



Rockingham Montessori School Incorporated  
ABN: 68 115 270 695

**POLICY TITLE: ASTHMA MANAGEMENT POLICY**

**BOARD APPROVAL DATE: April 2023**

**SIGNED BY CHAIR:**

**BOARD REVIEW DATE: April 2026**

---

**OVERVIEW**

This School/preschool is committed to:

- Providing the necessary procedures to ensure the health and safety of all persons with asthma involved with the School
- Raising the awareness of asthma amongst those involved with the School
- Providing an environment in which young people with asthma can participate in all activities to their full potential
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma

**PURPOSE**

The aim of this policy is to document strategies for implementation of best practice asthma management within an educational setting so that:

- All children enrolled at the site who have asthma can receive appropriate attention as required
- The School can respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the site

**CONSIDERATIONS**

This policy is correct at the time of publication. This policy has been developed in accordance with Asthma Foundation WA's Asthma Friendly Program and incorporates the essential criteria to become Asthma Friendly.

The policy should be read in conjunction with:

- The Asthma Friendly Guidelines for Schools and Preschools
- Any internal health policy from AISWA

## IMPLEMENTATION

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within this school/preschool give the following undertakings:

### The staff are responsible for:

- Implementing this policy on a daily basis.
- Ensuring that they maintain current First Aid training eg. **HLTDAID004** **or** biannual Asthma First Aid training.
- Identifying students with asthma during the enrolment process and document this information appropriately.
- Compiling a list of students with asthma and placing it in a secure but readily accessible location that is known to all staff. Relief staff will be informed of the list and the location of the Student Asthma Record Form (Appendix 1).
- Promptly communicating any concerns to parents/carers if they are concerned about the student's asthma limiting his/her ability to participate fully in all activities.
- Consulting with the parents/carers of students with asthma, in relation to the health and safety of their child and the supervised management of the student's asthma.
- Encouraging children of appropriate age and ability to self manage their asthma, including using their reliever medication as soon as symptoms develop.
- Displaying the Asthma First Aid posters in key locations. (Appendix 1)
- Regularly maintaining all asthma components of the Asthma Emergency Kit to ensure medication is current and the spacer device and mask (if necessary) are ready to use. It is recommended that schools/preschools have a minimum of 2 kits plus an additional 1 for every 300 students.
- Providing a mobile Asthma Emergency Kit for use during activities outside the site.
- Ensuring that all regularly prescribed asthma medication is administered in accordance with the Student's Asthma Record Form.
- Identifying, and where possible, minimising asthma triggers as defined in Student's Asthma Record Form.
- Ensuring that parents/carers of a student with asthma have been provided with a copy of this policy.
- Providing families with the contact details of the Asthma Foundation if further asthma advice is needed.

### **The parents/carers are responsible for:**

- Informing staff, either upon enrolment or on initial diagnosis, that their child has asthma.
- Providing all relevant information regarding the student's asthma via the Student Asthma Record Form, and/or a written Asthma Action Plan completed by the student's doctor. Student Asthma Record Forms should be updated at least annually.
- Notifying the staff, in writing, of any changes to the Student Asthma Record Form, if this occurs, during the year.
- Providing an adequate supply of appropriate medication (reliever) and spacer device clearly labeled with the child's name including expiry dates.
- Consulting with the staff, in relation to the health and safety of their child and the supervised management of the student's asthma.
- Communicating all relevant information and concerns with staff as the need arises e.g. if asthma symptoms were present during the night.
- Reading and being familiar with this policy

### **PLAN OF ACTION FOR A STUDENT WITH DIAGNOSED ASTHMA**

The staff, together with the parents/carers of a student with asthma, will discuss and agree on the plan of action for the emergency management of an asthma attack consistent with the information provided on the Student's Asthma Record Form. (Appendix 2)

### **Administer Asthma First Aid according to either:**

- The Student's Asthma Record Form as signed by the parents/carers and doctor and/or doctor's written instructions

### **OR where the plan is not available**

- Commence the standard asthma emergency protocol:
- Step 1: Sit the student upright and remain calm and provide reassurance. Do not leave the student alone.
- Step 2: Give 4 puffs of a blue reliever puffer (Ventolin, Airomir, Asmol, or Bricanyl), one puff at a time, through a spacer device. Ask the student to take 4 breaths from the spacer after each puff.
- Step 3: Wait 4 minutes.
- Step 4: If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.
- Parents/Carers should be notified of any medication used for an emergency asthma attack.

In an emergency the blue reliever puffer can be the student's own, or accessed from the Asthma Emergency Kit. The Asthma Foundation recommends that only staff who are trained in Asthma First Aid should administer blue reliever medication from the Asthma Emergency Kit.

- Record any asthma incident and file the completed form with all incident reports.

## **PLAN OF ACTION FOR A STUDENT WHO IS NOT KNOWN TO HAVE ASTHMA**

In this situation staff will:

- Step 1: Call an ambulance immediately (Dial 000) and state that the student is having breathing difficulties. Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
- Step 2: Give 4 puffs of a blue reliever puffer (Ventolin, Airomir, Asmol, or Bricanyl), one puff at a time, through a spacer device. Ask the student to take 4 breaths from the spacer after each puff.
- Step 3: Wait 4 minutes.
- Step 4: If there is little or no improvement, repeat steps 2 and 3. Continue to repeat steps 2 and 3 while waiting for the ambulance.

Contact parents/carers immediately.

Record any asthma incident and file the completed form with all incident reports.

This treatment could be lifesaving for a student whose asthma has not been previously recognised and no harm is likely to result from giving a reliever puffer if the breathing difficulty was not due to asthma.

