

# ASTHMA GUIDELINES FOR QUEENSLAND SCHOOLS



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**ASTHMA  
AUSTRALIA**

Asthma Australia is committed to ensuring the health, safety and wellbeing of all students with asthma in Queensland schools. A vital component of this commitment is to ensure that Queensland schools are provided with evidencebased recommendations and information to support students with asthma to engage in the full range of school-based activities.

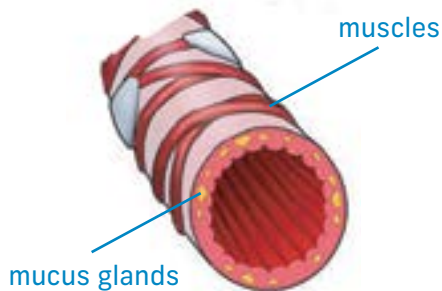
The Asthma Guidelines for Queensland Schools provides specific information for Queensland schools on how to manage and treat students with asthma. They are also relevant to support staff, visitors or previously undiagnosed students who require Asthma First Aid in the event of an asthma emergency.

# ABOUT ASTHMA

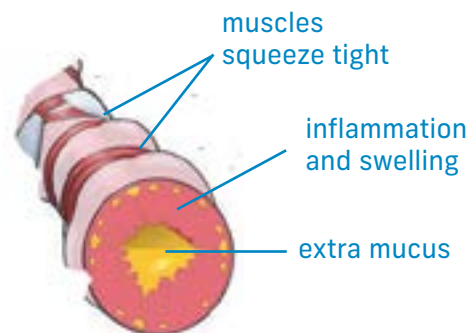
## WHAT IS ASTHMA?

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 airway



### 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 adherence 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.

Other triggers include:

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

Maintaining good asthma control, by following an Asthma Plan (e.g. Asthma Action Plan, Asthma Care Plan for Education and Care Services), 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.



## 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 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.



# MANAGING AN ASTHMA EMERGENCY AT SCHOOL

## SIGNS AND SYMPTOMS OF AN ASTHMA FLARE-UP

An asthma flare-up is worsening of asthma symptoms. A flare-up can develop slowly, (over hours to days) or 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 1: Signs and Symptoms of an Asthma Attack**

MILD/MODERATE	SEVERE	LIFE-THREATENING
<p>Able to talk in full sentences</p> <p>Minor difficulty breathing</p> <p>May have a cough or wheeze</p> <p>Reliever not needed or symptoms settle after usual dose</p> <p>Able to walk/move around</p>	<p>Cannot speak a full sentence in one breath</p> <p>Obvious difficulty breathing</p> <p>May have a cough or wheeze</p> <p>Reliever medication not working as well or lasting as long</p> <p>Tugging in of the skin between ribs or at base of neck</p>	<p>Unable to speak 1-2 words per breath</p> <p>Gasping for breath</p> <p>May no longer have wheeze or cough</p> <p>Not responding to reliever medication</p> <p>Confused or exhausted</p> <p>Turning blue</p> <p>Collapsing</p>
ACTION	ACTION	ACTION
<p><b>1. Follow instructions on student's Asthma Plan</b></p> <p><b>2. Commence Asthma First Aid</b></p>	<p><b>1. Call 000</b></p> <p><b>2. Commence Asthma First Aid</b></p>	<p><b>1. Call 000</b></p> <p><b>2. Commence Asthma First Aid</b></p>



## ASTHMA FIRST AID

Asthma First Aid (see Appendix One) 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 Foundation Queensland 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.

### Asthma First Aid Resources

Asthma First Aid resources can be accessed [here](#).

# EQUIPMENT FOR AN ASTHMA EMERGENCY

## School Equipment

### Blue/Grey Reliever Medication

It is recommended that schools purchase and maintain a minimum of one blue/grey reliever medication on site at all times and determine, through a risk assessment process, the purchase of any additional blue/grey reliever medication, taking into consideration factors such as the:

- number of students, staff and potential visitors with asthma
- location of the first aid kit(s) and proximity to classrooms, playground area and sports field
- accessibility of blue/grey reliever medication during off site activities (e.g. school camps, sporting carnivals and excursions)
- level of risk in the environment (e.g. increased exposure to potential triggers and distance from emergency services).

