



BUNBURY REGIONAL COMMUNITY COLLEGE

Asthma Care Policy



Contents

Purpose	2
Scope	2
Definitions	2
Policy	3
Information on asthma	3
Common types of asthma	4
Asthma Triggers	4
Asthma Care Plans	4
How to Respond in an Emergency	4
Severity and signs of an Asthma Flare up	5
How to manage Asthma	5
Causes	5
<i>BRCC Asthma Procedures and Requirements</i>	5
BRCC's responsibility	5
Parent/Carer's responsibility	7
Student asthma records	7
Sports days, excursions and camps	8
Asthma training and education for staff	8
Asthma trigger minimisation	9
Asthma medication	9
Asthma Emergency Kits	10
State Regulations	10
Further information, training and resources:	10
Applicable Legislation	10
Policy Review Date	11
Contact BRCC	11
Appendix 1 – Asthma Action Plan	12
Appendix 2 – Asthma Triggers	13
Appendix 3 – Asthma First Aid	16
Appendix 4 – Asthma Care Plan for Education	17
Appendix 5 – ASCIA First Aid Plan Orange Generic 2021	18
Appendix 6 – Asthma-Ready Classroom Checklist	19

Purpose

BRCC is committed to providing a safe learning environment for all our students.

This document sets out information and requirements for all community members of Bunbury Regional Community College ('BRCC' or 'the College') on how to provide care and support to students who may suffer from asthma.

Schools, teachers, and staff owe students under their control and supervision, a responsibility to take reasonable care for the safety and welfare of these students. Reasonable care, or duty of care, means that BRCC teachers and staff must respond to all elements of foreseeable harm and take reasonable steps to ensure that a student is not put at risk of injury, or their health and safety is not put at risk.

The types of care owed to individual students can vary according to individual circumstances and need. Consideration must be given to the particular susceptibility of students with asthma. As part of their duty of care, schools, teachers, and staff are obliged to provide appropriate levels of care for these students and comply with reasonable requests for assistance, such as the administration of asthma medications during an asthma flare up and/or when health care assistance is required.

To be able to fulfil this duty of care appropriately in such circumstances, it is essential that staff receive training in how to assist in an Asthma First Aid situation and make themselves available to complete any required or provided training.

Not responding to a student's recognised need or refusing to administer medication or aid to a student, in an emergency situation where a teacher is reasonably aware of, and able to take some action which could reduce or prevent harm being done to the student, may constitute a breach of their duty of care to the student.

Scope

This policy provides information to all members of the BRCC Community, including the Principal, school nurse, teachers, other school employees, contractors, and volunteers to assist them to provide appropriate health care to any BRCC student with asthma.

This policy applies in all BRCC on-college premises, and on any off-campus activities such as excursions or camps.

Definitions

Asthma is a long-term lung condition of the airways (the passage that transports air into our lungs). At the moment, there is no cure, but it can be managed. People suffering from this condition have sensitive airways. These airways become inflamed (also known as a flare-up) when they are exposed to triggers. When the airways become inflamed, the narrowing airways cause significant, persistent, and troublesome symptoms. This often causes breathing difficulties, as it is equivalent to breathing through a very thin tube and can lead to a medical emergency. A flare-up can come on slowly over hours, days, or even weeks, or quickly over minutes.

CARE School a Curriculum and Re-engagement in Education school, established and registered solely for the education of students at educational risk.

Child a child is defined in the *Children and Community Services Act 2004 (WA)* as a person who is under 18 years of age, and in the absence of positive evidence as to age, means a person who is apparently under 18 years of age. For the purposes of this policy the words 'child' and 'student' are used interchangeably.

College community is the students, school staff (teachers, administrators, other staff and volunteers), parents and carers, board members, and others with an interest in the school.

Duty of Care is a duty under common law to ensure that reasonable care is taken to minimise the risk of harm to students while they are on the College premises during the hours when the College is open, and during College-related off-site activities.

Parent/carer includes parents, non-parental guardians, foster parents, grandparents, and other carers of students.

Responsible person in relation to a student, means a parent/carer of the student; or if the student has turned 18 or who is a prescribed child, the student; or (c) a person whose details have been provided under section 16(1)(b)(ii)(II) of the *School Education Act 1999*.

