This document should be read in conjunction with Health of Students policy.

1. INTRODUCTION

The department has a responsibility to the health and wellbeing of its staff and students.

Asthma is a condition that can prove life threatening and schools need to be appropriately equipped with information and knowledge to minimise the risk of loss of life. The Asthma Foundation Northern Territory (NT) has been providing advice and training to NT schools for many years. A vital component of the work to support students with asthma to safely engage in the full range of school based activities is ensuring that schools are provided with evidence based recommendations and information. To this end Asthma Foundation NT has created Asthma Guidelines for Northern Territory Schools for use across all sectors.

The guidelines provide specific information on how to manage and treat students with asthma. They are also relevant to support staff, visitors and previously undiagnosed students who require Asthma First Aid in the event of an asthma emergency.

The department gratefully acknowledges the support of the Asthma Foundation NT, and the Foundation’s agreement for the department to adapt the Asthma Guidelines for Northern Territory Schools.

For further information: 1800 ASTHMA (1800 278 462).
2. DEFINITIONS

Asthma is a long term health condition of the lungs. People with asthma have sensitive airways that narrow in response to a trigger. This can happen at any time. When a person with asthma is having an asthma flare-up, the muscles around the airways squeeze tight, the lining of the airways swell and mucous is produced. This makes it hard to breathe. A sudden or severe asthma flare-up is often called an attack.

For additional information refer to the About Asthma fact sheet.

Inhalers are the most common devices for asthma medication. The three main types are:
- metered-dose inhaler (puffer) – this is an aerosol canister that produces a fine mist of medication
- breath-activated inhaler (Autohaler) – these have a spring-loaded aerosol canister. The medication automatically mists when you start to breath in through the mouthpiece
- dry-powder inhaler (Accuhaler, Ellipta, Turbuhaler) – these contain medication as a dry powder rather than a liquid.

Parent signifies a child’s father, mother or any other person who has parental responsibility for the child, including a person who is regarded as a parent of the child under Aboriginal or Torres Strait Islander customary law or tradition.

Spacer is a plastic or cardboard device used with a puffer. Spacers assist with administering asthma medication.

3. ROLES AND RESPONSIBILITIES

Refer to the Asthma - School Roles and Responsibilities checklist for additional detail regarding how to meet the various responsibilities outlined below.

Principals are responsible for:
- ensuring that where the school has enrolled students that have been diagnosed with asthma, the school has an Asthma Emergency Response procedure in place
- developing or reviewing Asthma First Aid procedures
- ensuring that a range of staff have completed appropriate training that includes emergency treatment of asthma (support information is available at Asthma Training fact sheet)
- arranging management of asthma medication, equipment and plans.
Staff are responsible for:
- knowing the identity of students with asthma and their management requirements
- knowing what to do if an asthma attack occurs
- communicating with the student's parents
- implementing risk management procedures.

Parents of children with asthma are responsible for:
- communicating with their child about asthma
- communicating with the school about their child
- providing medication and equipment to the school.

4. GUIDELINES

4.1 Emergency management

Signs and symptoms of an asthma flare-up/attack
An asthma flare-up is a worsening of asthma symptoms. A flare-up can develop slowly, (over hours or days) or can get worse very quickly (in seconds to minutes).

A student can experience an asthma attack anywhere, at any time. All asthma attacks are serious and require swift, appropriate action by school staff.

Asthma attacks vary in severity from mild/moderate symptoms, which can be managed by commencing Asthma First Aid, to severe or life threatening symptoms which require emergency service support.

With all asthma attacks, time is critical. School staff should not hesitate to commence Asthma First Aid immediately.

Asthma Australia has launched an asthma app that also includes a range of information of use to staff, parents and students like. Information about the app can be found at:


A table to assist with emergency management can be found below.
4.2 **Asthma First Aid** – posters can be found at: [https://www.asthmaaustralia.org.au/nt/about-asthma/resources/first-aid](https://www.asthmaaustralia.org.au/nt/about-asthma/resources/first-aid).

Asthma First Aid is the nationally recognised four step procedure used to manage a person experiencing a suspected asthma flare-up or attack.

Whilst these guidelines are specific to treating students, the Asthma First Aid procedure can be performed on a work colleague, adult or visitor to the school experiencing an asthma flare-up or attack.

In schools, the Asthma First Aid procedure can be performed using the student's own blue/grey reliever medication and spacer or the equipment from the school's first aid kit. Blue/grey reliever medication is unlikely to be harmful, even if the student does not have asthma.

A student experiencing an asthma attack should always be under the supervision of an adult. School personnel should never leave a student experiencing an asthma attack alone or under the supervision of another student.

<table>
<thead>
<tr>
<th>Mild/ Moderate</th>
<th>Severe</th>
<th>Life-threatening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some difficulty breathing</td>
<td>Obvious difficulty breathing</td>
<td>Gasping for breath</td>
</tr>
<tr>
<td>Talks in sentences</td>
<td>Shortened sentences</td>
<td>1-2 word per breath</td>
</tr>
<tr>
<td>Able to move around</td>
<td>Tugged in skin at neck or ribs</td>
<td>Confused or exhausted</td>
</tr>
<tr>
<td>Cough or wheeze</td>
<td>Cough or wheeze</td>
<td>Turning blue, collapsing</td>
</tr>
<tr>
<td><strong>Commence Asthma First Aid</strong></td>
<td>Reliever not lasting</td>
<td><strong>Call Ambulance -000</strong></td>
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</tbody>
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**Mild/Moderate**
- Some difficulty breathing
- Talks in sentences
- Able to move around
- Cough or wheeze

**Severe**
- Obvious difficulty breathing
- Shortened sentences
- Tugged in skin at neck or ribs
- Cough or wheeze
- Reliever not lasting

**Life-threatening**
- Gasping for breath
- 1-2 word per breath
- Confused or exhausted
- Turning blue, collapsing

**Commence Asthma First Aid**

**Call Ambulance -000**
The department encourages schools to allow students to self-administer blue/grey reliever medication providing the student:
- is able to recognise their asthma symptoms
- knows when to take their blue/grey reliever medication
- has correct inhaler technique.

