COURSE IN

THE MANAGEMENT OF

ASTHMA RISKS and EMERGENCIES

IN THE WORKPLACE

22282VIC

RTO: 20863

ACCREDITED FIRST AID COURSES

Office Phone: 03 9850 6665

info@accreditedfirstaidcourses.com.au
www.accreditedfirstaidcourses.com.au

Version: 2/11/ 2016
FRANCES BREMNER

Has produced this workbook for

F. Bremner Pty Ltd (ABN 041 080 730 150) Trading as: Accredited First Aid Courses

Phone: 03 9850 6665
Email: info@accreditedfirstaidcourses.com.au
www.accreditedfirstaidcourses.com.au
Registered Training Organisation: No. 20863

DISCLAIMER

The information contained in this workbook is per the latest up to date Guidelines and Policies per the Australian Resuscitation Council. If, however there are changes not reflected in the workbook, the latest Policies and Guidelines of the Australian Resuscitation Council will be used as the final reference point.

Accredited First Aid Courses has prepared this workbook to be used as a training guide to assist a person in giving First Aid Treatment until Medical Aid can be obtained. It is not intended to include every emergency and it is not to be used instead of getting Medical Aid. This workbook does not substitute for any formal practical theory and practical training. It is to be used in conjunction with class room training.

The author accepts no responsibility for any injury and/or damage that may occur because of following any advice and procedures within this workbook.

Frances Bremner
Director Accredited First Aid Courses

Copyright @ F. Bremner. This work is copyright. No part may be reproduced in any way without the written permission of the author.
CONTENTS

Course in Emergency Management of Asthma in the Workplace

Things you must know about Asthma ........................................................................................................ 1
What is Asthma? ........................................................................................................................................ 1
Asthma Signs & Symptoms .......................................................................................................................... 2
Assessing Severity of an Asthma Attack .................................................................................................... 2
Asthma Emergency First Aid ....................................................................................................................... 2
4 Steps of an Asthma Emergency .............................................................................................................. 3
Triggers & Exercise Induced Asthma .......................................................................................................... 4
Asthma Medications ................................................................................................................................... 5 & 6
  ● Relievers
  ● Preventers
  ● Combination Medications
  ● Symptom controllers
  ● Spacers
Why Use a Spacer ....................................................................................................................................... 7
Asthma First Aid Kit ................................................................................................................................. 8
Asthma Policy & Duty of Care ..................................................................................................................... 8
Fact Sheets .................................................................................................................................................. 9 & 10
Record Keeping .......................................................................................................................................... 11
Cleaning Individual Spacer .......................................................................................................................... 11
Risk Minimisation Plan .............................................................................................................................. 12
Attachments: Asthma Action Plan & Sample Risk Minimisation Plan
THINGS TO KNOW ABOUT ASTHMA

- What is Asthma?
- Asthma Triggers
- What medications are available and how to use them
- How to assess the severity of an attack
- What to do in an Asthma Emergency

ASTHMA FACT OR FICTION?

- Asthma is a serious health problem in Australia: True
- Most people grow out of Asthma: False
- Exercise is bad for people with Asthma: False
- All you need is a puffer and that will solve the problem: False
- Puffer medication is addictive and dangerous: False
- No one dies from Asthma: False

ASTHMA FACTS

- One in 10 people in Australia have Asthma, which is over 2 million people.
- Asthma can be diagnosed at any age
- There is a strong link between hay fever, eczema & allergies
- People with Asthma report poorer general health and quality of life than people without Asthma
- For nearly 10% of Adults – onset Asthma is caused by occupational exposure
- On average 8 people die every week from asthma in Australia, which is high by international standards
- An Asthma attack can occur at any time without warning and can be life-threatening
- Highest rates of hospitalization are in February and May for children. This is usually 2 – 4 weeks after each school holiday period
- Children aged 0-4 are the group that most commonly visits GP's or are hospitalised for Asthma and are 3 times as likely to die of Asthma as other Australians.

The cause is unknown, there is no cure but Asthma can be managed and most people with asthma can lead normal lives

WHAT IS ASTHMA?

Asthma is a condition of the Airways. People with Asthma have sensitive airways that react to triggers that set off their Asthma. This makes it hard for them to breathe.

