Schools as defined in s1.1.3 of the Education and Training Reform Act 2006(Vic) or equivalent Australian State Acts, which education is provided to children of compulsory school age during normal school hours, but does not include:

(a) a place at which registered home schooling takes place,
(b) a University,
(c) a TAFE institute,
(d) a Registered Training Organisation;

May copy and communicate the materials, other than third party materials, for the educational purposes of the institution.

Authorised by The Asthma Foundation of Victoria
479 -481 King Street, West Melbourne, Victoria, 3003. Phone: (03) 9326 7088 | email: advice@asthma.org.au

This document is also available on the internet at
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1. Introduction

Asthma is a disease of the airways – the breathing tubes that carry air into our lungs. Sometimes it is harder for a person with asthma to breathe in and out, but at other times their breathing is normal. Asthma is a long-term (chronic) disease.

Many people think they have asthma only when they have asthma symptoms. In fact, the airways are sensitive all the time and most people with asthma have permanently irritated (inflamed) airways when not taking regular preventer treatment. From time to time, the airways tighten or become constricted so there is less space to breathe through, leading to asthma symptoms.

Asthma causes three main changes to the airways inside the lungs, and all these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Asthma symptoms can be triggered by different things for different people. Common triggers include colds and flu, allergies, and cigarette smoke.

The Department is committed to protecting the wellbeing of children and young people with severe allergies. This commitment is enshrined in the Education Training and Reform Act 2006 and more specifically in Schools Policy Advisory Guide, which outlines requirements for schools in the management of asthma.

Approximately ninety per cent of all Victorian government schools have a child enrolled who is diagnosed with asthma. The keys to prevent an asthma attack are planning, risk minimisation, awareness and education.
The Guidelines

These guidelines have been developed to assist all Victorian schools in planning for, and supporting students with asthma.

The guidelines support schools in complying with legislation, most critically the:

- *Education and Training Reform Act 2006*, which specifies that a school must safeguard the health of students.
- *Schools Policy Advisory Guide*, provides Victorian government schools with quick and easy access to governance and operational policies and advice. The Schools Policy Advisory Guide states, that schools will support student health needs by; assisting students with specific medical needs.

The following chapters of the guidelines include information on:

- medical information about asthma
- legal obligations for schools in relation to asthma
- school asthma management policy
- staff training
- individual asthma management plans
- prevention strategies
- school management and emergency responses
- Asthma Emergency Kits
- communication plan
- risk management checklist.

Frequently asked questions are also provided at Appendix A.

How to use these Asthma Guidelines

Schools should use the Guidelines as a resource to assess and review their current management practices, and to develop a School Asthma Management Policy.

For this reason, the Guidelines have been carefully prepared to provide detailed information, suggestions and recommendations relating to the mandatory aspects of specific Victorian legislation. This information is designed to be considered by a school when developing its Policy. As a result, not all the information, suggestions or recommendations will be relevant to each school.

These guidelines have been divided into 2 parts:

- **Minimum requirements to meet the SPAG**
- **Recommendations for schools to further support children with asthma**
2. Glossary of terms

Where the phrase ‘student who has been diagnosed with asthma’ or similar phrases are used in these Guidelines, it means a student who has been diagnosed by a medical practitioner as having a medical condition that relates to asthma and is at high risk of having an asthma episode at school.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act</td>
<td>The <em>Education and Training Reform Act 2006</em> (Vic).</td>
</tr>
<tr>
<td>Adrenaline autoinjector</td>
<td>An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis. These may include EpiPen® or EpiPen® Jr.</td>
</tr>
<tr>
<td>Adrenaline autoinjector for general use</td>
<td>A ‘back up’ or ‘unassigned’ adrenaline autoinjector purchased by a school.</td>
</tr>
<tr>
<td>Asthma Action Plan</td>
<td>Sometimes called Asthma Care Plans and Asthma Management Plans, they list the student's prescribed asthma medication as well as the signs and symptoms students show when they are experiencing an asthma attack, including treatment for said attack. This plan is one of the requirements of the student's Individual Asthma Management Plan.</td>
</tr>
<tr>
<td>School Camp and Excursion Medical Update Form</td>
<td>A plan that parents complete prior to the student attending overnight school activities, where the student may be required to take additional medication to manage their asthma.</td>
</tr>
<tr>
<td>Asthma Education Session</td>
<td>An education session delivered by an asthma peak body designed to educate staff on the basics of asthma. This can be face to face session or online training.</td>
</tr>
<tr>
<td></td>
<td>• Asthma first aid management for education staff</td>
</tr>
<tr>
<td>Asthma Emergency Kit</td>
<td>A specific first aid kit for asthma designed to be portable in an emergency.</td>
</tr>
<tr>
<td>Asthma Foundation of Victoria</td>
<td>The peak consumer body for people with Asthma and their carers in Victoria.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Asthma management training course</td>
<td>This means:</td>
</tr>
<tr>
<td></td>
<td>- A course in asthma management training that is accredited as a VET accredited course in accordance with Part 3 of the <em>National Vocational Education and Training Regulator Act 2011</em> (Cth) that includes a competency check in the administration of a pressure metered dose inhaler (puffer) and spacer device;</td>
</tr>
<tr>
<td></td>
<td>- A course in asthma management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of a pressure metered dose inhaler (puffer) and spacer device;</td>
</tr>
<tr>
<td></td>
<td>- Any other course including an online course, approved by the Department for the purpose of the guidelines as published by the Department.</td>
</tr>
<tr>
<td>Asthma Peak Body</td>
<td>An advocacy group established for the purposes of developing standards and processes, or to act on behalf of all members when lobbying government or promoting the interests of people with asthma.</td>
</tr>
<tr>
<td></td>
<td>- The Asthma Foundation of Victoria</td>
</tr>
<tr>
<td></td>
<td>- National Asthma Council</td>
</tr>
<tr>
<td>ASCIA Action Plan for Anaphylaxis</td>
<td>This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen® or EpiPen®Jr) and must be completed by the student's medical practitioner. This plan is one of the requirements of the student's Individual Anaphylaxis Management Plan.</td>
</tr>
<tr>
<td>Communication Plan</td>
<td>A plan developed by the school which provides information to all school staff, students and parents about asthma and the school’s asthma management policy.</td>
</tr>
<tr>
<td>Department</td>
<td>The Department of Education and Training.</td>
</tr>
<tr>
<td>Individual Asthma Risk Minimisation Plan</td>
<td>An individual plan for each student at risk of asthma, developed in consultation with the student's parents. The Individual Asthma Management Plan includes the Asthma Action Plan which describes the student's triggers, symptoms, and the emergency response to administer the student's reliever medication should the student display symptoms of an asthma attack.</td>
</tr>
<tr>
<td>Medical practitioner</td>
<td>This is a registered medical practitioner within the meaning of the <em>Health Professions Registration Act 2005</em>, but excludes a person registered as a non-practising health practitioner.</td>
</tr>
<tr>
<td>National Asthma Council</td>
<td>Medical peak body for asthma in Australia, develops the Australian Asthma Handbook (Treatment Guidelines).</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Parent</td>
<td>In relation to a child means any person who has parental responsibility for ‘major long term issues’ as defined in the <em>Family Law Act 1975</em> (Cth) or has been granted ‘guardianship’ for the child pursuant to the <em>Children, Youth and Families Act 2005</em> or other state welfare legislation.</td>
</tr>
<tr>
<td>Principal</td>
<td>Defined in s 1.1.3 of the Act as meaning a person appointed to a designated position as principal of a registered school or a person in charge of a registered school.</td>
</tr>
<tr>
<td>Registered school</td>
<td>Defined in s 1.1.3 of the Act as meaning ‘a school registered under Part 4.3’.</td>
</tr>
<tr>
<td>Reliever medication</td>
<td>Medication, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to treat a person experiencing an asthma attack. These may include Salbutamol, Bricanyl and Symbicort.</td>
</tr>
<tr>
<td>School</td>
<td>Defined in s 1.1.3 of the Act as meaning a place at or from which education is provided to children of compulsory school age during normal school hours, but does not include: (a) a place at which registered home schooling takes place (b) a University (c) a TAFE institute (d) an education service exempted by Ministerial Order (e) any other body exempted by the regulations. The <em>Education and Training Reform Regulations 2007</em> exempt various other bodies from the definition of school.</td>
</tr>
<tr>
<td>School asthma management policy</td>
<td>This is a school-based policy that is required to be developed because the school has at least one enrolled student who has been diagnosed with asthma. This policy describes the school's management of the risk of an asthma attack occurring at school.</td>
</tr>
<tr>
<td>Emergency response procedures</td>
<td>Procedures which each school develops for emergency response to an asthma attack for all in-school and out-of-school activities. The procedures, which are included in the school’s asthma management policy, differ from the instructions listed on the Asthma Action Plan of ‘how to administer reliever medication’.</td>
</tr>
<tr>
<td>School staff</td>
<td>Any person employed or engaged at a school who: • is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part • is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to asthma • the principal determines should comply with the school’s asthma management policy.</td>
</tr>
</tbody>
</table>
3. Medical information about asthma

What is asthma?

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. This makes 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.

What are the main causes?

A wide range of factors can trigger someone’s asthma, and triggers differ between individuals. Triggers of asthma can be:

- Allergens (if the person is sensitised)
- Airborne / environmental irritants
- Certain medicines
- Dietary triggers
- Respiratory tract infections
- Certain medical conditions
- Physiological and psychological changes

The best way to reduce an asthma flare-up occurring is to avoid / reduce, where possible, certain triggers and manage exposure to other triggers. The three most common asthma triggers in young people are: Exercise, colds and flus and cigarette smoke. Cigarette smoke is the one trigger people with asthma should always avoid.

For a more comprehensive list of asthma triggers see Appendix B

1 Australian Asthma Handbook V1.1 http://www.asthmahandbook.org.au/clinical-issues/triggers
Signs and symptoms

The most common symptoms of asthma are:

• wheezing – a continuous, high-pitched sound coming from the chest while breathing
• shortness of breath – a feeling of not being able to get enough air
• a feeling of tightness in the chest
• persistent coughing – alongside other symptoms.

Noisy breathing, such as a rattling sound, is common in healthy babies and pre-schoolers. This is not the same as wheezing and does not mean the child has asthma.

This table describes the symptoms of different types of asthma attacks. Symptoms will vary from student to student.