Policy

Context

Bunbury Regional Community College (BRCC) is a 'Curriculum and Re-engagement in Education' (CARE) School that caters specifically to students who have disengaged from mainstream education.

One in every nine Australians have asthma – this equates to around 2.7 million people in Australia. Asthma is more common in males younger than 14 years. However, for people aged 15 years and over, it is more common in females. Just over 400 people a year die from asthma in Australia.

The rate of asthma among Aboriginal and Torres Strait Islanders is almost twice as high as that of non-Aboriginal Australians. Asthma is more common in people living in socioeconomically disadvantaged areas. The prevalence is significantly higher in people living in outer regional and remote areas compared to people living in major cities.

More than one in every two children who are younger than 15 years (57 per cent) have a written Asthma Action Plan (AAP) (**Appendix 1**), but fewer than one in every five people who are aged over 15 years have a written Asthma Action Plan.

Information on asthma

Asthma is a complex condition that impacts everyone differently. Some people develop asthma as a child, others as adults. Some people have symptoms often, some only for a shorter period. People with asthma are more likely to report a poor quality of life, especially those with severe or poorly controlled asthma. Asthma is the leading burdensome disease for children up to 15 years and in the top ten overall. 21.3% of asthmatics over the age of 15 years have an asthma action plan.

In Western Australia 9.6% of the population have asthma <https://asthma.org.au/about-asthma/understanding-asthma/statistics/>

People with asthma experience symptoms because of the inflammation and narrowing of their airways. Symptoms often vary from person to person. The most common symptoms are:

1. Persistent cough, irrespective of sound it makes.

2. Wheezing – high pitch whistling sound made by narrowing of airways
3. Breathing difficulties – sometimes the signs of airways tightening do not result in any sounds (silent asthma) we are familiar with such as wheezing and coughing.
4. Tightening of chest / Chest pain.

Common types of asthma

1. **Allergic asthma** – caused by allergens such as pollen, dust, food items, and mould
2. **Non-allergic asthma** – caused by irritants such as viruses, air particles from smoke, cleaning products, perfumes, and aerosol products
3. **Occupational asthma** – caused by workplace triggers such as chemicals, animal proteins, fumes, etc.
4. **Exercise-induced asthma** – usually caused by physical activities
5. **Nocturnal asthma** – symptoms that worsen at night, possible cause includes dust mites, heartburn or sleep cycle

Asthma Triggers

People with asthma have airways that are more sensitive to some things that may not impact other people without asthma. The things that set off or start symptoms are called triggers. Every person with asthma has a different experience, and everyone may have a different trigger.

Common triggers include cold and flu, dust mites, smoke, exercise and pollen. Remember, for most people with asthma, triggers are only a problem when asthma is not well-controlled with preventer medicine. More information is available at <https://asthma.org.au/about-asthma/triggers/>. See **Appendix 2** for a list of triggers that may affect asthmatics.

Asthma Care Plans

- Developed by the doctor or specialist
- Describe the student's asthma
- Describe the best way to manage the student's asthma flare up
- Provide emergency contact details
- Must be revised annually for students over the age of 14 years
- If the instructions are not clear, then contact the doctor or specialist to clarify the information.

Always follow the student's Asthma plan in the event of an emergency. If it is not available, follow the Asthma First Aid procedures.

Asthma Plans and other vital medical information can be shared electronically to enable instant access for staff on smartphones or tablets.

How to Respond in an Emergency

If you, or someone around you, are experiencing a severe or life-threatening [asthma attack](#), call an ambulance. Dial Triple Zero (000) and then start asthma first aid (**Appendix 3**).

If you are experiencing a mild to moderate asthma attack, start asthma first aid (**Appendix 3**).

Severity and signs of an Asthma Flare up

Signs of mild/moderate asthma flare-up:	Signs of a severe asthma flare-up:	Signs of a life-threatening asthma flare-up:
<ul style="list-style-type: none">• Minor difficulty in breathing• Able to talk in full sentences• Able to walk/move around• May have a cough or a wheeze• Alert• Normal skin colour	<ul style="list-style-type: none">• Obvious difficulty breathing• Cannot speak a full sentence in one breath• Tugging in of the skin between ribs or at base of neck• May have cough or a wheeze• Reliever medication not lasting as long as usual• Lethargic (children)• Sore Tummy (children)	<ul style="list-style-type: none">• Gasping for breath• Unable to speak or 1-2 words per breath• Confused or exhausted• Turning blue• Skin discolouration• Collapsing• May no longer have a wheeze or cough• Not responding to reliever medication
↓	↓	↓
Ask the person if they have asthma and if they need help. If so assist the person with Asthma First Aid.	Call an Ambulance on 000 Commence Asthma First Aid	Call an Ambulance on 000 Commence Asthma First Aid

How to manage Asthma

Most people with asthma can manage and control their lives so they are unaffected by symptoms. The best way to do this is by avoiding exposure to known triggers.