The school blue/grey reliever medication should be stored with a copy of the Asthma First Aid procedure.

The school blue/grey reliever medication may be used in situations when a:

- student's personal blue/grey reliever medication cannot be located
- student forgets to bring their personal blue/grey reliever medication to school
- student not previously diagnosed with asthma, presents with signs and symptoms of asthma
- visitor (child/adult) to the school, or staff member, presents with signs and symptoms of asthma.

## Spacers

A spacer is a plastic or cardboard device used with a puffer. Spacers assist with administering asthma medication.



### Spacers for School First Aid Use

It is recommended that schools purchase and maintain a spacer for each school-purchased blue/grey reliever medication.

In schools, spacers purchased for first aid use are a single person, single use device.

*N.B. Due to potential health and safety risks, a spacer for first aid purposes can only be used once. Once it has been used, it should be disposed of and replaced with a fresh spacer. It cannot be cleaned to an acceptable level for others to use.*

### Students' Personal Spacers

Students with their own spacer can reuse their spacer multiple times.

When a new, unused spacer has been used by a student, the spacer can be:

- retained at the school for that student in case they require it again if one has not been supplied by the parent. The spacer should be labeled with the student's name
- disposed of by the school as it cannot be used by another student.



## Purchase of Asthma School Equipment

### School Purchase of Blue/Grey Reliever Medication

The purchase and administration of blue/grey reliever medication in Queensland schools is governed by the Health (Drugs and Poisons) Regulation 1996 (HDPR).

School personnel who have completed an Asthma First Aid training course approved by the Department of Health are authorised to purchase and administer S3 salbutamol or S3 terbutaline (blue/grey reliever medication) for the purpose of providing Asthma First Aid in accordance with the national Asthma First Aid procedure (see Section 256B and 277).

This medication is for emergency first aid use in a school and therefore does not require a pharmacy label.

The school's blue/grey reliever medication does not replace a student's personal blue/grey reliever medication.

Information on Department of Health approved asthma management courses can be downloaded [here](#).

Information on the use of blue/grey reliever medication in schools can be found [here](#).

### School Purchase of Spacers

Spacers can be purchased from Asthma Foundation Queensland, pharmacies and some First Aid organisations.

### Student Equipment

Each student diagnosed with asthma should have their own medication and equipment at the school. This includes:

- **a blue/grey reliever medication** - with prescription label including the student's name and dosage information.
- **a spacer** - clearly labelled with the student's name (if using aerosol reliever medication).
- **an Asthma Plan** - completed and signed by the student's doctor (the school will require a copy of the Asthma Plan if the student requires assistance to administer their medication).

For some students, a facemask may be required for use with their spacer. A facemask is recommended for children under the age of five, or those unable to form a good seal around the mouthpiece of a spacer.

### Nebulisers

Nebulisers are no longer recommended for use in schools to administer asthma medication to students. In most cases, students get the same effect by using a blue/grey reliever medication with a spacer. In the event that there is a need for the use of a nebuliser for a student with asthma, the request should be in writing from the student's medical practitioner. School staff should access appropriate training before using a nebuliser for asthma treatment with a student.

## DEVELOPING A SCHOOL ASTHMA EMERGENCY PROCEDURE

In responding to an asthma emergency, a well-developed emergency procedure should enable the situation to be managed promptly and efficiently. School staff should be familiar with the school's asthma emergency procedure which should be considered as part of the Asthma Risk Management Checklist (see Appendix Two).

Although schools vary in size and layout, the following considerations can assist in the development of a localised school asthma emergency procedure.

### Dialing Emergency Services (000)

- Emergency services should ideally be called by a person nearest to the student rather than from the school office if possible.
- Tell the operator 'asthma attack'.
- Determine who will guide the ambulance to the emergency site.
- Consider location of, and access to, landline phones and mobiles to call emergency services during school based activities.