There are three main factors that cause the airway to become narrow:

- **Inflammation:**
The inside lining of the airways becomes Red & Swollen

- **Extra mucus:**
More than usual amounts of mucus may be produced

- **Muscle spasm:**
The muscles around the airways constrict or tightens
RECOGNISING ASTHMA SIGNS & SYMPTOMS

People with Asthma may display some of these signs and symptoms regularly

<table>
<thead>
<tr>
<th>Breathlessness</th>
<th>Rapid breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheezing</td>
<td>Difficulty talking</td>
</tr>
<tr>
<td>Tight chest</td>
<td>Distress &amp; anxiety</td>
</tr>
<tr>
<td>Persistent cough</td>
<td>Pale &amp; sweaty</td>
</tr>
<tr>
<td>Behaviour changes</td>
<td>Sucking in of skin over chest &amp; throat</td>
</tr>
</tbody>
</table>

EXTRA SIGNS & SYMPTOMS FOR YOUNG CHILDREN

Complains of “sore tummy”, restless sleep, not feeding well

RECOGNISING THE SEVERITY OF AN ASTHMA ATTACK

<table>
<thead>
<tr>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks in sentences</td>
<td>Shortened sentences</td>
<td>Single words</td>
</tr>
<tr>
<td>Cough</td>
<td>Persistent cough</td>
<td>Persistent cough</td>
</tr>
<tr>
<td>Soft wheeze</td>
<td>Loud wheeze</td>
<td>Wheeze may disappear</td>
</tr>
<tr>
<td>Minor difficulty breathing</td>
<td>Obvious Difficulty in breathing</td>
<td>Gasping for breath</td>
</tr>
<tr>
<td>Tightness in the chest</td>
<td>Pale, sweaty, blue lips</td>
<td>Muscle exertion</td>
</tr>
<tr>
<td>Young children complain of “sore tummy”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Asthma First Aid Management

**Mild & Moderate Asthma**
Follow Asthma Action Plan. If no improvement **Call 000** and follow the “4x4x4 Asthma Steps”

**Severe Asthma: CALL 000**
Give 4 puffs of reliever medication every 4 mins until they improve or medical Aid arrives

**ALWAYS CALL AN AMBULANCE 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 puffer is not available
- If you are not sure if it is Asthma or Anaphylaxis

- **First Time Asthma Attack** - If having difficulty in breathing and is not known to have Asthma

If you can obtain a blue reliever puffer, follow the **4 steps of Asthma First Aid Plan** until an ambulance arrives. **Blue reliever puffers are safe. No harm is likely to result if you follow the 4 x 4 steps of an Asthma Emergency.**
The 4 Steps of Asthma Emergency

- Be calm and reassuring
- Do not leave them alone
- Give blue reliever puffer through a spacer if possible:
  - Shake the reliever puffer:

Sit the casualty in an upright sitting position

Spray 1 puff of reliever medication into the spacer, casualty takes 4 breaths in & out of the spacer

Repeat the above a further 3 times

After the 4 puffs, wait 4 minutes

If there is little or no improvement

Repeat the 4 separate puffs into the spacer with 4 breaths from the spacer after each puff

Wait a further 4 minutes

If no improvement or casualty is deteriorating

Call 000

Repeat the 4 puffs with 4 breaths (as above) every 4 minutes until the ambulance arrives or the casualty improves

If casualty becomes unconscious and is not breathing, Start CPR – (DRSABCD)

If a spacer is not available, the casualty should inhale the 4 separate puffs every 4 minutes, directly from their reliever puffer until they improve or the Ambulance arrives.