It is also important for asthmatics to have a written Asthma Action Plan (**Appendix 1**) and follow its guidelines every day. In addition, asthmatics need to understand their medications and be using them as prescribed.

Causes

People often have a family history of asthma, eczema, and hay fever. Research has shown that exposure chemicals, particles and gases in the environment can increase the risk of developing this condition. This includes:

- [Tobacco smoke](#) (especially as a baby or young child)
- Pollution from bushfires, traffic, and industry
- Some workplace chemicals.

Some studies have also found that obesity is a cause.

BRCC Asthma Procedures and Requirements

Students should have access to their reliever medication for use at all times. The medicine should be carried in their bags, or if required, kept clearly labelled with their name at the front desk for use as required.

BRCC's responsibility

BRCC commits to fulfil its responsibility to students with asthma by:

- Requesting medical information from parents/carers on all new students to ensure the College is aware of all students with asthma or severe allergies. (**Appendix 4**)

- Annually request parents/carers to update medical information the College has for all existing students.
- Unless already supplied, request updated medical information from a parent/carer after the student has suffered an asthma flare up, which may have resulted in new medical instructions.
- Ensure information is available to staff and parents about asthma and its management. BRCC will display Asthma First Aid posters (**Appendix 3**).
- Display information about managing an asthma flare up and the location of an Emergency Management Kit (AEK) in a prominent place for staff.
- Enable staff to participate in Asthma Management (First Aid) training and educate staff in the administration of medication and how to provide assistance, to a student, in an emergency situation. In line with Asthma Foundation WA recommendations this number should be 75 to 80% of staff in total.
- Ensure that induction of new and relief staff includes information and advice about the College's Asthma Care policy and processes; and references requirements of any student likely to be under their supervision.
- Keep an up-to-date record of students in the school with asthma.
- Keep up to date Student Asthma Records in an easily accessible, central location e.g., with school medical records, in the staff room or student medical/sick room.
- Ensure Student Asthma Records are easily accessible to the teachers and other relevant staff who are responsible for each student with asthma.
- Provide teachers and other relevant staff with a list of students in their care who have asthma and alert them to any changes in a student's asthma management.
- Maintain a list of students with asthma and severe allergies and discretely display this information in a central location e.g., staff room, sick room, along with easy-to-follow information on managing an asthma or severe allergy episode, such as a First Aid for Asthma chart (**Appendix 3**) and an ASCIA First Aid Anaphylaxis Generic Orange 2021 chart (**Appendix 5**).
- Display an Asthma – Ready Classroom Checklist (**Appendix 6**) in a location where it can be easily seen by staff.
- Ensure that the college has a sufficient number of Asthma Emergency Management Kits (AEKs). The inclusion of a laminated First Aid for Asthma chart with the kit is also recommended.
- Carry an in-date blue/grey reliever puffer and spacer device in Asthma Emergency Kits or general First Aid Kits.
- If appropriate, students with asthma should be helped to recognise their symptoms and communicate any breathing difficulties to staff.
- Students should have prompt access to their medication and/or be encouraged to carry their medication (e.g., *Ventolin*, *Airomir*, *Asmol*, *Bricanyl* or Doctor recommended reliever medication) at all times and to take this medication immediately should symptoms develop.
- Institute the practice of not sending a student who is experiencing an asthma flare up to the College's sick bay, on their own.
- A student experiencing an asthma flare up should not be left on their own.
- Ensure that a sufficient number of staff who have completed the Asthma Management training is present at all school activities, especially on campus events, such as cross-country events, school sport's days, school sporting teams events, excursions and camps and that an AEK is immediately available during these school activities.
- Ensure that safe medication practices are in place, including:
 - All staff have access to the Asthma Emergency Kit
 - Asthma medication is clearly labelled and stored in a cool location
 - A puffer is administered via a spacer (shake medication, 1 puff, 4 breaths)

