICY APPROVAL STATUS

REVIEW CYCLE	POLICY REFERENCE	OWNER	APPROVED BY
Annual	SDC - 03	Deputy Principal: Culture, Community and Student Experiences	Policy and Risk Committee
VERSION	LOCATION	DATE APPROVED	NEXT REVIEW DATE
Version 3-1	WS Policy and Procedure TEAM > Policies > Student Duty of Care	20/11/2025	Term 4 2026

## 8. APPENDICES

### Appendix 1: Asthma First Aid Plan

# ASTHMA FIRST AID

## Blue/Grey Reliever

Airomir, 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), even if there are no skin changes, then use a reliever

**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 puffs** have been taken



If using **Bricanyl**, give 2 separate inhalations (5 years or older)

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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## Appendix 2: Puffer and Spacer Asthma Action Plan

FOR USE WITH PUFFER AND SPACER

# ASTHMA ACTION PLAN



### VICTORIAN SCHOOLS

Student's name:

DOB:

Confirmed triggers:

PHOTO

☐ Child can self-administer if well enough

☐ Child needs to pre-medicate prior to exercise

☐ Face mask needed with spacer

**ALWAYS** give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: ☐ Y ☐ N    Type of adrenaline autoinjector:

### ASTHMA FIRST AID

**For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"**  
**Mild to moderate symptoms do not always present before severe or life-threatening symptoms**

- Sit the person upright**  
Stay with the person and be calm and reassuring
- Give \_\_\_ separate puffs of Airomir, Asmol or Ventolin**  
Shake the puffer before each puff  
Puff 1 puff into the spacer at a time  
Take 4 breaths from spacer between each puff
- Wait 4 minutes**  
If there is no improvement, repeat step 2
- If there is still no improvement call emergency assistance**  
Dial Triple Zero "000"  
Say 'ambulance' and that someone is having an asthma attack  
Keep giving \_\_\_ puffs every 4 minutes until emergency assistance arrives

**Commence CPR at any time if person is unresponsive and not breathing normally.**

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

SIGNS AND SYMPTOMS	MILD TO MODERATE	SEVERE	LIFE-THREATENING
	<ul style="list-style-type: none"> <li>Minor difficulty breathing</li> <li>May have a cough</li> <li>May have a wheeze</li> <li>Other signs to look for:</li> </ul> <div style="background-color: #ccc; height: 80px; width: 100%; margin-top: 5px;"></div>	<ul style="list-style-type: none"> <li>Cannot speak a full sentence</li> <li>Sitting hunched forward</li> <li>Tugging in of skin over chest/throat</li> <li>May have a cough or wheeze</li> <li>Obvious difficulty breathing</li> <li>Lethargic</li> <li>Sore tummy (young children)</li> </ul>	<ul style="list-style-type: none"> <li>Unable to speak or 1-2 words</li> <li>Collapsed/exhausted</li> <li>Gasping for breath</li> <li>May no longer have a cough or wheeze</li> <li>Drowsy/confused/unconscious</li> <li>Skin discolouration (blue lips)</li> </ul>

**Emergency contact name:**

**Work ph:**

**Home ph:**


**Mobile ph:**

**Plan prepared by Dr or Nurse Practitioner:**

**Signed:** I hereby authorise medications specified on this plan to be administered according to the plan

**Date prepared:**

**Date of next review:**



- Place mouthpiece of spacer in mouth and ensure lips seal around it.
- Breathe out gently into the spacer.
- Press down on puffer canister once to fire medication into spacer.
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer).
- Assemble spacer.
- Remove cap from puffer.
- Shake puffer well.
- Attach puffer to end of spacer.

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## Appendix 3: Bricanyl Turbuhaler Asthma Action Plan

FOR USE WITH A BRICANYL TURBUHALER

# ASTHMA ACTION PLAN

## VICTORIAN SCHOOLS

Student's name:

DOB:

Confirmed triggers:

PHOTO

**ASTHMA  
AUSTRALIA**

☐ Child can self-administer if well enough

☐ Child needs to pre-medicate prior to exercise

**ALWAYS** give adrenaline autoinjector **FIRST**, and then asthma reliever **puffer** if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: ☐ Y ☐ N    Type of adrenaline autoinjector:

### ASTHMA FIRST AID

**For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"**

**Mild to moderate symptoms do not always present before severe or life-threatening symptoms**

1. Sit the person upright  
Stay with the person and be calm and reassuring
2. Give  separate doses of Bricanyl  
Breathe in through mouth strongly and deeply  
Remove Turbuhaler from mouth before breathing gently away from the mouthpiece
3. Wait 4 minutes  
If there is no improvement, give  dose of Bricanyl
4. If there is still no improvement call emergency assistance  
Dial Triple Zero "000"  
Say 'ambulance' and that someone is having an asthma attack  
Keep giving  dose(s) of Bricanyl every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