<table>
<thead>
<tr>
<th>Type</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild / Moderate</td>
<td>• may have a cough</td>
</tr>
<tr>
<td></td>
<td>• may have a wheeze</td>
</tr>
<tr>
<td></td>
<td>• minor difficulty in breathing</td>
</tr>
<tr>
<td>Severe</td>
<td>• cannot speak a full sentence in one breath</td>
</tr>
<tr>
<td></td>
<td>• may have a cough</td>
</tr>
<tr>
<td></td>
<td>• may have a wheeze</td>
</tr>
<tr>
<td></td>
<td>• obvious difficulty in breathing.</td>
</tr>
<tr>
<td></td>
<td>• Sitting hunched forward</td>
</tr>
<tr>
<td></td>
<td>• Lethargic (children)</td>
</tr>
<tr>
<td></td>
<td>• Tugging in of skin over the chest and throat</td>
</tr>
<tr>
<td></td>
<td>• Sore tummy (young children)</td>
</tr>
<tr>
<td>Life-threatening</td>
<td>• unable to speak or 1-2 words more than a few words per breath</td>
</tr>
<tr>
<td></td>
<td>• being very distressed and anxious</td>
</tr>
<tr>
<td></td>
<td>• collapsed, exhausted, unconscious</td>
</tr>
<tr>
<td></td>
<td>• wheeze and cough may be absent</td>
</tr>
<tr>
<td></td>
<td>• gasping for breath</td>
</tr>
<tr>
<td></td>
<td>• pale and sweaty</td>
</tr>
<tr>
<td></td>
<td>• may have blue lips discolouration</td>
</tr>
<tr>
<td></td>
<td>• sucking in of skin over ribs/throat</td>
</tr>
<tr>
<td></td>
<td>• drowsy/confused.</td>
</tr>
</tbody>
</table>

Medical information about asthma
Treatment of asthma symptoms

Inhaled short-acting beta$_2$ agonist relievers (reliever medication) administered through an asthma spacer device is the most effective first aid treatment for asthma.

Children diagnosed as being at risk of asthma are prescribed reliever medication for use in an emergency. Reliever medication comes in various devices to be administered; the most common device is a metered-dose inhaler (puffer).

Puffer reliever medication should be delivered through an asthma spacer device with children under 4 needing a face mask attached to the spacer.

Other asthma medication

Some children will be prescribed other medication to help prevent asthma symptoms occurring; these medications should not be provided to schools to administer or hold onsite unless, the child is attending activities where they will be required to be away from home for an extended period of time.

For a more comprehensive list of asthma medication see Appendix C

Asthma and School Camps

Schools should ensure:

- parents provide enough medication (including preventer medication) for the student if they are going away overnight
- enough Asthma Emergency Kits are available for the camp or excursion needs
- that parents/guardians to complete the Asthma Foundation’s School Camp and Excursion Medical Update Form and the Department’s Confidential Medical Information for School Council Approved School Excursions form.

The School Camp and Excursion Medical Update Form can be downloaded from the Asthma Foundation of Victoria website: Victorian School Resources

Exercise induced bronchoconstriction (EIB) (asthma)

Children with asthma can and should participate in physical activity. Exercise induced asthma can be managed effectively with relievers and preventers (or both) and should not stop children with asthma participating in activities unless they are already unwell.

If a student has EIB schools should ensure that they allow adequate time for the following procedures; before, during and after exercise

| Before Exercise: | • Blue or blue/grey reliever medication to be taken by student 15 minutes before exercise or activity (if indicated on the students’ Asthma Action Plan)  
• student to undertake adequate warm up activity |
|------------------|----------------------------------------------------------------------------------------|
| During Exercise: | • if symptoms occur, student to stop activity, take blue or blue/grey reliever medication, only return to activity if symptom free  
• if symptoms reoccur, student to take blue or blue/grey reliever medication and cease activity for the rest of the day. This is known as ‘two strikes and out’. |
| After Exercise:  | • ensure cool down activity is undertaken  
• be alert for symptoms |

If a student has an asthma attack during or after exercise or activity, follow their Asthma Action Plan if easily accessible, or commence Asthma First Aid.

Always notify parent of any incidents or medication usage.
Thunderstorm Asthma

Thunderstorm asthma is a form of asthma that is triggered by an uncommon combination of high pollen (usually during late Spring to early Summer) and a certain kind of thunderstorm. Anyone can be affected, even if they don’t have a history of asthma.

People at increased risk have a history of asthma, have unrecognised asthma, have hay fever (allergic rhinitis), particularly seasonal hay fever, or are allergic to grass pollen.

People experiencing asthma symptoms even if for the first time should not ignore it, and should seek medical advice as soon as possible. An asthma flare up can vary in severity and can be life threatening. If there are signs that a person’s condition is deteriorating, urgent care should be sought. Call Triple Zero (000).

Schools 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.

More information on thunderstorm asthma can be accessed on the Asthma Australia website: https://www.asthmaaustralia.org.au/nsw/about-asthma/resources/onair/2017/feb/thunderstorm-asthma

Forecast of pollen across Australian through a number of participating universities and partners http://www.pollenforecast.com.au/
Asthma and Colour Fun Runs

The inhalation of any small particles could affect people with asthma. The colours used in the Colour Run are in powder form (cornstarch), which could irritate the airways of someone with asthma and result in an asthma flare-up, particularly if they have a sensitivity to corn.

Students with asthma should be aware of the potential risk, and use their best judgement as to whether it will affect them, this should include consulting their GP to ensure it is safe to participate.

If students with asthma are participating in the event they should ensure they take their preventer if prescribed leading up to the event, have a blue reliever puffer and spacer available and follow their written Asthma Action Plan or the Asthma First Aid Steps in the event they experience asthma symptoms. Additional protective measures include wearing a facemask.

The Asthma Foundation of Victoria advises the organizers of the event to not throw the powder in the faces of participants.
4. Legal obligations for schools in relation to asthma

Duty of care

All school 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.

In relation to asthma management, the school and its staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is diagnosed with asthma.

One of the most obvious and practical ways to do this is through the enrolment process, by asking parents to specify, in a clearly defined section of the enrolment form, ‘yes’ or ‘no’ as to whether their child has asthma. Schools should pro-actively and promptly follow up parents if this question is not answered. If the answer is ‘yes’, the school should ensure that sufficient information is provided by the parents, including an appropriate Asthma Action Plan for to be signed by a Medical Practitioner.

Another way is to regularly remind parents and students to advise the school of any change in their circumstances, including any changes in the diagnosis and treatment of medical conditions. This should be done regularly (eg once or twice per year) and can be done via newsletters or other regular communications to the school community. Having clearly defined, robust procedures in place on enrolment and regular reminder communications to the school community should enable schools to obtain the information required to meet this duty of care.

Disability discrimination legislation

Asthma 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.

Direct discrimination could occur when a student is treated unfavourably because of their asthma, for example, not being allowed to attend a camp because they have asthma. Indirect discrimination may occur where a school has imposed a requirement on all students which disadvantages asthma students. For example, setting a policy which requires all students to participate in a beep test, where exercise is a trigger for specific student in the class, will impact on that's student’s ability to participate in the class.

Under the Disability Standards for Education 2005, schools have an obligation to make reasonable adjustments to accommodate students with disabilities. It is important to consult with a student’s parent on what reasonable adjustments are appropriate for a student with asthma.
Kindergartens

These guidelines do **NOT** apply to kindergarten programs, whether run by the school or an external provider.

The *Education and Care Services National Law Act 2010* specifies that kindergartens are an ‘education and care service’, and the requirements relating to the management of asthma are contained in Regulation 90(1)(a) of the Education and Care Services National Regulations.

Outside School Hours Care Programs

These guidelines do **NOT** apply to outside school hours care (OSHC) programs, whether run by the school or an external provider.

The *Education and Care Services National Law Act 2010* specifies that an ‘outside school hours service’ is an ‘education and care service’, and the requirements relating to the management of asthma are contained in Regulation 90(1)(a) of the Education and Care Services National Regulations.
5. Staff training

Who must undertake this training?

The following school staff should undertake non-accredited training in Asthma first aid management for education staff through the Asthma Foundation:

- All staff with a direct teaching role with students affected by asthma
- any other school staff identified by the principal, based on an assessment of the risk of an asthma attack occurring while a student is under the care or supervision of the school.

If a staff member has not yet completed training, the principal is responsible for developing an interim Student Health Support Plan that includes the student's Asthma Action Plan in consultation with the student's parents. Training should take place as soon as practicable after the student diagnosed with asthma enrolls, preferably before the student's first day at school.

Training for general school staff

Relevant school staff must have successfully completed an asthma management training program.

The list of training courses that meet the definition of ‘asthma management training program’ for the purposes of the guidelines are on the following page

The Asthma first aid management for education staff is available to all schools free of charge. It can be delivered to schools as a one hour face to face session for as many staff needed or online.

The online course is comprised of three learning modules:

1. About Asthma
2. Asthma at School
3. Asthma First Aid

Each module will take approximately 20 minutes to complete. Quiz questions and activities are incorporated within each module to check understanding of the information presented.

All three modules must be completed for staff to be issued with an Asthma First Aid certificate as a record of their compliance. The certificate is valid for three years.

If staff are unable to complete the entire package all at once, they can log out after completing a module and return to the package later. If they log out before completing a module, they will need to recommence at the start of the module when they log back in.

<table>
<thead>
<tr>
<th>Course</th>
<th>Provider</th>
<th>Completed by</th>
<th>Cost</th>
<th>Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma first aid management for education staff</td>
<td>Asthma Foundation of Victoria</td>
<td>All school staff</td>
<td>Free to all schools</td>
<td>3 years</td>
</tr>
<tr>
<td>*10392NAT Course in Emergency Asthma Management</td>
<td>Any RTO that has this course in their scope of practice</td>
<td>Staff working with high risk children with a history of severe asthma.</td>
<td>Paid by each school</td>
<td>3 years</td>
</tr>
<tr>
<td>*22282VIC Course in Management of Asthma Risks and Emergencies in the Workplace</td>
<td>Any RTO that has this course in their scope of practice</td>
<td>Staff working with high risk children with a history of severe asthma.</td>
<td>Paid by each school</td>
<td>3 years</td>
</tr>
</tbody>
</table>

* Schools only need to complete one of these courses to meet the requirements.

**Annual briefing**

The briefing must be conducted by a staff member who has completed one of the Asthma Management Training courses (current).

This ensures that the designated staff member conducting the briefing has a higher level of knowledge relating to asthma management, and, importantly in the correct use of a puffer and spacer.

A template presentation for the briefing can be downloaded from the Asthma Foundation of Victoria website: [Victorian School Resources](http://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools/victorian-schools-resources/school-resources)

Although the guidelines only specifies that relevant school staff must be briefed regularly, the Department considers that it is best practice for a school to brief all school staff on a regular basis regarding asthma and the school’s asthma management policy.
6. School Asthma Management Policy

If a school has enrolled a student diagnosed with asthma, it must have a school asthma management policy.

A school asthma management policy must contain all of the following matters:

- a statement that the school will comply with the school's policy advisory guide for asthma as published by the Department.
- identification of school staff who must complete certain training, and the procedures for the training (see Chapter 5)
- information about the collection, monitoring and regular review of Asthma Action Plans for diagnosed students, (see Chapter 7)
- information and guidance in relation to the school's management of asthma, including:
  - Prevention strategies to be used by the school to minimise the risk of an asthma attack (see Chapter 8)
  - School management and emergency response procedures that can be followed when responding to an asthma attack (see Chapter 9);
  - the circumstances under which reliever medication in Asthma Emergency Kits must be purchased by the school (see Chapter 10)
  - a communication plan that ensures that all school staff (including volunteers and casual staff), students and parents are provided with information about asthma and the school's asthma management policy (see Chapter 11)

If the principal has decided to implement Individual Asthma Risk Minimisation Plans and an Annual Risk Minimisation, the school asthma management policy should contain the following matters:

- information about the development, implementation, monitoring and regular review of Individual Asthma Risk Minimisation Plans for affected students, which include an individual Asthma Action Plans (see Chapter 7)
- completion of an annual Risk Management Checklist (see Chapter 12).

