



Asthma Management Procedure

Reviewed: October 2020

Next Review: October 2022

Procedures

- This procedure provides guidance and direction in the management of a student at risk of asthma. This procedure should be read in conjunction with the DOBCEL Asthma Management Policy
- The components of this procedure include:
 - Duty of Care
 - Asthma Information, Symptoms and Triggers
 - Annual Asthma Risk Management Checklist
 - Asthma Emergency Response Plan
 - Asthma Action Plan
 - Student Health Support Plan
 - Accessing and Managing Student Asthma Action Plans
 - First Aid for Asthma Procedure
 - Asthma Emergency Kits
 - Recording Asthma First Aid Treatments
 - Managing Asthma and School Based Activities
 - Exercise Induced Asthma
 - Managing Colour Fun Run Asthma
 - Managing Epidemic Thunderstorm Asthma
 - Asthma Communication Plan
 - Management of Confidential Medical Information

Duty of Care

- All school staff have a duty of care to take reasonable steps to protect students in their supervision from risks that are reasonably foreseeable including the provision of a first aid facility, knowing which students at the school have been diagnosed with asthma and how to provide asthma emergency first aid

Asthma Information, Symptoms and Triggers

- Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'
- In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus making it harder to breathe
- 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

- These can vary over time and often vary from person to person. The most common asthma symptoms are:
 - breathlessness
 - wheezing (a whistling noise from the chest)
 - tight feeling in the chest; and/or
 - persistent cough
- If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately using the information in the student's Asthma Action Plan
- A trigger is something that induces asthma symptoms. Everyone with asthma has different triggers. For most people with asthma, triggers are only a problem when asthma is not well controlled with medication. Common asthma triggers include:

<ul style="list-style-type: none"> • exercise • smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires) • house dust mites • pollens • chemicals such as household cleaning products • food chemicals/additives • laughter or emotions, such as stress 	<ul style="list-style-type: none"> • colds/flu • weather changes such as thunderstorms and cold, dry air • moulds • animals such as cats and dogs • deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays) • certain medications (including aspirin and anti-inflammatories)
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- School can reduce asthma triggers by:
 - mowing school grounds out of hours
 - planting a low allergen garden
 - limit dust, for example having the carpets and curtains cleaned regularly and out of hours
 - examine the cleaning products used in the school and their potential impact on students with asthma
 - conduct maintenance that may require the use of chemicals, such as painting, during school holidays; and
 - turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use

- Completing the Annual Asthma Risk Management checklist is one way to prevent asthma. Eliminating or reducing exposure to triggers is the best strategy to minimise the likelihood and severity of asthma incidents in schools

Annual Asthma Risk Management Checklist

- All DOBCEL schools must complete an **Annual Asthma Risk Management Checklist (Attachment 1)** to identify hazards and reasonably mitigate the risks of triggering an asthma attack occurring at school. DOBCEL schools must consider:
 - the likelihood of asthma attack
 - the accessibility and location of medication
 - the availability of suitability trained staff to administer medication in accordance with an asthma management plan; and
 - availability and accessibility to emergency services should they be required
- The Annual Asthma Risk Management Checklist must be completed in Term 1 each year and the actions managed by the school

Asthma Emergency Response Plan

- DOBCEL school staff will follow the generic **First Aid for Asthma** plan in **Attachment 2** if a student is displaying signs and symptoms of asthma for the first time. If the student's symptoms do not improve, they will call Emergency Services and request an ambulance
- DOBCEL school staff will follow a student's *Asthma Action Plan*. If the student's symptoms do not improve then they will call Emergency Services and request an ambulance

Asthma Action Plan

- Please refer to the links in **Attachment 3** for examples of **Asthma Action Plans**
- Once a student is diagnosed with Asthma at a DOBCEL school, the parents/carers must:
 - provide the school with an Asthma Action Plan which has been completed by the student's medical practitioner. The plan must include:
 - the prescribed medication (labelled with the student's name) and when it is to be administered, for example as a pre-medication to exercise or on a regular basis
 - their own spacer, if required
 - emergency contact details
 - the contact details of the student's medical practitioner
 - the student's known triggers; and
 - the emergency procedures to be taken in the event of an asthma flare-up or attack
 - advise the school of any change in the student's medical condition, including any changes in the diagnosis and treatment of medical conditions
 - must provide a photo of the student to be included as part of the student's Asthma Action Plan

Student Health Support Plan

- Once a student is diagnosed with Asthma and has provided the school with an Asthma Action Plan, the principal (or nominee) will meet with the parents/carers to discuss and complete a **Student Health Support Plan** (see **Attachment 5**) detailing the asthma risk minimisation and prevention strategies in relation to on-site and off-site activities, including camps, excursions and sports.