## Retrieving Asthma Emergency Equipment and Raising the Alarm

- Consider location of student's personal blue/grey reliever medication and spacer.
- Consider location of school blue/grey reliever medication and spacers.
- Determine who will retrieve school or student's blue/grey reliever medication and spacer.
- Consider allowing students to carry their personal blue/grey reliever medication with them during on and off site activities.
- Determine the procedure to raise the alarm with the school office.
- Determine who will provide Asthma First Aid to the student.
- Ensure school staff are available to respond in the event of an asthma emergency.

## Providing Asthma First Aid

- Ensure the student demonstrating signs of asthma is always under the supervision of an adult, and not moved. Blue/grey reliever medication and a spacer should be brought to the student as quickly as possible.
- If readily accessible, use the student's own blue/grey reliever medication and spacer, otherwise use the school blue/grey reliever medication and spacer from the nearest first aid kit (which will be brought to the student).
- Notify the student's parent when safe to do so.
- Ensure the incident is recorded in conjunction with the school incident reporting process.

## Location of the Asthma Emergency

- Consider the number of trained school staff available to manage the asthma emergency on and off campus.
- Consider the location of school first aid kits to ensure easy and quick access in the event of an asthma emergency.

## The Class/Other Students

- Consider who will supervise other students whilst Asthma First Aid is being performed.
- Consider the noise level of class groups interfering with clear communication with the 000 dispatcher. Remainder of class may require evacuation to an alternative area while the teacher is managing the student.

# ROLES AND RESPONSIBILITIES

This section provides recommendations for schools to inform the development of their policies and procedures to support students with asthma.

Queensland State Schools may use this section as a reference to inform their local decision-making processes. However, Queensland State Schools should also refer to the following Departmental procedures for Principal and Staff responsibilities to support students with asthma:

[Management of Students with Specialised Health Needs](#)

[First Aid](#)

[Administration of Medications in Schools](#)



## ROLES AND RESPONSIBILITIES OF THE PRINCIPAL

The role of the Principal will involve being familiar with the Asthma Guidelines for Queensland Schools in order to:

### **Develop a School Asthma Emergency Response Procedure**

- Ensure all staff are aware of the school procedure for alerting other personnel to an asthma emergency and need for assistance (e.g. mobile phone, walkie talkies, classroom, phones).
- Arrange system to alert relief staff to students with asthma.
- Determine agreed storage locations for school's blue/grey reliever medication and spacers and ensure all staff are aware of these locations.
- Determine agreed storage location for students' blue/grey reliever medication and spacer.
- Inform staff that the school's blue/grey reliever medication and spacer may also be required if a previously undiagnosed student presents with signs and symptoms of asthma for the first time.

### **Develop or Review Asthma First Aid Procedures with School Staff**

- Organise Asthma First Aid training for all appropriate school staff, and ensure all staff are aware of who is trained in Asthma First Aid.
- Establish and maintain a school system to ensure Asthma First Aid training is completed at least every three years.
- Obtain, as part of a risk management process, at least one blue/grey reliever medication for general use and at least one spacer (and mask as required) per blue/grey reliever medication to be part of each school first aid kit.
- Ensure all staff know the location of each school first aid kit.
- Encourage all staff who supervise students with asthma to be familiar with students' Asthma Plans.

### **Arrange Management of Asthma Medication, Equipment and Plans**

- Nominate a person responsible for the purchase and maintenance of the school's blue/grey reliever medication and spacers.
- Ensure that blue/grey reliever medication is stored in accordance with the manufacturer's recommendations but easily accessible for use.
- Establish and maintain a school system which ensures that blue/grey reliever medication is in-date and replaced prior to expiry or becoming empty.
- Ensure that a system is in place for the school to check the expiry dates of the blue/grey reliever medication on a regular basis.
- Arrange safe disposal of an unused expired or empty blue/grey reliever medication through a pharmacy.



## Communicate with Parents of Students with Asthma

- Encourage the parent to supply the school with:
  - a **blue/grey reliever** medication with prescription label including the student's name and dosage information
  - a **spacer** labelled with the student's name
  - an **Asthma Plan**, completed and signed by the student's medical practitioner.
- Review each student's Asthma Plan at a specified time (e.g. beginning of school year) and at any other time where there are changes in a student's:
  - asthma medication
  - asthma control (e.g. after a flare-up).
- Ensure that a system is in place for the parent to check the expiry dates of the student's blue/grey reliever medication on a regular basis.
- Encourage the parent to approve sharing of information regarding the student's health condition with relevant staff and volunteers.