More detailed information about the matters which must be contained in the school asthma management policy is set out in the following chapters as indicated above.

This policy should be reviewed regularly, and as relevant circumstances change.

A sample school asthma management policy is provided at Appendix D.
7. Individual Asthma Risk Minimisation Plans

Whose responsibility is it to develop a plan?

It is recommended that the principal of the school is responsible for ensuring that an Individual Risk Minimisation Plan is developed for each student who has been diagnosed by a medical practitioner as having asthma, where the school has been notified of that diagnosis. The Plan is to be developed in consultation with the student's parents.

The Plan must be in place as soon as practicable after the student enrols, and where possible, before the student's first day at the school.

What must be included in an individual asthma risk minimisation plan?

A template for Individual Asthma Risk Minimisation Plan’s is included in Appendix E.

As specified in the template the plan must include:

- information about the student's medical condition that relates to asthma and the potential for a severe / life-threatening asthma attack, including the type of triggers the student has (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known and notified triggers while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the strategies
- information on where the student's medication will be stored
- the student's emergency contact details
- a completed Asthma Action Plan signed by a medical practitioner.

Where should the plans be kept?

Copies of each student’s Individual Asthma Risk Minimisation Plan should be kept in various locations around the school so that it is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, the school gym, the sick bay, the school office, and in the yard duty bag.

When should the plan be reviewed?

It is recommended the principal review an Individual Asthma Risk Minimisation Plan in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe / life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).
What role do parents play in the development and review of a plan?

The school’s Asthma Management Policy must state that it is the responsibility of the parents to:

- provide the Asthma Action Plans signed by the medical practitioner
- inform the school in writing if their child’s medical condition, insofar as it relates to asthma, changes and if relevant provide an updated Asthma Action Plan
- provide an up to date photo for the Asthma Action Plan when that Plan is provided to the school and when it is reviewed
- provide the school with asthma reliever medication that is current and not expired for their child.

The interaction between the school’s asthma management policy and each student’s Individual Asthma Risk Minimisation Plan is diagrammatically represented at Figure 7.1, including the responsibilities of the principal and the student’s family.

![Figure 7.1](image-url)
8. Prevention strategies

How can the risk of an asthma attack be minimised in schools?

A school’s asthma management policy should include prevention strategies used by the school to minimise the risk of a severe / life-threatening asthma attack.

It is important to remember that minimisation of the risk of a severe / life-threatening asthma attack is everyone’s responsibility: including the principal and all school staff, parents, students and the broader school community.

Parents must also assist their child’s school to manage the risk of an asthma attack. For example, parents must:

- communicate their child’s triggers and diagnosis of asthma to the school at the earliest opportunity, preferably on enrolment
- continue to communicate with school staff and provide up to date information about their child’s medical condition
- provide the school staff with an Asthma Action Plan
- participate in yearly reviews of their child’s Individual Asthma Risk Minimisation Plan
- ensure that their child has asthma reliever medication and an asthma spacer device(where directed by a medical practitioner) that is current and not expired at all times.

**Risk minimisation and prevention strategies**

Statistics show that smoke, pollen, exercise and colds and flu are the most common trigger for an asthma attack. To minimise the risk of a first time reaction to pollen, schools should consider removing any high risk flowering plants from the school grounds. It is recommended that school activities don’t place pressure on student with exercise-induced-asthma to participate in activities when they are unwell. More information about low allergen gardens can be at the Asthma Foundation of Victoria website at: www.asthmaaustralia.org.au.

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School staff are reminded that they 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 development and implementation of appropriate prevention strategies to minimise the risk of a severe / life-threatening asthma attack is an important step to be undertaken by school staff when trying to satisfy this duty of care.

A number of suggested prevention strategies are included at Appendix F which, as a minimum, should be considered by school staff, for the purpose of developing...
prevention strategies for in-school and out-of-school settings. It is recommended that school staff determine which strategies are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Where relevant, it would be prudent to record the reason why a decision was made to exclude a particular strategy listed in these Guidelines.

The selected prevention strategies must be specified in the school asthma management policy. This includes any other strategies developed by the school staff but which are not contained in these Guidelines.
Where should we store the reliever medication?

It is recommended that:

- Reliever medication for individual students, or for the Asthma Emergency Kits, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to a trigger can lead to a severe / life-threatening asthma attack in as little as five minutes
- Reliever medication be stored in an unlocked, easily accessible place away from direct heat but not in a refrigerator or freezer
- Each reliever medication be clearly labelled with the student’s name and be stored with a copy of the student’s Asthma Action Plan
- An Asthma Emergency Kit be clearly labelled and distinguishable from those for students diagnosed with asthma

Regular review of reliever medication

Schools are encouraged to undertake regular reviews of students’ reliever medication, and those in the Asthma Emergency Kits. When undertaking a review, the following factors could be checked and/or considered:

1. Reliever medications are:
   - stored correctly and be able to be accessed quickly, because, in some cases, exposure to a trigger can lead to an asthma attack in as little as five minutes
   - stored in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer
   - clearly labelled with the student’s name, or for general use
   - signed in and out when taken from its usual place, e.g. for camps or excursions.

2. Each student’s reliever medication is distinguishable from other students’ reliever medication. Asthma Emergency Kits are also clearly distinguishable from students’ reliever medication.

3. All school staff know where reliever medications are located.

4. A copy of the student’s Asthma Action Plan is kept with their reliever medication.

5. Depending on the severity of past attacks, it may be appropriate to have a student’s reliever medication in class or in a yard-duty bag.

Schools are also encouraged to arrange for a designated school staff member (eg. school nurse, first aid co-coordinator) to conduct regular reviews of the reliever medications to ensure they are not out of date.

If the designated staff member identifies any reliever medications which are out of date, they should consider:

- sending a written reminder to the student’s parents to replace the reliever medication
- advising the principal that the reliever medication needs to be replaced by a parent and
• working with the principal to prepare an interim Individual Asthma Risk Minimisation Plan pending the receipt of the replacement reliever medication.
9. School planning and emergency response

Schools must have Emergency Response Procedures for students diagnosed with asthma as part of their school Asthma Management Policy.

What should schools do to plan for an emergency?

A school’s Asthma Management Policy must include details of how the policy integrates with the school’s general first aid and emergency response procedures.

The school’s Asthma Management Policy must include Emergency Response Procedures relating to asthma attacks including:

- a complete and up to date list of students identified as being diagnosed with asthma
- details of Individual Asthma Action Plans and where these can be located including:
  - in a classroom
  - in the school yard
  - in all school buildings and sites including gymnasiums and halls
  - on school excursions
  - on school camps
  - at special events conducted, organised or attended by the school
- an outline of the storage and accessibility of reliever medication, including Asthma Emergency Kits
- how communication with school staff, students and parents is to occur in accordance with a Communication Plan that complies with Chapter 11.

The school’s Asthma Management Policy must state that when a student diagnosed with asthma is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there are a sufficient number of school staff present who have been trained in accordance with Chapter 12.

The school’s Asthma Management Policy must state that in the event of a severe or life threatening asthma attack, the Emergency Response Procedures in its policy must be followed, together with the school’s general first aid and emergency response procedures and the student’s Asthma Action Plan.

Role and responsibilities of principals

School principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students diagnosed with asthma. To assist principals in meeting their responsibility, a summary of some suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by principals:
1. Ensure that the school develops, implements and reviews its school Asthma Management Policy in accordance with the Schools Policy Advisory Guide.

2. 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).

3. Ensure that parents provide an Asthma Action Plan which has been signed by the student’s medical practitioner and that contains an up-to-date photograph of the student.

4. Ensure that the School Asthma Management Plan is developed in consultation with the student’s parents for any student that has been diagnosed by a medical practitioner with asthma, where the school has been notified of that diagnosis. 

   This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to triggers, and nomination of staff who are responsible for implementation of those strategies. Ensure students’ Individual Asthma Management Plans are communicated to staff.

5. Ensure that parents 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.

6. Ensure that a Communication Plan is developed to provide information to all school staff, students and parents about asthma and the school’s Asthma Management Policy.

7. Ensure there are procedures in place for providing volunteers and casual relief staff of students diagnosed with asthma and their role in responding to a student having an asthma attack in their care.

8. Ensure that relevant school staff have successfully completed approved asthma training in the three years prior.

9. Ensure that relevant school staff are briefed at least annually by a staff member who has completed current asthma management training. Information to be covered should include:
   - the school’s Asthma Management Policy
   - the causes, symptoms and treatment of asthma
   - the identities of students diagnosed with asthma and the location of their medication
   - how to use a puffer and spacer
   - the school’s general first aid and emergency procedures
   - the location of Asthma Emergency Kits that have been purchased by the school for general use.

10. Allocate time, such as during staff meetings, to discuss, practice and review the school’s Asthma Management Policy. Practice using placebo puffers as a group and undertake drills to test effectiveness of the school’s general first aid procedures.

11. Encourage ongoing communication between parents and school staff about the current status of the student’s asthma, the school’s policies and their implementation.
14. Ensure that the School Asthma Management Plan is reviewed in consultation with parents annually, when the student's medical condition changes, as soon as practically after a student has a severe or life threatening attack at school, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.

15. Ensure the Risk Management Checklist for asthma is completed annually.

16. Arrange to purchase and maintain an appropriate number of Asthma Emergency Kits for general use to be part of the school's first aid kit.

### Role and responsibilities of school staff

All school 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. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist school staff who conduct classes that students diagnosed with asthma attend, and other school staff where relevant, a summary of some suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by school staff when seeking to discharge their duty of care:

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know and understand the school’s Asthma Management Policy.</td>
</tr>
<tr>
<td>2.</td>
<td>Know the identity of students who are diagnosed with asthma. Know the students by face.</td>
</tr>
<tr>
<td>3.</td>
<td>Understand the causes, symptoms, and treatment of asthma.</td>
</tr>
<tr>
<td>4.</td>
<td>Obtain regular training in how to recognise and respond to an asthma attack, including administering relieve medication. Refer to Chapter 5 for more details.</td>
</tr>
<tr>
<td>5.</td>
<td>Know where to find a copy of each student’s Asthma Action Plan quickly, and follow it in the event of an asthma flare-up/attack.</td>
</tr>
<tr>
<td>6.</td>
<td>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.</td>
</tr>
<tr>
<td>7.</td>
<td>Know where students' reliever medication and the Asthma Emergency Kits for general use are kept.</td>
</tr>
<tr>
<td>9.</td>
<td>Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school.</td>
</tr>
<tr>
<td>10.</td>
<td>Be aware of the possibility of hidden triggers in art supplies or traces of triggers when using items such as paint cleaning chemicals in art or food additives in cooking classes.</td>
</tr>
</tbody>
</table>
Students may also be at risk of an asthma attack when they experience extreme emotions induced at school; e.g. stress during exams

11. Raise student awareness about asthma and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Role and responsibilities of parents of a student diagnosed with asthma.

