



Asthma
Australia

Asthma Guidelines for Victorian Schools



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Asthma
Australia

Asthma Australia is committed to ensuring the health, safety and wellbeing of all students with asthma in Victorian schools.

A vital component of this commitment is to ensure that Victorian schools are provided with evidence-based recommendations and information to support students with asthma to engage in the full range of school-based activities.

The Asthma Guidelines for Victorian Schools provides specific information for Victorian schools on how to manage and treat students with asthma.

They are also relevant to support staff, visitors or previously undiagnosed students who require Asthma First Aid in the event of an asthma emergency.

Legal obligations for schools in relation to asthma

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 safe guard 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.
- Occupational Health & Safety Act 2004, ensure sufficient staff are trained in first aid.

Kindergartens and Outside School Hours Care Programs

These guidelines do NOT apply to kindergarten programs or outside school hours care (OSHC), 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.

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.

Asthma Australia Recommendations

Asthma Australia has also provided schools with further recommendations on how schools can support student's enrolled diagnosed with asthma. To help schools identify these recommendations, they have been titled in purple and the icon to the right will appear.

These recommendations go further to support students diagnosed with asthma and exceed the Schools Policy Advisory Guide requirements.



The Guidelines for asthma management in schools is dependent on the type of school the student attends. Please see below

Public Schools:

The School Policy and Advisory Guide, provides Victorian Government Schools with quick and easy information regarding governance and operational policy advice. Asthma requirements are included in this document

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/conditionasthma.aspx>

The “Asthma School Guidelines Victoria” developed by Asthma Australia complements the School Policy and Advisory Guide to provide additional support to schools.

Catholic Schools:

From June 2017 Catholic Schools refer to the “Asthma School Guidelines Victoria 2017” this document is accessible through the Catholic Education intranet CEVN

Independent schools:

Independent Victorian Schools do not need to comply with the Asthma School Guidelines. It is however recommended that schools do follow these guidelines to ensure best practice management for students with asthma.

Please refer to the Independent Schools Victoria website for further information.

<https://www.is.vic.edu.au/managing-a-school/compliance-framework/students/asthma-management/>

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 enrollment process, by asking parents to specify, in a clearly defined section of the enrollment 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.

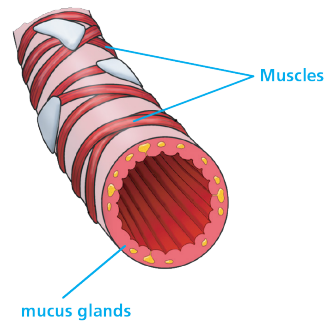
[Under the Disability Standards for Education 2005, schools have an obligation to make reasonable adjustments to accommodate students with disabilities. It is important to consult with a student's parent on what reasonable adjustments are appropriate for a student with asthma.](#)

About Asthma

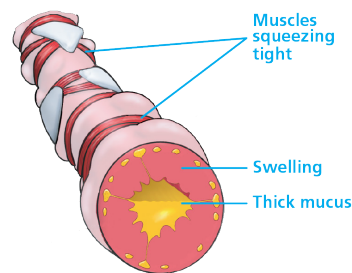
What is Asthma?

Asthma is a long-term health condition which affects the airways in the lungs. People with asthma have sensitive airways that narrow in response to a trigger. This can happen at anytime. When a person with asthma is having an asthma flare-up, the muscles around the airways squeeze tight, the airways swell and more mucus is produced. This makes it hard to breathe. A sudden or severe asthma flare-up is often called an asthma attack.

Normal or well managed asthma airways



Airways during asthma flare-up



Signs and Symptoms

Common signs and symptoms of asthma include:

- shortness of breath
- chest tightness
- wheeze
- cough.

Signs and symptoms vary between each student with asthma and over time. Symptoms will often occur at night, early in the morning or during/after physical activity.



Shortness of breath



Chest tightness



Wheeze



Cough



Asthma Control

Students with well controlled asthma have few regular asthma symptoms and very few flare-ups. This means that students with asthma can fully participate in curricular activities and school events (e.g. excursions, camps, sports carnivals) without any limitation due to their asthma. For students at risk of anaphylaxis, who also have asthma, having well controlled asthma is an important part of anaphylaxis risk management.

Good Asthma Control

Students with good asthma control:

- require their blue/grey reliever medication no more than 2 days per week
- are able to keep up with normal school activities (including physical activity)
- are free of daytime symptoms
- are free of symptoms during the night and upon waking in the morning.



Poor Asthma Control

Students with poor asthma control may:

- use their blue/grey reliever medication more than 2 days per week
- have difficulty keeping up with normal school activities (including avoiding physical activity)
- experience daytime symptoms
- be easily fatigued and lack concentration during class
- experience symptoms during the night and/or upon waking in the morning
- be absent from school for several days due to asthma
- have a higher risk of a severe asthma attack.



There are a number of factors which can contribute towards a worsening of a student's asthma. These include:

- recent cold virus or chest infection
- exposure to triggers
- flare-up of student's hay fever
- poor compliance to preventer medication (if prescribed)
- incorrect use of delivery devices
- inadequate asthma management as the student and/or family perceive asthma symptoms to be normal.

School staff can positively assist a student's asthma management by reporting any signs of poor control to, and discussing with, the student's parents.

Triggers

Trigger is the word used to describe something that may cause an asthma flare-up, or make existing asthma symptoms worse. There are a number of triggers for asthma, and these can vary and change for each student with asthma. Asthma symptoms may develop from exposure to one trigger or from a number of triggers simultaneously.

The most common triggers for asthma in schools are:

- exercise
- colds/flu
- emotions.

Other triggers include:

- weather changes
- moulds and pollens
- dust and dust mites
- smoke
- animals
- chemicals
- deodorants and perfumes
- foods and additives
- certain medications.

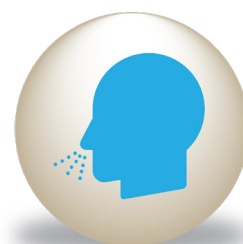
Maintaining good asthma control, by following an Asthma Plan (e.g. Asthma Action Plan), is the most effective way to prevent triggers from worsening asthma. When asthma is well controlled, triggers are less likely to cause an asthma flare-up.

Avoiding or reducing exposure to asthma triggers is one strategy to minimise the risk of making asthma worse, however this is not always possible or practical in schools.