## ROLES AND RESPONSIBILITIES OF THE TEACHER

To assist the school in supporting students with asthma, teachers who provide any supervisory role are encouraged to:

### Know the Students with Asthma and their Condition

- Identify their students with asthma who self-medicate or require support to administer their medication.
- Read and become familiar with students' Asthma Plan.
- Ensure you know the location of students' blue/grey reliever medication and spacer and the school's asthma medication.

### Know what to do in an Asthma Emergency

- Ensure you are familiar with the school's emergency procedures for students with and without an Asthma Plan.
- Know who is trained to administer the school blue/grey reliever medication.
- Know the location/s of the school's blue/grey reliever medication and spacers.
- Notify the student's parent when safe to do so.
- Record all asthma emergencies in conjunction with the school incident reporting process.

### Complete Asthma First Aid Training

- Complete Asthma First Aid training at least every three years to gain a certificate of completion.

### Implement Risk Management Procedures

- Ensure the student's blue/grey reliever medication is:
  - readily accessible at all times (e.g. **NOT** locked in a cupboard or room)
  - stored in a location known to all supervisory and relief staff
  - taken with the student to all locations including specialist classes, extracurricular activities, off campus events and activities (e.g. sporting carnivals, excursions, camps) and activities that are outside school hours.
- Provide relevant information to excursion/camp site coordinators (e.g. outdoor education centres) well ahead of the event to enable a risk assessment of activities and the environment to occur.
- Consider situations where students may be exposed to an asthma trigger which may cause their asthma to flare-up.

## ROLES AND RESPONSIBILITIES OF THE PARENT

Parents of students with asthma play a vital role in assisting schools and school staff in supporting their child with asthma at school. Parents are encouraged to:

### Communicate with their Child

- Educate your child about their asthma (e.g. how to recognise their symptoms, how to use their blue/grey reliever medication with spacer correctly, words to describe their asthma symptoms, who to alert at school if they have asthma symptoms).

### Communicate with the School

- Notify the school of the student's asthma diagnosis and provide appropriate medical information.
- Provide a copy of the student's Asthma Plan, completed and signed by the student's doctor, to the school.
- Provide an updated copy of the student's Asthma Plan, completed and signed by the student's doctor, to the school if there is a change in the student's medications or management.
- Notify the school of any changes to the student's asthma management (e.g. flare-up after cold).
- Complete necessary camp/excursion medical forms as requested by the school.
- Consider providing permission for the school to share the student's medical information with relevant staff and volunteers, so that necessary risk management processes can be followed.

### Provide Medication and Equipment to the School

- Provide a blue/grey reliever medication with original prescription label including the student's name and dosage information to the school.
- Provide a spacer, and mask if required, clearly labelled with the student's name to the school.
- Monitor the expiry date of the student's blue/grey reliever medication and replace before it reaches its expiry date.
- Collect student's unused blue/grey medication from school when it is no longer required.



# STRATEGIES TO MANAGE STUDENTS WITH ASTHMA

## ASTHMA FIRST AID TRAINING FOR SCHOOLS

### Asthma First Aid Training Courses

In Queensland, the Department of Health, under the HDPR, authorises school staff that have completed an approved Asthma First Aid training course to purchase and administer blue/grey reliever medication for the purpose of providing Asthma First Aid at their school.

Under the HDPR, an appropriate Asthma First Aid training course is one that:

- achieves the specific learning objectives relative to the critical learning outcomes identified in Table 2
- is at least one (1) hour in duration
- issues a certificate or document that identifies successful completion of the training for a staff member.

