

ASTHMA MANAGEMENT PROCEDURE

This procedure must be read in conjunction and interpreted in line with the [First Aid Policy](#) and [First Aid General Procedure](#).

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1. OVERVIEW

- 1.1. This procedure describes the mandatory steps to be taken in workplaces to prevent and manage the risk of asthma and for the provision of asthma first aid in the event of an asthma emergency.

2. RATIONALE

- 2.1. The directorate considers asthma as a medical emergency and manages this risk in accordance with the [First Aid in the Workplace Code of Practice](#) in order to meet legislative requirements outlined in the [Work Health and Safety Act 2011](#), the [Children \(Education and Care Services\) National Law \(NSW\) No. 104a](#), and the [Work Health and Safety Regulation 2011](#) and [Education and Care Services National Regulations](#).
- 2.2. The directorate provides a first aid system that incorporates asthma management for all workplaces and, in particular, for schools.
- 2.3. The [Education and Care Services National Regulations](#) outlines specific requirements for the development of a suite of plans in consultation with parents and carers for any student with asthma. These plans include a *Medical Management Plan*, which comprises the [Known Medical Condition Response Plan](#), a *Risk Minimisation Plan* and a *Communications Plan*.

3. DEFINITIONS

- 3.1. **ACTPS** is the ACT Public Sector or Service.
- 3.2. **Asthma** is a condition where narrowing of the airways occurs making it harder for a person to breathe. Narrowing of the lung's airways occurs due to additional mucous, inflammation or muscular constriction (bronchoconstriction).
- 3.3. **Asthma attack** is when wheezing, coughing and breathlessness worsen, until breathing becomes difficult, and where the symptoms do not go away without treatment. An asthma attack is considered an asthma emergency.

3.4. **Asthma flare-up** is a period of increased experience of asthma symptoms or prevalence of asthma attacks.

3.5. **Executive** is a term that includes executives, school principals, managers and supervisors.

3.6. **Worker** includes directorate employees, volunteers, students gaining work experience and others including contractors and sub-contractors.

4. PROCEDURES

4.1.1. Roles and responsibilities

4.1.2. The responsibilities of the Director-General, executives including principals, managers, supervisors and workers are set out in the *Work Safety Act 2011* and articulated in the ACTPS policy [Work Health and Safety Act 2011-Responsibilities WHS-03-2013](#) (ACTPS responsibilities).

4.1.3. Key responsibilities as they relate to asthma management are outlined below and should be read in conjunction with the ACTPS responsibilities and the ACTPS and directorate first aid policy and procedures.

4.1.4. Director-General

4.1.4.1. The Director-General will exercise due diligence to ensure that directorate work environments are safe and health for workers, students and others and that the directorate complies with the ACTPS policy [First Aid in the Workplace WHS-04-2013](#).

4.1.4.2. In the context of asthma management, due diligence means taking all reasonable steps to ensure:

- a risk management approach is used to identify and adequately resource the administration of asthma management, including asthma first aid
- a system of regular monitoring of safe practices, procedures and controls in relation to asthma management is implemented
- systems are in place that facilitate consultation with workers when decisions are made about asthma management requirements
- first aid facilities and equipment are available for all workers, students and others including those who work outside normal business hours e.g. cleaners and contractors
- all workers are trained in asthma awareness
- sufficient numbers of qualified workers are available, in accordance with the site-based risk assessment and early childhood legislative requirements, to manage an asthma emergency.

4.1.5. Executive

4.1.5.1. Executives will exercise due diligence in assisting the Director-General with their obligations including implementing the ACTPS and directorate first aid policies and procedures. In the context of asthma management this includes:

- undertaking consultation with workers and parents and carers (in a school environment) regarding decisions about asthma management and risk minimisation requirements
- implementing a management approach to identify and adequately resource the administration of asthma management at their workplace
- implementing a system of regular monitoring through annual review of safe practices, procedures and controls in relation to asthma management
- ensuring appropriately trained workers administer the provision of asthma first aid ensuring all workers are inducted on asthma awareness
- ensuring secure storage systems are in place for any medications, and that single use asthma emergency kits are available to manage any asthma emergency
- ensuring in-confidence record keeping of the administration of any asthma medications is in place
- in a school context:
 - ensuring a risk minimisation plan is developed for the management of any student with asthma
 - ensuring asthma medications are administered in accordance with the student's emergency treatment and asthma action plans or in alignment with the requirements set out in this procedure.