Parents have an important role in working with the school to minimise the risk of asthma. Set out below is a summary of some suggested areas where they may actively assist the school. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by parents:

1. Inform the school in writing, either at enrolment or diagnosis, of the student's asthma.

2. Obtain an Asthma Action Plan from the student's medical practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.

3. Inform school staff in writing of any changes to the student's medical condition and if necessary, provide an updated Asthma Action Plan.

4. Provide the school with an up to date photo for the student's Asthma Action Plan and when the plan is reviewed.

5. Meet with and assist the school to develop the School's Asthma Management Plan, including risk management strategies.

6. Provide the school with reliever medication and spacer device, where the medication is administered by a puffer, that are current and not expired.

7. Replace the student’s reliever medication as needed, before their expiry date or when used.

8. Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).

9. Inform school staff in writing of any changes to the student's emergency contact details.

10. Participate in reviews of the School’s Asthma Management Plan:
   • when there is a change to the student's condition
   • as soon as practicable after the student has an severe or life threatening attack at school
   • at its annual review
   • prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.
What should we do if someone has a severe or life threatening asthma attack?

It is important for schools to have in place first aid and emergency response procedures that allow staff to react quickly if an asthma attack occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken.

**Self-administration of the reliever medication**

The decision whether a student can carry their own reliever medication should be made, in consultation with the student, the student's parents and the student’s medical practitioner.

It is important to note 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 relation to these circumstances, school staff must administer the reliever medication to the student, in line with their duty of care for that student.

If a student self-administers their reliever medication, one member of the school staff should supervise and monitor the student, and another member of the school staff should contact an ambulance (on emergency number 000/112).

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.

**Responding to an incident**

A member of the school staff should remain with the student who is displaying symptoms of an asthma attack at all times. As per instructions on the Asthma Action Plan:

‘Sit the person upright.’

Another member of the school staff should immediately locate the student's reliever medication and the student's Asthma Action Plan.

The reliever medication should then be administered following the instructions in the student's Asthma Action Plan. Where possible, only school 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.

**In the school environment**

- **Classrooms** - schools may use classroom phones/personal mobile phones to raise the alarm that an attack has occurred. Some schools may decide to utilise an emergency card system (laminated card stating asthma emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting reliever medication to the child and other emergency response protocols.

- **Yard** - schools may use mobile phones, walkie talkies or a card system whilst on yard duty. Consideration needs to be given to the size of the campus, the number and age of students diagnosed, where first aiders will be stationed during lunch breaks etc.

In addition to planning ‘how’ to get reliever medication to a student, plans need to be in place for:

- a nominated staff member to call ambulance if needed
- a nominated staff member to wait for ambulance at a designated school entrance.
Out-of-school environments

• Excursions and Camps - Each individual camp and excursion where a child stays overnight requires a School Camp and Excursion Medical Update Form for each individual student attending who is diagnosed with asthma. Therefore emergency procedures will vary accordingly. A team of school staff trained in asthma need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
  • the location of reliever medication i.e. who will be carrying them. Is there a Asthma Emergency Kit? Who has it?
  • ‘how’ to get the reliever medication to a student
  • will reliever medication be stored with the teacher or the student during the night?
  • ‘who’ will call for ambulance response, including giving detailed location address, e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

<table>
<thead>
<tr>
<th>How to administer an Reliever Medication with a Spacer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Remove cap from puffer, shake puffer well and attach puffer to end of spacer</td>
</tr>
<tr>
<td>2. Place mouthpiece of spacer in mouth ensure lips seal around it</td>
</tr>
<tr>
<td>3. Get the person to breath gently out into the spacer</td>
</tr>
<tr>
<td>4. Press down on puffer canister once to fire medication into spacer</td>
</tr>
<tr>
<td>5. Get the person to breathe in and out normally for four breaths (keeping their mouth on the spacer)</td>
</tr>
<tr>
<td>6. Give more medication in accordance with the Asthma Action Plan by repeating steps 2 -5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to administer an Reliever Medication using a Turbuhaler Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unscrew and lift of the cap</td>
</tr>
<tr>
<td>2. Hold the turbuhaler upright, twist coloured base around all the way, and then back all the way</td>
</tr>
<tr>
<td>3. Get the person to breath out gently away from the turbuhaler, do not let them blow into the turbuhaler</td>
</tr>
<tr>
<td>4. Put mouthpiece in mouth ensuring a good seal is formed with lips, get the person to breath in through their mouth strongly and deeply</td>
</tr>
<tr>
<td>5. Remove turbuhaler from mouth, get the person to hold their breath for about 5 seconds, or as long as is comfortable</td>
</tr>
<tr>
<td>6. Give more medication in accordance with the Asthma Action Plan by repeating steps 2 -5</td>
</tr>
</tbody>
</table>
If the student is having a severe or life threatening asthma attack, the school must

1. **Immediately** call an ambulance (000/112).

2. Sit the person upright.

3. Reassure the student experiencing the attack as they are likely to be feeling anxious and frightened as a result of the attack. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them elsewhere.

4. In the situation where there is no improvement or **severe symptoms** progress (as described in the Asthma Action Plan), more medication (of the same dosage) may be administered after four minutes.

5. **Then** contact the student’s emergency contacts.

6. **For government and Catholic schools - later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

7. **For independent schools - later**, enact your school’s emergency and critical incident management plan.

---

**Always call an ambulance as soon as possible (000)**

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

**First-time Asthma Attacks**

If a student has a severe or life threatening asthma attack, but has not been previously diagnosed with asthma, the school staff should follow the school’s first aid procedures.

This should include immediately;

- locating the administering reliever medication from the Asthma Emergency Kit
- after the first 4 doses of reliever medication call Triple Zero “000” for an ambulance
- continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive.

**Post-incident support**

A life threatening asthma attack can be a very traumatic experience for the student, others witnessing the attack, and parents. In the event of a severe or life threatening attack, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or school psychologist.
### Review

After a severe or life threatening asthma attack reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place:

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td><strong>1.</strong></td>
<td>The School's Asthma Management Plan should be reviewed in consultation with the student's parents.</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>The school's Asthma Management Policy should be reviewed to ensure that it adequately responds to an asthma attack by students who are in the care of school staff.</td>
</tr>
</tbody>
</table>
10. Asthma Emergency Kits (AEK)

Purchasing asthma emergency kits

The principal of the school is responsible for arranging the purchase of asthma emergency kits for general use, and as a back up to reliever medication supplied by parents of students who have been diagnosed with asthma.

Asthma Emergency Kits must contain:

- Blue or blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 single person use spacer devices to assist with effective inhalation of the blue or blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
  - how to use the medication and spacer devices
  - steps to be taken in treating an asthma attack
- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.

If schools are using the Lite-Aire Disposable Cardboard spacer in their Asthma Emergency Kit, the school needs to be aware that the imagery is printed in refined soy ink. Although the risk of developing an allergic reaction to refined soy ink is low, there is still a risk in highly sensitive individuals.

The Asthma Foundation of Victoria also provides a range of information for staff including a fact sheet about using reliever medication/spacers, first aid poster, Asthma Emergency Kits, free asthma education sessions, planning and support, see http://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools

Schools can purchase Asthma Emergency Kits from the Asthma Foundation of Victoria or the components can be purchased through retail pharmacies.

Reliever medication such as Airomir, Asmol, or Ventolin can be purchased at any chemist. No prescription is necessary on the written authority of the principal. Medication for the AEK’s are to be purchased by a school at its own expense, and in the same way that supplies for school first aid kits are purchased.

Number of Asthma Emergency Kits to purchase

Schools must provide and maintain at least two Asthma Emergency Kits - one to keep at the school, and a mobile kit for activities such as excursions and camps. It is recommended that large schools have an additional kit for every 300 students, see Locations.

<table>
<thead>
<tr>
<th>Minimum Asthma Emergency Kit (AEK) Requirements</th>
<th>Minimum AEK requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Characteristics</td>
<td></td>
</tr>
<tr>
<td>Less than 299 employees (and students)</td>
<td>2 Asthma Emergency Kits</td>
</tr>
<tr>
<td>300 - 399 employees (and students)</td>
<td>3 Asthma Emergency Kits</td>
</tr>
<tr>
<td>400 – 499 employees (and students)</td>
<td>4 Asthma Emergency Kits</td>
</tr>
<tr>
<td>500 - 599 employees (and students)</td>
<td>5 Asthma Emergency Kits</td>
</tr>
<tr>
<td>600 - 699 employees (and students)</td>
<td>6 Asthma Emergency Kits</td>
</tr>
</tbody>
</table>
The principal should take into account the following relevant considerations:

- the availability and sufficient supply of asthma emergency kits in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- reliever medication contain up to 200 doses, puffers do not have a dose counter on them, the school will need to replace the medication before 200 doses have been administered.
- reliever medication has a limited life, and will usually expire within 12-18 months, and will need to be replaced at the school’s expense either at the time of use or expiry, whichever is first.

**When to use asthma emergency kits**

It is recommended that the asthma emergency kits be used when:

- a student's prescribed reliever medication does not work, is misplaced, out of date or is not immediately available
- a student is having a first time asthma attack and does not have a medical diagnosis for asthma or
- when instructed by a medical officer after calling 000.

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

**Cleaning requirements**

**Asthma spacers are single-person use only.** To avoid infection transmission via mucus, spacers and masks must only be used by the one student. They should be:

- stored in a dustproof container.
- cleaned once a month or after a respiratory tract infection by the student/parent/carer.

Note: Blue or blue/grey reliever medication ‘puffers’ may be used by more than one student, as long as they have been used with a spacer. If the medication delivery device (e.g. puffer) comes into contact with someone’s mouth it cannot be reused and must be replaced.

**Cleaning puffer**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Remove the metal canister from the puffer. Do not wash the canister.</td>
</tr>
<tr>
<td>2</td>
<td>Wash the plastic casing.</td>
</tr>
</tbody>
</table>
### Locations

Asthma Emergency Kits should be located strategically around the school and be readily available in an asthma emergency. Mobile Asthma Emergency Kits are also required for:

- yard duty
- excursions/ sports days
- camps.
11. Communication Plan

The principal of a school is responsible for ensuring that a Communication Plan is developed to provide information to all school staff, students and parents about asthma and the school's Asthma Management Policy.

The Communication Plan must include strategies for advising school staff, students and parents about how to respond to an asthma attack in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

The Communication Plan must include procedures to inform volunteers and casual relief staff of students diagnosed with asthma and the potential of an asthma attack and their role in responding to a student experiencing an asthma attack in their care.

It is the responsibility of the principal of a school to ensure that the school staff identified in Chapter 12 are trained in accordance with Chapter 12.

Raising staff awareness

The Communication Plan should include arrangements for relevant school staff to be briefed at least once per year by a staff member who has current accredited asthma management training (see Chapter 5 for further detail). However, it is best practice for a school to brief all school staff on a regular basis regarding asthma and the school's Asthma Management Policy.

In addition, it is recommended that a designated staff member(s) be responsible for briefing all volunteers and casual relief staff, and new school staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to a student having an asthma attack in their care.

Raising student awareness

Peer support is an important element of support for students diagnosed with asthma.

School staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

<table>
<thead>
<tr>
<th>Student messages about asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Always take asthma seriously– everyone can have asthma.</td>
</tr>
<tr>
<td>2. Don't use an excessive amount of aerosol deodorant or perfume around friends who have asthma.</td>
</tr>
<tr>
<td>3. Know what triggers your friend's asthma.</td>
</tr>
</tbody>
</table>
4. If a school friend becomes sick, get help immediately even if the friend does not want to.

6. Be respectful of a school friend’s medication and asthma devices.

It is important to be aware that a student diagnosed with asthma may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students diagnosed with asthma can occur in the form of teasing. Talk to the students involved so they are aware of the seriousness of an asthma attack. Any attempt to harm a student diagnosed with asthma must be treated as a serious and dangerous incident and dealt with in line with the school’s anti-bullying policy.

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at: http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx

Work with parents

Schools should be aware that parents of a child who is diagnosed with asthma may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising school community awareness

Schools are encouraged to raise awareness about asthma in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter.

Parent Information Sheets that promote greater awareness of asthma and can be downloaded from the Asthma Foundation of Victoria’s website at:

http://www.asthmaaustralia.org.au/vic/about-asthma/resources/fact-sheets

Organisations providing information and resources

- **National Asthma Council** (NAC) is the national authority on asthma providing the latest information on asthma to health professionals to help improve their quality of care. The NAC writes Guidelines based on scientific and medical evidence on asthma and the treatment of asthma. Further information is available at: http://www.nationalasthma.org.au/

- **The Asthma Foundation of Victoria** (AFV) is a non-profit organisation that raises awareness in the Victorian community about asthma. A range of items including brochures, medical devices and training resources are available from the online store on The Asthma Foundation of Victoria’s website. Further information is available at: http://www.asthmaaustralia.org.au/vic/home
• **Asthma Advice Line** provides advice and support on implementing asthma legislation to education and care services and Victorian children's services. The Asthma Advice Line is available between the hours of 9.00 a.m. to 5:00 p.m., Monday to Friday. Phone 1800 278 462 (toll free) or (03) 9326 7088. Further information is available at: [http://www.asthmaaustralia.org.au/vic/about-asthma/manage-your-asthma](http://www.asthmaaustralia.org.au/vic/about-asthma/manage-your-asthma)

School nurses are also able to refer parents and students if they are concerned about their asthma for asthma education and support.
12. **Annual risk management checklist**

It is recommended the principal complete an annual asthma Risk Management Checklist to monitor their compliance with the Schools Policy Advisory Guide, these Guidelines, and their legal obligations.

It is recommended that the school's annual Risk Management Checklist for asthma contain questions relating to the following:

- background information about the school and students diagnosed with asthma
- details of Individual Asthma Risk Minimisation Plans and Asthma Action Plans
- storage and accessibility of reliever medication
- prevention strategies used by the school to minimise the risk of an asthma attack
- School’s general first aid and emergency response procedures for when an asthma attack occurs at all on-site and off-site school activities
- communication with school staff, students and parents.

The annual checklist can be found at Appendix F. It can also be downloaded from The Asthma Foundation of Victoria’s website at

**Victorian School Resources**

Appendix A: Frequently Asked Questions

General facts

What is the difference between an asthma flare-up and an asthma attack?

Asthma is a long term condition of the lungs with signs and symptoms that range from mild/moderate, severe and life-threatening. Sometimes people will not have any asthma symptoms at all, and this could mean they have “Good Asthma Control”. When people start to experience asthma symptoms it could mean their asthma is partially controlled or uncontrolled these asthma symptoms are called an asthma flare-up, attack, episode or exacerbation. The proper medical term is flare-up.

For the purpose of these guidelines where a flare-up is mentioned, it is in reference to someone with mild/moderate asthma symptoms, and you follow the Asthma Action Plan and administer the reliever medication.

Where asthma attack is mentioned in these guidelines, it is in reference to someone with severe or life-threatening asthma symptoms which is a medical emergency and Triple Zero “000” must be dialled immediately.

How do I know if the student’s respiratory symptoms are asthma and not anaphylaxis?

Unlike asthma, anaphylaxis can affect more than one system in the body. This means that, during a reaction, you may see one or more of the following symptoms: swelling or welts on the skin, stomach pain, vomiting or diarrhoea, in addition to breathing difficulties and increased heart rate or altered consciousness.

If you mistakenly treat asthma as anaphylaxis and give the adrenaline autoinjector according to the student’s ASCIA Action Plan for Anaphylaxis, you will do no harm. If in doubt, it is better to give the adrenaline autoinjector. Call an ambulance immediately and advise that you have administered the adrenaline autoinjector and also give them the time of the dose. Administer the students’ asthma reliever medication according to their Asthma Action Plan while waiting for the ambulance.
School response

What can I do to keep a student diagnosed with asthma safe in my class?

- be familiar with the student's Individual Asthma Risk Minimisation Plan
- be familiar with signs and symptoms of asthma
- know where their reliever medication is and how to administer it
- consult with the student's parents about potential hidden triggers in the classroom or other substances (e.g. soaps or lotions)
- ensure you have completed all risk minimisation strategies for the different areas the child may be in while in your care
- participate in asthma training to identify the causes, symptoms and treatment of asthma and the administration of reliever medication
- familiarise yourself with the school’s Emergency Response Procedures for asthma
- plan ahead for special class activities
- discuss asthma with your class.

If we follow all the policies and recommendations, will we prevent asthma attacks in our school?

The school will minimise the risk of an attack and be well equipped to manage an attack if it occurs. However there is no guarantee that you will prevent one. Remember that advance planning and good preparation and risk minimisation for all school settings is the best way to minimise risk and effectively manage asthma.

Asthma Reliever Medication

What happens to the student once I give them the reliever medication?

Within a few minutes the symptoms will start to subside and the student's condition will slowly start to improve. They will breathe more easily, muscles around the airways relax. However, they may feel very anxious and shaky. This is a side-effect of blue reliever medication. Reassure the student and closely watch them in case more medication is required after four minutes.

Can I give a more reliever medication after four minutes?

Watch the student closely in case of worsening symptoms or no response. In the situation where there is no improvement and/or deterioration of severe symptoms (as described in the student’s Asthma Action Plan) after 4 minutes (or any other length of time prescribed in the Asthma Action Plan), more medication should be administered.

If there is still no response after an additional 4 minutes, call an ambulance as soon as you can, and continue the Asthma First Aid procedure until the ambulance arrives.
## Can I give an reliever medication to an student who is experiencing an asthma attack if the medication has expired?

Expired reliever medication is less effective than in-date medication. If a student's reliever medication has expired, use the school's Asthma Emergency Kit. However, if expired reliever medication is the only medication available in an emergency, it should be used.

Remember, the key to effective management is preparation - do not allow yourself to be in a situation where you have a student diagnosed with asthma in your care and the reliever medication has expired. No school in Victoria should be holding expired medication.

## If a student is having a first time asthma attack (without any prior diagnosis), can the school administer an reliever medication on them?

If the schools AEK is immediately available, this should be used in the first instance. An ambulance should be called immediately for any student with difficulty breathing and no history of asthma. If one is not available, then it is recommended that you call 000 and seek medical advice.

## Can school staff use a student’s personal reliever medication (provided by parents of the child) on another student in an emergency?

If the schools AEK is immediately available, this should be used in the first instance. If one is not available, YES schools can use another student’s reliever medication. The priority is to assist the student having the asthma attack as it may be life-threatening. **School staff should only use another reliever medication if the school’s Asthma Emergency Kit is NOT available and it is an emergency.**

School staff should also immediately call 000,

This advice applies regardless of whether the student is having a first time asthma attack, or has previously been diagnosed with asthma. All schools are required to undertake prevention strategies, including the purchase of reliever medication for Asthma Emergency Kits that will minimise the risk of this occurring. It is acknowledged however that this may be difficult to manage for students experiencing a first time asthma attack without a prior diagnosis of asthma.

If the students’ puffer or medication delivery device comes into contact with another students’ mouth, then it must be replaced as soon as practically possible at the schools expense.

## A student’s Asthma Action Plan has one brand of reliever medication on it but the one the parents have provided is not the same brand. Does this matter?

No, as long as the delivery device is the same. Ventolin, Asmol and Airomir are brands but the medication is the same, Salbutamol. If you are unsure if the medication is the same, the National Asthma Council has an Asthma Medication Chart that can be referred to.

**Is there financial assistance available for schools to purchase reliever medication for Asthma Emergency Kits?**

Reliever medication is available from pharmacies without a prescription at a retail price. The Department does not have a budget to support schools to buy this medication.

**Legal issues**

**What are my legal rights if I make a mistake?**

All civil claims that allege that school Staff from a Victorian government school have been negligent in managing (or failing to appropriately manage) an asthma attack must be immediately referred to the Legal Division of the Department.

In the unlikely event that a legal claim is brought against a government school staff member in relation to the handling of an asthma attack (whether actual or reasonably suspected), the Department will conduct the defence of that claim for and on behalf of that staff member (unless the staff member has acted maliciously, with criminal intent or with extreme recklessness). The cost of defending any such claim will be borne by the Department, as will the payment of any damages to the claimant (whether court-ordered or by way of agreed settlement).

School staff from Victorian non-government schools should follow their school’s procedures relating to negligence claims. If in doubt, it is recommended that the claim be brought to the attention of the principal.

**Family communication**

**What should I do if the parents haven’t replaced their child’s reliever medication after it has expired?**

Contact the parents immediately and request them to replace the reliever medication. A reminder system should be in place to ensure the parents are followed up if a replacement reliever medication is not received within a reasonable time. The school should develop an interim Individual Asthma Risk Minimisation Plan for the student until the parents provide the replacement reliever medication.

**What if the parents haven’t told us about their child’s condition, but the child mentions it in class?**

Contact the student’s parents immediately to verify if their child is diagnosed with asthma and seek written medical advice. If it is confirmed, ask the parents to obtain reliever medication and Asthma Action Plan (device specific) for the school as soon as possible. In the meantime, the school should develop an interim Individual Asthma Risk Minimisation Plan for the student.
### The parents have provided an Asthma Action Plan which is different to the Asthma Action Plan for Victorian Schools, what do we do?

There are different types of Asthma Action Plans, these could be as simple as a letter from the hospital, for consistency and ease of reading for school staff, the principal or nominated person can transcribe with the student’s parents on a specific Asthma Action Plan for Victorian Schools. The original plan provided by the parents is to be kept in the student file.

For the transcribable action plan go to Asthma Foundation of Victoria website; Victorian School Resources


### The parents have told us that their child has grown out of their asthma and no longer need their medication, what do we do?

Some children do grow out of their asthma. These are usually children who have mild asthma to colds and flu and usually boys.

If a parent tells you their child has grown out of asthma and no longer need their medication, request the medical practitioner who completed the Asthma Action Plan write to the school informing them. This written notification can be in email form.

Although some children may grow out of their asthma, there is no guarantee they won’t present in the future with asthma symptoms.

### The parents have provided reliever medication for their child but they are not diagnosed with asthma, the medical practitioner has not provided an Asthma Action Plan because the child only has temporary asthma, what do we do?

