

# ASTHMA MANAGEMENT POLICY

## PURPOSE

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance.

Melbourne Montessori School ('MMS') is committed to provide, as far as practicable, a safe and supportive environment in which students at risk of asthma can participate equally in all aspects of the student's schooling.

## SCOPE

Melbourne Montessori School's Asthma Management Policy addresses the following concerns:

1. Individual Asthma Action Plans
2. Individual asthma risk management plan
3. Communication plan
4. Procedures for the training of school staff and emergency response

This policy applies to all staff and teachers at MMS. Asthma management should be viewed as a shared responsibility. While MMS recognises its duty of care towards students with asthma during their time at the school, the responsibility for ongoing asthma management rests with the student's family and medical practitioner.

## DEFINITIONS

**Asthma Action Plan:** A record of information on an individual student's asthma and its management, including contact details, what to do when the student's asthma worsens and the treatment to be administered in an emergency.

**Asthma emergency:** The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

**Asthma first aid kit:** Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible face masks
- record form
- asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

**Asthma triggers:** Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from student to student.

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

**Medication record:** Contains details for each student to whom medication is to be administered by the school. This includes the student's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

**Metered dose inhaler (puffer):** A common device used to administer reliever medication.

**Puffer:** The common name for a metered dose inhaler.

**Reliever medication:** This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Aiomir, Asmol, or Ventolin.

**Risk Minimisation Plan:** A service-specific plan that documents a student's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the student at risk of asthma and service staff. The plan should be developed upon a student's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment.

**Spacer device:** A plastic device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

**Staff record:** Must be kept by the school and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

## PROCEDURES

### 1. Individual Asthma Action Plans

Parents of students with asthma will be issued with an Asthma First Aid Procedure form to take to their registered Medical Practitioner. (*Attachment 1*)

- 1.1 The individual Asthma Action plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day at that school.  
An Asthma Action Plan must:
  - set out the emergency procedures to be taken in the event of an asthma attack
  - be signed in the current year by a registered medical practitioner who was treating the student on the date the practitioner signs the emergency procedures plan
  - details signs and symptoms outlined for that student
  - include an up-to-date photograph of the student.
- 1.2 Parents must provide the school with two (2) sets of any medication prescribed, one must be kept in the junior school classroom and one in the Sick Bay/Staff Room (eg Ventolin x 2).
- 1.3 Parents need to be made aware of and have received a copy of the school's Asthma Management Policy.
- 1.4 The Asthma Action Plan for each student is to be displayed in all junior school classrooms used by the student, playground and Sick Bay/Staff Room and teachers' Emergency Pink Folder (specialists and classroom) and updated on the school database.
- 1.5 The metered dose inhaler/puffers must be kept in a bag with the student's name and date of expiry clearly visible.

- 1.6 One metered dose inhaler/puffer is to be stored on the Emergency Basket in the student's junior school classroom.
- 1.7 The OH&S Committee will ensure the Asthma Action Plan is in place and that all staff understand this plan.
- 1.8 The school will review the student's individual Asthma Action plan in consultation with the student's parents:
  - annually, and/or
  - if the student's medical condition changes, and/or
  - immediately after a student has an asthmatic attack at school.
- 1.9 The parents will inform the school in writing of their child's medical condition and will:
  - provide the Asthma Action plan signed by a registered medical practitioner
  - provide the school with any updates of their child's medication prescribed otherwise
  - ensure the metered dose inhaler/puffer is kept within the expiry date
  - ensure any other medication prescribed or otherwise is kept within the expiry date
  - inform the school if their child's medical condition changes and if relevant provide an updated Asthma Action plan signed by a registered medical practitioner.

## 2. Individual Risk Management Plan

Classroom teachers will meet with parents as early in the year as possible to complete the Asthma Risk Management Plan (*Attachment 2*).

The following procedures are to be developed in consultation with the parents and implemented to help protect the student diagnosed at risk of asthma from accidental exposure to allergens:

### 2.1 In relation to the student at risk :

The Business Manager must ensure that at least one staff member with current approved Emergency Asthma Management (EAM) training is on duty at all times.