- Spacers are single person use
- The expiry date on medication is checked regularly by staff and replaced when required
- A record is kept of, at what number, AEKs will be replaced.
- Employ efforts to minimise exposure to known triggers.
- Document a student's asthma flare up and advise parents/carers as a priority.
- BRCC understands it is essential that parents/carers are informed of any asthma episode for their child and as much information as possible is made available.
- After an event, BRCC will review how the flare up situation was handled to inform policy or staff performance amendments.
- Review the College's policy and procedure regularly and as the need arises.
- Endeavour to make other College policies asthma friendly.
- Place this policy on the BRCC website for students and parent/carers to access.
- Place this policy on Employment Hero to ensure all employees of BRCC read the policy and sign the electronic acknowledgment.

Parent/Carer's responsibility

Parent/carers are responsible for:

- Advising the College of the student's asthma condition and for working with the College to ensure the school has all the required information in order to meet the student's health care needs; (**Appendix 1 and 4**)
- Providing information to the College for 'the long-term and day to day care, welfare and development of the child' as per the *School Education Act 1999* s16(c)(i)(ii) requirements, for the parent or person responsible for the student;
- Completing an asthma record form (**Appendix 4**) for their child, with asthma, at the beginning of each school year. Parents/carers will be requested to notify the College if there are any changes to these notification forms; and
- Ensuring their child has an adequate supply of appropriate medication and that the medication is current and correctly labelled. A spacer should also be provided.

Student asthma records

The parent/carer of every student in the College with asthma will be asked to fill out a student asthma record form and/or provide a written Asthma Action Plan (**Appendix 1**) completed by the student's doctor. Parent/carers need to be assured that teachers will be notified of the students in their care with asthma and that the Asthma First Aid Plan (**Appendix 3**) will be easily accessible to these teachers.

At the beginning of each school year the College should send a copy of the previous authorisation to parents so that the information can be updated and returned as early in the year as possible. Parent/carers should be made aware that they are responsible for updating this documentation each year or sooner if their child's asthma and its management changes. Parent/carers should ensure their child has an adequate supply of the appropriate asthma medication at the College.

The student asthma record needs to include information on the student's usual asthma signs, medical procedure e.g., if medication (blue/grey reliever puffer) needs to be taken as premedication prior to exercise). The plan should provide details of the student's symptoms, triggers and medication requirements, i.e. name of medication/s, method of administration (e.g. use of spacer), when and how much to take.

For best practice management of asthma at College all students with asthma should have a standard record completed by their parent/carer, in addition to a written Asthma Action Plan developed by the student's doctor.

Asthma WA and Asthma Australia recommend that the following information be on record and that this information is updated at the beginning of each year (**refer to Appendix 4**):

- Any usual medical treatment while at college (e.g., medication taken on a regular basis when the student is 'well' or as pre-medication prior to exercise).
- The student's Asthma Action Plan (**Appendix 1**) detailing medications to be used when asthma symptoms develop at the College. This should include how to recognise worsening symptoms and what to do during an acute flare up.
- Written authority by parent/carer for school staff to administer the prescribed medication.
- A list of known or suspected triggers for asthma.
- Name, address and telephone number of an emergency contact, and the student's doctor.

Sports days, excursions and camps

Students must have access to their reliever medication during activities. Outdoor activities, including sports days and excursions, provide a potential risk for students with asthma. It is recommended that for all such activities:

- at least two staff members are present who have current emergency asthma training and are capable of managing an acute asthma flare up;
- where a student has asthma symptoms, follow the instructions on the student's written Asthma Action Plan (**Appendix 1**) for handling an exercise induced asthma flare up;
- parents/carers are notified that it is their responsibility to ensure that their child has an adequate supply of appropriate medication;
- students are encouraged to continue taking their usual asthma medications and to always carry their blue/grey reliever or medication as recommended by their Doctor;
- a spacer, an in-date blue/grey Reliever puffer and a copy of the Asthma First Aid Plan (**Appendix 3**) is carried in the College's First Aid Kit/Asthma Emergency Kit.

In addition, for every school camp the College will:

- ensure student asthma records are up to date (parents to provide an update form before camp); and
- provide catering staff with a record of those students who are known to have food allergies or whose asthma is triggered by food or food additives.