For a more comprehensive list of asthma triggers see Appendix 1



Exercise



Colds and flu



Emotions



Exercise and Asthma

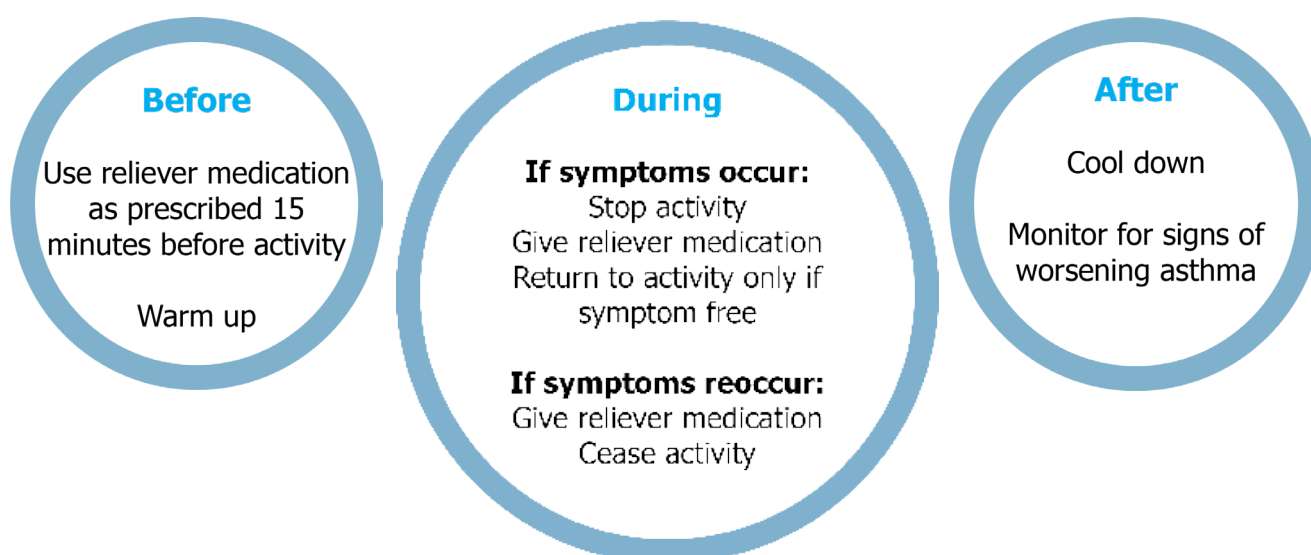
Physical activity is an important part of student health and wellbeing. Students with asthma, like all students, should be encouraged to take part in sport and physical activity as long as their asthma is well controlled.

Exercise may trigger asthma symptoms. This is called exercise induced bronchoconstriction, or more commonly, exercise-induced asthma. Exercise-induced asthma is common, and is more likely to be a problem if a student's asthma is not well controlled. Although exercise may be a trigger, a student's asthma should be managed so that exercise is not avoided.

Management of Exercise-Induced Asthma

Exercise-induced asthma can be managed using a student's Asthma Plan, or by following the national Asthma First Aid procedure.

Students with asthma may have specific instructions on their Asthma Plan regarding the management of their exercise-induced asthma. This may involve self-administration of the student's blue/grey reliever medication prior to exercise even if the student has no asthma symptoms. In the absence of a student's Asthma Plan, school staff should follow the national Asthma First Aid procedure.



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 judgment 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.

Asthma Australia advises the organizers of the event to not throw the powder in the faces of participants.

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 Plans

An integral part of asthma management is the development of a written asthma action plan by the person with asthma and/or their carer together with their doctor.

An asthma action plan helps the person with asthma and/or their carer recognise worsening asthma and gives clear instructions on what to do in response.

The process of developing a written asthma action plan is important, as this should be a discussion of the person's individual asthma and its management. The written plan is a reminder of that discussion.

Written asthma action plans are one of the most effective asthma interventions available. Use of a written asthma action plan:

- reduces absences from work or school
- reduces hospital admissions
- reduces emergency visits to general practice
- reduces reliever medication use
- improves lung function.

Parents must provide the school with an Asthma Action Plan completed by the student's medical practitioner. The plan must outline the students known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.

The Asthma Action Plan for Victorian schools should be completed/reviewed annually for each student with asthma and contain

- the prescribed medication taken and when it is to be administered e.g.: - on a regular basis - as premedication to exercise - if the student is experiencing symptoms
- emergency contact details
- contact details of the student's medical/health practitioner
- details about deteriorating asthma including:- signs to recognise worsening symptoms - what to do during an attack - medication to be used.

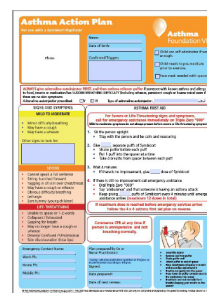
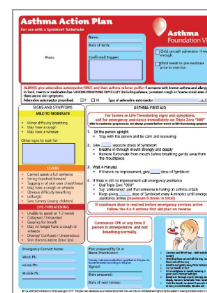
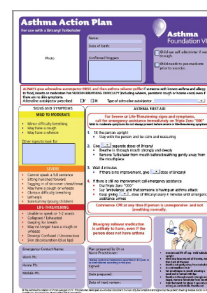
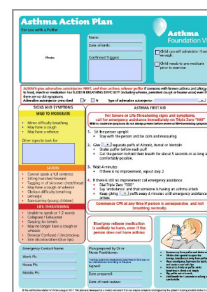
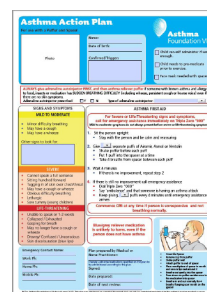
Asthma Australia in consultation with the Department of Education, Catholic Schools and Independent Schools, released a set of Asthma Action Plans for Victorian Schools to achieve consistency and eliminate confusion for teachers by having multiple looking plans presented to schools.

The 2017 version of the Asthma Action Plans are still colour coded for the different types of medication and devices that may be used in an asthma attack.

For copies of the Asthma Action Plans go to ??

For templates of letters to send to parents see Appendix 3

Written asthma action plans are one of the most effective asthma interventions available.



Asthma Medications

Most students with asthma can achieve good control of their condition by taking medication. There are two main groups of asthma medications – Relievers and Preventers.

Reliever Medication

Blue/grey reliever medications work quickly to relax the muscles that have tightened around the airways, enabling the airways to open, making it easier to breathe. In schools, blue/grey reliever medications are the most common group of asthma medication, and are used to treat an asthma emergency through the national Asthma First Aid procedure.

Reliever Medications:

- are used in Asthma First Aid
- are used when having asthma symptoms
- are blue/grey in colour
- work within 4 minutes
- can be taken prior to physical activity to manage exercise-induced asthma
- may cause students to experience short-term localised side effects of tremor and increased heart rate
- are very safe to administer, even if a student does not have asthma.