Accessing and Managing Student Asthma Action Plans

- Asthma Action Plans must be kept/displayed in the classroom (for primary school students), in the staffroom, and first aid facilities
- If a student diagnosed with asthma is going to attend a school camp or excursion, the parents/carers must provide a **School Camp and Excursion Asthma Update Form** as detailed in **Attachment 4**)
- If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Action Plan
- DOBCEL school principals must appoint a person to be responsible for ensuring that:
 - student's emergency contact details are up-to-date
 - ensure that the student's Asthma Action Plan matches the student's supplied medication
 - regularly check that the student's medication is not out-of-date
 - inform parents if medication is approaching expiration
 - ensure that the student's medication is stored correctly and in an unlocked, easily accessible place; and
 - ensure that a copy of the Asthma Action Plan is stored with the student's medication
- The Asthma Action Plan must be reviewed in consultation with the student's parents/carers:
 - annually
 - if the student's medical condition changes; and
 - as soon as is practicable after the student has an asthmatic reaction at school

First Aid for Asthma Procedure

If a student is having an asthma attack for the first time, and/or difficulty breathing, school staff are advised to follow the **First Aid for Asthma** procedure detailed in **Attachment 2**.

Asthma Emergency Kits

- Every DOBCEL school with a student diagnosed with Asthma, should have at least one (1) Asthma Emergency Kit which contains the following items:
 - at least 1 blue or blue/grey reliever medication such as Airomir, Admol or Ventolin
 - at least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication
 - clear written instructions on **First Aid for Asthma (Appendix 2)**, including:
 - how to use the medication and spacer devices; and
 - steps to be taken in treating an asthma attack

- The principal or nominated first aid staff member will monitor and maintain the Asthma Emergency Kits. They will:
 - ensure all contents are maintained and replaced where necessary
 - regularly check the expiry date on the canisters of the blue or blue/grey reliever puffers and replace them if they have expired or are low on doses
 - replace spacers in the kits after each use (spacers are single-person use only); and
 - dispose of any previously used spacers
- The blue or blue/grey reliever medication in the Asthma Emergency Kits may be used by more than one student as long as they are used with a spacer. If the devices come into contact with someone's mouth, they will not be used again and will be replaced
- After each use of a blue or blue/grey reliever (with a spacer):
 - remove the metal canister from the puffer (do not wash the canister)
 - wash the plastic casing
 - rinse the mouthpiece through the top and bottom under running water for at least 30 seconds
 - wash the mouthpiece cover
 - air dry then reassemble; and
 - test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit

Recording of Asthma First Aid Treatments

- Maintain a record sheet/log of the asthma first aid treatment provided. Include details of symptoms displayed/severity; the time of each observation and the number of puffs administered etc.

Exercise Induced Asthma

- Exercise induced asthma can be managed by the following steps:
 - encourage the student to take blue/grey reliever medication 15 minutes before exercise begins
 - ensure that the student participates in the warm-up activity
 - stop the student from participating, if symptoms occur, take reliever and follow their Asthma Action Plan; and
 - only recommence activity if symptom free. Cease activity for the day if symptoms reoccur

Managing Colour Fun Run Induced Asthma

- The inhalation of small particles could affect people with asthma. The colours used in the Colour Run are in powder form (corn starch), which could irritate the airways of someone with asthma and result in an asthma flare-up, particularly if they have a sensitivity to corn
- Parents/carers of students with asthma should be made aware of the potential risk and should be encouraged to consult their GP to ensure participation is safe prior to participating
- If students with asthma are participating in the event they must have their medication with them and if required, wear a facemask
- The Asthma Foundation of Victoria advises the organizers of the event not to throw the powder in the faces of the participants