Asthma training and education for staff

It is generally recommended that first aid training should be repeated every three years. This includes asthma management training.

The ACECQA approved course code HLTDAID012 (Provide First Aid in an education and care setting) incorporates first aid, anaphylaxis and asthma management training. Anaphylaxis training is recommended every two years.

Asthma WA provides professional development training for school staff, via face-to-face sessions or an online training course. The training sessions take approximately one hour and include:

- Physiology of asthma, medications and devices
- Triggers in the school environment – with a focus on exercise-induced asthma

- How to recognise an asthma flare-up
- Asthma first aid and how to manage an emergency

Asthma WA requests that a school makes a small donation to help cover costs and to assist this service to continue as this service is no longer government funded.

Asthma Australia provides training called ***Asthma First Aid for Schools***. This is a free online course available at <https://asthmaonline.org.au/product/asthma-first-aid-for-schools-2021/>. The training provides a Certificate of Completion that is valid for three years. Staff must upload their certificate to Employment Hero upon completion.

In addition to formal training it is recommended that staff are provided with reminder refreshers annually and particularly at the commencement of the school year to ensure their familiarity with asthma first aid and this policy. A session should be conducted during a staff meeting, along with reminders to review the first aid charts available in the school as well as the Asthma Action Plans for students with asthma, as used by relevant staff.

Asthma trigger minimisation

Below is a list of measures that can be employed in the College environment to minimise the impact of known and potential asthma triggers:

- Staff and students do not apply perfumes or aerosol sprays at the College.
- Grounds are mowed out of hours where applicable.
- Carpets, curtains, ceiling fans and air conditioning vents are cleaned regularly to minimise dust.
- The use of strong-smelling cleaning agents, room deodorisers and/or strong perfumes are minimised.
- Planting low allergy plants in the grounds where applicable.
- Doors and windows are closed on days with high pollen counts and high smoke levels.
- Pets and animals are not permitted on school sites (apart from registered Care dogs) without the prior approval of the Principal.

Asthma medication

When people with asthma are exposed to certain triggers their airways narrow, making it hard for them to breathe. Trigger factors that may lead to an asthma flare up include colds/flu, exercise, pollens, changes in temperature, dust mites, smoke or cigarette smoke, these triggers vary from person to person. The main symptoms of asthma are shortness of breath, wheezing, coughing, tightness in the chest and fatigue.

BRCC staff need to be aware of the appropriate medication and how to administer it in the event of an asthma flare up. The two main types of asthma medicines are relievers and preventers. These are usually administered with inhalers or puffers. There is also a preventer tablet used by some people. Some other medicines (e.g., prednisone tablets) are only used for severe asthma flare-ups. There are many different medicines and brands for asthma in Australia.

Preventers should not be used in Asthma First Aid, only reliever medication should be used.

For the most up to date information on the types of medications available please go to the website of the National Asthma Council Australia website:
<https://www.nationalasthma.org.au/understanding-asthma>

Asthma Emergency Kits

Asthma WA currently recommends that an Asthma Emergency Kit should contain:

- Reliever medication (e.g., Ventolin, Asmol)
- Two new disposable spacers and face masks (masks for children under 5)
- Record sheet
- Kit Card (Asthma First Aid procedure)

NB: Spacers and face masks are single person use only and are to be replaced in the kit after each use.

State Regulations

State Based Asthma First Aid regulations Western Australia

In Western Australia, school staff are permitted to purchase blue reliever medication from a pharmacy and administer within their school without specific training or permission.

This is supported by the Medicines and Poisons Act 2014 and the Medicines and Poisons Regulations 2016.

Asthma Australia recommends that school staff complete the online Asthma First Aid Training for School staff every three (3) years.

Further information, training and resources:

Asthma WA: <https://asthmawa.org.au/>

Telephone: (08) 9289 3600 Email: ask@asthmawa.org.au

Asthma Helpline: 1800 ASTHMA (1800 278 462)

Asthma Training - <https://asthmawa.org.au/services/school/>- or <https://asthma.org.au/what-we-do/training/>

Asthma Australia: <https://asthma.org.au/> Telephone: 1800 278 462

National Asthma Council Australia: <https://www.nationalasthma.org.au/understanding-asthma> Email: nac@nationalasthma.org.au

Apps – [Apps to assist people with asthma and their carers - Asthma Australia](#)

Applicable Legislation

Medicines and Poisons Act 2014

Medicines and Poisons Regulations 2016

School Education Act 1999

School Education Regulations 2000

School Curriculum and Standards Authority Act 1997

Policy Review Date

This policy is due for review annually.

