



# NHILL LUTHERAN SCHOOL

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## Asthma Management (Asthma Guidelines)

### The Hazard

Asthma affects around 11% of Australian children and is one of the most common reasons for school absenteeism and hospital admission in school aged children.

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

**If you think a student may be having a serious asthma attack, call an ambulance and give the student reliever medication in accordance with the student's Asthma Action Plan or the Asthma First Aid Plan.**

### Legal Obligations

The Victorian Registration Standards (sch 2 cl 12) require that the School must ensure that the care, safety and welfare of all students attending the school is in accordance with any applicable State and Commonwealth laws, and that all staff are advised of their obligations under those laws.

All staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The keys to prevention of an asthma attack is knowledge of the student who has been diagnosed with asthma, awareness of asthma triggers, and prevention of exposure to those triggers. Partnerships between schools and parents/carers are important in helping the student avoid an asthma attack.

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

## **Nhill Lutheran School's Policy**

Nhill Lutheran School is committed to providing a safe learning environment for all our students and complying with the Department of Education and Training's Asthma Guidelines as amended by the Department from time to time (Guidelines).

It is our policy that:

- we provide, as far as practicable, a safe and supportive environment in which students diagnosed with asthma can participate equally in all aspects of the student's schooling
- we adopt the recommendations of the Guidelines where relevant to the School
- asthma Emergency Kits and other reliever medication are purchased, stored and maintained in accordance with the Guidelines and the School's particular circumstances
- strategies are in place to communicate with and advise staff, students and parents/carers and to raise awareness about asthma and the School Asthma Management Policy in the school community
- Asthma Supervisors, the Principal and other School staff work together with parents/carers of each student diagnosed with asthma to assess risks and develop risk minimisation strategies for the student
- staff are appropriately trained and have knowledge about asthma and the School's asthma prevention strategies and policies and procedures in responding to an asthma attack.

## **Safe Work Practices**

Nhill Lutheran School has developed the following work practices and procedures for managing asthma:

### **Identifying Asthma – Causes, Signs and Symptoms:**

A wide range of factors can trigger someone's asthma, and triggers differ between individuals.

Triggers of asthma can be:

- allergens (if the person is sensitised)
- airborne/environmental irritants
- certain medicines
- dietary triggers
- respiratory tract infections
- certain medical conditions
- physiological and psychological changes.

The most common asthma triggers for students are exercise, colds and flus and cigarette smoke. The best way to reduce an asthma flare-up/attack occurring is to avoid / reduce, where possible, certain triggers and manage exposure to other triggers.

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

If a student has EIB, School staff will allow adequate time for the asthma prevention strategies for exercise.

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
- unrecognised asthma
- hay fever (allergic rhinitis), particularly seasonal hay fever
- allergies to grass pollen.

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

Type	Symptoms
Mild / Moderate	-May have a cough -May have a wheeze -Minor difficulty breathing
Severe	-Cannot speak a full sentence in one breath -May have a cough -May have a wheeze -Obvious difficulty breathing -Sitting hunched forward -Lethargic (children) -Tugging in of skin over the chest and throat -Sore tummy (young children)
Life-threatening	-Unable to speak more than a few words per breath -Becoming very distressed and anxious -Collapsed, unconscious, exhausted -Wheeze and cough may be absent -Gasping for breath -Pale and sweaty -May have blue lips or lip discolouration -Sucking in of skin over ribs/throat -Drowsy/confused

The following symptoms may indicate that a student's asthma is poorly controlled, however symptoms will vary from student to student:

- frequent absenteeism from School due to asthma
- students regularly use their reliever medication more than 2 times per week to ease asthma symptoms
- tiredness/poor concentration
- student is unable to exercise or play sport due to asthma.

If a staff member believes that a student may have poorly controlled asthma, they should notify the Principal, who will inform the parents/carers and may advise them to seek medical advice.

### Individual Asthma Risk Minimisation Plans:

Parents/carers are requested to notify the School of all student medical conditions including asthma.