Managing Epidemic Thunderstorm Asthma

- Every year during grass pollen season there is also the chance of an epidemic thunderstorm asthma event. Epidemic thunderstorm asthma is triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm, resulting in large numbers of people developing asthma symptoms over a short period of time.
- People at risk during an Epidemic Thunderstorm Asthma event include:
 - people with asthma
 - people with a past history of asthma
 - people with undiagnosed asthma; and
 - people with hay fever
- Having both asthma and hay fever, as well as poor control and self-management of asthma increases the risk further
- The school will follow all advice from the Department of Education and Training (DET) and ensure the following strategies are in place:
 - implement a communication plan to inform the school community and parents, if the risk of thunderstorm asthma is forecast as high
 - implement procedures to minimise exposure such as postponing outdoor activities and directing staff and students to stay indoors, with windows and doors closed; and
 - following Asthma Action Plans for students diagnosed with Asthma or follow the First Aid for Asthma procedure if it is the first time a student is displaying signs or symptoms of asthma

Asthma Communication Plan

- The school Asthma Communication Plan is to be documented in the Asthma Risk Management Checklist (see **Attachment 1**) and made available on the school website.
- Newsletters will also be sent periodically to all schools to remind parents/carers to update student health plans and asthma action plans

Management of Confidential Medical Information

- Confidential medical information provided to the school or office location will be securely managed. Student and staff information will be shared with all relevant staff so that they are able to support and respond appropriately, to student or staff member diagnosed with asthma

Reference Documents

- Education and Training Reform Regulations 2017
- Education and Care Services National Law Act 2010 (CTH)
- Education and Care Services National Regulations 2011 (CTH)
- Disability Discrimination Act 1992 (CTH)
- Disability Standards for Education 2005 (CTH)
- Victorian Registration and Qualification Authority (VRQA)
- Equal Opportunity Act 2010 (VIC)

Supporting Documents

- DOBCEL Asthma Management Policy
- DOBCEL First Aid and Infection Control Policy
- DOBCEL First Aid and Infection Control Procedure

Appendices

- Attachment 1 - Annual Asthma Risk Management Checklist
- Attachment 2 - First Aid for Asthma
- Attachment 3 - Asthma Action Plan
- Attachment 4 – School Camp and Excursion Asthma Update Form
- Attachment 5 – Student Health Support Plan

Attachment 1 – Annual Asthma Risk Management Checklist

The principal (or a nominee) in consultation with first aid officer or school nurse will complete the DOBCEL *Annual Asthma Risk Management Checklist* in Term 1 each year. The checklist must be signed by the principal (or nominee) and uploaded into the local eSORT page.

SCHOOL AND REVIEW DETAILS	
School name and address:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name:
	Position:
Comments:	
GENERAL INFORMATION	
1. How many current students have been diagnosed with asthma, and have been prescribed a reliever medication?	
2. How many of these students carry their reliever medication on their person?	
3. Have any students ever had a mild asthma flare-up requiring first aid intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had a severe asthma attack requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer reliever medication to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

