ASTHMA POLICY

Help for non-English speakers

If you need help to understand the information in this policy please contact the Principal.

PURPOSE

To ensure that BDPS appropriately supports students diagnosed with asthma.

OBJECTIVE

To explain to BDPS parents/carers, staff and students the processes and procedures in place to support students diagnosed with asthma.

SCOPE

This policy applies to:

- all staff, including casual relief staff, contractors and volunteers
- all students who have been diagnosed with asthma or who may require emergency treatment for asthma and their parents/carers.

POLICY

Asthma

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

Symptoms

Symptoms of asthma can vary over time and often vary from person to person. The most common asthma symptoms are:

- breathlessness
- wheezing (a whistling noise from the chest)
- tight feeling in the chest
- persistent cough

Symptoms often occur at night, early in the morning or during/just after physical activity. If asthma is well controlled, a person should only have occasional asthma symptoms.

Triggers

A trigger is something that sets off or starts asthma symptoms. Everyone with asthma has different triggers. For most people with asthma, triggers are only a problem when asthma is not well controlled with medication. Common asthma triggers include:

- exercise
- colds/flu

- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- weather changes such as thunderstorms and cold, dry air
- house dust mites and moulds
- pollens
- animals such as cats and dogs
- chemicals such as household cleaning products
- deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays)
- food chemicals/additives
- certain medications (including aspirin and anti-inflammatories)
- laughter or emotions, such as stress

Individual asthma management

If a student diagnosed with asthma enrols at BDPS:

1. Parents/carers must provide the school with an Asthma Action Plan which has been completed by the student's medical practitioner. The plan must outline:
    - the prescribed medication taken by the student and when it is to be administered, for example as a pre-medication to exercise or on a regular basis
    - emergency contact details
    - the contact details of the student's medical practitioner
    - the student's known triggers
    - the emergency procedures to be taken in the event of an asthma flare-up or attack.
2. A photo of the student is included as part of the student's Asthma Action Plan to help identification.
3. BDPS will keep all Asthma Action Plans:
    - In the staffroom, sick bay and Excursion/Camps/Emergency Management Backpack.
4. A student with an Asthma Action Plan only requires a Student Health Support Plan if their asthma is **not** well-controlled, and needs individualised medical or health-related supervision, care or adjustments at school. School staff will work with parents/carers to develop a Student Health Support Plan which will include details on:
    - how the school will provide support for the student
    - identify specific strategies
    - allocate staff to assist the student

    Any Student Health Support Plan will be developed in accordance with BDPS Health Care Needs Policy.

5. If a student diagnosed with asthma is going to attend a school camp or excursion, BDPS parents/carers are required to provide any updated medical information.
6. If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Action Plan.
7. At the beginning of the school year, school staff will review Asthma Action Plans (and if relevant, Student Health Support Plans) and communicate with the parents/carers to:
    - if available, provide updated medical or health advice
    - review and provide written confirmation that the Asthma Action Plan is still current.

Student asthma kit

All students diagnosed with asthma are required to have a student asthma kit at school which contains:

- their own prescribed reliever medication labelled with the student's name
- their spacer (if they use one)

Student asthma kits will be stored in the First Aid Room and a generic kit available in the EMP backpack. .

Asthma emergency response plan

If a student is:

- having an asthma attack
- difficulty breathing for an unknown cause, even if they are not known to have asthma

School staff will endeavour to follow the Asthma First Aid procedures outlined in the table below. School staff may contact Triple Zero "000" at any time.

Step	Action
1.	Sit the person upright • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's reliever, the Asthma Emergency Kit and the student's Asthma Action Plan (if available). • If the student's action plan is not immediately available, use the Asthma First Aid as described in Steps 2 to 5.
2.	Give 4 separate puffs of blue or blue/grey reliever puffer: • Shake the puffer • Use a spacer if you have one • Put 1 puff into the spacer • Take 4 breaths from the spacer **Remember – Shake, 1 puff, 4 breaths**
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 Triple Zero "000" and ask for an ambulance. • Tell the operator the student is having an asthma attack • Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives (or 1 dose of Bricanyl or Symbicort every 4 minutes – up to 3 doses of Symbicort)
5.	If asthma is relieved after administering Asthma First Aid, stop the treatment and observe the student. Notify the student's emergency contact person and record the incident in eduSafe Plus.