Increase supervision of the student on special occasions such as excursions, incursions or special event days.

### 2.2 In relation to other practices at the school:

- ensure tables and bench tops are washed down after eating
- ensure hand washing for all children before and after eating
- restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergens of the particular students
- staff should discuss the use of foods in activities with the parents of a student at risk of anaphylaxis/asthma and these foods should be consistent with risk minimisation
- all students need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, students should not 'wander around' whilst eating
- when food is brought from home to the school, all parents will be asked not to send food containing specified allergens or ingredients as determined in the Risk Minimisation Plan (*Attachment 2*).

### 2.3 THE BUSINESS MANAGER is responsible for:

- ensuring that all students with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring a medication record is kept for each student to whom medication is to be administered by the school
- ensuring that induction procedures for casual and relief staff include information about students attending the school who have been diagnosed with asthma, and the location of their medication and Action Plans
- ensuring parents/guardians of all students with asthma provide reliever medication and a spacer (including a face mask, if required) at all times their child is attending the school, implementing an asthma first aid procedure (*Attachment 1*) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits

- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- identifying and minimising asthma triggers for students attending the school, where possible
- ensuring that students with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of students with asthma at the school
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and *Attachment 3*) in key locations at the school
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a student in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the student and emergency services are notified as soon as is practicable (Regulation 94).

#### 2.4 **The NOMINATED SUPERVISOR is responsible for:**

- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a student in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the student and emergency services are notified as soon as is practicable (Regulation 94)
- ensuring an asthma first aid kit is taken on all excursions and other offsite activities (refer to *Excursions and Camps Policy*)
- ensuring programmed activities and experiences take into consideration the individual needs of all students, including any students with asthma.

#### 2.5 **TEACHER/ADVISORS are responsible for:**

- ensuring that they are aware of the school's *Asthma Policy* and asthma first aid procedure (*Attachment 1*)
- ensuring that they can identify students displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the asthma first aid kit,
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the student's Asthma Action Plan
- taking the asthma first aid kit, student's personal asthma medication and Asthma Action Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the student's Asthma Action Plan and the *Administration of Medication Policy* of the school
- developing a Risk Minimisation Plan (*Attachment 2*) for every student with asthma in consultation with parents/guardians
- consulting with the parents/guardians of students with asthma in relation to the health and safety of their child, and the supervised management of their child's asthma
- communicating any concerns to parents/guardians if a student's asthma is limiting his/her ability to participate fully in all activities
- ensuring that students with asthma can participate in all activities safely and to their full potential.

#### 2.6 **PARENTS/GUARDIANS are responsible for:**

- reading the school's *Asthma Management Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Action Plan to the school and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Action Plan should be reviewed and updated at least annually
- ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the school

- providing an adequate supply of appropriate asthma medication and equipment for their child at all times
- encouraging their child to learn about their asthma, and to communicate with school staff if they are unwell or experiencing asthma symptoms.

**Volunteers and students, while at the School, are responsible for following this policy and its procedures.**

### **3. Communication**

Classroom teachers/advisors will meet with parents as early in the year as possible to complete the Communication Plan (*Attachment 2*).

A Communication Plan will be provided to all staff, about the specific details of each student's risk of asthma and the Asthma Management policy.

- 3.1 The Communication Plan is designed to inform all staff, CRTs and specialists about what steps must be taken to respond to each student's asthma.
- 3.2 If any information changes during the year, this information will be updated at staff meetings, in the classrooms, playground, Sick Bay, Staff Room, teachers' Emergency Pink Folders and the student's file and updated on the school database.