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

SIGNS AND SYMPTOMS	MILD TO MODERATE	SEVERE	LIFE-THREATENING
<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	<ul style="list-style-type: none"> <li>Minor difficulty breathing</li> <li>May have a cough</li> <li>May have a wheeze</li> <li>Other signs to look for:</li> </ul> <div style="border: 1px solid #ccc; height: 50px; width: 100%; margin-top: 5px;"></div>	<ul style="list-style-type: none"> <li>Cannot speak a full sentence</li> <li>Sitting hunched forward</li> <li>Tugging in of skin over chest/throat</li> <li>May have a cough or wheeze</li> <li>Obvious difficulty breathing</li> <li>Lethargic</li> <li>Sore tummy (young children)</li> </ul>	<ul style="list-style-type: none"> <li>Unable to speak or 1-2 words</li> <li>Collapsed/exhausted</li> <li>Gasping for breath</li> <li>May no longer have a cough or wheeze</li> <li>Drowsy/confused/unconscious</li> <li>Skin discolouration (blue lips)</li> </ul>

Emergency contact name:

Work ph:

Home ph:

Mobile ph:

Plan prepared by Dr or Nurse Practitioner:

Signed: I hereby authorise medications specified on this plan to be administered according to the plan.

Date prepared:

Date of next review:

- Unscrew and lift off cap. Hold turbuhaler upright.
- Twist blue base around all the way, and then back all the way.

- Breathe out gently away from turbuhaler.
- Do not breathe in to it.
- Put mouthpiece in mouth ensuring a good seal is formed with lips.
- Breathe in through mouth strongly and deeply. Remove turbuhaler from mouth.
- Hold breath for about 5 seconds or as long as comfortable. Breathe out.

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## Appendix 4: Symbicort Turbuhaler Asthma Action Plan

<p><b>My Symbicort (budesonide/formoterol) Turbuhaler 200/6 Asthma Action Plan</b></p> <p>Anti-inflammatory Reliever With or without Maintenance</p> 			<p>Name: _____</p> <p>Date: _____</p> <p>Plan discussed with: (name of health care professional) _____</p> <p>My usual best peak flow (if used): _____ l/min</p>		<p> National Asthma Council AUSTRALIA</p> <p>Usual Medical Contact: Name and telephone number _____</p>
<p><b>NORMAL MODE</b></p> <p>■ <b>MY SYMBICORT ASTHMA TREATMENT IS:</b></p> <p><input type="checkbox"/> Symbicort Turbuhaler 200/6 mcg</p> <p>■ <b>RELIEVER</b></p> <p>I should take 1 inhalation of my Symbicort whenever needed for relief of my asthma symptoms</p> <p>I should always carry my Symbicort with me to use as a reliever when needed</p> <p>■ <b>MY REGULAR MAINTENANCE TREATMENT EVERY DAY IS :</b> (enter number of inhalations or 0 if no regular daily treatment prescribed)</p> <p>_____ Inhalation(s) in the morning (0, 1, 2)</p> <p>_____ Inhalation(s) in the evening (0, 1, 2)</p> <p>■ <b>MY ASTHMA IS STABLE IF:</b></p> <ul style="list-style-type: none"> <li>I do not wake up at night or in the morning because of asthma</li> <li>My asthma has not interfered with my usual activities (e.g. housework, school, exercise)</li> </ul> <p>OTHER INSTRUCTIONS (e.g. what to do before exercise, when to see my doctor)</p> <p>_____</p>	<p>■ <b>IF OVER A PERIOD OF 2–3 DAYS:</b></p> <ul style="list-style-type: none"> <li>My asthma symptoms are getting worse or not improving</li> <li>OR</li> <li>I am using more than 6 Symbicort reliever inhalations a day</li> <li>OR</li> <li>Peak flow below: _____ (delete if not used)</li> </ul> <p><b>I SHOULD:</b></p> <p>✓ Continue to use my Symbicort to relieve my symptoms and my regular daily Symbicort if prescribed (up to a maximum total of 12 inhalations in a day)</p> <p><input type="checkbox"/> Contact my doctor</p> <p><input type="checkbox"/> Start a course of prednisolone</p> <p><b>COURSE OF PREDNISOLONE TABLETS:</b></p> <p>Take _____ mg prednisolone tablets each morning for _____ days; OR</p> <p>_____</p> <p>■ <b>IF I NEED MORE THAN 12 SYMBICORT INHALATIONS (TOTAL) IN ANY DAY,</b></p> <ul style="list-style-type: none"> <li>I must see my doctor or go to hospital the same day</li> </ul>		<p>■ <b>SIGNS OF AN ASTHMA EMERGENCY</b></p> <ul style="list-style-type: none"> <li>My asthma symptoms are getting worse quickly</li> <li>I am finding it very hard to breathe or speak</li> <li>My Symbicort is not helping</li> </ul> <p><b>IF I HAVE ANY OF THE ABOVE DANGER SIGNS, I SHOULD DIAL 000 FOR AN AMBULANCE AND SAY I AM HAVING A SEVERE ASTHMA ATTACK.</b></p> <p>■ <b>WHILE I AM WAITING FOR THE AMBULANCE:</b></p> <ul style="list-style-type: none"> <li>Sit upright and keep calm</li> <li>I should keep taking my Symbicort as needed</li> <li>If only Ventolin® is available, take 4 puffs as often as needed until help arrives</li> <li>Even if my symptoms appear to settle quickly I should seek medical advice right away</li> <li><input type="checkbox"/> Use my adrenaline autoinjector</li> </ul> <p>OTHER INSTRUCTIONS</p> <p>_____</p>		