Schools should obtain written advice on a Medication Authority Form for all medication to be administered by the school. The form should be completed by the student’s medical/health practitioner ensuring that the medication is warranted. However if this advice cannot be provided the principal may agree that the form can be completed by parents/guardians or adult/independent students (see: Department resources).

**Note:** Medication to treat asthma or anaphylaxis does not need to be accompanied by the Medication Authority Form as it is covered in the student’s health plan.

When a child presents with reliever medication for “temporary asthma” the principal should get the parents to get the medical practitioner to give written authority with instructions on what to do if a child shows symptoms and how long it is expected the child will need to have the medication.
Appendix B: Asthma Triggers

A wide range of factors can trigger asthma, and triggers differ between individuals. Triggers are divided into avoidable and unavoidable triggers. Risk minimisation strategies must be discussed for avoidable triggers.

<table>
<thead>
<tr>
<th>Avoidable triggers</th>
<th>Unavoidable triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always avoid</strong></td>
<td><strong>Do not avoid</strong></td>
</tr>
<tr>
<td>Cigarette smoke</td>
<td>Exercise</td>
</tr>
<tr>
<td></td>
<td>Laughter</td>
</tr>
<tr>
<td><strong>Avoid or reduce where possible</strong></td>
<td><strong>Manage</strong></td>
</tr>
<tr>
<td>Allergens (if person is sensitised and relevant avoidance strategies are practical and shown to be effective)</td>
<td>Respiratory tract infections</td>
</tr>
<tr>
<td>• Animal allergies (e.g. pets, animals in workplace)</td>
<td>Certain medicines</td>
</tr>
<tr>
<td>• Cockroaches</td>
<td>• Aspirin (when given for purpose of desensitisation)†</td>
</tr>
<tr>
<td>• House dust mite</td>
<td>• Anticholinesterases and cholinergic agents</td>
</tr>
<tr>
<td>• Moulds</td>
<td>• Combined medical conditions</td>
</tr>
<tr>
<td>• Occupational allergens</td>
<td>• Allergic rhinitis/rhininusitis</td>
</tr>
<tr>
<td>• Pollens</td>
<td>• Gastro-oesophageal reflux disease</td>
</tr>
<tr>
<td>• Thunderstorms (airborne pollutants, moulds)</td>
<td>• Nasal polyps</td>
</tr>
<tr>
<td><strong>Airborne/environmental irritants</strong></td>
<td>• Obesity</td>
</tr>
<tr>
<td>• Cold/dry air</td>
<td>• Upper airway dysfunction‡</td>
</tr>
<tr>
<td>• Fuel combustion (nitrogen dioxide-emitting gas heaters)</td>
<td><strong>Physiological and psychological changes</strong></td>
</tr>
<tr>
<td>• Home renovation materials</td>
<td>• Extreme emotions</td>
</tr>
<tr>
<td>• Household aerosols</td>
<td>• Hormonal changes (e.g. menstural cycle)</td>
</tr>
<tr>
<td>• Moulds (airborne endotoxin)</td>
<td>• Pregnancy</td>
</tr>
<tr>
<td>• Occupational irritants</td>
<td>• Sexual activity</td>
</tr>
<tr>
<td>• Outdoor industrial and traffic pollution</td>
<td></td>
</tr>
<tr>
<td>• Perfumes/scents/incense</td>
<td></td>
</tr>
<tr>
<td>• Smoke (any, including bushfires, vegetation reduction fires, indoor wood fires)</td>
<td></td>
</tr>
<tr>
<td>• Thunderstorms (multiple mechanisms)</td>
<td></td>
</tr>
<tr>
<td><strong>Certain medicines</strong></td>
<td></td>
</tr>
<tr>
<td>• Aspirin and NSAIDs (in patients with aspirin-exacerbated respiratory disease)</td>
<td></td>
</tr>
<tr>
<td>• Beta blockers†</td>
<td></td>
</tr>
<tr>
<td>• Bee products (pollen, propolis, royal jelly)</td>
<td></td>
</tr>
<tr>
<td>• Echinacea</td>
<td></td>
</tr>
<tr>
<td><strong>Dietary triggers</strong></td>
<td></td>
</tr>
<tr>
<td>• Food chemicals/additives (if person is intolerant)</td>
<td></td>
</tr>
<tr>
<td>• Thermal effects (e.g. cold drinks)</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Asthma Medication Chart
Appendix D: Sample Asthma Management Policy

School name
Note: this is only a sample. Your school must develop/update its own Asthma Management Policy. Schools should read the Schools Policy Advisory Guide published and amended by the Department from time to time.

School statement
A statement that the school will fully comply with Schools Policy Advisory Guide published and amended by the Department from time to time.

Note: this statement will acknowledge the school’s responsibility to develop and maintain an Asthma Management Policy.

Staff training
The following school staff will be appropriately trained:
Group 1: All staff with a duty of care for students must undertake an asthma education session
Group 2: Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers complete asthma management training
   o Any other school staff as determined by the principal to attend.

<table>
<thead>
<tr>
<th>Group</th>
<th>Completed by</th>
<th>Course</th>
<th>Provider</th>
<th>Cost</th>
<th>Valid for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>All school staff</td>
<td>Asthma first aid management for education staff</td>
<td>The Asthma Foundation of Victoria</td>
<td>Free to all schools</td>
<td>3 years</td>
</tr>
<tr>
<td>Group 2</td>
<td>Option 1</td>
<td>Staff with a direct student wellbeing responsibility</td>
<td>*Course in Management of Asthma Risks and Emergencies in the Workplace 22282VIC</td>
<td>Any RTO that has this course in their scope of practice approved by the Department of Education</td>
<td>Paid by each school</td>
</tr>
<tr>
<td>Group 2</td>
<td>Option 2</td>
<td>Staff with a direct student wellbeing responsibility</td>
<td>*Course in Emergency Asthma Management 10392NAT</td>
<td>Any RTO that has this course in their scope of practice</td>
<td>Paid by each school</td>
</tr>
</tbody>
</table>

Please note: First Aid training does not meet asthma training.
In addition, it is recommended, all staff participate in a briefing, to occur beginning of the school year on:
• the school’s Asthma Management Policy
• the causes, symptoms and treatment of asthma
• the identities of the students diagnosed with asthma, and where their medication is located
• how to use a puffer and spacer
• the school’s general first aid and emergency response procedures
• the location of, and access to, asthma medication that have been provided by parents or purchased by the school for general use.

Additional briefings should be held at the beginning of each school term for any new staff. If new students enrol at the school after the briefing staff should be notified of the new students details at the next staff meeting.
The briefing must be conducted by a member of the school staff who has successfully completed an Asthma Management Training Course and holds a current Asthma Management Certificate.

In the event that the relevant training has not occurred for a member of staff who has a child in their class diagnosed with asthma, the Principal will organise time for the relevant staff member to complete the “Asthma First Aid Management for Education Staff” online as soon as practicable after the student enrolls, and preferably before the student’s first day at school.

The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed asthma training.

**Individual Asthma Risk Minimisation Plans**

Note: A template for an Individual Asthma Risk Minimisation Plan can be found in Appendix A of this document or on the Asthma Foundation of Victoria website: Victorian Schools Website

The principal will ensure that an Individual Asthma Risk Minimisation Plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner with asthma.

The Individual Asthma Risk Minimisation Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The Individual Asthma Risk Minimisation Plan will set out the following:

- information about the diagnosed student’s asthma including the type of triggers the student has (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known and notified triggers while the students are under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, on camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the strategies
- information on where the student’s medication will be stored
- an Asthma Action Plan for Victorian Schools for each student diagnosed with Asthma.

Note: Asthma Action plans can sometimes be called Asthma Management Plans, Asthma Care Plans or can be in the form of a letter from the student’s Medical Practitioner. If a student presents with one of the before mentioned plans, the school Student Health and Wellbeing officer in consultation can transcribe the information on to the specific Asthma Action Plan for Victorian Schools. This Action Plan must be signed by the parent of the student for authenticity and the original Asthma Action Plan provided by the parent must be kept in the student’s file. Examples of different Asthma Action Plans can be found in Appendix B of this document.

The transcribable Asthma Action Plan can be downloaded from the Asthma Foundation of Victoria website; Victorian School Resources


The school will then implement and monitor the student’s Individual Asthma Risk Minimisation Plan.

The student’s Asthma Risk Minimisation Plan will be reviewed, in consultation with the student’s parents in all of the following circumstances:

- annually
- if the student’s medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe or life threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg: class parties, elective subjects, cultural days, fetes, incursions).

The school’s Asthma Management Policy must state that it is the responsibility of the parents to:

- provide an Asthma Action Plan.
• inform the school in writing if their child’s medical condition, insofar as it relates to asthma and the potential for an asthma flare-up / attack, changes and if relevant, provide an updated Asthma Action Plan.
• provide an up to date photo for the Asthma Action Plan when that Plan is provided to the school and when it is reviewed.
• provide the school with the students asthma reliever medication that is current (the date has not expired) for their child, and a spacer where the asthma reliever medication is a metered dose inhaler (puffer) device.

**Prevention Strategies**

*Note: The Asthma Foundation of Victoria can provide advice about a range of Prevention Strategies that can be put in place.*

This section should detail the Risk Minimisation and Prevention Strategies that your school will put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:
• during classroom activities (including class rotations, specialist and elective classes)
• between classes and other breaks
• in canteens
• during recess and lunchtimes
• before and after school
• special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

**School Management and Emergency Response**

*Note: The Asthma Foundation of Victoria can provide advice about procedures for School management and emergency response for an asthma attack.*

The school’s Asthma Management Policy must include procedures for emergency response to an asthma attack. The procedures should include the following:
• a complete and up to date list of students identified as having been diagnosed with asthma
• details of Asthma Action Plans and where these can be located:
  - in a classroom
  - in the school yard
  - in all school buildings and sites including gymnasiu ms and halls
  - on school excursions
  - on school camps
  - at special events conducted, organised or attended by the school.
• information about the storage and accessibility of asthma medication
• how communication with school staff, students and parents is to occur in accordance with a communications plan.

**Asthma Emergency Kits**

The principal will purchase salbutamol (reliever medication) for general use (purchased by the school) for use in the Asthma Emergency Kits.

The Asthma Emergency Kits will contain;
• blue/grey reliever medication such as Airomir, Asmol, or Ventolin
• at least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
• clear written instructions on:
  - how to use these medications and devices
  - steps to be taken in treating a severe asthma attack
• a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.
The principal will determine the number of Asthma Emergency Kits required. In doing so, the principal will take into account the following relevant considerations:

- the number of students enrolled at the school
- the accessibility of reliever medication that have been provided by parents of students who have been diagnosed with asthma
- the availability and sufficient supply of Asthma Emergency Kits in specified locations at the school, including:
  - in the school yard, and at excursions, camps and special events conducted or organised by the school
  - reliever medication have a limited life, usually expiring within 18 - 24 months, and will need to be replaced at the school’s expense, either at the time of use or expiry, whichever is first.