### **4. Staff Training and Emergency Response**

- 4.1 Teachers and other school staff who conduct classes which students at risk of asthma attend, must have up-to-date training in an asthma management training course.
- 4.2 All staff undertake accredited asthma management training, which includes strategies for asthma management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with a metered dose inhaler/puffer.
- 4.3 Training will be provided for all staff annually in the first preparation days of each school year or as soon as practical after that. Any staff member who joins the school after this date will be sent for training at the first available opportunity.
- 4.4 All staff will be briefed when a new student is enrolled who is asthmatic at the next available staff meeting.

### **5. Triggers**

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

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

A detailed description of triggers can be found on the Asthma Foundation of Victoria website, see: Other resources.

### **6. Epidemic Thunderstorm Asthma**

Every year during grass pollen season there is an increase in asthma and hay fever symptoms, and during grass pollen season there is also the chance of an epidemic thunderstorm asthma event. Epidemic thunderstorm asthma events are thought to be triggered by an uncommon combination of

high grass pollen levels and a certain type of thunderstorm, resulting in large numbers of people developing asthma symptoms over a short period of time.

Those at increased risk of epidemic thunderstorm asthma include people with asthma, people with a past history of asthma, those with undiagnosed asthma (i.e. people who have asthma symptoms but have not yet been diagnosed with asthma) and also includes people with hay fever who may or may not have asthma. Having both asthma and hay fever, as well as poor control and self-management of asthma increases the risk further.

**EVALUATION**

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up-to-date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the school's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

**ATTACHMENTS**

Attachment 1: Asthma Action Plan

Attachment 2: Individual Risk Management and Communication Plan

Attachment 3: Asthma First Aid Poster

**REVIEWED: 2018**

**Linked with:**

**Administration of First Aid Policy**  
**Administration of Medication Policy**  
**Anaphylaxis Management Policy**  
**Emergency Management Policy**  
**Excursions and Camps Policy**

**Attachment 1****ASTHMA FIRST AID PROCEDURE**

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's *Asthma & the Child in Care Model Policy*, Version 4, May 2017.

Follow the written first aid instructions on the student's Asthma Action Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the student does not have an Asthma Action Plan, **begin the first aid procedure outlined below.**

Reliever medication is safe to administer to students, even if they do not have asthma, however if there is no Asthma Action Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the student as soon as possible.

**Call emergency assistance immediately (Dial 000)**

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a blue reliever puffer is not available
- If you are not sure if it is asthma

**Step 1: Sit the person upright**

- Be calm and reassuring
- Do not leave them alone
- Send someone else to get the asthma first aid kit
- Sitting the student in an upright position will make it easier for them to breathe

**NB:** If the child needs to use their inhaler more than twice in a lesson, the child needs to STOP the activity and sit out while being supervised by an adult.  
The parents need to be told if the child used the puffer twice in one lesson.

**Step 2: Give 4 puffs of blue reliever puffer medication**

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken

**Remember: Shake, 1 puff, 4 breaths**

This medication is safe to administer and may be lifesaving.

**Step 3: Wait 4 minutes**

If there is no improvement, give 4 more puffs as above

**Step 4: If there is still no improvement call emergency assistance (000)**

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives
- If calling Triple Zero (000) doesn't work on your mobile phone, try 112

**Sample Asthma Action Plan**

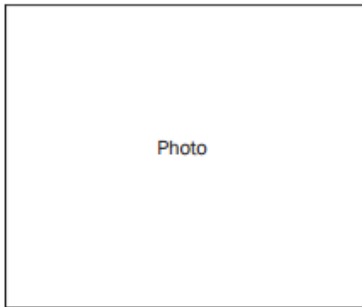


# Asthma Action Plan

Name: \_\_\_\_\_

**For use with a Puffer and Spacer**

Date of birth: \_\_\_\_\_



Photo

- Child can self administer medication if well enough.
- Child needs to pre-medicate prior to exercise

Confirmed triggers:  
 \_\_\_\_\_

Family/emergency contact name(s):  
 \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by Dr or NP:  
 \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date of next review: \_\_\_\_\_