**SCHOOL STAFF WHO HAVE NOT COMPLETED AN APPROVED ASTHMA FIRST AID TRAINING COURSE COVERING THE SPECIFIC LEARNING OBJECTIVES OUTLINED IN TABLE 2, ARE UNABLE TO ADMINISTER THE SCHOOL'S BLUE/ GREY RELIEVER MEDICATION FROM THE SCHOOL'S FIRST AID KIT TO A STUDENT IN THE EVENT OF AN ASTHMA EMERGENCY.**

**Table 2. Critical Outcomes and Specific Learning Objectives of Approved Asthma First Aid Courses**

Critical Outcome	Specific Learning Objective
Recognition of the symptoms and signs of asthma	<ul style="list-style-type: none"> <li>▪ Basic knowledge of asthma</li> <li>▪ Recognition of common symptoms</li> <li>▪ Recognition of the signs of asthma including exercise-induced asthma</li> <li>▪ Recognition of the stages of an attack</li> <li>▪ Recognition of the signs of worsening asthma</li> </ul>
Knowledge of appropriate use of reliever medication	<ul style="list-style-type: none"> <li>▪ Knowledge of reliever medications and their use</li> <li>▪ Knowledge of how to use a spacer device with a reliever medication</li> <li>▪ Knowledge of common side effects of reliever medication (e.g. tremor and /or tachycardia)</li> <li>▪ Knowledge of how to prevent / manage exercise-induced asthma</li> </ul>
Ability to implement an Asthma First Aid Plan	<ul style="list-style-type: none"> <li>▪ Knowledge of an Asthma First Aid Plan (including when to call an ambulance/ further medical assistance)</li> </ul>

## Providers of Asthma First Aid Training Courses

There are a number of providers of Asthma First Aid training in Queensland.

- Asthma Australia currently provides free online training in Asthma First Aid. Schools can access this training online [here](#).
- State School Registered Nurses, through the Department of Education and Training, deliver face-to-face Asthma First Aid training, approved by the Department of Health, to state schools at no cost.
- Asthma First Aid training may also be facilitated through Registered Training Organisations and First Aid organisations.

Considerations when choosing a training provider for Asthma First Aid training should include:

- the critical outcomes and specific learning objectives outlined in Table 2 will be met
- a certificate and/or document that identifies the successful completion of the training incorporating the specific learning objectives will be provided
- the recommended minimum timeframe for the course (1 hour) will be provided
- trainers are Blue Card holders if unsupervised in the presence of students.

**It is recommended school staff complete Asthma First Aid training at least every three years.**

## Number of Trained Staff

Schools are recommended to consider the following when determining the number of staff to be trained in Asthma First Aid:

- number of students, staff and potential school visitors with asthma
- curriculum and out-of-school activities in which these students participate
- level of risk associated with these activities
- impact of sick leave or other absences on staff availability
- ratio of trained staff required to meet the school's emergency first aid response in the event of a first time presentation of asthma.

## Identifying School Staff for Training

A student, staff or visitor can experience an asthma flare-up or attack anywhere, at anytime. Schools are encouraged to provide Asthma First Aid training opportunities for all staff that interact with students. For example:

- teaching staff who supervise students at risk of asthma, including those staff who supervise specialist classes, non-contact time, elective classes and extracurricular activities
- sports/physical education teachers including staff who supervise sports such as after-school practice/training sessions and interschool sport where relevant
- designated first aid officers
- relief staff.

## ASTHMA PLANS

There are two types of Asthma Plans: Asthma Action Plans and the Asthma Care Plan for Education and Care Services. Both are suitable for use in schools.

### Asthma Action Plans

An Asthma Action Plan is a written set of individualised instructions completed, signed and dated by a medical practitioner that outlines management of a student's asthma when well controlled and during a flare-up. The national Asthma First Aid procedure is also listed on an Asthma Action Plan.

Ideally, each student with diagnosed asthma will have an Asthma Action Plan completed, signed and dated by their medical practitioner.

There are many different types of Asthma Action Plans. Asthma Action Plans can be obtained from a medical practitioner, or can be downloaded [here](#).

### Asthma Care Plan for Education and Care Services

The Asthma Care Plan for Education and Care Services is an Asthma Australia document specifically designed for use within education and care services. The Asthma Care Plan for Education and Care Services must be completed, signed and dated by the student's medical practitioner.