a. If Yes, how many times?	
6. Are incidents involving students or staff that have suffered a severe asthma attack reported on the school medical database and reviewed by the principal (or nominee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: TRAINING	
7. Have all staff with a duty of care for students or a direct student wellbeing responsibility undertaken an asthma education session, either: <ul style="list-style-type: none"> • Asthma first aid management for education staff (face to face) within the last 3 years, or • Asthma first aid management for education staff (online) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct in-house asthma briefings annually on the students at risk and first aid for asthma? If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in the annual briefing? If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: STUDENT HEALTH SUPPORT PLANS	
10. Does every student who has been diagnosed with asthma and prescribed reliever medication have a Student Health Support Plan and/or an Asthma Action Plan completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are all Plans reviewed regularly (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do the Student Health Support Plans set out strategies to minimise the risk of exposure to triggers for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do all students who carry reliever medication on their person have a copy of their Asthma Action Plan kept at the school (provided by the parents/caregivers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Asthma Action Plans kept?	
14. Does the Asthma Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have the Student Health Support Plans been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parents/caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: STORAGE AND ACCESSIBILITY OF RELIEVER MEDICATION	
16. Where are the student(s) reliever medication stored?	
17. Has the school purchased Asthma Emergency Kits for general use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Where are the school Asthma Emergency Kits stored?	
19. Do all school staff know where the student(s) reliever medication and the school's Asthma Emergency Kits for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the student(s) reliever medication and school Asthma Emergency Kits easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is the Asthma Emergency Kit clearly labelled as such?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is there a register for signing reliever medication in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Has someone been designated to check the reliever medication expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Is there reliever medication which is currently in the possession of the school which has expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is the school registered as an Asthma Friendly school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: RISK MINIMISATION AND PREVENTION STRATEGIES	
28. Have you completed a Student Health Support Plan to identify and record potential exposure triggers (exercise, smoke, dust mites, pollen, animals, deodorants, medications, thunderstorms or colour fun runs) and the prevention strategies for each student diagnosed with asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are there always sufficient school staff members on yard duty who have current Asthma Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: EMERGENCY RESPONSE AND SCHOOL MANAGEMENT	
30. Does the school have an Emergency Response Plan to asthma attacks? Is the plan clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the First Aid for Asthma poster clearly displayed in the following locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. classrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. at school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. on special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Is there a designated person who will be sent to collect the student's reliever medication and Asthma Action Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you checked how long it will take to get to the reliever medication and the Asthma Action Plan to a student from various areas of the school including?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. On excursions or other out of school events is there a plan for who is responsible for ensuring the reliever medication(s) and Asthma Action Plans and the Asthma Emergency Kits used are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. Who will make these arrangements during excursions? <i>Teacher-in-Charge</i>	
38. Who will make these arrangements during camps? <i>Teacher-in-Charge</i>	
39. Who will make these arrangements during sporting activities? <i>Teacher-in-Charge</i>	
40. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have all school staff who conduct classes that students with asthma attend, and any other staff identified by the principal, been briefed on:	
a. The school's Asthma Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use a puffer and spacer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's first aid for asthma and emergency response plan for all on campus and off campus environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Asthma Emergency Kits for general use are kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the reliever medication for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: COMMUNICATION PLAN	
42. Is there a Communication Plan in place to provide information about asthma and the school's policy and procedure?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is there a process for distributing this information to the relevant staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
44. How is this information kept up to date?	

45. Are there strategies in place to increase awareness about asthma among students for all on Campus and off Campus environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. What are they?	

Attachment 2 – First Aid for Asthma




This poster is to be prominently displayed in staff and first aid areas.

A downloadable poster is available from: <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/charts/first-aid-for-asthma-chart>

The first staff member arriving on the scene must stay with the student until help arrives.

Send another person to the school reception for help and to collect the school Asthma Emergency Kit and the student's asthma action plan and reliever medication, if they have one.

First Aid for Asthma

1	<p>Sit the person comfortably upright. Be calm and reassuring. Don't leave the person alone.</p>		
2	<p>Give 4 puffs of a blue/grey reliever (e.g. Ventolin, Asmol or Airomir) Use a spacer, if available. Give 1 puff at a time with 4 breaths after each puff Use the person's own inhaler if possible. If not, use first aid kit inhaler or borrow one.</p>	OR	
3	<p>Wait 4 minutes. If the person still cannot breathe normally, give 4 more puffs.</p>		
4	<p>If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack. Keep giving reliever. Give 4 puffs every 4 minutes until the ambulance arrives. <small>Children: 4 puffs each time is a safe dose. Adults: For a severe attack you can give up to 6-8 puffs every 4 minutes</small></p>		
4	<p>If a puffer is not available, you can use Symbicort (people over 12) or Bricanyl, even if the person does not normally use these.</p> <p>Wait 4 minutes. If the person still cannot breathe normally, give 1 more dose.</p> <p>If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack.</p> <p>Keep giving reliever while waiting for the ambulance: For Bricanyl, give 1 dose every 4 minutes For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)</p>		
HOW TO USE INHALER	<p>WITH SPACER</p>  <ul style="list-style-type: none"> • Assemble spacer • Remove puffer cap and shake well • Insert puffer upright into spacer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer to fire one puff into spacer • Take 4 breaths in and out of spacer • Slip spacer out of mouth • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap 	<p>WITHOUT SPACER</p>  <ul style="list-style-type: none"> • Remove cap and shake well • Breathe out away from puffer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer while breathing in slowly and deeply • Slip puffer out of mouth • Hold breath for 4 seconds or as long as comfortable • Breathe out slowly away from puffer • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap 	<p>BRICANYL OR SYMBICORT</p>  <ul style="list-style-type: none"> • Unscrew cover and remove • Hold inhaler upright and twist grip around and then back • Breathe out away from inhaler • Place mouthpiece between teeth and seal lips around it • Breathe in forcefully and deeply • Slip inhaler out of mouth • Breathe out slowly away from inhaler • Repeat to take a second dose – remember to twist the grip both ways to reload before each dose • Replace cover

