

## Asthma Policy

| DOCUMENT CONTROL      |                    |                         |               |
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### 1. Purpose

1.1. In keeping with the commitment of Christian Schools Tasmania (CST) to provide for the health and safety of students, staff, volunteers, contractors and visitors at its workplaces, priority is given to the provision of adequate first aid facilities and first aid treatment for all persons at CST workplaces in accordance with CST Policy and the legislative requirements of the Work Health and Safety Act 2012 and the Work Health and Safety Regulations 2012.

1.2. The purpose of this Policy is to:

- ensure all relevant staff are aware that Asthma is a life-threatening emergency situation and understand their role in an emergency;
- identify and undertake the required communication regarding Asthma;
- detail the responsibilities required to minimise the risk of an asthma attack occurring; and
- detail the required action expected in the event of an asthma attack.

### 2. Scope

2.1. This Policy covers the proactive management required to minimise the risk of an asthma attack occurring and the responsive action expected.

The ultimate goal of such management in all CST schools is to ensure the self-awareness, management, monitoring and administration of the student diagnosed with Asthma. Where this is not yet feasible, full proactive support and appropriate intervention will be provided by staff, parents and students for that student.

This Policy covers the actions of all persons who come into contact with any of CST operations, including:

- employees, students and parents, whether at school or representing a school elsewhere;
- visitors and volunteers.

### 3. Policy

#### 3.1. Definition of Asthma:

3.1.1. Asthma is a long-term lung condition. An asthma attack occurs when a 'trigger factor' causes the airways to spasm and narrow, making it harder to breathe. Symptoms of Asthma, which are likely to occur after exercise include:

- difficulty in breathing or breathlessness
- wheezing or coughing
- tightness in the chest
- difficulty in speaking

### 3.2. Roles and responsibilities:

#### 3.2.1. Children:

- are supported to self-manage their Asthma in line with their age and stage of development;

#### 3.2.2. Parents:

- provide the School with the child's up to date medical information, including an Asthma Action Plan signed by their treating doctor at the time of completing their child's enrolment form or diagnosis, and annually thereafter;
- provide the School with their child's clearly labelled medication;
- ensure that the medication is within its expiry date and replace the medication as needed;
- Work in partnership with the School to implement daily management strategies to minimise the risk of an asthma attack;
- inform the School of any change in medical information.

#### 3.2.3. Staff:

- document any asthma attack and advise parents as a matter of priority;
- review documentation regularly to ensure compliance with procedures;
- minimise exposure to known triggers.

#### 3.2.4. Principal:

- ensure at least one staff member on duty at any time has current competency assessed first aid qualifications;
- maintain a central record of child's health care needs, including Asthma and review regularly;
- ensure Asthma Action Plans are in place for all identified children diagnosed with Asthma;
- induct new staff in Asthma policies and procedures, including Asthma training and information for all staff;
- review policies and practices.

### 3.3. Asthma medication and equipment:

#### 3.3.1. Medication:

- There are four main groups of Asthma medications: relievers, preventers, symptom controllers and combination medications.
  - reliever medications: these medications should be easily accessible at all times to students who have Asthma. Common brands include Ventolin, Airomir, Asmol and Bricanyl;
  - preventer medications: these medications help reduce and prevent inflammation in the lining of the air tubes. These include, but are not restricted to Intal, Intal Forte, Tilade, Becotide, Becloforte, Respocort, Qvar, Pulmicort and Flixotide. Preventer medications do not relieve an asthma attack;
  - symptom controllers: these medications are long-lasting relievers, used in combination with reliever and preventer medications;
  - combination medications: these medications combine a preventer and a symptom controller in one device, e.g. Seretide and Symbicort. Symptom controllers and combination medications do not relieve an asthma attack and are not usually used at school.

3.3.2. All CST workplaces have available the following Asthma first aid supplies:

- Salbutamol: a reliever medication that is taken through a pressurised metered-dose inhaler (pMDI) (commonly referred to as a puffer and is blue/grey in colour);
- disposable spacers;
- instructions on how to use the medication and devices as well as steps to be taken in an acute asthma attack.

The expiry date on the canister of the reliever puffer and the amount of medication left will be checked regularly by the First Aid Officer. The First Aid Officer will make sure staff are advised where the Asthma medication is kept as part of WHS communication at the start of each school year and at regular intervals thereafter.

### 3.4. **Prevention and assessment:**

3.4.1. Exercise for students with Asthma is encouraged to improve cardiovascular fitness and general wellbeing. However, exercise can bring on an attack and often occurs after the exercise, in the 'cooling-down' period. Exercise-induced Asthma can frequently be prevented by a simple warm-up period and taking a blue reliever puffer and/or other medication, as recommended by their doctor, immediately before the exercise. Exercise should immediately cease if symptoms occur, followed by rest and taking the blue reliever puffer. Exercise can continue if symptoms disappear, but if they persist, worsen or reoccur, the attack needs to be managed, and the student must not return to exercise.

The signs and symptoms of asthma attacks can be classed as follows:

- Mild - coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences;
- Moderate - persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only;
- Severe - student is often distressed or anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

### 3.5. **Treatment:**

3.5.1. Emergency treatment:

3.5.1.1. Students, staff, contractors, volunteers, parents or visitors to the site may require first aid treatment. Where Asthma is suspected, the following procedure should be followed:

- Patients who meet the Severe signs and symptoms require the following emergency medical treatment:
  1. Immediately send for help, i.e. call triple zero (000) and request an ambulance, stating clearly that a patient is having an asthma attack. Consult and implement the patient's Asthma Action Plan. If an action plan does not exist, carry out Asthma first aid whilst waiting for the ambulance to arrive.