### Minimum Asthma Emergency Kit (AEK) Requirements

<table>
<thead>
<tr>
<th>Site Characteristics</th>
<th>Minimum AEK Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 299 employees (and students)</td>
<td>2 Asthma Emergency Kits</td>
</tr>
<tr>
<td>300 - 399 employees (and students)</td>
<td>3 Asthma Emergency Kits</td>
</tr>
<tr>
<td>400 – 499 employees (and students)</td>
<td>4 Asthma Emergency Kits</td>
</tr>
<tr>
<td>500 - 599 employees (and students)</td>
<td>5 Asthma Emergency Kits</td>
</tr>
<tr>
<td>600 - 699 employees (and students)</td>
<td>6 Asthma Emergency Kits</td>
</tr>
<tr>
<td>700 - 999 employees (and students)</td>
<td>7 Asthma Emergency Kits</td>
</tr>
<tr>
<td>&gt;1000 employees (and students)</td>
<td>7 + one first aid officer for every additional 100 employees and students</td>
</tr>
</tbody>
</table>

Note: Reliever medication is available for purchase at any chemist. No prescriptions are necessary.

Note: Schools are not required to provide a nebuliser for students. If a student is prescribed a nebuliser, they must bring their own to school. Specialised nebuliser training can be accessed through the manufacture, the parents of the student prescribed a nebuliser must cover any costs associated.

**Communication Plan**

Note: The Asthma Foundation of Victoria has advice about strategies to raise staff and student awareness, working with parents and engaging the broader school community.

This section should set out a Communication Plan to provide information to all school staff, students and parents about asthma and the school's Asthma Management Policy.

The Communication Plan must include strategies for advising school staff, students and parents about how to respond to an asthma attack by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

The Communication Plan must include procedures to inform volunteers and casual relief staff of students diagnosed with asthma and the potential for a severe or life threatening asthma attack and their role in responding to an asthma attack by a student in their care.

It is the responsibility of the principal of the school to ensure that relevant school staff are:

- trained
- briefed at least twice per calendar year.

**Annual Risk Management Checklist**

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.
Note: A template for the Risk Management Checklist can be found at Appendix D of this document and on the Asthma Foundation of Victoria website: Victorian School Resources

Appendix E: Individual Asthma Risk Minimisation Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (Asthma Action Plan) provided by the parent.

It is the parents’ responsibility to provide the school with a copy of the student’s Asthma Action Plan containing the emergency procedures plan (signed by the student’s medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Year level</td>
</tr>
</tbody>
</table>

Known Asthma Triggers

Other health conditions

Medication at school

**EMERGENCY CONTACT DETAILS (PARENT)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td>Relationship</td>
</tr>
<tr>
<td>Home phone</td>
<td>Home phone</td>
</tr>
<tr>
<td>Work phone</td>
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</tr>
<tr>
<td>Mobile</td>
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<tr>
<td>Address</td>
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</table>

**EMERGENCY CONTACT DETAILS (ALTERNATE)**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Relationship</td>
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<tr>
<td>Home phone</td>
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<tr>
<td>Work phone</td>
<td>Work phone</td>
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<tr>
<td>Mobile</td>
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<tr>
<td>Address</td>
<td>Address</td>
</tr>
</tbody>
</table>

Medical practitioner contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment care to be provided at school</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Storage of reliever medication</td>
<td></td>
</tr>
</tbody>
</table>

**ENVIRONMENT**

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

### Name of environment/area:

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
<tr>
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### Name of environment/area:

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<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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</table>

### Name of environment/area:

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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</tbody>
</table>
### Appendix E: Individual Asthma Risk Minimisation Plan

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe / life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Asthma Risk Minimisation Plan.

I consent to the risk minimisation strategies proposed.

**Signature of parent:**

**Date:**

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan.

**Signature of principal (or nominee):**

**Date:**
## Appendix F: Annual risk management checklist

| School name: |  |
| 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?  
   a. If Yes, how many times?

4. Have any students ever had a severe asthma attack requiring medical intervention at school?  
   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?  
   a. If Yes, how many times?

6. If your school is a government school, was every incident in which a student suffered a severe asthma attack reported via the Incident Reporting and Information System (IRIS)?  
   a. Yes  
   b. No

---

Asthma Guidelines
### SECTION 1: Training

7. Have all staff with a duty of care for students undertaken an asthma education session, either:
   - 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?

   □ Yes  □ No

8. Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers, or staff working with high risk children with a history of severe asthma at school and high risk teaching areas, such as PE/Sports teachers, Home Economics/cooking teachers completed asthma management training; either:
   - 22282VIC Course in Management of Asthma Risks and Emergencies in the Workplace (in the last 3 years), or
   - 10392NAT Course in Emergency Asthma Management (in the last 3 years)

   □ Yes  □ No

9. Does your school conduct in house asthma briefings annually?
   If no, why not?

   □ Yes  □ No

10. Do all school staff participate in the annual briefing?
    If no, why not?

   □ Yes  □ No

### SECTION 2: Individual Asthma Risk Minimisation Plan

11. Does every student who has been diagnosed with asthma and prescribed reliever medication have an Individual Asthma Risk Minimisation Plan and Asthma Plan completed and signed by a prescribed medical practitioner?

   □ Yes  □ No

12. Are all individual Asthma Risk Minimisation Plan reviewed regularly (at least annually)?

   □ Yes  □ No

13. Do the Individual Asthma Risk Minimisation 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

   □ Yes  □ No

   b. In canteens or during lunch or snack times

   □ Yes  □ No

   c. Before and after school, in the school yard and during breaks

   □ Yes  □ No

   d. For special events, such as sports days, class parties and extra-curricular activities

   □ Yes  □ No

   e. For excursions and camps

   □ Yes  □ No

   f. Other

   □ Yes  □ No

14. Do all students who carry an reliever medication on their person have a copy of their Asthma Action Plan kept at the school (provided by the parent)?

   □ Yes  □ No
<table>
<thead>
<tr>
<th>a.</th>
<th>Where are the Asthma Action Plans kept?</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Does the Asthma Action Plan include a recent photo of the student?</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>16.</td>
<td>Have the Individual Asthma Risk Minimisation Plan 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 parent/s?</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

**SECTION 3: Storage and accessibility of reliever medication**

| 17. | Where are the student(s) reliever medication stored? |
| 18. | Do all school staff know where the school’s Asthma Emergency Kits for general use are stored? |
|     | Yes ☐ No ☐ |
| 19. | Is the storage safe? |
|     | Yes ☐ No ☐ |
| 20. | Is the storage unlocked and accessible to school staff at all times? |
|     | Yes ☐ No ☐ |
|     | Comments: |
| 21. | Are the Asthma Emergency Kits easy to find? |
|     | Yes ☐ No ☐ |
|     | Comments: |
| 22. | Is a copy of student’s individual Asthma Action Plan kept together with the student’s reliever medication? |
|     | Yes ☐ No ☐ |
| 23. | Is the student’s reliever medication and the Asthma Action Plans clearly labelled with the student’s names? |
|     | Yes ☐ No ☐ |
| 24. | Has someone been designated to check the reliever medication expiry dates on a regular basis? |
|     | Yes ☐ No ☐ |
|     | Who? ……………………………………………………………………………………………………………………………………………………………………
| 25. | Is there reliever medication which is currently in the possession of the school and which has expired? |
|     | Yes ☐ No ☐ |
| 26. | Is the school registered as an Asthma Friendly school? |
|     | Yes ☐ No ☐ |
| 27. | Do all school staff know where the reliever medication, the Asthma Action Plans and the School Asthma Management Plans are stored? |
|     | Yes ☐ No ☐ |
28. Has the school purchased Asthma Emergency Kits for general use? □ Yes □ No

29. Where are these kits located?

Do staff know where they are located? □ Yes □ No

30. Is the Asthma Emergency Kit clearly labelled as such? □ Yes □ No

31. Is there a register for signing reliever medication in and out when taken for excursions, camps etc? □ Yes □ No

### SECTION 4: Prevention strategies

32. Have you done a risk assessment to identify potential accidental exposure to triggers for all students who have been diagnosed with asthma? □ Yes □ No

33. Have you implemented any of the prevention strategies in the Asthma Guidelines? If not record why not? □ Yes □ No

34. Are there always sufficient school staff members on yard duty who have current Asthma Training? □ Yes □ No

### SECTION 5: School management and emergency response

35. Does the school have procedures for emergency responses to asthma attacks? Are they clearly documented and communicated to all staff? □ Yes □ No

36. Do school staff know when their training needs to be renewed? □ Yes □ No

37. Have you developed Emergency Response Procedures for when a severe asthma attack occurs?

   a. In the class room? □ Yes □ No

   b. In the school yard? □ Yes □ No

   c. In all school buildings and sites, including gymnasiums and halls? □ Yes □ No

   d. At school camps and excursions? □ Yes □ No

   e. On special event days (such as sports days) conducted, organised or attended by the school? □ Yes □ No

38. Does your plan include who will call the ambulance? □ Yes □ No

39. Is there a designated person who will be sent to collect the student’s reliever medication and individual Asthma Action Plan? □ Yes □ No

40. Have you checked how long it will take to get to the reliever medication and the individual Asthma Action Plan to a student from various areas of the school including:

   a. The class room? □ Yes □ No

   b. The school yard? □ Yes □ No
### Asthma Guidelines

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>41.</strong> On excursions or other out of school events is there a plan for who is responsible for ensuring the reliever medication(s) and Individual Asthma Action Plans and the Asthma Emergency Kits use are correctly stored and available for use?</td>
<td></td>
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<tr>
<td></td>
<td><strong>42.</strong> Who will make these arrangements during excursions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>43.</strong> Who will make these arrangements during camps?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>44.</strong> Who will make these arrangements during sporting activities?</td>
<td></td>
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<td></td>
<td><strong>45.</strong> Is there a process for post incident support in place?</td>
<td></td>
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<tr>
<td></td>
<td><strong>46.</strong> Have all school staff who conduct classes that students with asthma attend, and any other staff identified by the principal, been briefed on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. The school’s Asthma Management Policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. The causes, symptoms and treatment of asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. The identities of students diagnosed with asthma, and who are prescribed reliever medication, including where their medication is located?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. How to use a puffer and spacer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. The school’s general first aid and emergency response procedures for all in-school and out-of-school environments?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Where the Asthma Emergency Kits for general use are kept?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Where the reliever medication for individual students are located including if they carry it on their person?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 6: Communication Plan**

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>47.</strong> Is there a Communication Plan in place to provide information about asthma and the school’s policies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. To school staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. To students?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. To parents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. To volunteers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. To casual relief staff?</td>
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<td></td>
<td><strong>48.</strong> Is there a process for distributing this information to the relevant school staff?</td>
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<td></td>
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</tbody>
</table>
### Appendix E: Individual Asthma Risk Minimisation Plan

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What is it?</td>
<td></td>
</tr>
<tr>
<td>49. How is this information kept up to date?</td>
<td></td>
</tr>
<tr>
<td>50. Are there strategies in place to increase awareness about asthma among students for all in-school and out-of-school environments?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>51. What are they?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix G: Prevention strategies for schools to consider

Trigger Minimisation

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school.