Students 12 years and older may be prescribed Symbicort as their reliever and preventer medication. These students can be given blue/grey reliever medication for an asthma attack as per the national Asthma First Aid procedure.



Preventer Medication

Preventer medications reduce inflammation, excess mucus, redness and sensitivity in the airways. When taken regularly, preventer medications reduce the risk of a student having an asthma flare-up or attack. Importantly, preventer medications are not used in Asthma First Aid.

Preventer medications are usually kept and administered at home, however, school staff may encounter preventer medications on school camps or overnight excursions.

Preventer Medications:

- should be taken every day as prescribed, even when asthma is well controlled
- come in a variety of colours
- take 7-10 days to show some effect, and up to one month to have full effect.



For a more comprehensive list of asthma medication see Appendix 2

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 schools 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
- information about the collection, monitoring and regular review of Asthma Action Plans for diagnosed students,
- 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
 - School management and emergency response procedures that can be followed when responding to an asthma attack
 - the circumstances under which reliever medication in Asthma Emergency Kits must be purchased by the school
 - 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

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
- completion of an annual Risk Management Checklist

More detailed information about the matters which must be contained in the school asthma management policy is set out in the following sections of this chapter.

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

A sample school asthma management policy is provided at Appendix 4

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 are trained in accordance with the Schools Policy Advisory Guide.

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. 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:

Student messages about asthma

1. Always take asthma seriously– everyone can have asthma.
2. Don't use an excessive amount of aerosol deodorant or perfume around friends who have asthma.
3. Know what triggers your friend's asthma.
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

— Asthma Australia is a non-profit organisation that raises awareness in the community about asthma. A range of items including brochures, medical devices and training resources are available from the online store on Asthma Australia website. Further information is available at: <http://www.asthmaaustralia.org.au>

— Asthma Help-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/about-asthma/manage-your-asthma>

— 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/>

School nurses are also able to refer parents and students if they are concerned about their asthma for asthma education and support.

<http://www.asthmaaustralia.org.au/vic/about-asthma/resources/patient-education-referral-service>



School planning and emergency response

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

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 the Schools Policy Advisory Guide.

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.

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

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 Table ?. 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 through Asthma Australia 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.

To access The Asthma first aid management for education staff - Online Package go to:
<http://asthmaonline.org.au>

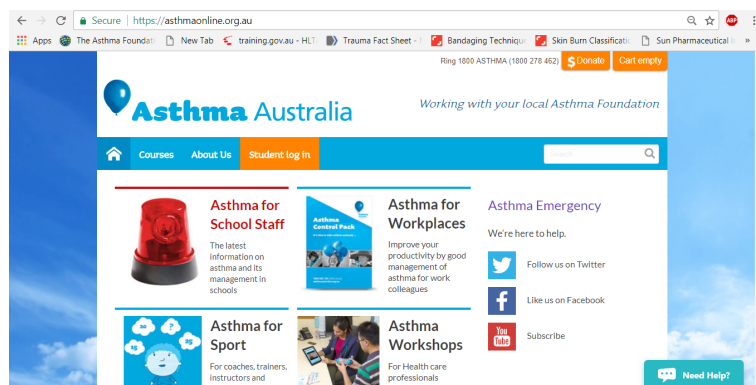


Table 2 : Approved Asthma Management Courses

Course	Provider	Completed by	Cost	Accreditation
Asthma first aid management for education staff	Asthma Australia Online Portal	All school staff	Free to all schools	3 years
Asthma Education for School Staff	Asthma Australia	All school staff	\$253.00 per campus	3 years
*10392NAT Course in Emergency Asthma Management	Any RTO that has this course in their scope of practice	Staff working with high risk children with a history of severe asthma. Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers.	Paid by each school	3 years
*22282VIC Course in Management of Asthma Risks and Emergencies in the Workplace	Any RTO that has this course in their scope of practice	Staff in high risk teaching areas, such as PE/Sports teachers, Home Economics/ Cooking Teachers	Paid by each school	3 years

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



Annual briefing

Asthma Australia recommends schools undertake an annual briefing, to update staff on the schools asthma needs.

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 Australia website: Victorian School Resources <http://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools/victorian-schools-resources/school-resources>

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 enrollment
- 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
- 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 Australia 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 5 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.

Individual Asthma Risk Minimisation Plans



Asthma Australia recommends schools, develop individual asthma risk minimisation plans for students diagnosed with asthma.

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 should be in place as soon as practicable after the student enrolls, and where possible, before the student's first day at the school.

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

A template for Individual Asthma Risk Minimisation Plan's is included in Appendix 6.

As specified in the template the plan should 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:

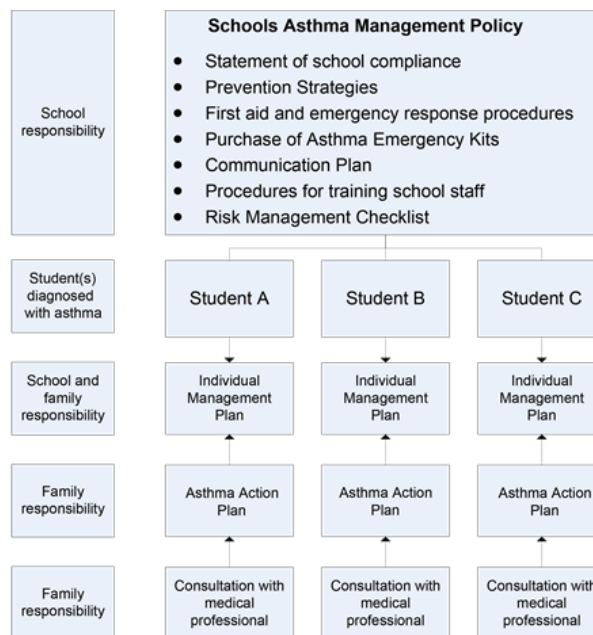
- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe / life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events 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 in the Figure below, including the responsibilities of the principal and the student's family.