The Asthma Care Plan for Education and Care Services summarises:

- signs and symptoms an individual student may experience
- a student's asthma medications and prescribed doses
- a student's known triggers
- the national Asthma First Aid procedure
- student's emergency contact information.

Asthma Australia recommends the Asthma Care Plan for Education and Care Services for use in schools. This can be downloaded [here](#). Hard copies can also be requested by calling 1800 ASTHMA (1800 278 462).

# RISK MANAGEMENT

When a student is diagnosed with asthma, school staff have responsibility for the management of this specialised health need. This can be achieved through a risk management process which includes the identification of potential risks to the student, and conducting a risk assessment of school activities and events students with asthma may participate in.

## Risk Identification

When schools are notified of a student with asthma, the first step in managing the risk is to identify:

- the student's capabilities
- the level of Asthma First Aid training provided to school staff
- situations where there may be an increased risk to the student.

## Student Capabilities

Young students or students with disability may require targeted support to administer their asthma medication. Older, more independent students who are confidently managing their asthma and can identify their own symptoms:

- can be authorised by the Principal to carry their blue/grey reliever medication with them
- should have a system to check their dosage use and keep their reliever within its expiry date
- can identify when they need their medication and can potentially selfadminister this in an emergency
- are able to alert a staff member (or another student to raise the alarm) if they experience an asthma emergency to enact the school's emergency response.

## Level of Asthma First Aid Training Provided to School Staff

School response to an asthma emergency is enhanced if staff:

- are trained in Asthma First Aid
- can recognise the signs and symptoms of an asthma flare-up or attack
- are trained and confident in administering blue/grey reliever medication through a spacer
- know the location of first aid kit(s) containing blue/grey reliever medication and spacer
- assist student if too unwell to manage flare-up independently.

## Situations where there may be an increased risk to the student

The risks to students with asthma may increase when there are changes to the:

- school routine (e.g. relief teachers, special events)
- student's environment (e.g. camps or excursions)
- student's asthma control (e.g. recent cold, hay fever flare-up).

## Risk Assessment

### Use of an Asthma Risk Management Checklist

To ensure that students with asthma are given every opportunity to participate in the full range of school activities, potential risks in the student's school routine and environment should be assessed. An Asthma Risk Management Checklist is available for this purpose at Appendix Two.

A comprehensive Asthma Risk Management Checklist which addresses the needs of students with asthma can provide an essential part of the school's risk management. The plan will include risk minimisation strategies and consider changes to the student's routine and environment.

The plan assists staff and others involved with the students to plan for emergency situations and minimise risks associated with the student's condition, their equipment and medication requirements.

To assist in completing the Asthma Risk Management Checklist, consider the following most common factors which may lead to an asthma emergency and recommend risk mitigation strategies.

### Change of Environment (e.g. camps, excursions, and sporting events)

Ensure consideration is given to students with asthma participating in excursions, camps, sports carnivals or other activities where the students are in a new environment.

Supervising staff and volunteers for these events are encouraged to:

- know which students have asthma
- provide relevant information to excursion/camp/event site coordinators (e.g. outdoor education centres) to inform planning of the events to enable a risk assessment of activities and the environment to occur
- ensure adequate staff in attendance are trained in Asthma First Aid
- consider the distance from the school, camp or location of a school activity to an ambulance service or medical treatment
- consider the emergency first aid kit equipment required and the distance of the first aid equipment from students with asthma during activities
- be mindful of potential asthma triggers
- consider issues such as the administration of prescribed preventer and emergency medication and risk mitigation strategies when planning an excursion/camp
- be aware of the campsite's procedure in the event of a medical emergency
- know the location of the student's personal blue/grey reliever medication and spacer (if applicable)
- ensure a broad range mobile phone is available when away from landline phone facilities
- encourage students with asthma, who are capable, to manage their own asthma as much as possible, but ensure that support is available to the student if required.



## Relief Teachers

Students with asthma should always be under the supervision of a teacher or designated person who:

- has completed Asthma First Aid training and who knows the student has asthma
- can recognise the signs and symptoms of a flare-up
- knows how to use the blue/grey reliever medication with spacer in an asthma emergency.