4.1.6. **Workers**

4.1.6.1. ACT Government workers have a responsibility to ensure that while at work they:

- take reasonable care for their own health and safety, including the management of any asthmatic condition they have that has potential to adversely affect the health and safety of another person
- comply with the ACTPS and directorate first aid policies and procedures. This includes taking all reasonable steps to:
 - participate in consultation and risk management processes relating to asthma management including the provision of first aid assistance, administration of medications, access to facilities and resources, and required asthma management training
 - report any hazards
 - undertake first aid induction provide asthma management and asthma first aid when required, to the level of their competence, including calling on expert assistance when necessary
 - in a school context:
 - comply with the *Asthma Risk Minimisation Plan* and implement the [Known Medical Condition Response Plan](#) developed for the student with a known asthma condition
 - ensure risk assessment is undertaken to manage an asthma emergency during any curriculum activities that may expose a person to a known asthma trigger.

4.2. **Asthma management for workers, students and others**

4.2.1. **Asthma triggers**

4.2.1.1. Asthma triggers should be minimised where possible and, in particular, where there are known asthma sufferers (as recorded in the [Schools and Office Risk Register](#)). This can be

achieved through policy, procedures and planning processes and appropriate work practices including hand hygiene.

4.2.1.2. For most people with asthma, triggers are only a problem when the asthma is not well controlled. Triggers vary between individuals, but some common triggers include:

- allergy-related triggers e.g. house dust mites, pollens, pets or moulds
- certain medicines e.g. aspirin, some blood pressure drugs
- cigarette smoke
- exercise
- irritating substances in the air, such as bushfire smoke
- respiratory infections, such as colds and flu
- stress and high emotions, such as crying
- weather e.g. cold air, change in temperature, thunderstorms
- work-related triggers e.g. wood dust, chemicals, metal salts.

4.2.2. **Asthma symptoms**

4.2.2.1. The main symptoms of asthma include, but are not limited to:

- persistent cough, particularly at night, early morning or with exercise
- shortness of breath
- tightness in the chest
- wheezing (whistling noise from the chest).

4.2.2.2. Symptoms vary between individuals. Asthmatic individuals (including students) should be encouraged to carry their reliever medication at all times.

4.2.2.3. An asthma flare up may be mild, moderate or severe. Asthma flare ups can commonly occur while attending school, particularly in February and May.

4.2.3. **Recognising asthma attacks**

4.2.3.1. An asthma attack is when wheezing, coughing, and breathlessness worsen, until breathing becomes difficult, and where the symptoms do not go away without treatment.

4.2.3.2. An asthma attack can come on gradually e.g. if a person gets a cold, or quite quickly e.g. if a person inhales something they are allergic to, such as pollen.

4.2.3.3. An asthma attack can be life threatening and should be treated as an emergency.

4.2.4. **Asthma emergency**

4.2.4.1. An asthma emergency is when symptoms get worse very quickly and severe attack symptoms are experienced. These symptoms include severe shortness of breath, inability to speak comfortably or blue appearance to the lips. Little or no relief from the reliever inhaler is experienced. Table 1 can be used to help recognise the level of severity of an asthma attack.

Table 1: Asthma attack symptom severity

Mild attack symptoms	Moderate attack symptoms	Severe attack symptoms
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Still able to talk in sentences	Shortened sentences	Few words per breath
Cough	Persistent cough	Persistent cough
Soft wheeze	Loud wheeze	Wheeze may be absent
Minor difficulty breathing	Difficulty breathing	Gasping for breath or distress
Tightness in chest	Tightness in chest	Pale, sweaty, blue lips
May complain of stomach ache	May complain of stomach ache	Muscle exertion

4.3. Asthma first aid

4.3.1. Students

4.3.1.1. When a student requires asthma first aid, the procedures and instructions on the student's [Known Medical Condition Response Plan](#) and [Asthma Action Plan](#) should be followed.

4.3.1.2. In the absence of an [Known Medical Condition Response Plan](#) or where the instructions are unclear, follow the standard [Asthma First Aid](#) procedure.

4.3.2. Workers and others

4.3.2.1. Follow the standard [Asthma First Aid](#) procedure for people of any age.

4.4. Ambulance attendance

4.4.1. An ambulance should be called if:

- the person's asthma symptoms are severe
- the person's asthma symptoms continue to worsen
- reliever medication is not available
- the person suddenly stops breathing it is not known what is causing the breathing difficulty.

4.5. Additional management requirements for schools

4.5.1. Medical information

4.5.1.1. All students in schools complete a [Medical Information and Consent Form](#) that includes medical details and parent or carer permission for the student to receive emergency treatment.

4.5.2. Emergency Treatment Plan

4.5.2.1. Every student diagnosed with asthma should have a *Medical Management Plan* in place. This comprises the [Known Medical Condition Response Plan](#) inclusive of an [Asthma Action Plan](#) (which replaces section D) filled out by the parent or carer in consultation with the student's doctor.