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person's Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit:
Asthma Foundations – www.asthmaaustralia.org.au
National Asthma Council Australia – www.nationalasthma.org.au



Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.

Attachment 3 – Asthma Action Plans

– One of the following *Asthma Action Plans* is to be completed by a student’s medical practitioner and provided to the school by the parents/carer at the beginning of each school year.

1. Action Plan: [Bricanyl Turbuhaler](#) – right click the link to a downloadable PDF version
2. Action Plan: [Puffer and Spacer](#) – right click the link to a downloadable PDF version
3. Action Plan: [Puffer Alone](#) – right click the link to a downloadable PDF version

FOR USE WITH A PUFFER
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

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 puffs of Alimem, Asmol or Ventolin
Shake the puffer before each puff
Get the person to hold their breath for about 5 seconds or as long as comfortably possible
3. Wait 4 minutes
If there is no improvement, repeat step 2
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 _____ 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"> Minor difficulty breathing May have a cough Other signs to look for: 	<ul style="list-style-type: none"> Cannot speak a full sentence Sitting hunched forward Tugging in of skin over chest/ribs May have a cough or wheeze Obvious difficulty breathing Lethargic Sore tummy (young children) 	<ul style="list-style-type: none"> Unable to speak or 1-2 words Collapsed/retraced Gasping for breath May no longer have a cough or wheeze Obvious difficulty breathing Lethargic Skin discoloration (blue lips)

Emergency contacts name: _____ Plan prepared by Dr or Nurse Practitioner: _____
Work ph: _____ Signed: _____ Date prepared: _____
Home ph: _____ Date prepared: _____
Mobile ph: _____ Date of next review: _____

Place mouthpiece, between the teeth, and create a seal with lips.
Press spacer firmly on puffer while breathing in slowly and deeply.
Slip puffer out of mouth, and breathe.
Remove cap from puffer and shake well.
Tilt the chin upward to open the airway, breathe out away from puffer.

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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

1. Sit the person upright
Stay with the person and be calm and reassuring
2. Give _____ separate puffs of Alimem, Asmol or Ventolin
Shake the puffer before each puff
Put 1 puff into the spacer at a time
Take 4 breaths from spacer between each puff
3. Wait 4 minutes
If there is no improvement, repeat step 2
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 _____ 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"> Minor difficulty breathing May have a cough May have a wheeze Other signs to look for: 	<ul style="list-style-type: none"> Cannot speak a full sentence Sitting hunched forward Tugging in of skin over chest/ribs May have a cough or wheeze Obvious difficulty breathing Lethargic Sore tummy (young children) 	<ul style="list-style-type: none"> Unable to speak or 1-2 words Collapsed/retraced Gasping for breath May no longer have a cough or wheeze Obvious difficulty breathing Lethargic Skin discoloration (blue lips)

Emergency contacts name: _____ Plan prepared by Dr or Nurse Practitioner: _____
Work ph: _____ Signed: _____ Date prepared: _____
Home ph: _____ Date prepared: _____
Mobile ph: _____ 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).
Attach puffer to end of spacer.
Remove cap from puffer, shake puffer well.
Assemble spacer.
Attach puffer to end of spacer.