Staff will call Triple Zero "000" immediately if:

- the student is not breathing
- the student is having a severe or life threatening attack (reliever medication not working at all; cannot speak a full sentence; extreme difficulty breathing; feeling asthma is out of control; lips turning blue)
- the student is having an asthma attack and a reliever is not available
- the student is known to have anaphylaxis – staff will follow their Anaphylaxis Action Plan then give asthma first aid
- at any time the student's condition suddenly worsens or is not improving
- staff are otherwise concerned about the student's health and safety.

Training for staff

BDPS will arrange the following asthma management training for staff:

Staff	Completed by	Course	Provider	Cost	Valid for
Group 1 **General Staff**	School staff with a direct teaching role with students affected by asthma or other school staff directed by the Principal after conducting a risk assessment.	Asthma first aid management for education staff (non-accredited) One hour online training.	Asthma Australia	Free to all schools	3 years
Group 2 **Targeted Staff**	Staff working with high risk children with a history of severe asthma, or with direct student wellbeing responsibility (such as nurses, first aid officers, camp organisers) or in high-risk teaching areas (such as PE/sport, home economics or cooking teachers)	*Course in the management of Asthma Risks and Emergencies in the Workplace 22556VIC* (accredited)	Any RTO that has this course in their scope of practice	Paid by BDPS	3 years

BDPS will also conduct an annual briefing for staff on:

- the procedures outlined in this policy
- the causes, symptoms and treatment of asthma [schools can refer to the introductory information at the start of this policy]
- identities of the students diagnosed with asthma
- how to use a puffer and spacer
- the location of:
    - the Asthma Emergency Kits
    - asthma medication which has been provided by parents for student use.

BDPS will also provide this policy to casual relief staff and volunteers who will be working with students, and may also provide a briefing if the principal decides it is necessary depending on the nature of the work being performed.

Asthma Emergency Kit

BDPS will provide and maintain at least two asthma emergency kits. One kit will be kept on school premises at the first aid room and one will be a mobile kit for activities such as:

- yard duty
- camps and excursions.

BDPS will provide and maintain an additional in the first aid room and EMP backpack.

The Asthma Emergency Kit will contain:

- at least 1 blue or blue/grey reliever medication such as Airomir, Admol or Ventolin

- at least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication (BDPS will ensure spare spacers are available as replacements). Spacers will be stored in a dust proof container.
- clear written instructions on Asthma First Aid, including:
    - how to use the medication and spacer devices
    - steps to be taken in treating an asthma attack
- a record sheet/log to record when kit contents have been used to support kit maintenance, such as the number of puffs administered.

The Principal and First Aid Officer will monitor and maintain the Asthma Emergency Kits. They will:

- ensure all contents are maintained and replaced where necessary
- regularly check the expiry date on the canisters of the blue or blue/grey reliever puffers and place them if they have expired or a low on doses
- replace spacers in the kits after each use (spacers are single-person use only)
- dispose of any previously used spacers.

The blue or blue/grey reliever medication in the Asthma Emergency Kits may be used by more than one student as long as they are used with a spacer. If the devices come into contact with someone's mouth, they will not be used again and will be replaced.

After each use of a blue or blue/grey reliever (with a spacer):

- remove the metal canister from the puffer (do not wash the canister)
- wash the plastic casing
- rinse the mouthpiece through the top and bottom under running water for at least 30 seconds
- wash the mouthpiece cover
- air dry then reassemble
- test the puffer to make sure no water remains in it, then return to the asthma emergency kit.

Management of confidential medical information

Confidential medical information provided to BDPS to support a student diagnosed with asthma will be:

- recorded on the student's file
- shared with all relevant staff so that they are able to properly support students diagnosed with asthma and respond appropriately if necessary.

Epidemic Thunderstorm Asthma

BDPS will be prepared to act on the warnings and advice from the Department of Education when the risk of epidemic thunderstorm asthma is forecast as high.

COMMUNICATION

This policy will also be communicated to our school community in the following ways:

- School website (publicly accessible)
- Usual school community communication platform (e.g. Seesaw)
- Newsletter
- Staff manual/ handbook
- Staff briefing/meeting
- Enrolment or transition packs
- Parent information nights/sessions

FURTHER INFORMATION AND RESOURCES

- Asthma Australia: Resources for schools
- Asthma Australia: Asthma emergency kits
- Policy and Advisory Library:
  - Asthma
  - Treating an asthma attack
- Health Care Needs Policy

POLICY REVIEW AND APPROVAL

Policy last reviewed	February 2026
Approved by	Principal
Next scheduled review date	February 2027