Students who are identified as having asthma are considered high risk. For each of these students an Individual Asthma Risk Minimisation Plan should be developed and regularly reviewed and updated.

Nhill Lutheran School maintains a complete and up-to-date list of students identifying as being diagnosed with asthma. It is the responsibility of the Principal to keep this list up-to-date. The list is kept at the School Office.

Where the School has been notified of a student diagnosed with asthma, the Principal will be responsible for ensuring that an Individual Asthma Risk Minimisation Plan is developed in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as having asthma.

The Individual Asthma Risk Minimisation Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day at the school.

Individual Asthma Risk Minimisation Plans must include the following:

- 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 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.

The student's Individual Asthma Risk Minimisation Plan will be reviewed, in consultation with the student's parents/carers:

- annually, and as applicable
- 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, or at a special event conducted, organised or attended by the School.

All School staff are expected to know and follow the prevention and risk minimisation strategies in each student's Individual Asthma Risk Minimisation Plan.

It is the responsibility of the Principal to:

- ensure that the student's Individual Risk Minimisation Plan is developed in consultation with the student's parents/carers for any student that has been diagnosed by a medical practitioner with asthma, where the School has been notified of that diagnosis

- communicating Individual Risk Minimisation Plans to staff.

It is the responsibility of parents/carers of students diagnosed with asthma 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
- meet with and assist the School to develop the student's Individual Asthma Risk Minimisation Plan
- participate in reviews of the student's Individual Risk Minimisation Plan.

A copy of each student's Individual Asthma Risk Minimisation Plan is stored with the student's Asthma Action Plan.

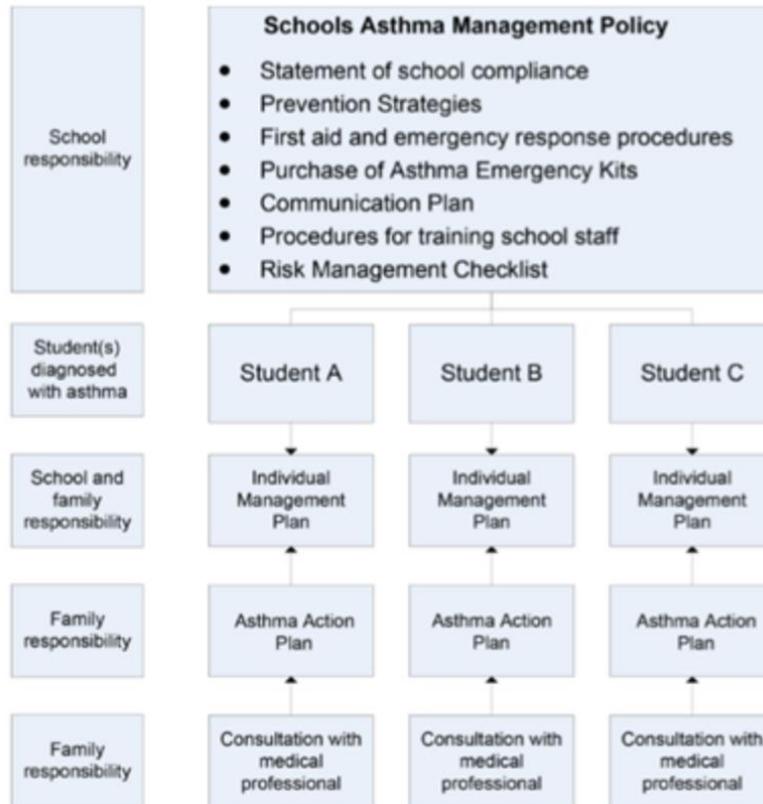
Individual Asthma Risk Minimisation Plans and Asthma Action Plans are kept at the School Office. Copies of the Plans are also kept at the following locations:

- In each classroom
- Staff room first aid cupboard
- Healthminder app

Examples of Asthma Action Plans are available from Asthma Victoria.