If a relief teacher is supervising the class and has not completed Asthma First Aid training, the school must determine how the student with asthma will be supported (e.g. ensuring the student has access to a trained staff member who can support them should a student experience an asthma flare-up).

## Sickbay

Students should not be left alone when experiencing asthma symptoms, even in the sickbay/sick room, as mild/moderate symptoms can quickly deteriorate into a life-threatening attack.



# GLOSSARY

## **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.

### **Asthma Action Plan**

An Asthma Action Plan is a written set of individualised instructions, completed, signed and dated by a medical practitioner that outlines management of a student's asthma when well controlled and during a flare-up.

### **Asthma Attack**

An asthma attack is a sudden worsening of asthma symptoms. All asthma attacks are life-threatening.

### **Asthma Care Plan for Education and Care Services**

The Asthma Care Plan for Education and Care Services is an Asthma Australia document specifically designed for use within education and care services. The Asthma Care Plan for Education and Care Services must be completed, signed and dated by the student's medical practitioner.

### **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.

## **Preventer Medications**

Preventer medications reduce inflammation, excess mucus, redness and sensitivity in the airways of the lungs. 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.

## **Reliever Medications**

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. Blue/grey reliever medications are used to treat an asthma emergency through the national Asthma First Aid procedure.

## **Spacer**

A spacer is a plastic or cardboard device used with a puffer. Spacers assist with administering asthma medication.

## **Trigger**

Trigger is the word used to describe something that may cause an asthma flare-up, or make existing asthma symptoms worse.

# RESOURCES

[Asthma Care Plan for Education and Care Services Resources](#)

[Asthma First Aid for School Staff Online Training Package](#)

[Asthma First Aid A4 Poster](#)



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# 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

## IF THERE IS STILL NO IMPROVEMENT

4



## DIAL TRIPLE ZERO (000)

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

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



Translating and Interpreting Service  
131 450



**ASTHMA AUSTRALIA**

Contact Asthma Australia

**1800 ASTHMA**  
(1800 278 462)

[asthma.org.au](http://asthma.org.au)

### CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it's asthma
- 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.

# ASTHMA RISK MANAGEMENT CHECKLIST

Hazard/Risks	Recommended Control Measures	Yes	Detail how this will be implemented and any additional strategies
<b>Equipment/ Materials</b>	Blue/grey reliever medication is stored in a safe, unlocked and accessible, easy-to-find location.		List locations of blue/grey reliever medication:
	Expiry dates of blue/grey reliever medication are checked regularly.		
	Staff members know where blue/grey reliever medication is stored.		
	Staff members are aware of the Asthma Guidelines for Queensland Schools.		
	Assess the number of students, staff and visitors at risk of an asthma flare-up and consider the number of blue/grey reliever medications and spacers allocated to the school first aid kits and ease of accessibility in an emergency (e.g. sites off campus or excursions).		
<b>Students</b>	Staff members know how to recognise an asthma flare-up.		
	Blue/grey reliever medications are labelled with students' names and prescribed doses.		
	Individual student spacers are labelled with students' name.		
	The school has received a copy of an Asthma Plan for all students with asthma.		
	Asthma Plans are reviewed regularly with the parent.		
	Staff members know where both the generic and individual student's blue/grey reliever medications and Asthma Plans are located.		
	Staff members are aware of the protocols for management of a student experiencing an asthma flare-up for the first time.		
<b>Emergency Situations</b>	Relief and volunteer staff are not given sole responsibility for students with diagnosed asthma without evidence of appropriate training.		List who will support the student and how this will occur:
	A procedure for raising the alarm will be developed by the school and communicated to staff.		Process to follow
	A procedure is in place to collect the generic blue/grey reliever medication when a student experiences an asthma flare-up in case a student's personal blue/grey reliever medication cannot be located or is empty or expired.		By whom and how?
	Staff members have been trained in Asthma First Aid and can recognise the signs and symptoms of an asthma flare-up.		
	Student's blue/grey reliever medication is kept with the student. Student is assessed to determine whether it is appropriate for them to carry their own blue/grey reliever medication for emergency use or if appropriate staff member/s need to be responsible for this.		



**ASTHMA  
AUSTRALIA**

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