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FOR USE WITH A BRICANYL TURBUHALER
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

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 _____ doses 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
	<ul style="list-style-type: none"> Minor difficulty breathing May have a cough Other signs to look for: 	<ul style="list-style-type: none"> Cannot speak a full sentence Sitting hunched forward Tugging in of skin over chest/ribs May have a cough or wheeze Obvious difficulty breathing Lethargic Sore tummy (young children) 	<ul style="list-style-type: none"> Unable to speak or 1-2 words Collapsed/retraced Gasping for breath May no longer have a cough or wheeze Obvious difficulty breathing Lethargic Skin discoloration (blue lips)

Emergency contacts name: _____ Plan prepared by Dr or Nurse Practitioner: _____
Work ph: _____ Signed: _____ Date prepared: _____
Home ph: _____ Date prepared: _____
Mobile ph: _____ Date of next review: _____

Breathe out gently away from turbuhaler.
Do not breathe in to it.
Put mouthpiece in mouth ensuring a good seal to breathe 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 the way.

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Attachment 4 – School Camp and Excursion Asthma Update Form

- The [School Camp and Excursion Asthma Update Form](#) must be completed prior to any school camp or excursion by the parents/carer for students with an asthma diagnosis. Right click on the form title above to download a PDF version

SCHOOL CAMP AND EXCURSION

VICTORIAN SCHOOLS

ASTHMA UPDATE FORM

Student's name: _____

DOB: _____

Confirmed triggers: _____

Has the student been hospitalised due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? Y N

Has the student's asthma medications changed in the last two weeks? Y N

Is the student well enough to attend camp/excursion? Y N

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion. Please provide as much detail as possible.

OTHER MEDICAL CONDITIONS

Has the student had any other illness in the last two weeks? Y N
 If YES, please provide details:

Nature of illness? _____ When? _____

Severity? _____ Has this affected their asthma? Y N

ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever? Y N Does the student have an action plan for hay fever? Y N

Confirmed Triggers for hay fever	Medication	Device	Dose	When
_____	_____	_____	_____	_____
_____	Treatment	_____	_____	_____

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

1. Medication	Device	Dose	When
_____	_____	_____	_____
Instructions for use _____			
2. Medication	Device	Dose	When
_____	_____	_____	_____
Instructions for use _____			

Doctor's Name: _____

Phone: _____

Address: _____

Emergency Contact: _____

Phone: _____

The information provided on this plan is true and correct.


Signed: _____

Date: _____

Additional information _____

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au

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Attachment 5 – Student Health Support Plan

Student Health Support Plan

This plan outlines how the school will support the student’s health care needs, based on health advice received from the student’s medical practitioner. This form must be completed for each student with an identified health care need (excluding Anaphylaxis as this information is captured via an Individual Anaphylaxis Management Plan).

This Plan is to be completed by the principal (or nominee) with the parent/carer and the student.

SCHOOL AND STUDENT DETAILS			
School name and address:		Phone:	
Student’s full name:		Date of birth:	
Year level:		Proposed date for review of this plan:	
EMERGENCY CONTACT DETAILS (PARENT/CARER)			
Name:		Name:	
Relationship:		Relationship:	
Home phone:		Home phone:	
Work phone:		Work phone:	
Mobile:		Mobile:	
Address:		Address:	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name:		Name:	
Relationship:		Relationship:	
Home phone:		Home phone:	
Work phone:		Work phone:	
Mobile:		Mobile:	
Address:		Address:	
MEDICAL PRACTITIONER DETAILS			
Medical clinic name and address:		Doctor’s name:	
<input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes		<input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form – for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form – for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form – for a student who requires support for toileting, hygiene and menstrual health	

SCHOOL SUPPORT FOR THE STUDENT’S HEALTH CARE NEEDS

What is the health care need identified by the student's medical/health practitioner? List any known triggers?	
Other known health conditions:	
When will the student commence attending school?	
Detail actions and timelines to enable attendance and any interim provisions:	