If you uncertain whether a child is having Asthma or Anaphylaxis, inject their Adrenaline auto-injector first, then give their Asthma medication. Call an ambulance immediately.
ASTHMA TRIGGERS

<table>
<thead>
<tr>
<th>Common Triggers</th>
<th>Other Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td>Weather Changes</td>
</tr>
<tr>
<td></td>
<td>Animal Dander</td>
</tr>
<tr>
<td>Colds &amp; Flues</td>
<td>Moulds</td>
</tr>
<tr>
<td></td>
<td>Chemicals</td>
</tr>
<tr>
<td>Smoke</td>
<td>Deodorants</td>
</tr>
<tr>
<td></td>
<td>&amp; Perfume</td>
</tr>
<tr>
<td>Dust &amp; Dust Mite</td>
<td>Food &amp; Additives</td>
</tr>
<tr>
<td></td>
<td>Certain Medications</td>
</tr>
<tr>
<td></td>
<td>Emotions</td>
</tr>
<tr>
<td></td>
<td>Pollens</td>
</tr>
<tr>
<td></td>
<td>Pollutions</td>
</tr>
</tbody>
</table>

Triggers can also be hidden: Sulphate in dried apricots & Ibuprofen in Nurofen

EXERCISE INDUCED ASTHMA
- Major trigger for 50% of people with asthma
- Can occur during and after exercise
- More likely if unwell or asthma is poorly managed
- Minimised by use of regular preventer treatment

*Exercise is the one asthma trigger NOT to be avoided*

Managing Exercise Induced Asthma:

**BEFORE:** Use reliever medication 5 – 20 minutes before activity and warm up

**DURING:** If symptoms occur: Stop activity
- Take reliever
- Return to activity only if symptom free

If symptoms reoccur: Take reliever and do not return to the activity.
Asthma is unstable. Follow the “three strikes out” rule

**AFTER:** Cooling down, be alert for Asthma symptoms
ASTHMA MEDICATIONS

RELIEVERS:

Ventolin, Bricanyl, Airomir, Asmol

Used to relieve the symptoms of Asthma and in an Emergency

Colour: Blue /Grey /White

Ingredient: Salbutamol or Terbutaline Sulfate

Action: Bronchodilator

Effect: Relaxes tight muscles around airway

Dosage: As prescribed for Asthma symptoms

Emergency: use in accordance with 4 steps Asthma Emergency First Aid Plan

Side Effects: Rapid heartbeat, Tremor or shakes, Headache, Restlessness in children.

These Side effects are not dangerous and will disappear quickly. Reliever medication is safe. Will not do any harm, even if the casualty was not having an Asthma Attack.

PREVENTORS

Flixotide, Intal Forte, Pulmicort, Ovar, Singulair, Tilade, Alvesco

Not to be used in an Asthma Emergency

Colour: Autumn or Desert Colours

Ingredient: Corticosteroid

Action: Reduces & controls inflammation of the Airways and dries up mucus. Makes the airways less sensitive. Can take a few weeks to be effective.

Effect: Reduces frequency and severity of attacks

Dosage: As directed by doctor. Taken every day

Side effects: Thrush in the mouth and tongue, hoarse Voice

It is recommended that you brush your teeth and gargle after each use.
COMBINATION MEDICATION

Seritide, Symbicort

In an Emergency you can give up to 6 puffs of Symbicort while waiting for an Ambulance

Colours: Purple: SeritideRed & White: Symbicort

Ingredient: Corticosteroids

Action: Combination of Preventer and Symptom Controller

Effects: As for Preventer & Symptom Controller

Dosage: As directed by Doctor. Taken Every day.

Common side effects:
Symbicort: Hoarse voice, awareness of your heartbeat, cough and hoarseness, shaking-usually of the hands (tremor), nervousness, headache, yeast infection of the mouth or throat (oral thrush), throat irritation and weakening the enamel of the teeth.

It is recommended that you brush your teeth and gargle your throat after each use.

SYMPTOM CONTROLLERS

Oxis, Serevent

NOT TO BE USED IN AN EMERGENCY

Ingredient: Salmeterol

Colour: Green

Action: Long acting relievers. Reduces bronchospasm for up to 12 hours

Effects: Can only be used in conjunction with a preventer therapy

Dosage: As directed by a Doctor. Taken Every day

Side effects: Headache, nasal or sinus congestion, nervousness, stuffy or runny nose, throat irritation and tremor.

It is recommended that you brush your teeth and gargle your throat after each use.
WHY USE A SPACER with a Puffer Inhaler?