Symbicort
Students 12 years and over may be prescribed a red and white medication, known as Symbicort, as both their reliever and preventer medication. The student's Asthma Plan should clearly indicate when/ if the student needs to self-administer this medication. **These students can be given blue/grey reliever medication for an asthma attack as per the national Asthma First Aid procedure.** If the student's Symbicort is the only reliever medication available (i.e. student or school blue/grey reliever medication is not available), then follow the Symbicort specific instructions as per the Asthma First Aid procedure.

Is it asthma or anaphylaxis?
Sometime students experiencing anaphylaxis can present with symptoms similar to those of an asthma attack.

If the student is known to be at risk of anaphylaxis and you are unsure whether they are experiencing anaphylaxis or an asthma attack:
- give the adrenaline auto-injector first
- follow the student's Anaphylaxis Action Plan
- call triple zero (000)
- administer the student's blue/grey reliever medication.

4.3 Student’s equipment

Each student diagnosed with asthma should have their own medication and equipment at the school, including:
- **blue/grey reliever medication** – with a pharmacy label including the student’s name and dosage information. This medication must not be stored in the fridge
- **spacer** – clearly labelled with the student’s name (if using aerosol reliever medication). This medication must not be stored in plastic bags. For some students a facemask may be required for use with the spacer. A facemask is recommended for children under the age of five, or those unable to form a good seal around the mouthpiece of the spacer
- **Asthma Action Plan** – completed and signed by the student’s doctor.
4.4 School equipment

The department recommends:
- that schools provide and maintain at least two Asthma Emergency Kits – one to keep at the school and a mobile kit for activities such as excursions and camps
- that all physical education departments have separate Asthma Emergency Kits (as current evidence indicates that 90% of people with asthma have exercise induced asthma)
- a risk assessment is recommended in determining potential high risk areas (e.g. woodwork, home economics, science laboratories) in the school where additional Asthma Emergency Kits may be required
- Asthma Emergency Kits in all primary schools must include two face masks
- Asthma Emergency Kits must be stored in a central location to ensure easy and quick access in the event of an emergency (blue/grey reliever puffers are not to be stored in the fridge)

It is recommended that schools purchase and maintain a spacer for each purchased blue/grey reliever medication. In schools spacers purchased for first aid use are a single person, single use device.

Due to potential health and safety risks, a spacer for first aid purposes can only be used once. Once it has been used, it should be disposed of and replaced with a fresh spacer. It cannot be cleaned to an acceptable level for others to use.

Asthma Foundation NT recommends:

<table>
<thead>
<tr>
<th>Minimum Asthma Emergency Kits (AEK) Requirements</th>
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<tbody>
<tr>
<td><strong>Site Characteristics</strong></td>
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<tr>
<td>Less than 299 employees/students</td>
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<td>300 – 399 employees/students</td>
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<td>400 – 499 employees/students</td>
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<td>700 – 799 employees/students</td>
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<td>&gt;1000 employees/students</td>
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*Asthma spacers in AEK’s are single-person use only

Asthma Emergency Kits and replacement spacers are available for purchase from Asthma Foundation NT (1800 ASTHMA – 1800 278 462).

It is recommended that the Asthma Emergency Kit be used when:
- a student’s prescribed reliever medication does not work, is misplaced, or out of date
- a student/staff/visitor is having a first time asthma flare-up/attack
- when instructed by a medical officer after calling 000.
4.5 Asthma plans

There are two types of Asthma Plans: Asthma Action Plan and the Asthma Care Plan for Education and Care Services. Both plans are suitable for use by schools and additional information regarding these plans can be found in the Asthma Plans fact sheet.

4.6 Developing a school asthma emergency procedure

In responding to an asthma emergency, a well-developed emergency procedure should enable the situation to be managed promptly and efficiently. Given that the evidence indicates that one in nine students have asthma the department recommends that all schools develop an emergency procedure.

School staff should be familiar with the school’s asthma emergency procedure which should be considered as part of the Asthma Risk Management Checklist.

Refer to the Asthma – Developing a School Emergency Procedure fact sheet for additional information about developing a school procedure.

4.7 Risk management

When a student is diagnosed with asthma, schools have responsibility for the management of this specialised health need. This can be achieved through a risk management process which includes:

- the identification of potential risks to the student
- conducting a risk assessment of school activities and events in which students with asthma may participate.


4.8 Additional Considerations

Relief Teachers

Students with asthma should always be under the supervision of a teacher or designated person who:

- has completed Asthma First Aid training and who knows the student has asthma
- can recognise the signs and symptoms of flare-up
- knows how to use the blue/grey reliever medication with spacer in an emergency.

If a relief teacher is supervising a class and has not completed Asthma First Aid training, the school must determine how the student with asthma will be supported (e.g. ensuring the student has access to a trained staff member who can support them should a student experience asthma flare-up).
Sickbay
Students should not be left alone when experiencing asthma symptoms, even in the sickbay/room, as mild/moderate symptoms can quickly deteriorate into a life threatening attack.