4.5.2.2. The [Known Medical Condition Response Plan](#) should be completed on diagnosis of the condition and at the beginning of each school year, whichever comes first.

- 4.5.2.3. The [Known Medical Condition Response Plan](#) requires annual review (at minimum) by the parents or carers to confirm accuracy of current arrangements and ensure update if there are any changes to the student's asthma treatment plan throughout the year.

4.5.3. Risk Minimisation Plan

- 4.5.3.1. A *Risk Minimisation Plan* is a risk assessment document prepared on the multiple risk assessment tool available on Index. The plan is developed in consultation with the student's parents or carers and the school workers. It is developed to ensure the risks relating to the student's asthma care needs are assessed and minimised. The plan includes practices and procedures to ensure:

- workers can identify the student, the student's [Known Medical Condition Response Plan](#), and the location of the student's medication
- the safe handling, preparation, consumption and service of food
- parents and carers are notified of any known allergens that pose a risk to a student, and strategies for minimising the risk
- the student does not attend school without medication prescribed by the student's medical practitioner in relation to the asthma care need.

- 4.5.3.2. Parents and carers must ensure that medication, spacers and masks, if applicable, are provided to the school for the student's use. Medication and devices should be clearly marked with the student's name.

4.5.4. Communications Plan

- 4.5.4.1. The development of a *Communications Plan* is required regarding specialist medical conditions including asthma. The plan outlines how:

- relevant workers and volunteers are informed about the first aid policy and procedures, the Medical Management Plan and Risk Minimisation Plan for a student with asthma
- a student's parents or carers can communicate any changes to the Medical Management Plan and Risk Minimisation Plan for the child, setting out how that communication can occur
- any changes to the student's asthma or any health concerns can be communicated to the student's parents or carers
- parents or carers can be informed of the administration of reliever medication for the student.

- 4.5.4.2. Required communication regarding specialist medical conditions may be implemented through first aid induction for workers and others, as well as the distribution and review by relevant workers of the medical information and consent form, and the emergency treatment and action plans, in accordance with *Territory privacy principles*.

- 4.5.4.3. If a student has poorly controlled asthma, the parents or carers must be informed where the student is under 18 years of age as outlined in the [Information Privacy ACT 2014](#) so medical advice can be sought by the parents or carers.

- 4.5.4.4. Poorly-controlled asthma can be recognised by:

- frequent absenteeism from school due to asthma

- need for reliever medication more than two times a week (except if it is used before exercise)
- being woken at night by their asthma and wheezy on waking in the morning
- tiredness, poor concentration
- inability to exercise or play sport due to asthma.

4.6. Self administration of medication

- 4.6.1. Self-administration of medication by a student over preschool age is permitted provided it is carried out in accordance with the [Known Medical Condition Response Plan](#), the [Administration of Student Medication and Complex Health Care Procedure](#), and required medication records are completed.
- 4.6.2. Self administration of medication should be monitored and reviewed regularly (annually at minimum) in consultation with parents and carers, the school, and treating doctor.
- 4.6.3. Records of self administration of medication must be maintained in the medication record. A student must notify the first aid officer or their delegate that the medication has been self-administered and provide details of dosage and time as outlined in [Administration of Student Medication and Complex Health Care Procedure](#).

4.7. Asthma devices and medications

- 4.7.1. The ACT Health Directorate advises that the use of reliever medication (bronchodilator inhalers such as *Airomir*, *Asmol* and *Ventolin*) is safe and should be used without delay in cases of emergency treatment of an asthma attack or suspected asthma attack.
- 4.7.2. In the event that a student's own reliever medication is not available, then reliever medication from the school's asthma emergency kit should be used.
- 4.7.3. Older children may administer their own reliever medication in the event of a mild to moderate asthma flare up. Students should be encouraged to keep their own reliever medication with them or in their own school bag if they are able to recognise and treat their own asthma symptoms and as agreed by their parents and carers with the school.
- 4.7.4. Relievers should not be kept beyond the expiry date and parents and carers should provide replacements prior to medication expiring.
- 4.7.5. Asthma spacers and masks are single-person use only. Spacers and masks should not be used by more than one person (to avoid infection transmission via mucus). They should be stored in a dustproof container. (Spacers should not in a plastic bag as this can cause static inside the spacer).
- 4.7.6. Spacers should be cleaned once a month by the student, parent, or carer. Spacers should be replaced every 12 months. Broken or cracked spacers should be replaced immediately.

4.8. Asthma emergency first aid kits

- 4.8.1. Schools must provide and maintain at least two asthma emergency first aid kits; one to keep at school and a kit for activities such as excursions and camps. These kits should be used in the event that a student does not have their medication and device available or if it is a first

time suspected asthma episode. It is recommended that schools have an additional kit for every 300 students.