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 7. It can also be downloaded from Asthma Australia's website at Victorian School Resources

<http://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools/victorian-schools-resources/school-resources>

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 Asthma Australia website: Victorian School Resources

<http://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools/victorian-schools-resources/school-resources>

Related School Policy Advisory Guide Policies for Camps

- Health Care Needs
- Health Support Planning Forms
- Excursions - Student Medical Information

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/studenthealth.aspx>

School Camp and Excursion
Asthma Update Form
Asthma Foundation VIC

Name: _____
Kind of camp: _____
Confirmed trigger: _____

Has the student been hospitalized due to asthma, had an acute asthma attack, or worsening asthma in the last two weeks? Yes No
Has the student's asthma medication changed in the last two weeks? Yes No
Is the student well enough to attend camp/excursion? Yes No

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

OTHER MEDICAL CONDITIONS
Has the student had any other illness in the last two weeks? Yes No
If YES, please provide details: _____
Nature of illness? _____ When? _____
Severity? _____ Has this affected their asthma? Yes No

ALLERGIC RHINITIS (HAY FEVER)
Does the student hay fever? Yes No
Does the student have an action plan for hay fever? Yes No

Confirmed Triggers for hay fever	Medication	Device	Date	When
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

1. Medication for use	Device	Date	When
_____	_____	_____	_____
_____	_____	_____	_____

2. Medication for use	Device	Date	When
_____	_____	_____	_____
_____	_____	_____	_____

Doctors Name: _____
Phone: _____
Address: _____

Emergency Contact: _____
Phone: _____
Signature: _____
Date: _____

Additional Information: _____

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Managing an Asthma Emergency at School

Signs and Symptoms of an Asthma Flare-up

An asthma flare-up is a worsening of asthma symptoms. A flare-up can develop slowly, (over hours to days) or can get worse very quickly (in seconds to minutes).

A sudden or severe asthma flare-up is also called an asthma attack.

A student can experience an asthma attack anywhere, at anytime. All asthma attacks are serious and require swift, appropriate action by school staff.

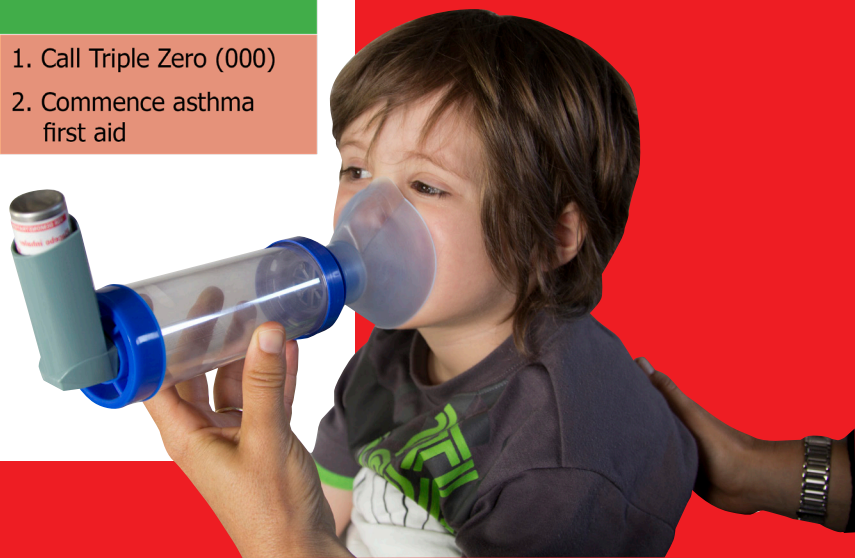
Asthma attacks vary in severity from mild/moderate symptoms which can be managed by commencing Asthma First Aid to severe or life-threatening symptoms which require emergency service support.

With all asthma attacks, time is critical. School staff should not hesitate to commence Asthma First Aid immediately.

Signs of an asthma attack can include any of the following:

Table 7: Signs and Symptoms of an Asthma Attack

Symptoms		
Mild / Moderate	Severe	Life-threatening
Minor difficulty breathing	Obvious difficulty breathing	Gasping for breath
May have a cough	May have a cough	May no longer have a cough
May have a wheeze	May have a wheeze	May no longer have a wheeze
Signs of severity		
Able to talk in full sentences	Cannot speak in a full sentence in one breath	Unable to speak or 1-2 words per breath
Able to walk / move around	Tugging in of the skin between ribs or at the base of neck	Confused or exhausted
	Sore tummy <small>(young children)</small>	Collapsing
	Reliever medication not lasting as long as usual	Turning blue <small>(skin discolouration)</small>
		Not responding to reliever medication
ACTION		
Follow instructions on asthma plan, or commence asthma first aid	1. Call Triple Zero (000) 2. Commence asthma first aid	1. Call Triple Zero (000) 2. Commence asthma first aid



Asthma First Aid

Asthma First Aid see Appendix 9 is the nationally recognised four-step procedure used to manage a person experiencing a suspected asthma flare-up or attack.

Whilst these guidelines are specific to treating students, the Asthma First Aid procedure can be performed on a work colleague, adult or visitor to the school experiencing an asthma flare-up or attack.

In schools, the Asthma First Aid procedure can be performed using the student's own blue/grey reliever medication and spacer or the equipment from the school's first aid kit.

Blue/grey reliever medication is unlikely to be harmful, even if the student does not have asthma.

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

Asthma Australia encourages schools to allow students to self-administer blue/grey reliever medication providing the student:

- is able to recognise their asthma symptoms
- knows when to take their blue/grey reliever medication
- has correct inhaler technique.

Delays in giving blue/grey reliever medication or contacting emergency services can result in rapid deterioration and death. Therefore the priority actions are to commence Asthma First Aid and phone emergency services from the site.

Symbicort

Students 12 years and over may be prescribed a red and white medication, known as Symbicort, as both their reliever and preventer medication. The student's Asthma Plan should clearly indicate when/ if the student needs to self-administer this medication. These students can be given blue/grey reliever medication for an asthma attack as per the national Asthma First Aid procedure. If the student's Symbicort is the only reliever medication available (i.e. student or school blue/grey reliever medication is not available), then follow the Symbicort specific instructions as per the Asthma First Aid procedure.

Is it Asthma or Anaphylaxis?

Sometimes students experiencing anaphylaxis can present with symptoms similar to those of an asthma attack.

If the student is known to be at risk of anaphylaxis and you are unsure whether they are experiencing anaphylaxis or an asthma attack, give the adrenaline auto-injector FIRST, follow the student's Anaphylaxis Action Plan and then administer the student's blue/grey reliever medication.



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: <ul style="list-style-type: none"> — 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.

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).

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

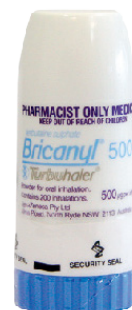
- Excursions and Camps - Each individual camp and excursion where a child stays overnight requires a School Camp and Excursion Medical Update Form for each individual student attending who is diagnosed with asthma. Therefore emergency procedures will vary accordingly. A team of school staff trained in 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.