A copy of the Individual Asthma Risk Minimisation Plan and Asthma Action Plan for each student with asthma must be easily accessible during field trips, excursions, camps and other out-of-school settings.

Either the supervising teacher or an identified staff member with current asthma training will have a copy of the Plans with them at all times. All attending staff must be aware of their exact location.



In accordance with their responsibilities set out in the Asthma Management Policy the Principal arranges the School's 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 are not a substitute for individuals with asthma having their own prescribed reliever medication.

The School must provide and maintain at least one Asthma Emergency Kit to keep at the School, and at least one mobile kit for activities such as excursions and camps.

The Principal will determine the overall number of Asthma Emergency Kits required by the School according to guidelines.

Even when there are no students enrolled who have been diagnosed with asthma, the Principal should purchase an Asthma Emergency Kit for students who may experience their first asthma attack while at the school.

Each of the School's Asthma Emergency Kits must contain:

- blue or blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 single person use spacer devices to assist with effective inhalation of the blue or blue/grey reliever medication
- a number of spare spacers for use as replacements
- clear written instructions on how to use the medication and spacer devices and 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.

Asthma Emergency Kits are 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
- instructed to do so by a medical officer after calling 000.

All reliever medication must be stored according to a student's Asthma Action Plan and checked regularly to ensure that they have not expired. They must be stored in various locations which are easily accessible to staff.

The following procedures are followed for the storage of reliever medication:

- store in an unlocked, easily accessible place away from direct heat but not in a refrigerator or freezer
- clearly label each reliever medication with the student's name, or as being for general use
- distinguish each student's reliever medication from other students' reliever medication and is stored with a copy of the student's Asthma Action Plan
- clearly label each Asthma Emergency Kit and ensure it is distinguishable from those for students diagnosed with asthma.

Whenever Asthma Emergency Kits are taken and returned to/from their usual location, such as for camps and excursions, their movements must be clearly recorded.

Nhill Lutheran School maintains Asthma Emergency Kits in the following location/s:

- First Aid Cabinet in staffroom
- First Aid Kit

All staff should be aware of these locations.

Asthma Emergency Kits will be checked regularly to ensure they are well-maintained and stocked appropriately.

Asthma spacers are single-person use only. To avoid the risk of infection, spacers and masks must only be used by the one student. The School ensures that spacers and masks contained in Asthma Emergency Kits are:

- stored in a dustproof container
- labelled with the name of the student who has used them
- cleaned once a month or after being notified of a respiratory tract infection by the student who has used the spacer or their parent/carer.

After a spacer and/or mask is used by a student, they will either be disposed of, or labelled and either kept on site for future use, or given to the student to take home. 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.

Review of Reliever Medication:

The School will undertake regular reviews of students' reliever medication, and those in the Asthma Emergency Kits, to ensure the requirements of this policy are being met.

If the designated school staff member identifies any Adrenaline Autoinjectors which are out of date, they will:

- send a written reminder to the student's parents/carers to replace the reliever medication
- advise the Principal that the reliever medication needs to be replaced
- work with the Principal to prepare an interim Individual Asthma Risk Minimisation Plan pending receipt of the replacement reliever medication.

Some students will be prescribed other medication to help prevent asthma symptoms occurring. These medications should not be provided to the School to administer or hold onsite unless the student is attending activities where they will be required to be away from home for an extended period of time.

The School does not provide nebulisers for students. If a student is prescribed a nebuliser, they must bring their own to school.

### Asthma Communication Plan:

The Principal will be responsible for developing a Communication Plan to provide information to all staff, students and parents/carers about asthma and the School's asthma management policies and procedures.

The Communication Plan includes the following information:

- strategies for how to respond to an asthma attack during normal school activities
- strategies for how to respond to an asthma attack during off-site or out of school activities
- procedures to inform volunteers and casual relief staff on arrival at the School of students diagnosed with asthma, and if they are caring for a student diagnosed with asthma, the potential of and their role in responding to an asthma attack
- procedures to communicate with and raise awareness among staff, students, parents/carers and the school community
- the responsibility of the Principal for ensuring that relevant school staff are appropriately trained and briefed at least annually.