Contact BRCC

Web <http://www.brcc.org.au/contact/>

Email principal@brcc.org.au

Phone 6724 6971

Bunbury Campus: Level 1/16 Victoria Street, Bunbury

Busselton Campus: 50 Albert St, Busselton WA 6280

Approval Process	New Policy or Amendment	Minor Amendment or Review
<i>Endorsed by Principal</i>	28/10/2021	
<i>Approved by Director</i>	03/11/2021	
<i>Governing Council Reading</i>	09/12/2021	
<i>Next Review</i>	October 2022	

Appendix 1 – Asthma Action Plan

ASTHMA ACTION PLAN

Take me when you visit your doctor

PATIENT NAME	
PLAN DATE	REVIEW DATE
DOCTOR DETAILS	

EMERGENCY CONTACT

NAME	PHONE
RELATIONSHIP	

WELL CONTROLLED is all of these...

- needing reliever medication no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak Flow reading (if used) above

I NEED TO...

- TAKE** preventer day night
- puffs/inhalations puffs/inhalations
- Use my preventer, even when well controlled
 - Use my spacer with my puffer
- TAKE** reliever
- puffs/inhalations as needed
- puffs/inhalations 15 minutes before exercise
- Always carry my reliever medication

FLARE-UP is any of these...

- needing reliever medication more than usual OR days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak Flow reading (if used) between and

my triggers and symptoms

I NEED TO...

- TAKE** preventer day night
- puffs/inhalations puffs/inhalations
- for days then back to Well Controlled dose
- TAKE** reliever
- puffs/inhalations as needed
- START** other medication
- dose for days
- MAKE** an appointment to see my doctor **this week**

SEVERE is any of these...

- reliever medication not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak Flow reading (if used) between and

my triggers and symptoms

I NEED TO...

- TAKE** preventer day night
- puffs/inhalations puffs/inhalations
- for days then back to Well Controlled dose
- TAKE** reliever
- puffs/inhalations as needed
- START** other medication
- dose for days
- MAKE** an appointment to see my doctor **TODAY**
- If unable to see my doctor, visit a hospital
- If unable to see my doctor/hospital:

 START other medication
- dose for days

EMERGENCY is any of these...

- reliever medication not working
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak Flow reading (if used) below

I NEED TO...

- 1

CALL AMBULANCE NOW

Dial Triple Zero (000)
- 2

START ASTHMA FIRST AID

Turn page for Asthma First Aid

v6.5 5 August 2020

If you are using an anti-inflammatory medicine as your reliever, your doctor will discuss the correct plan for you.

Appendix 2 – Asthma Triggers

Recognised asthma triggers include:

Emotional triggers - For some people, emotions such as laughter, grief, crying, stress, anxiety and depression may be common triggers for their asthma. These emotions may cause flare-ups and asthma attacks for people with asthma. <https://asthma.org.au/about-asthma/triggers/emotional-triggers/>

Deodorant, perfume, incense and strong scents - Asthma symptoms can be triggered by spray deodorants and strong scents including incense and perfume. Asthma Australia encourages people with asthma to inform others (e.g. family, friends and work colleagues) if sprays trigger symptoms, and ask them to avoid use and/or be considerate to the fact it may cause asthma and allergies.

Asthma Australia encourages schools, childcare services and workplaces to raise awareness of asthma triggers, including spray deodorants and strong scents, to minimise the risk of these triggers for people with asthma in their vicinity. Posters about this can be downloaded and displayed at the College <https://asthma.org.au/about-asthma/triggers/asthma-and-sprays/>

Wood Fires - Wood fires or burners are a common feature of the cooler months for many families across the country. But for people with asthma, smoke and poor air quality can be a trigger that can irritate their airways and lead to symptoms or [asthma flare-ups](#). Similar to the effects of bush fire, wood-fire smoke contains fine particles that can be inhaled deep into the lungs and cause inflammation. This causes irritation of the airways, eyes and nose. For people with asthma who already have sensitive airways, they can be the first to feel the effects and are more at risk. <https://asthma.org.au/about-asthma/triggers/wood-fires/>

Animals - Lots of pets can trigger allergic asthma symptoms, from cats, dogs, and horses, to rabbits, hamsters, mice and gerbils, and birds. The person may not have allergies to all of the above, it may just be one. <https://asthma.org.au/about-asthma/triggers/pet-dander/>

Gas appliances - gas cooktops and heaters can be a significant source of indoor air pollution that impacts the human body including the respiratory system, just under half of all Aussie homes use gas for cooking.