How to administer asthma medication

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



How to administer an Reliever Medication using a Turbuhaler Device	
1.	Unscrew and lift of the cap
2.	Hold the turbuhaler upright, twist coloured base around all the way, and then back all the way
3.	Get the person to breath out gently away from the turbuhaler, do not let them blow into the turbuhaler
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
5.	Remove turbuhaler from mouth, get the person to hold their breath for about 5 seconds, or as long as is comfortable
6.	Give more medication in accordance with the Asthma Action Plan by repeating steps 2 -5



Severe or life-threatening asthma attacks

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 experiences asthma symptoms, 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.



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 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 Australia 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.



Schools are not required to provide a nebuliser for students. If a student is prescribed a nebuliser, they should bring their own to school. Parents can obtain information on the use of nebulisers from the manufacturer (all nebulisers are labelled with the manufacturer's name).

Asthma Australia 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 Australia or the components can be purchased through retail pharmacies.

Reliever medication such as 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.

Minimum Asthma Emergency Kit (AEK) Requirements	
Site Characteristics	Minimum AEK requirements
Less than 299 employees (and students)	3 Asthma Emergency Kits
300 - 599 employees (and students)	4 Asthma Emergency Kits
600 – 899 employees (and students)	5 Asthma Emergency Kits

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.

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.

Role and responsibility 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 enrollment 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.
5.	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.
6.	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.
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.	Encourage ongoing communication between parents and school staff about the current status of the student's asthma, the school's policies and their implementation.
10.	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 responsibility 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:

1.	Know and understand the school's Asthma Management Policy.
2.	Know the identity of students who are diagnosed with asthma. Know the students by face.
3.	Understand the causes, symptoms, and treatment of asthma.
4.	Obtain regular training in how to recognise and respond to an asthma attack, including administering relieve medication.
5.	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.
6.	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.
7.	Know where students' reliever medication and the Asthma Emergency Kits for general use are kept.
8.	Know and follow the prevention and risk minimisation strategies in the Schools Asthma Management Plan.
9.	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.
10.	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. 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 responsibility 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.	Provide the school with reliever medication and spacer device, where the medication is administered by a puffer, that are current and not expired.
6.	Replace the student's reliever medication as needed, before their expiry date or when used.
7.	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).
8.	Inform school staff in writing of any changes to the student's emergency contact details.



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.

Term	Definition
Act	The Education and Training Reform Act 2006 (Vic).
Adrenaline auto-injector	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.
Adrenaline autoinjector for general use	A 'back up' or 'unassigned' adrenaline autoinjector purchased by a school.
Asthma Action Plan	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.
School Camp and Excursion Medical Update Form	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.
Asthma Education Session.	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. — Asthma first aid management for education staff
Asthma Emergency Kit	A specific first aid kit for asthma designed to be portable in an emergency.
Asthma Australia	The peak consumer body for people with Asthma and their carers.

Term	Definition
Asthma management training course	<p>This means:</p> <ul style="list-style-type: none"> — A course in asthma management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of a pressure metered dose inhaler (puffer) and spacer device; — 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; — Any other course including an online course, approved by the Department for the purpose of the guidelines as published by the Department.
Asthma Peak Body	<p>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.</p> <ul style="list-style-type: none"> — Asthma Australia — National Asthma Council
ASCIA Action Plan for Anaphylaxis	<p>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.</p>
Communication	<p>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.</p>
Plan	<p>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.</p>
Department	<p>The Department of Education and Training.</p>
Individual Asthma Risk Minimisation Plan	<p>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.</p>
Medical practitioner	<p>This is a registered medical practitioner within the meaning of the Health Professions Registration Act 2005, but excludes a person registered as a non-practicing health practitioner.</p>

Term	Definition
National Asthma Council	Medical peak body for asthma in Australia, develops the Australian Asthma Handbook (Treatment Guidelines).
Parent	In relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the Family Law Act 1975 (Cth) or has been granted 'guardianship' for the child pursuant to the Children, Youth and Families Act 2005 or other state welfare legislation.
Principal	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.
Registered school	Defined in s 1.1.3 of the Act as meaning 'a school registered under Part 4.3'.
School	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 Education and Training Reform Regulations 2007 exempt various other bodies from the definition of school.
School asthma management policy	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.
Emergency response procedures	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'.
School staff	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.

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 dialed 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.

General facts

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 class room 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.

<http://www.nationalasthma.org.au/health-professionals/primary-care-resources/asthma-copd-medications-chart>

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.

How do you wash the reliever puffer?

- 1 Remove the metal canister from the puffer. Do not wash the canister.
- 2 Wash the plastic casing.
- 3 Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds. Wash mouthpiece cover.
- 4 Air dry then reassemble.
- 5 Test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit.

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 request the parent provide the appropriate action plan.

This could even be by e-mailing the student's health practitioner a copy of the action plan that is required.

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.

Thunderstorm Asthma

What is Epidemic Thunderstorm Asthma?

Epidemic thunderstorm asthma events are thought to be triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm, resulting in large numbers of people developing asthma symptoms over a short period of time.

Is there a risk of epidemic thunderstorm asthma every time there is a thunderstorm?

Epidemic thunderstorm asthma is thought to be caused by the unique combination of rye grass pollen levels and a certain type of thunderstorm (rather than all thunderstorms) so not every thunderstorm will have the potential or chance of triggering thunderstorm asthma.

How will a school know when there is a risk of Epidemic Thunderstorm Asthma?

A forecasting system will be active from the 1st October until the 31st December and available through the Vic Emergency app or website. A staff member should be allocated to monitor these alerts during this time, much like the process for monitoring pollen levels.

The forecasts will be released as Low, Moderate and High

Forecasts are not a formal 'warning' and do not mean an epidemic thunderstorm asthma event is certain to occur, rather they are designed to inform people at risk that they should be prepared, not alarmed. A warning is advice that an incident is imminent or occurring.

A full explanation of what this new forecasting system means can be found here:
<https://emergency.vic.gov.au/prepare/#thunderstorm-asthma/preparing-for-thunderstorm-asthma>

What schools should do in response to a mild/moderate/severe Thunderstorm asthma alert on VIC Emergency?

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.

What schools should do in response to a mild/moderate/severe Thunderstorm asthma alert on VIC Emergency?

It is important that schools are aware of the risk forecasting and the appropriate response to each level of risk

A LOW risk forecast means that the elements necessary for an epidemic thunderstorm asthma event are not expected and an event is unlikely.

- Schools should follow their normal asthma policy.

Even though the risk of Epidemic Thunderstorm asthma is low, students with asthma still need to ensure they have their reliever medication handy and are taking their preventer if applicable (reminder preventers are taken at home and not at school but important to note)

A MODERATE risk forecast means that one of the elements necessary for an epidemic thunderstorm asthma event may be present. You should be prepared and not alarmed.