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Details</th>
</tr>
</thead>
</table>
| Cigarette Smoke                 | From 13 April 2015, smoking is banned within four metres of an entrance to all primary and secondary schools in Victoria, and within the school grounds, under an amendment to *Tobacco Act 1987*. It is a legislative requirement that each school installs suitable ‘No smoking’ signs at all entrances to the school grounds. The smoking ban applies to:  
• anyone present on school premises during and after school hours including students, teachers, contractors, parents/guardians or the wider community, such as sporting groups.  
• all activities that take place on school premises including pre-schools, kindergartens, outside school hours care, cultural, sporting or recreational activities and school fetes. |
| Animal Allergens (dander and urine) | Classrooms where animals are kept especially birds and furred animals should be cleaned regularly including the animal’s housing.  
Furred animals should be regularly bathed, unless frequent bathing puts the animal’s health at risk; ie ferrets and native animals.  
Urine, faeces and saliva should be removed and cleaned immediately.  
Schools should consider only having low risk animals for classroom pets, such as; Fish, lizards and turtles.  
Animals in classrooms with highly sensitive students should be rehomed within the school. |
| Dust and Dust Mites             | Schools can purchase dust proof pillow wrap for any pillows and cushions, and pillow cases should be washed regularly.  
Carpets and curtains should be vacuumed regularly and outside of school hours.  
Turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use. |
<table>
<thead>
<tr>
<th>Prevention Strategies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moulds</strong></td>
<td>Clean all bathrooms and wet rooms regularly and air out to dry any moisture in the air. In areas with high humidity, schools could invest in purchasing a dehumidifier, or moisture collectors. Remove any rugs, leaves or fabric that contains mould or mildew.</td>
</tr>
<tr>
<td><strong>Pollens and grasses</strong></td>
<td>Schools should mow the lawns outside of school hours, and plant low allergen gardens. Staff who receive flowers as gifts or flowers brought into the school should have their stamen and the connective anther removed before being placed in classrooms. During pollen season, the principal should nominate someone to check the pollen count, available on The Asthma Foundation of Victoria website, and students sensitive to pollen should be encouraged to stay indoors.</td>
</tr>
<tr>
<td><strong>Pollution</strong></td>
<td>The principal should nominate a staff member to monitor newspapers and news outlets for daily outdoor air quality reports. Students with asthma should stay indoors on smoggy and dusty days; air conditioners should be used to filter the air.</td>
</tr>
<tr>
<td><strong>Chemicals</strong></td>
<td>Schools should avoid using products that can irritate the airways – cleaning products, paints, varnishes, pesticides, and chemical based soaps. Maintenance that may require the use of chemicals, such as painting, should be conducted during school holidays.</td>
</tr>
<tr>
<td><strong>Aerosols</strong></td>
<td>Encourage the use of roll on deodorants for staff and students and encourage staff and students not to wear perfume and cologne. Use non aerosol based pest control products, for example insect tape, Venus fly traps.</td>
</tr>
<tr>
<td><strong>Smoke (any, including; bushfire, vegetation reduction)</strong></td>
<td>Schools should make sure all heaters and gas appliances are vented correctly and inspected every year. Avoid wood stoves or make sure the doors fit tightly and avoid using open fireplaces. 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.</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
<td>Schools should not store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury. Staff members should be advised and instructed not to give students any medication including; ibuprofen, aspirin and naproxen from their personal supply.</td>
</tr>
</tbody>
</table>
### Food Chemicals / Additives

Make sure food product sold in the canteen or cooked in cooking classes at school do not contain the below additives:

- sulphites – 220–228
- tartrazine – 102
- other food colourings – 107, 110, 122–129, 132, 133, 142, 151, 155
- monosodium glutamate – 620–625.

### Exercise

Students with exercise induced asthma should follow the below management plan prior to any physical activity:

**Before Exercise:**

- Blue or blue/grey reliever medication to be taken by student 15 minutes before exercise or activity (if indicated on the students’ Asthma Action Plan)
- Student to undertake adequate warm up activity

**During Exercise:**

- If symptoms occur, student to stop activity, take blue or blue/grey reliever medication, only return to activity if symptom free
- If symptoms reoccur, student to take blue or blue/grey reliever medication and cease activity for the rest of the day. This is known as ‘two strikes and out’.

**After Exercise:**

- Ensure cool down activity is undertaken
- Be alert for symptoms

Students should not be pressured to exercise when they are unwell.

### Colds and Flu

The school should encourage staff and parents of students, not to attend school when they have a cold or flu.

Students should be encouraged to cover their mouth when sneezing or coughing and wash their hands.

Where children with asthma have a cold or the flu and attend school, their reliever medication should be stored close to the student.

Students should not be pressured to exercise when they are unwell.

### In-school settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school.
### Classrooms

1. Keep a copy of the student's Individual Asthma Risk Minimisation Plan in the classroom. Be sure the Asthma Action Plan is easily accessible even if the student’s reliever medication is kept in another location.

2. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students diagnosed with asthma, the location of each student’s Individual Asthma Risk Minimisation Plan and reliever medication, the school’s Asthma Management Policy, and each individual person’s responsibility in managing an incident. ie seeking a trained staff member.

3. Limit dust, for example having the carpets and curtains cleaned regularly and out of hours

4. Examine the cleaning products used in the school and their potential impact on students with asthma.

5. Conduct maintenance that may require the use of chemicals, such as painting, during school holidays

6. Turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.

7. Make teachers aware of the importance of not providing students, whose asthma is triggered by certain medications, with medication, particularly; ibuprofen, naproxen and aspirin.

### Canteens

1. Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food triggers triggering asthma.

2. Canteen staff, including volunteers, should be briefed about students at risk of asthma and, where the principal determines, have up to date training in an Asthma Management Training Course as soon as practical after a student enrols.

3. Products labelled containing the below ingredients should not to stocked in the canteen.
   - sulphites – 220–228
   - tartrazine – 102
   - other food colourings – 107, 110, 122–129, 132, 133, 142, 151, 155
   - monosodium glutamate – 620–625.

   If schools are looking for more information, [Food Standards Australia New Zealand (FSANZ)](https://www.foodstandards.gov.au) also has a list of food additives and their numbers on their website.

4. Canteens should provide a range of healthy meals/products that exclude the above additives in the ingredient list or a ‘may contain...’ statement.
## Yard

1. If a school has a student who is diagnosed with asthma, sufficient school staff on yard duty must be trained in the administration of reliever medication to be able to respond quickly to an asthma attack if needed.

2. The reliever medication and each student’s Individual Asthma Risk Minimisation Plan are easily accessible from the yard, and staff should be aware of their exact location.

3. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if an asthma attack occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school’s Emergency Response Procedures and how to notify the general office/first aid team of an asthma attack in the yard.

4. Yard duty staff must also be able to identify, by face, those students diagnosed with asthma.

5. Students with asthma triggered by pollens should be encouraged to stay away from flowering plants.

6. Mow school lawns out of hours.

7. Plant a low allergen garden.

## Special events (e.g. sporting events, incursions, class parties, etc.)

1. If a school has a student diagnosed with asthma, sufficient school staff supervising the special event must be trained in the administration of an reliever medication to be able to respond quickly to an asthma attack if required.

## Out-of-school settings

It is recommended that school staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school.

## Travel to and from school by school bus

1. School staff should consult with parents of students diagnosed with asthma and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an asthma attack reaction should it occur on the way to and from school on the bus. This includes the availability and administration of reliever medication. The reliever medication and Asthma Action Plan must be with the student even if this child is deemed too young to carry their medication on their person at school.
### Field trips/excursions/sporting events

1. If a school has a student diagnosed with asthma sufficient school staff supervising the special event must be trained in the administration of reliever medication and be able to respond quickly to an asthma attack if required.

2. A school staff member or team of school staff trained in the recognition of asthma and the administration of reliever medication must accompany any student diagnosed with asthma on field trips or excursions.

3. The reliever medication and a copy of the Individual Asthma Risk Minimisation Plan for each student at diagnosed with asthma should be easily accessible and school staff must be aware of their exact location.

4. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is diagnosed with asthma. The risks may vary according to the number of students with asthma attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

   All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are diagnosed with asthma and be able to identify them by face.

5. The school should consult parents of students with asthma in advance to discuss issues that may arise.

6. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is diagnosed with asthma.

7. Prior to the excursion taking place school staff should consult with the student’s parents and medical practitioner (if necessary) to review the student’s Individual Asthma Risk Minimisation Plan to ensure that it is up to date and relevant to the particular excursion activity.

### Camps and remote settings

1. Schools should conduct a risk assessment and develop a risk management strategy for students diagnosed with asthma. This should be developed in consultation with parents of students diagnosed with asthma and camp owners/operators prior to the camp dates.

2. Parents should provide the school with a completed School Camp and Excursion Medical Update Form, outlining any additional asthma medication the student needs to take in the prevention of asthma, including:
   - Dose
   - Time to be take.

3. Parents to provide enough medication (including preventer medication) for the student to last the period of the camp.
4. School staff should consult with parents of students diagnosed with asthma and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an asthma attack should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.**

5. The student's reliever medication, Individual Asthma Risk Minimisation Plan, including the Asthma Action Plan and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

All staff attending camp should familiarise themselves with the students’ Individual Asthma Risk Minimisation Plans AND plan emergency response procedures for asthma prior to camp.

6. Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Asthma Risk Minimisation Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

7. School staff participating in the camp should be clear about their roles and responsibilities in the event of an asthma attack. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an asthma attack and ensure all school staff participating in the camp are clear about their roles and responsibilities.

8. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students diagnosed with asthma, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.

9. Schools should consider taking an Asthma Emergency Kit on a school camp, even if there is no student diagnosed with asthma, as a back-up device in the event of an emergency.

10. Schools should consider purchasing a reliever medication to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

11. The reliever medication should remain close to the students and school staff must be aware of its location at all times.

12. The reliever medication should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their own medication on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own reliever medication.
### Overseas travel

1. **Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”**. Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.

2. **Investigate the potential risks at all stages of the overseas travel such as:**
   - travel to and from the airport/port
   - travel to and from Australia (via aeroplane, ship etc)
   - various accommodation venues
   - all towns and other locations to be visited
   - risks of other triggers not in Australia.

3. **Assess where each of these risks can be managed using minimisation strategies such as the following:**
   - translation of the student’s Individual Asthma Risk Minimisation Plan and Asthma Action Plan
   - obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited
   - obtaining emergency contact details
   - sourcing the ability to purchase reliever medication.

4. **Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an asthma attack can be paid.**

5. **Plan for appropriate supervision of students diagnosed with asthma at all times, including that:**
   - there are sufficient school staff attending the excursion who have been trained in asthma management
   - there is an appropriate level of supervision of students diagnosed with asthma throughout the trip.
   - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available
   - staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
6. The school should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

- dates of travel
- name of airline, and relevant contact details
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location
- hotel addresses and telephone numbers
- proposed means of travel within the overseas country
- list of students and each of their medical conditions, medication and other treatment (if any)
- emergency contact details of hospitals, ambulances, and medical practitioners in each location
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans
- possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

Work experience

1. Schools should involve parents, the student and the employer in discussions regarding risk management prior to a student diagnosed with asthma attending work experience. Staff must be shown the Asthma Action Plan and how to administer reliever medication in case the work experience student shows signs of an asthma attack whilst at work experience.