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

Support	What needs to be considered?	Risk prevention/minimisation strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day or during excursions/camps or special events?	<i>Consider different environments (camps, classrooms, sports etc.) and possible triggers. Document access to medication and emergency services in each environment to minimize the risk/severity of an incident. Consider preventative strategies such as taking preventative medications at home or prior to activities/event at school that may trigger an incident.</i>	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	<i>For example, students using nebulisers can often learn to use puffers and spacers at school.</i>	
	Who should provide the support?	<i>For example, the Principal should conduct a risk assessment for staff and ask: Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see DOBCEL's First Aid and Infection Control Policy) Are additional or different staffing or training arrangements required?</i>	
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	<i>For example, detail the steps taken to ensure that the support provided respects the student's dignity, privacy, comfort and safety and enhances learning.</i>	

Support	What needs to be considered?	Risk prevention/minimisation strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the support
First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	<p><i>Discuss and agree on the individual first aid plan with the parent/carer.</i></p> <p><i>Ensure that there are sufficient staff trained in basic first aid (see DOBCEL’s First Aid and Infection Control Policy)</i></p> <p><i>Ensure that all relevant school staff are informed about the first aid response for the student.</i></p>	
	Are there additional training modules that staff could undertake to further support the student, such as staff involved with excursions and specific educational programs or activities?	<p><i>Ensure that relevant staff undertake the agreed additional training</i></p> <p><i>Ensure that there are contingency provisions in place (whilst awaiting the staff member to receive training), to facilitate the student’s attendance at school.</i></p>	
Complex medical needs	Does the student have a complex medical care need?	<i>Is specific training required by relevant school staff to meet the student’s complex medical care need?</i>	
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	<p><i>Detail how the school will support the student’s personal care needs, for example in relation to nose blowing, washing hands, toileting care (including menstrual health management and other aspects of personal hygiene)</i></p> <p><i>Would the use of a care and learning plan for toileting or hygiene be appropriate?</i></p>	
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	<p><i>Ensure that the parent/carer is aware of DOBCEL’s First Aid and Infection Control policy on medication management.</i></p> <p><i>Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication.</i></p> <p><i>Ensure that a Medication Administration log - See Attachment 3 in the First Aid and Infection Control Procedure is completed.</i></p>	

Support	What needs to be considered?	Risk prevention/minimisation strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the support
	Are there any facilities issues that need to be addressed?	<p><i>Ensure the school’s first aid room/sick bay and its contents provide the minimum requirements and discuss whether other requirements can be facilitated in this room to meet the student’s health care needs.</i></p> <p><i>Ensure the school provides necessary reasonable adjustments to assist a student who requires a wheelchair or other technical support. Discuss requirements and possible modifications with the parent/carer/student.</i></p>	
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	<p><i>Detail who the worker is, the contact staff member and how, when and where they will provide support.</i></p> <p><i>Ensure that the school provides a facility which enables the provision of the health service.</i></p>	
	Who is responsible for management of health records at the school?	<p><i>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</i></p>	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	<p><i>For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student’s attendance (full-time, part-time or episodically).</i></p>	
Other considerations	Are there other considerations relevant for this health support plan?	<p><i>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</i></p> <p><i>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</i></p> <p><i>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</i></p> <p><i>For example, is there a need for planned support for siblings/peers?</i></p>	

OVERALL SUPPORT REQUIREMENTS	
Support and emergency care to be provided at school:	
Storage location for medication:	
List who will receive copies of the Plan?	<input type="checkbox"/> Parents/Carer and Student <input type="checkbox"/> Other (please detail) _____ <input type="checkbox"/> Other (please detail) _____

DECLARATIONS AND SIGNATURES	
<p>This Health Support Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <p>annually</p> <p>if the student's medical condition changes</p> <p>as soon as practicable after the student has had an incident relating to the medical condition at school; and</p> <p>when the student is to participate in an off-site activity, such as camps, tours and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes etc)</p> <p><input type="checkbox"/> I have been consulted in the development of this Student Health Support Plan.</p>	
Signature of parent/carer:	
Date:	
<input type="checkbox"/> I have consulted the parent/carer of the students and the relevant school staff who will be involved in the implementation of this Student Health Support Plan.	
Signature of school first aid officer or nurse:	
Date:	
<p>Privacy Statement - The school collects personal information so as the school can plan and support the health care needs of the student. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. Access to the personal information the school holds about you/your child can be requested.</p>	