## Appendix 5: Symbicort Rapihaler Asthma Action Plan

<p><b>My Symbicort (budesonide/formoterol) Rapihaler 100/3 Asthma Action Plan</b></p> <p>Anti-inflammatory Reliever With or without Maintenance</p> 			<p>Name: _____</p> <p>Date: _____</p> <p>Plan discussed with: (name of health care professional) _____</p> <p>My usual best peak flow (if used): _____ l/min</p>		<p> National Asthma Council AUSTRALIA</p> <p>Usual Medical Contact: Name and telephone number _____</p>
<p><b>NORMAL MODE</b></p> <p>■ <b>MY SYMBICORT ASTHMA TREATMENT IS:</b></p> <p><input type="checkbox"/> Symbicort Rapihaler 100/3 mcg</p> <p><input type="checkbox"/> Use with a spacer</p> <p>■ <b>RELIEVER</b></p> <p>I should take 2 separate puffs (1 at a time) of my Symbicort whenever needed for relief of my asthma symptoms</p> <p>I should always carry my Symbicort with me to use as a reliever when needed</p> <p>■ <b>MY REGULAR MAINTENANCE TREATMENT EVERY DAY IS :</b> (enter number of puffs or 0 if no regular daily treatment prescribed)</p> <p>_____ Puffs in the morning (0, 2, 4)</p> <p>_____ Puffs in the evening (0, 2, 4)</p> <p>■ <b>MY ASTHMA IS STABLE IF:</b></p> <ul style="list-style-type: none"> <li>I do not wake up at night or in the morning because of asthma</li> <li>My asthma has not interfered with my usual activities (e.g. housework, school, exercise)</li> </ul> <p>OTHER INSTRUCTIONS (e.g. what to do before exercise, when to see my doctor)</p> <p>_____</p>	<p>■ <b>IF OVER A PERIOD OF 2–3 DAYS:</b></p> <ul style="list-style-type: none"> <li>My asthma symptoms are getting worse or not improving</li> <li>OR</li> <li>I am using more than 12 Symbicort reliever puffs a day</li> <li>OR</li> <li>Peak flow below: _____ (delete if not used)</li> </ul> <p><b>I SHOULD:</b></p> <p>✓ Continue to use my Symbicort to relieve my symptoms and my regular daily Symbicort (if prescribed) (up to a total maximum of 24 puffs in a day)</p> <p><input type="checkbox"/> Contact my doctor</p> <p><input type="checkbox"/> Start a course of prednisolone</p> <p><b>COURSE OF PREDNISOLONE TABLETS:</b></p> <p>Take _____ mg prednisolone tablets each morning for _____ days; OR</p> <p>_____</p> <p>■ <b>IF I NEED MORE THAN 24 SYMBICORT PUFFS (TOTAL) IN ANY DAY,</b></p> <ul style="list-style-type: none"> <li>I must see my doctor or go to hospital the same day</li> </ul>		<p>■ <b>SIGNS OF AN ASTHMA EMERGENCY</b></p> <ul style="list-style-type: none"> <li>My asthma symptoms are getting worse quickly</li> <li>I am finding it very hard to breathe or speak</li> <li>My Symbicort is not helping</li> </ul> <p><b>IF I HAVE ANY OF THE ABOVE DANGER SIGNS, I SHOULD DIAL 000 FOR AN AMBULANCE AND SAY I AM HAVING A SEVERE ASTHMA ATTACK.</b></p> <p>■ <b>WHILE I AM WAITING FOR THE AMBULANCE:</b></p> <ul style="list-style-type: none"> <li>Sit upright and keep calm</li> <li>I should keep taking my Symbicort as needed</li> <li>If only Ventolin® is available, take 4 puffs as often as needed until help arrives</li> <li>Even if my symptoms appear to settle quickly I should seek medical advice right away</li> <li><input type="checkbox"/> Use my adrenaline autoinjector</li> </ul> <p>OTHER INSTRUCTIONS</p> <p>_____</p>		