## **SINGLE PERSON USE OF SPACERS**

Each Asthma Emergency Kit should contain at least 2 spacers as these are now designated as single person use due to infection control guidelines. A back-up supply should also be kept. Any spacer used by a student may then be kept at the school and used by that student (appropriately labeled), or sent home with its packaging for the student's own use.

Asthma Emergency Kits are first aid equipment. Ideally students also will have their own, named medication and spacer/mask for use in an emergency. Encouraging families to follow this practice will enhance their health and safety and minimise cost at the school/preschool.

## **REVIEW**

The policy will be reviewed tri annually by staff and the governing council.

The review process will assess whether the policy has achieved its purpose by:

- Taking into account feedback from all parties regarding the effectiveness of the policy
- Reviewing the adequacy of staff response to an emergency if one has occurred during the year
- Discussing this policy and its implementation with parents/carers of students at risk of an asthma emergency to gauge their satisfaction with both the policy and its implementation in relation to their child

## **APPENDICES**

1. First aid for Asthma Chart
2. Student Asthma Record Form

## **RELATED AND SOURCE DOCUMENTS**

- Asthma Foundation WA *Asthma Friendly Policy*
- RMS *Administration of Medications Guideline*
- Asthma Action Plan

First aid for Asthma chart

# First Aid for Asthma

**1**

**Sit the person comfortably upright.**

Be calm and reassuring.  
Don't leave the person alone.

**2**

**Give 4 puffs of a blue/grey reliever**

(e.g. Ventolin, Asmol or Airomir)

Use a spacer, if available.

Give 1 puff at a time with 4 breaths after each puff

Use the person's own inhaler if possible.

If not, use first aid kit inhaler or borrow one.

**OR**

**Give 2 separate doses of a Bricanyl or Symbicort inhaler**

If a puffer is not available, you can use Symbicort (**people over 12**) or Bricanyl, even if the person does not normally use these.

**3**

**Wait 4 minutes.**

If the person still cannot breathe normally, **give 4 more puffs.**

**Wait 4 minutes.**

If the person still cannot breathe normally, **give 1 more dose.**

**4**

If the person still cannot breathe normally,

**CALL AN AMBULANCE IMMEDIATELY (DIAL 000)**

Say that someone is having an asthma attack.

**Keep giving reliever.**

Give 4 puffs every 4 minutes until the ambulance arrives.

Children: 4 puffs each time is a safe dose.

Adults: For a severe attack you can give up to 6–8 puffs every 4 minutes

If the person still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)** Say that someone is having an asthma attack.

**Keep giving reliever while waiting for the ambulance:**

For Bricanyl, give 1 dose every 4 minutes

For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)

**WITH SPACER**



- Assemble spacer
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between teeth and seal lips around it
- Press **once firmly** on puffer to fire one puff into spacer
- Take **4 breaths** in and out of spacer
- Slip spacer out of mouth
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

**WITHOUT SPACER**



- Remove cap and shake well
- Breathe out away from puffer
- Place mouthpiece between teeth and seal lips around it
- Press **once firmly** on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- Hold breath for 4 seconds or as long as comfortable
- Breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

**BRICANYL OR SYMBICORT**



- Unscrew cover and remove
- Hold inhaler upright and twist grip around and then back
- Breathe out away from inhaler
- Place mouthpiece between teeth and seal lips around it
- Breathe in **forcefully and deeply**
- Slip inhaler out of mouth
- Breathe out slowly away from inhaler
- Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
- Replace cover

**HOW TO USE INHALER**

**Not Sure if it's Asthma?**

**CALL AMBULANCE IMMEDIATELY (DIAL 000)**

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

**Severe Allergic Reactions**

**CALL AMBULANCE IMMEDIATELY (DIAL 000)**

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

For more information on asthma visit:  
Asthma Foundations – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)  
National Asthma Council Australia – [www.nationalasthma.org.au](http://www.nationalasthma.org.au)



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

### Student Asthma Record Form

This record is to be completed by parents/carers in consultation with their child’s doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick the appropriate box, and print your answers clearly in the blank spaces where indicated.

## ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

PHOTO OF STUDENT (OPTIONAL)

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student’s name: \_\_\_\_\_ DOB: \_\_\_\_\_

Plan date  
 \_\_\_/\_\_\_/20\_\_\_  
  
 Review date  
 \_\_\_/\_\_\_/20\_\_\_

### MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

\_\_\_\_\_

\_\_\_\_\_

### DAILY ASTHMA MANAGEMENT

This student’s usual asthma signs:	Frequency and severity:	Known triggers for this student’s asthma (e.g. exercise*, colds/flu, smoke) — please detail:
<input type="checkbox"/> Cough	<input type="checkbox"/> Daily/most days	_____
<input type="checkbox"/> Wheeze	<input type="checkbox"/> Frequently (more than 5 x per year)	_____
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Occasionally (less than 5 x per year)	_____
<input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Other (please describe) _____	_____

Does this student usually tell an adult if s/he is having trouble breathing?     Yes     No

Does this student need help to take asthma medication?     Yes     No

Does this student use a mask with a spacer?     Yes     No

\*Does this student need a blue/grey reliever puffer medication before exercise?     Yes     No

### MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

<b>DOCTOR</b> Name of doctor _____  Address _____  Phone _____  Signature _____ Date _____	<b>PARENT/GUARDIAN</b> <small>I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.</small> Signature _____ Date _____  Name _____	<b>EMERGENCY CONTACT INFORMATION</b> Contact name _____  Phone _____  Mobile _____  Email _____
---	--	--

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

Date of approval: June 2018 | Approved by: CEO Asthma Australia | Date of review: June 2018 | IACPEP2018 Care Plan for Schools A4 | 16 June 2018