The Communication Plan must include arrangements for relevant school staff to be briefed at least once per year by an Asthma Supervisor or a staff member who has current accredited asthma management training.

The Asthma Supervisor or another designated staff member(s) will brief all volunteers and casual relief staff, and new school staff (including administration staff, sessional teachers and specialist teachers) on the above information and their role in responding to a student having an asthma attack in their care.

Raising Student Awareness:

The School will promote student awareness of the risks of asthma and recognising asthma attacks.

The following methods may be used as appropriate:

- displaying fact sheets or posters in hallways and classrooms
- discussion by class teachers
- acknowledging that a student diagnosed with asthma may not want to be singled out or seen to be treated differently
- dealing with any bullying or attempt to harm a student in accordance with the school's Student Discipline Policy

The school Communication Plan is kept at the School Office.

### School Planning and Emergency Response Procedure:

The procedures set out in this policy and a student's Asthma Action Plan will be followed when responding to an asthma attack.

Student asthma attacks which are mild or moderate are managed through our First Aid Policy. In the event of a severe or life-threatening asthma attack, the procedures in this policy must be followed, together with the School's general First Aid and Critical Incident (Emergency Response) procedures, as well as the student's Asthma Action Plan.

If a student self-administers their reliever medication, one staff member should supervise and monitor the student, and another staff member should call an ambulance (000/112). An Asthma Emergency Kit for general use should also be retrieved and brought to the site of the asthma attack.

If a student who ordinarily self-administers their reliever medication is not physically able to do so due to the effects of an asthma attack, a staff member must administer the reliever medication following the procedures set out in this policy.

### Prevention Strategies:

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

The School may employ some or all of the Prevention Strategies for schools included in the Guidelines that are designed to minimise the risk of a severe/life-threatening asthma attack.

### Risk Management Checklist

The Principal completes the annual Risk Management Checklist to monitor the School's compliance with the Guidelines and this policy.

The School will allocate specific responsibilities in relation to asthma management to designated staff members when required under this policy.

### Signage

Copies of the Individual Asthma Risk Minimisation Plan and Asthma Action Plan for each student with asthma are displayed in various locations around the School.

## **Key Definitions**

### **Asthma**

Asthma is a disease of the airways. Asthma is a long-term (chronic) disease. Asthma symptoms can be triggered by different things for different people. Common triggers include colds and flu, allergies and cigarette smoke.

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

An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.

In this policy, the terms asthma attack and asthma flare-up are both used.

### **Asthma Action Plan**

Also known as Asthma Care Plans and Asthma Management Plans, the Asthma Action Plan lists 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 Risk Minimisation Plan.

To assist staff in identifying asthma signs and symptoms, including their severity and action to be taken, the Asthma Foundation of Victoria has developed preferred Action Plans for use in schools. These are designed to complement, rather than replace the student's Asthma Action Plan. It is our preference that the Asthma Foundation's Action Plans are used by students.

### **Asthma Emergency Kit (AEK)**

A specific first aid kit for asthma designed to be portable in an emergency.

Asthma Emergency Kits can be purchased from Asthma Australia or the Asthma Foundation and reliever medication is available from pharmacies.

### **Communication Plan**

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.

### **Diagnosed with Asthma**

In relation to a student, 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.

### **Exercise Induced Bronchoconstriction (EIB)**

EIB (formerly known as exercise induced asthma) is a temporary narrowing of the lower airways, occurring after vigorous exercise. While EIB can occur without asthma, up to 90% of people with asthma experience EIB.

### **Individual Asthma Risk Minimisation Plan**

An individual plan for each student at risk of asthma, developed in consultation with the student's parents. The Individual Asthma Risk Minimisation 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.

### **Reliever Medication**

Medication, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to treat a person experiencing an asthma attack. These may include Salbutamol, Bricanyl and Symbicort.