- Schools should follow their normal asthma policy and monitor the BOM website for notices of approaching wind and storms. Be prepared to bring all children inside to avoid exposure if the wind and storm hits your school.

Those at increased risk should:

- Avoid exposure to any storms that may emerge, especially the wind gusts that precede a storm
- Ensure a reliever is available and close by.
- Remind themselves of their asthma action plan and asthma first aid
- Ensure staff are aware of students with asthma especially those triggered by Thunderstorms or high pollen

A HIGH risk forecast means two elements necessary for an epidemic thunderstorm asthma event are likely to occur. There is a higher chance of an epidemic thunderstorm asthma event.

- Schools should follow their normal asthma policy and be prepared to act on the warnings and advice from the Department when the risk of epidemic thunderstorm asthma is forecast as high, including:
 - act on advice and warnings from the Department Education and Training's Emergency Management Division associated with a potential thunderstorm asthma activity
 - implement a communication strategy to inform the school community and parents
 - implement procedures to avoid exposure such as staying indoors with windows and doors closed
 - implement emergency response procedures and follow individual asthma action plans as needed.

Those at increased risk should:

- Avoid exposure to any storms that may emerge, especially the wind gusts that precede them
- Ensure a reliever is appropriately available (all should consider having them on hand for this day).
- Remind themselves of their asthma action plan and asthma first aid .
- Ensure staff are aware of students with asthma especially those triggered by Thunderstorms or

Please be mindful that forecasts are not a formal 'warning' and do not mean an epidemic thunderstorm asthma event is certain to occur, rather they are designed to inform people at risk that they should be prepared, not alarmed.

Appendix 1 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.

Avoidable triggers	Unavoidable triggers
Always avoid	Do not avoid
Cigarette smoke	Exercise Laughter
Avoid or reduce where possible	Manage
<p>Allergens (if person is sensitised and relevant avoidance strategies are practical and shown to be effective)</p> <ul style="list-style-type: none"> • Animal allergens (e.g. pets, animals in workplace) • Cockroaches • House dust mite • Moulds • Occupational allergens • Pollens • Thunderstorms (airborne pollens, moulds) <p>Airborne/environmental irritants</p> <ul style="list-style-type: none"> • Cold/dry air • Fuel combustion (nitrogen dioxide-emitting gas heaters) • Home renovation materials • Household aerosols • Moulds (airborne endotoxins) • Occupational irritants • Outdoor industrial and traffic pollution • Perfumes/scents/incense • Smoke (any, including bushfires, vegetation reduction fires, indoor wood fires) • Thunderstorms (multiple mechanisms) <p>Certain medicines</p> <ul style="list-style-type: none"> • Aspirin and NSAIDs (in patients with aspirin-exacerbated respiratory disease) • Beta blockers† • Bee products (pollen, propolis, royal jelly) • Echinacea <p>Dietary triggers</p> <ul style="list-style-type: none"> • Food chemicals/additives (if person is intolerant) • Thermal effects (e.g. cold drinks) 	<p>Respiratory tract infections</p> <p>Certain medicines</p> <ul style="list-style-type: none"> • Aspirin (when given for purpose of desensitisation)‡ • Anticholinesterases and cholinergic agents <p>Comorbid medical conditions</p> <ul style="list-style-type: none"> • Allergic rhinitis/rhinosinusitis • Gastro-oesophageal reflux disease • Nasal polyposis • Obesity • Upper airway dysfunction‡ <p>Physiological and psychological changes</p> <ul style="list-style-type: none"> • Extreme emotions • Hormonal changes (e.g. menstrual cycle) • Pregnancy • Sexual activity

ASTHMA & COPD MEDICATIONS

SABA RELIEVERS

Bricanyl Turbuhaler†^A
terbutaline 500mcg

Ventolin Inhaler†^A
salbutamol 100mcg

Airmir Inhaler†^A
salbutamol 100mcg

Airmir Inhaler†^A
salbutamol 100mcg

NON STEROIDAL PREVENTERS

Singular Tablet®
montelukast
4mg • 5mg • 10mg

Montelukast Tablet®
montelukast
4mg • 5mg

Tilade Inhaler†
nedocromil sodium
2mg

Initial Inhaler†
sodium cromoglycate
1mg • 5mg*
Total Forte

ICS PREVENTERS

Flutide Inhaler†
fluticasone propionate
50mcg† • 125mcg • 250mcg
*Flutide Junior

Flutide Accuhaler†
fluticasone propionate
100mcg • 200mcg • 250mcg

Flutiform Inhaler†
fluticasone propionate/formoterol
50/5 • 125/5 • 250/10

Flutiform Inhaler†
fluticasone propionate/formoterol
50/5 • 125/5 • 250/10

Alveico Inhaler†
budesonide
80mcg • 160mcg

QVAR Inhaler†
beclomethasone
50mcg • 100mcg

RESOURCES

TREATMENT GUIDELINES
Australian Asthma Handbook: asthmaandbook.org.au
COPD-X Plan: copd.org.au

INHALER TECHNIQUE
nationalasthma.org.au

How-to videos, patient and practitioner information

Inhalers/MDCs should be used with a compatible spacer

This chart was developed independently by the National Asthma Council Australia with support from AstraZeneca, Boehringer-Ingelheim, GlaxoSmithKline, Mundipharma and Novartis

ICS/LABA COMBINATIONS

Symbicort Turbuhaler†
budesonide/formoterol
100/6 • 200/6 • 400/6

Symbicort Turbuhaler†
budesonide/formoterol
50/3 • 100/3 • 200/3

Serefile Accuhaler†
fluticasone propionate/salmeterol
100/25 • 250/25 • 500/25

Serefile Accuhaler†
fluticasone propionate/salmeterol
100/25 • 250/25 • 500/25

Breo Ellipta†
fluticasone furoate/vilanterol
100/25* • 200/25* • 280/25

Breo Ellipta†
fluticasone furoate/vilanterol
100/25* • 200/25* • 280/25

LABA MEDICATIONS

Oris Turbuhaler†
formoterol
4mcg • 12mcg

Serevent Accuhaler†
salmeterol
50mcg

Oris Accuhaler†
formoterol
4mcg • 12mcg

Oris Accuhaler†
formoterol
4mcg • 12mcg

PBS PRESCRIBERS

- † Asthma restricted benefit
- ‡ Asthma and COPD restricted benefit
- § Asthma and COPD restricted benefit
- || Asthma and COPD restricted benefit

* COPD unrestricted benefit
† COPD restricted benefit
‡ COPD restricted benefit
§ COPD restricted benefit
Check RPA and RPS for current age and condition criteria