4.8.2. Asthma emergency kits must contain:

- reliever medication (bronchodilator inhaler) such as Airomir, Asmol or Ventolin
- at least two spacer devices and two masks to assist with effective inhalation of the reliever medication where there are children under five
- clear written instructions on how to use reliever medication and the Asthma First Aid procedure
- a record sheet or log for recording the details of a first aid incident.

4.8.3. The first aid officer should be responsible for maintaining the asthma emergency kit including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date of reliever medication and replacing it if expired or low on doses
- replacing spacers and face masks each time they are used.

4.8.4. Spacers and face masks in asthma emergency kits are for single use only and should be given to the student after use or disposed of thoughtfully.

4.9. **Management of exercise-induced asthma**

4.9.1. Asthma can be controlled and need not interfere with work, playing sport or exercising. exercise-induced asthma affects more than 80 per cent of people with asthma and it is important that workers responsible for physical education in schools understand and assist students who have asthma. Frequent asthma symptoms while exercising may suggest that asthma is not well managed.

4.9.2. In many instances, symptoms occur soon after the completion of the exercise during the 'cooling down' period rather than during the exercise.

4.9.3. Workers can help to prevent exercise-induced asthma by:

- encouraging students with asthma to have regular reviews with their doctors and to have their own [Asthma Action Plan](#)
- ensuring students use their reliever puffer (Airomir, Asmol, or Ventolin) 5-10 minutes before they warm up
- ensuring students always warm up before any sport or exercise, which consists of 5-15 minutes of light, intermittent exercises and stretching
- ensuring students always cool down following sport or exercise
- making sure the student's day-to-day asthma is under control.

4.9.4. If a student experiences asthma symptoms during sport or exercise:

- stop the student from exercising
- give reliever medication either following the student's [Asthma Action Plan](#) or standard asthma first aid procedure
- recommence exercise only if the student can breathe easily and is free of symptoms.

- 4.9.5. If the symptoms do not go away immediately or if they return when the student starts exercising again, workers should:
- stop the student from exercising
 - give reliever medication either following the student's [Asthma Action Plan](#) or standard asthma first aid procedure
 - not allow the student to exercise for the rest of the day
 - notify the student's parents or carers of the asthma flare up
 - suggest the student have their asthma reviewed by their doctor.
- 4.9.6. If they the student continues to have symptoms, follow the student's [Known Medical Condition Response Plan](#) or the standard asthma first aid procedure, and call an ambulance.

4.10. Training

- 4.10.1. Mandatory training in *Asthma Management* is required for first aiders and early childhood workers in accordance with the risk assessment. Asthma awareness training is required of all workers to assist with the management of this risk. Further details are outlined in the [First Aid Training Procedure](#).
- 4.10.2. For resources, training and information about the Asthma Friendly Schools program contact the [Asthma Foundation ACT](#) online via email or ph: 6282 4186.
- 4.10.3. More information about asthma is available from these organisations:
- [Asthma Australia](#)
 - [Healthy Schools Network ACT](#)

4.11. Continuous improvement processes

- 4.11.1. Annual review of asthma management procedures in each directorate workplace should be undertaken with the Health and Safety Representative and leadership team as part of the review of the provision of first aid. In the event of any serious asthma first aid emergency an immediate review should be undertaken. [The Schools and Office Risk Register](#) should be reviewed where required, with additional controls noted and changes to work practices implemented.

4.12. Records management

- 4.12.1. Records must be kept in accordance with the [Territory Records Act 2002](#) and *Territory privacy principles* outlined in the [Information Privacy Act 2014](#).
- 4.12.2. Further information about [records management](#) procedures including registration, storage and disposal is available on Index.

4.13. Complaints

- 4.13.1. Where there are concerns regarding any first aid procedure or concerns about their application, people should:
- contact the school principal or People and Performance in the first instance
 - contact the directorate Liaison Unit
 - access the [Complaints Policy](#), is available on the directorate's website.

5. PROCEDURE OWNER

5.1. Director, People and Performance

5.2. For support in relation to this procedure contact People and Performance on ph: 6205 9202.

6. RELATED DOCUMENTS

6.1. The following documents must be read in reference to the information provide in this procedure document:

6.2. ACTPS policy:

- [First Aid in the Workplace WHS-04-2013](#)

6.3. Directorate policy and procedures:

- [First Aid Policy](#)
- [First Aid General Procedure](#)
- [Asthma First Aid](#)
- [Medical Information and Consent Form](#)
- [Known Medical Condition Response Plan](#)