Gas cooktops are known to produce contaminants that increase the risk of childhood asthma: in particular, nitrogen dioxide and certain forms of particulate matter, like PM2.5. Like other airborne emissions, these emissions can irritate the airways and [trigger](#) asthma symptoms. These substances are invisible and mostly odourless, making them hard to detect or recognise as a threat to a person's health. Gas use in the home estimated to be responsible for up to 12 percent of the childhood asthma burden in Australia.

For children, asthma can mean expensive treatments, missing days off school, and being excluded from many activities, there is also the risk of more serious consequences. <https://asthma.org.au/about-asthma/triggers/gas-appliances-in-the-home-and-production/>

Exercise-Induced Bronchoconstriction - (EIB) (previously called Exercise-Induced Asthma (EIA), is a temporary narrowing of the lower airways, occurring after vigorous exercise. It may occur in people with asthma or in people without asthma.

In people with asthma who experience EIB, exercise is an asthma trigger. This means that for some people during vigorous exercise the small airways in the lungs become red, swollen, and may become blocked with mucus. This narrows the airways and makes it more difficult to breathe. Not everybody that has asthma has EIB and some people with EIB may not have asthma. Up to 90% of people with asthma, 50% of competitive athletes, and up to

26% of school children experience EIB. <https://asthma.org.au/about-asthma/triggers/exercise-induced-bronchoconstriction/>

Cold air and the winter season – Exposure to cold air can bring on asthma symptoms. Cold air can lead to dryness in the airways, the tightening of the muscles around the airways and impair the normal function of the airways to clear inhaled substances. All of this can lead to an increase in [asthma symptoms](#). This can be problematic for people with asthma and interfere with their quality of life, interrupting planned activities over the winter. <https://asthma.org.au/about-asthma/triggers/why-does-my-asthma-get-worse-in-cold-air/>

Hayfever - Asthma affects 2.7 million Australians, and about 80 percent of people with asthma also have allergic rhinitis. Asthma and hay fever (allergic rhinitis) both involve airway inflammation and sensitivity throughout the respiratory system. People with asthma who have hay fever (allergic rhinitis) experience:

- More asthma flare-ups
- More visits to their GP and have more asthma-related hospitalisations
- More time off work or school

<https://asthma.org.au/about-asthma/triggers/hay-fever/>

Pollen - Pollens from trees and grasses are a common trigger for people with asthma that can worsen or flare-up asthma and hay fever symptoms. For many people in Australia with asthma or hay fever, August to March and with some grasses up to May, (or the dry season in tropical areas) is a challenging time. At these times of the year, there is often an increased amount of pollen in the air, that can make life uncomfortable or lead to hospitalisation. Major thunderstorms during spring can make things worse. <https://asthma.org.au/about-asthma/triggers/pollen/>

Colds, Flu and Viruses - Colds and flu are viral infections and are the most common trigger for asthma flare-ups. They can be more serious for people with asthma, even if asthma is mild or well controlled. <https://asthma.org.au/about-asthma/triggers/colds-and-flu/>

Extreme weather - Australia is prone to extreme weather events such as bush fires, heatwaves, dust storms and flooding. Triggers arising from extreme weather include smoke from vegetation fires; dust and hot weather; pollen being released during a thunderstorm; water damage from storms and flooding leading to mould growth which can worsen asthma. <https://asthma.org.au/about-asthma/triggers/extreme-weather/>

Bushfire smoke - Bushfires can produce large extremely poor air quality and cause adverse effects to health and well-being of thousands of Australians. Bushfire smoke contains a fine particulate matter (PM2.5). These particles are tiny in size and when inhaled are able to go deep into the lungs, cause inflammation and can enter the blood stream typically affecting the respiratory, cardiovascular and immune systems and does changes some metabolic functions.