LAMA MEDICATIONS

Spiriva Respimat†
tiotropium 2.5mcg

Spiriva Handihaler†
tiotropium 30mcg

Breathis Genair†
acetylcholinesterase inhibitor
320mcg

Serebri Brezhaler†
glycopyrronium 20mcg

Increase Ellipta†
umeclidinium 62.5mcg

LAMA/LABA COMBINATIONS

Spiriva Respimat†
tiotropium/olodaterol
2.5/2.5

Spiriva Handihaler†
tiotropium/olodaterol
3.0/1.2

Utiibro Brezhaler†
tiotropium/olodaterol
10/20

Utiibro Brezhaler†
tiotropium/olodaterol
10/20

Brimika Genair†
acetylcholinesterase inhibitor
3.0/1.2

Ameno Ellipta†
acetylcholinesterase inhibitor
62.5/25

SAMA MEDICATION

Atrovent Nebulised Aerosol†^A
ipratropium 20mcg



Appendix 3 **Letters to Parents Templates**

Dear <Parent / Guardian Names>

Re: Asthma Action Plan for <Student Name>

Use the below section for new students enrolling at the school

Many thanks for completing the enrollment form for <Student Name>, you have indicated that <Student Name> has been diagnosed with Asthma. As part of <School's Name> commitment to meeting our legislative requirements and the Schools Policy Advisory Guide, we require you to provide us with an in-date Asthma Action Plan.

As this is <Student Name> first year at <School's Name>, please forward this letter on to <Student Name> medical practitioner, so they can; download the appropriate Asthma Action Plan for Victorian Schools to complete. Once completed if you could return it to us prior to term 1 commencement <or insert date>, with <Student Name> medication and any other device aid i.e. spacer device.

<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

Use the below section for existing students enrolled at the school

As part of <School's Name> commitment to meeting our legislative requirements and the Schools Policy Advisory Guide, we require you to provide us with an updated Asthma Action Plan for <Student Name>. We have attached for you the new Asthma Action Plan for Victorians Schools, which has been specifically designed for schools to identify asthma signs and symptoms, and respond accordingly using the asthma medication device <Student Name> currently has at school.

If <Student Name> medication device has changed since their Action Plan was last updated please forward this letter on to <Student Name> medical practitioner, so they can; download the appropriate Asthma Action Plan for Victorian Schools to complete. Once completed if you could return it to us prior to term 1 commencement <or insert date>, with <Student Name> medication and any other device aid i.e. spacer device.

<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

If your medical practitioner, has informed you that <Student Name> has grown out of their asthma, they will need to provide a letter, on the practice letterhead to the school stating such.

Kind regards

<School Representatives Name>

Appendix 4 Asthma Management Policy Template

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 and seek advice from Asthma Australia when developing/ updating their asthma management policies.

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
– Any other school staff as determined by the principal to attend.

Completed by	Course	Provider	Cost	Valid for
Asthma first aid management for education staff	Asthma Australia Online Portal	All school staff	Free to all schools	3 years
Asthma Education for School Staff	Asthma Australia	All school staff	\$253.00 per campus	3 years
*10392NAT Course in Emergency Asthma Management	Any RTO that has this course in their scope of practice	Staff working with high risk children with a history of severe asthma. Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers.	Paid by each school	3 years
*22282VIC Course in Management of Asthma Risks and Emergencies in the Workplace	Any RTO that has this course in their scope of practice	Staff in high risk teaching areas, such as PE/Sports teachers, Home Economics/ Cooking Teachers	Paid by each school	3 years

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.

Appendix 4 **Asthma Management Policy Template Continued**

Additional briefings should be held at the beginning of each school term for any new staff. If new students enroll 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 6 of this document or on the Asthma Australia 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.

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).

Appendix 4 **Asthma Management Policy Template Continued**

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: Asthma Australia 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 gymnasiums 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.

Appendix 4 **Asthma Management Policy Template Continued**

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	
Site Characteristics	Minimum AEK requirements
Less than 299 employees (and students)	3 Asthma Emergency Kits
300 - 599 employees (and students)	4 Asthma Emergency Kits
600 – 899 employees (and students)	5 Asthma Emergency Kits

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: Asthma Australia 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.

Appendix 4 **Asthma Management Policy Template Continued**

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 7 of this document and on the [Asthma Australia Website](http://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools/victorian-schools-resources/school-resources)

<http://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools/victorian-schools-resources/school-resources>

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.

Triggers	
Cigarette Smoke	<p>From 13 April 2015, smoking is banned within four meters of an entrance to all primary and secondary schools in Victoria, and within the school grounds, under an amendment to the Tobacco Act 1987.</p> <p>It is a legislative requirement that each school installs suitable 'No smoking' signs at all entrances to the school grounds.</p> <p>The smoking ban applies to:</p> <ul style="list-style-type: none"> — 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)	<p>Classrooms where animals are kept especially birds and furred animals should be cleaned regularly including the animal's housing.</p> <p>Furred animals should be regularly bathed, unless frequent bathing puts the animal's health at risk; ie ferrets and native animals.</p> <p>Urine, faeces and saliva should be removed and cleaned immediately.</p> <p>Schools should consider only having low risk animals for class room pets, such as; Fish, lizards and turtles.</p> <p>Animals in classrooms with highly sensitive students should be rehomed within the school.</p>
Dust and Dust Mites	<p>Schools can purchase dust proof pillow wrap for any pillows and cushions, and pillow cases should be washed regularly.</p> <p>Carpets and curtains should be vacuumed regularly and outside of school hours.</p> <p>Turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.</p>
Moulds	<p>Clean all bathrooms and wet rooms regularly and air out to dry any moisture in the air.</p> <p>In areas with high humidity, schools could invest in purchasing a dehumidifier, or moisture collectors.</p> <p>Remove any rugs, leaves or fabric that contains mould or mildew.</p>

Triggers	
Pollens and grasses	<p>Schools should mow the lawns outside of school hours, and plant low allergen gardens.</p> <p>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.</p> <p>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.</p>
Pollution	<p>The principal should nominate a staff member to monitor newspapers and news outlets for daily outdoor air quality reports.</p> <p>Students with asthma should stay indoors on smoggy and dusty days; air conditioners should be used to filter the air.</p>
Chemicals	<p>Schools should avoid using products that can irritate the airways – cleaning products, paints, varnishes, pesticides, and chemical based soaps.</p> <p>Maintenance that may require the use of chemicals, such as painting, should be conducted during school holidays.</p>
Aerosols	<p>Encourage the use of roll on deodorants for staff and students and encourage staff and students not to wear perfume and cologne.</p> <p>Use non aerosol based pest control products, for example insect tape, Venus fly traps.</p>
Smoke (any, including; bushfire, vegetation reduction)	<p>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.</p> <p>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.</p>
Medications	<p>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.</p> <p>Staff members should be advised and instructed not to give students any medication including; ibuprofen, aspirin and naproxen from their personal supply.</p>