#### 3.5.1.2. Non-emergency treatment of Asthma:

- Patients who meet the Moderate signs and symptoms whose condition persists or deteriorates during treatment; or
- Patients who have never had an asthma attack before:
  1. sit the patient upright, reassure and stay with them;
  2. administer reliever medication steps:
    - 2.1. place the puffer in a spacer device if possible
    - 2.2. shake the pMDI (puffer)
    - 2.3. give one puff through the spacer device, instructing the patient to breathe in and out through the spacer device four (4) times
    - 2.4. repeat Step C four (4) to six (6) times, depending on severity.
    - 2.5. wait four (4) minutes
    - 2.6. assess the patient
  3. if Asthma symptoms persist, repeat the treatment from Step C.
  4. if after the second provision of medication there is still no relief, call triple zero (000) and say 'Asthma Emergency'.
  5. continue treatment until signs or symptoms are no longer evident or care is handed over to an Ambulance Team.

The parents will be contacted as soon as practically safe to do so after calling the ambulance. The patient should not be left alone, even if there is a complete recovery. If the patient has an Asthma Action Plan, it should be followed. Once the patient is safe or care has been transferred to Ambulance, an Incident Report is to be completed.

- Asthma reliever medication may be given to any patient regardless if they have not been prescribed the medication.
- If the patient's reliever puffer is not readily available, a reliever puffer should be used from the First Aid Kit or borrowed from another student or staff member. It does not matter if a different brand of reliever is used.
- Regardless of the severity of the attack, Asthma first aid needs to commence immediately.

### 3.6. Asthma Training:

3.6.1. The Business Manager, in consultation with the Principal, and any outside expertise that may be required, will determine the numbers of staff required to have Asthma training. In conjunction with each other, the Principal and Business Manager will arrange for staff to be selected and scheduled for training, ensuring any specialised training is provided where necessary, for example, remote area training for Outdoor Education staff. The administration in each school will keep a register of trained first aid staff, including the currency of their training.

3.7 **Continuous improvement:** CST, in consultation with all staff (as outlined in CST's [WHS Policy](#)), will regularly monitor, evaluate and review this Asthma Policy, any related guidelines, procedures and relevant records to ensure continuous improvement of first aid management.

### 3.7 Accountabilities:

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| Principal             | Ensure that adequate resources are available for Asthma equipment and training. Ensure adequate staff are qualified to administer first aid. Organise the schedule for staff training and maintain a register of trained first aid personnel.   |
| School Administration | Ensure that injury and illness records and information are collated and recorded.   |
| First Aid Officer     | In conjunction with the Principal, or their delegate or the senior employee at a non-school workplace, will determine the number and location of Asthma kits for the workplace or campus and for off-campus activities. Arrange the supply of Asthma kits and see that kits are maintained ready for use.   |
| Business Manager      | In conjunction with the Principal will ensure adequate resources are available to make possible the establishment and continuing maintenance of satisfactory first aid facilities.  |
| Staff                 | Keep first aid qualifications up-to-date. Administer first aid as required  |
| Organising Teachers   | Include an Asthma kit with all overnight or other off-campus activities.  |
| Staff                 | Staff are required under the WHS Act to take reasonable care for their own health and safety and must not adversely affect the health and safety of other persons. Staff must comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace, such as procedures for first aid and for reporting injuries and illnesses. |

#### 4. **References and Additional Related Documents**

- CST's Work Health and Safety Policy
- CST's Privacy Policy
- References Legislative and other external references
- Work Health and Safety WHS Act 2012
- Work Health and Safety WHS Regulations 2012
- Relevant WHS Codes of Practice Policies

#### 5. **Record Keeping**

5.1 This Policy is to be kept for three (3) years until review, unless there is a significant legislative or organisational change requiring earlier review.

5.2 The master copy is kept in <https://www.cst.tas.edu.au/services> under Policy Documents, online in read-only in PDF form. Any printed or downloaded copies are deemed uncontrolled.

## GENERAL DEFINITION OF TERMS:

Where referred to in this document:

**Christian Schools Tasmania (CST)** means an association of Christians who, through their Board of Directors, are legally responsible for Calvin Christian School, Channel Christian School, Emmanuel Christian School and Northern Christian School.

**The School** refers to the CST school to whom the Policy applies.

**The Board** means the Board of Directors of Christian Schools Tasmania.

**Executive** is a forum including the Chief Executive Officer, Principals and the Business Manager.

**Chief Executive Officer (CEO)** is the person appointed to the position of Chief Executive Officer of the Association, or a person acting from time to time in that position.

**Principal** means the person charged with responsibility for the operation of an Association school, or a person acting from time to time in that position.

**Compliance Manager** is the person appointed to the position of Compliance Manager of the Association, or a person acting from time to time in that position.

**Business Manager** is the person appointed to the position of Business Manager of the Association, or a person acting from time to time in that position.

**Manager** means a person appointed to a managerial position within CST.

**Staff** is any person either employed by CST either on a casual, part-time or permanent basis as well as volunteers, contractors and sub-contractors engaged in working at a CST School.

**Parent** is a person who is the legal guardian of a child enrolled at a CST school.

**Child** means any student enrolled at a CST school.