Anyone can be affected by bushfire smoke, resulting in irritated airways, nose and eyes. Children, and people with respiratory conditions including asthma are the first to feel the effects of smoke and particle pollution. They need to take extra care.

<https://asthma.org.au/about-asthma/triggers/bushfire-smoke/>

Cigarette smoke makes asthma symptoms worse and stops preventer medicines from working fully. It has been linked with more asthma flare-ups and a higher risk of developing asthma in children. People with asthma who smoke should quit as soon as possible. The harmful effects of traditional tobacco smoking are also relevant for e-cigarettes. People with asthma should avoid all smoking devices in order to best achieve good health and avoid the risks of poorly controlled asthma and long-term effects.

<https://asthma.org.au/about-asthma/triggers/cigarette-smoke/>

This list of triggers does not include all triggers, the full list can be found at <https://asthma.org.au/about-asthma/triggers/> . The list is representative of most triggers BRCC students may encounter and that staff should be aware of these and observe if any students with asthma are being affected so assistance can be provided at the earliest possible time.

Appendix 3 – Asthma First Aid

ASTHMA FIRST AID

- **SIT THE PERSON UPRIGHT**
 - Be calm and reassuring
 - Do not leave them alone
- **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

OR give 2 separate inhalations of Bricanyl (6 years or older)
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given
- **WAIT 4 MINUTES**
 - If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

OR give 1 more inhalation of Bricanyl
OR give 1 more inhalation of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer

IF THERE IS STILL NO IMPROVEMENT

- **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 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

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 is 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.



Translating and
Interpreting Service
131 450



**ASTHMA
AUSTRALIA**

1800 ASTHMA
(1800 278 462)

asthma.org.au

©Asthma Australia 2020

Appendix 4 – Asthma Care Plan for Education

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.

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

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

PHOTO OF STUDENT
(OPTIONAL)

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:

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe):

Frequency and severity:

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe):

Known triggers for this student's asthma (e.g. exercise*, colds/flu, smoke) – please detail:

- 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

DOCTOR

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

PARENT/GUARDIAN

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.

Signature _____ Date _____

Name _____

EMERGENCY CONTACT INFORMATION

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



Date of approval: June 2016 | Approved by: CEO Asthma Australia | Date of review: June 2018 | ACTPE00016 Care Plan for Schools AA-16-June-2018

Appendix 5 – ASCIA First Aid Plan Orange Generic 2021

ascia
australian society of clinical immunology and allergy
www.allergy.org.au

FIRST AID PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) injectors - refer to the device label for instructions
Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- Phone family/emergency contact


Mild to moderate allergic reactions (such as hives or swelling) may not always occur before severe allergic reactions (anaphylaxis)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk**
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- If breathing is difficult allow them to sit with legs outstretched**
- Hold young children flat, not upright**



- GIVE ADRENALINE INJECTOR**
- Phone ambulance - 000 (AU) or 111 (NZ)**
- Phone family/emergency contact**
- Further adrenaline may be given if no response after 5 minutes**
- Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

Adrenaline injectors are given as follows:
• 150 mcg for children 7.5-20kg
• 300 mcg for children over 20kg and adults
• 300 mcg or 500 mcg for children and adults over 50kg

© ASCIA 2021 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.

Appendix 6 – Asthma-Ready Classroom Checklist

ASTHMA-READY CLASSROOM CHECKLIST



AsthmaWA



Identify students in the class with asthma. Review their Asthma Action Plan.



Talk to parents and students about their asthma. Assess potential triggers in the school environment. Do they need help to take their medicine?



Know the signs and symptoms of asthma and plan how you will manage an asthma emergency, both inside and out of the classroom.



Be prepared for asthma emergencies: ensure students have access to their reliever and spacer.



Keep the classroom clean and clutter-free.
Reduce items that gather dust and dust with a damp cloth when the class is empty.



Fragrance free or low odour products are best, such as cleaning products.
Avoid use of aerosol products.



Teach students how they can stop the spread of virus's through hand-washing, hand sanitiser, covering your mouth, cough into your elbow and using tissues.



Keep windows closed when smoky outside or on high pollen count days.
Outdoor air can play a role in the air quality inside the classroom.

Order your **FREE**
Asthma Emergency Guide
online today

Contact us
(08) 9289 3600
asthmawa.org.au