Triggers	
Food Chemicals / Additives	<p>Make sure food product sold in the canteen or cooked in cooking classes at school do not contain the below additives;</p> <ul style="list-style-type: none"> — sulphites – 220–228 — tartrazine – 102 — other food colourings – 107, 110, 122–129, 132, 133, 142, 151, 155 — monosodium glutamate – 620–625.
Exercise	<p>Students with exercise induced asthma should follow the below management plan prior to any physical activity:</p> <p>Before Exercise:</p> <ul style="list-style-type: none"> — 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 <p>During Exercise:</p> <ul style="list-style-type: none"> — 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'. <p>After Exercise:</p> <ul style="list-style-type: none"> — ensure cool down activity is undertaken — be alert for symptoms <p>Students should not be pressured to exercise when they are unwell.</p>
Colds and Flu	<p>The school should encourage staff and parents of students, not to attend school when they have a cold or flu.</p> <p>Students should be encouraged to cover their mouth when sneezing or coughing and wash their hands.</p> <p>Where children with asthma have a cold or the flu and attend school, their reliever medication should be stored close to the student.</p> <p>Students should not be pressured to exercise when they are unwell.</p>

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 enrolls.
3.	<p>Products labelled containing the below ingredients should not to stocked in the canteen.</p> <ul style="list-style-type: none"> — sulphites – 220–228 — tartrazine – 102 — other food colourings – 107, 110, 122–129, 132, 133, 142, 151, 155 — monosodium glutamate – 620–625. <p>If schools are looking for more information, Food Standards Australia New Zealand (FSANZ) also has a list of food additives and their numbers on their website.</p>
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.	<p>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.</p> <p>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.</p>
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.	<p>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;</p> <ul style="list-style-type: none"> — 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.

Camps and remote settings continued

5.	<p>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.</p> <p>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.</p>
6.	<p>Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Asthma Risk Minimisation Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.</p>
7.	<p>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.</p>
8.	<p>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.</p>
9.	<p>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.</p>
10.	<p>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.</p>
11.	<p>The reliever medication should remain close to the students and school staff must be aware of its location at all times.</p>
12.	<p>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.</p>

Work experience

1.	<p>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.</p>
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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: <ul style="list-style-type: none"> — 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: <ul style="list-style-type: none"> — 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: <ul style="list-style-type: none"> — 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: <ul style="list-style-type: none"> — 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.

Appendix 6 Individual Asthma Risk Minimisation Plan

Individual Asthma Risk Minimisation Plan			
<p>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.</p> <p>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.</p>			
School		Phone	
Student			
DOB		Year level	
Known Asthma Triggers			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
Phone			
Emergency care to be provided at school			
Storage of reliever medication			

Appendix 6 Individual Asthma Risk Minimisation Plan Continued

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<p>This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> • 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). <p>I have been consulted in the development of this Individual Asthma Risk Minimisation Plan. I consent to the risk minimisation strategies proposed.</p>			
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:			

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had a severe asthma attack requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times?	
5. Has a staff member been required to administer reliever medication to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: Training	
7. Have all staff with a duty of care for students undertaken an asthma education session, either: <ul style="list-style-type: none"> • Asthma first aid management for education staff (face to face) within the last 3 years, or • Asthma first aid management for education staff (online) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix 7 Annual risk management checklist Continued

<p>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:</p> <ul style="list-style-type: none"> • 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) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Does your school conduct in house asthma briefings annually?</p> <p>If no, why not?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Do all school staff participate in the annual briefing?</p> <p>If no, why not?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Asthma Risk Minimisation Plan	
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all individual Asthma Risk Minimisation Plan reviewed regularly (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Other</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix 7 **Annual risk management checklist Continued**

<p>a. Where are the Asthma Action Plans kept?</p>	
<p>15. Does the Asthma Action Plan include a recent photo of the student?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SECTION 3: Storage and accessibility of reliever medication</p>	
<p>17. Where are the student(s) reliever medication stored?</p>	
<p>18. Do all school staff know where the school's Asthma Emergency Kits for general use are stored?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Is the storage safe?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. Is the storage unlocked and accessible to school staff at all times?</p> <p>Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. Are the Asthma Emergency Kits easy to find?</p> <p>Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. Is a copy of student's individual Asthma Action Plan kept together with the student's reliever medication?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23. Is the student's reliever medication and the Asthma Action Plans clearly labelled with the student's names?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24. Has someone been designated to check the reliever medication expiry dates on a regular basis?</p> <p>Who?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Is there reliever medication which is currently in the possession of the school and which has expired?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Appendix 7 Annual risk management checklist Continued

26. Is the school registered as an Asthma Friendly school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do all school staff know where the reliever medication, the Asthma Action Plans and the School Asthma Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school purchased Asthma Emergency Kits for general use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Where are these kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Is the Asthma Emergency Kit clearly labelled as such?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is there a register for signing reliever medication in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you implemented any of the prevention strategies in the Asthma Guidelines? If not record why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Are there always sufficient school staff members on yard duty who have current Asthma Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you developed Emergency Response Procedures for when a severe asthma attack occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is there a designated person who will be sent to collect the student's reliever medication and individual Asthma Action Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix 7 Annual risk management checklist Continued

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Who will make these arrangements during excursions?	
43. Who will make these arrangements during camps?	
44. Who will make these arrangements during sporting activities?	
45. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Have all school staff who conduct classes that students with asthma attend, and any other staff identified by the principal, been briefed on:	
a. The school's Asthma Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students diagnosed with asthma, and who are prescribed reliever medication, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use a puffer and spacer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Asthma Emergency Kits for general use are kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the reliever medication for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
47. Is there a Communication Plan in place to provide information about asthma and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix 7 **Annual risk management checklist Continued**

b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
49. How is this information kept up to date?	
50. Are there strategies in place to increase awareness about asthma among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. What are they?	

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- Shake puffer
 - Put 1 puff into spacer
 - Take 4 breaths from spacer
- Repeat until 4 puffs have been taken
- Remember: Shake, 1 puff, 4 breaths

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler



4 If there is still no improvement call emergency assistance - Dial Triple Zero (000)

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

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



Call emergency assistance immediately - Dial Triple Zero (000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid

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



Contact your local Asthma Foundation

1800 ASTHMA Helpline (1800 278 462) asthmaaustralia.org.au

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