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

## MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

## ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1** Sit the person upright.
  - Stay with person and be calm and reassuring
- 2** Give..... separate puffs of Airomir, Asmol or Ventolin
  - Shake puffer before each puff
  - Put 1 puff into the spacer at a time
  - Take 4 breaths from the spacer between each puff
- 3** Wait 4 minutes.
  - If there is no improvement, repeat step 2

**If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below**

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

## SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

## LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

## ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1** Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2** Phone ambulance: Triple Zero (000).
- 3** Give ..... separate puffs of Airomir, Asmol or Ventolin
  - Shake puffer before each puff
  - Put 1 puff into the spacer at a time
  - Take 4 breaths from the spacer between each puff
- 4** Wait 4 minutes.
- 5** Keep giving ..... puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

### IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y  N  Type of autoinjector: \_\_\_\_\_

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**Attachment 2****ASTHMA RISK MINIMISATION AND COMMUNICATION PLAN**

**Cover Sheet:** This Plan is to be completed by the classroom teacher in conjunction with the parents and with reference to the information from the student's medical practitioner provided on the Asthma Action Plan

Student's name:		
Campus :	Classroom:	
Asthma Action Plan provided by parent/carer (please circle): YES / NO		
My child reacts in the following ways:		
<p>1. Administer _____</p> <p>2.If necessary ring parent: telephone no: _____</p> <p style="text-align: center;"><b><i>DO NOT LEAVE A MESSAGE - SPEAK TO A PERSON!</i></b></p> <p>3.Ring Reception and Principal</p> <p>4.Ring 000 (triple zero)</p>		
Parent/carer contact details:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
The following Asthma Risk Minimisation and Communication Plan has been developed with my knowledge and input and will be reviewed on (record date):		
Signature of parent/carer:		Date:
Signature of Principal (or Business Manager):		Date:

**STRATEGIES TO MINIMISE ASTHMA TRIGGERS**

Student's name:		
Date of birth:	Year level:	
Predominant Asthma Trigger/s:		
Other medical condition triggers:		
<b>Risk (suggested risks listed in Appendix)</b>	<b>Strategy</b>	<b>Who is Responsible?</b>
On school excursions	The school will ensure the emergency Action Plan and the reliever and spacer accompanies the person designated to be in charge of the child throughout the excursion.	Classroom teacher
On school camps	The school will ensure the emergency Action Plan and the reliever and spacer accompanies the person designated to be in charge of the child throughout the camp.	Classroom teacher and Excursion Manager
Special event days conducted or organised by the school.	The school will ensure the emergency Action Plan and the reliever and spacer accompanies the person designated to be in charge of the child throughout the special event day.	Classroom teacher
Steps to be taken to ensure relief staff understand their role in the event of an asthmatic reaction	Staff will be informed when they sign in for the day's work if there is an asthmatic child in their care for the day. They will be informed where the child's Action Plan is displayed and where their reliever and spacer is stored. A copy of the school's Emergency Management procedure is available in the Pink Folder provided in each classroom.	Inductor – either the Deputy Principal, Business Manager or Nominated Supervisor



## Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- Does the child have an Asthma Action Plan in all locations where they learn/play?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Where are the reliever and spacers located?
- Where are the Asthma generic reliever and spacers kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking expiry dates, replacing reliever and spacers as needed)
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's Action Plan and reliever and spacer are not brought to school?
- Does the child have any other health conditions, such as other allergies?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (*e.g.* egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- What special activities do you have planned that may introduce children to asthma triggers?

## Attachment 3

**ASTHMA FIRST AID POSTER**

This poster is available for download from The Asthma Foundation of Victoria's website.

# Asthma First Aid

## 1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



## 2 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

**Remember: Shake, 1 puff, 4 breaths**

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



## 3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler



## 4 If there is still no improvement call emergency assistance - 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 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



### Call emergency assistance immediately - Dial Triple Zero (000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If 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**



## Asthma Australia

Contact your local Asthma Foundation

**1800 ASTHMA Helpline** (1800 278 462) [asthmaaustralia.org.au](http://asthmaaustralia.org.au)

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