## Appendix 6: Asthma Communication Plan

### Asthma Communication Plan

This is a plan to provide information to all staff, students and parents/carers about asthma and the School's Asthma Management Policy.

#### Asthma and Anaphylaxis

Sometimes students experiencing anaphylaxis can present with symptoms like 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.

#### Strategies to Respond to an Asthma Attack During Normal School Activities

In the event of an asthma attack, the procedures in our Asthma Management Policy and Procedures must be followed, together with the School's general first aid and emergency response procedures, as well as the student's Asthma Action Plan.

The procedures require that you call an ambulance immediately if:

- the student is showing symptoms of a severe or life-threatening asthma attack
- the student is not breathing
- the student's asthma suddenly becomes worse or is not improving
- the student is having an asthma attack and a reliever is not accessible
- you are not sure if the student has asthma or they are known to have anaphylaxis.

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

#### Responding to a Severe or Life-threatening Asthma Attack

The following step-by-step instructions will be followed by the School if a student is having a severe or life threatening asthma attack:

1. Immediately call an ambulance on 000.
2. Sit the student upright. A staff member must remain with the student at all times.
3. Locate and administer reliever medication in accordance with the student's Asthma Action Plan or Asthma First Aid Plan. If these are not in the student's possession, another member of staff should immediately locate the student's reliever medication and the student's Asthma Action Plan or Asthma First Aid Plan. Where possible, only 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.
4. Reassure the student experiencing the attack. Watch the student closely in case of a worsening condition. Another member of staff will supervise nearby students, move them away from the area and reassure them.
5. If 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 every four minutes (or any other length of time prescribed in the Asthma Action Plan or Asthma First Aid Plan).
6. Contact the student's emergency contacts.

The Asthma First Aid procedure can be performed using the student's own reliever medication and spacer or the equipment from the School's kit. Reliever medication is unlikely to be harmful, even if the student does not have asthma.

## Asthma First Aid

Asthma First Aid is the nationally recognised four-step procedure used to manage a person experiencing a suspected asthma flare-up or attack. It can be used if an Asthma Action Plan has not been provided or is not easily accessible.

# ASTHMA FIRST AID

## Blue/Grey Reliever

Airomir, 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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## Responding in the School Environment

### Classrooms

A school phone or personal mobile phone may be used to raise the alarm that an attack has occurred.

### Yard

A staff member on yard duty can raise the alarm using a school phone or their mobile phone.

A designated staff member will be responsible for ensuring that the student gets reliever medication, an ambulance is called and that someone is waiting for the ambulance at the designated School entrance.

### Out-of-School environments

For overnight camps and excursions, the School requires all to complete a camp and/or excursion medical update form.

Staff members trained in asthma will attend each event and appropriate communication methods will be employed.

Staff should be aware of what local emergency services are in the area, and how to contact them in the event of an emergency.

### Self-administration

The decision about whether a student can carry their own reliever medication will be made in consultation with the student, their parents/carers, and the student's medical practitioner. However, staff should be aware 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 these situations, staff must administer the reliever medication to the student. If a student self-administers their reliever medication in an emergency, a staff member should supervise and monitor the student, and another staff member should contact an ambulance. 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.

### First Time Reactions

If a student appears to be having a severe or life-threatening asthma attack, but has not been previously diagnosed with asthma, staff should follow the School's first aid procedures and:

- locate and administer reliever medication from an Asthma Emergency Kit
- if there is no effective relief after the first four doses of reliever medication ,call an ambulance
- continue giving four doses of reliever medication every four minutes while waiting for the ambulance to arrive.

### VOLUNTEERS, EXTERNAL SPORT COACHES AND CASUAL RELIEF STAFF

Volunteers, external sport coaches and casual relief staff who may be responsible for the supervision of students will be informed of students at risk of asthma and their role in responding to an asthma medical incident. They will be advised of the school's general first aid and emergency response procedures.