Use a spacer with a puffer to minimise side effects and deliver more medication to your lungs. Without the spacer, the inhaled medication mainly stays in the mouth and throat. Children mainly swallow the spray rather than inhaling it. All people using their Asthma inhalers should use a spacer to obtain maximum effect, not just children.
Asthma First Aid Kits

Clearly labelled: ASTHMA FIRST AID KIT
Asthma Kits should be easily accessible at all times
Medications should be in date and not empty
Someone should be responsible for the kit
The number of kits in a workplace is determined on the size, layout and number of people

Contents:
- Blue reliever puffer
- *Spacer* to match the puffer *(Single use only)*
- Instructions for Asthma First Aid
- Record book

Blue reliever puffers must be stored between 4 to 30 degrees Celsius.

It is the responsibility of all people who have Asthma to provide & carry their own blue reliever puffer.

**The Asthma kit is to be used for Emergencies Only.**

If the blue reliever puffer from the Asthma kit has been used, all details must be recorded.

**YOU CAN PURCHASE DISPOSABLE SPACERS FOR YOUR FIRST AID KIT**

**ASTHMA POLICY**

Every Children’s Service, must have an Asthma Policy. The Policy is aimed to:

- Raise awareness of Asthma in the Children’s Services
- Provide a clear set of guidelines and expectations regarding asthma management
- Provide necessary strategies to ensure the health and safety of children with asthma
- Meet regulatory requirements
- Have clear guidelines on what to do in an emergency.
- Give strategies to minimise the risks to the children diagnosed with Asthma

All staff are to understand their centre’s Policy.

**DUTY OF CARE**

A duty of care is owed when there is a special relationship between two people such as the caregiver/teacher and child in children’s services.

It obligates the children’s service to take every reasonable precaution to protect children from harm at all times, including responding effectively when a child becomes ill and /or injured. Staff at a children’s service responding to an emergency is integral to the fulfilment of its duty to adequately care for children.

This includes relevant First Aid Training courses and practicing emergency procedures. All staff must know where the First Aid & Asthma kits and Action Plans are located, how to use the equipment and follow their Emergency procedures. This also includes relief staff.
Fact sheet
For childcare owners, managers and authorities

WHAT THE NEW REGULATIONS SAY ABOUT ASTHMA MANAGEMENT
The National Law and Regulations are explicit about management of medical conditions, and of asthma, diabetes and anaphylaxis.

The National Law [section 5] covers long day care, family day care, preschool (kindergarten) and outside school hour care services. It adopts a broad definition of ‘education and care service’ i.e. “any service providing or intending to provide education and care on a regular basis to children under 13 years of age”.

One of the objectives of the National Law [section 3(2)] is to “ensure the safety, health and wellbeing of children attending education and care services”

Guiding principles in the National Law [section 3(3)] include the following: Outcomes for children is the focus

The rights and best interests of the child are paramount
The role of parents and families is respected and supported
Best practice is expected in the provision of education and care services.

National Regulations [89,168] state that the service must “provide an appropriate number of suitable first aid kits that are easily recognisable and readily accessible to adults. The service must have policies and procedures about the administration of first aid to children being educated and cared for by the service” and “First aid kits should also be taken when leaving the service premises”.

The National Law [Section 173] and Regulations [90-91] states that a service must have a policy regarding medical conditions that sets out: Management of medical conditions

Requirements for parents to provide a medical management plan for children with a specific health care need
A risk minimisation plan developed with the parents
A communications plan for staff and parents

The policy must explicitly address asthma, diabetes and risk of anaphylaxis.

For administration of medication, the National Law [section 167] and regulations [92-96, 178, 181-184] require authorisation from a parent or other person authorised to consent to administration of medical attention, however, “in the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child’s parent and emergency services must be contacted as soon as possible.”

Regarding first aid qualification requirements, National Law [Section 169, National Regulation 136] state that “The following persons must be in attendance and immediately available in case of an emergency: At least one educator who holds a first aid qualification
At least one educator who has undertaken anaphylaxis management training, and
At least one educator who has undertaken emergency asthma management training.”

Standard 2.1 requires that: “Each child’s health is promoted”.

Element 2.1.4 requires that: “Steps are taken...to manage injuries and illness, in accordance with recognised guidelines.”
ACCESS TO APPROVED EMERGENCY ASTHMA MANAGEMENT TRAINING

EAM (22282VIC & HLTAID004) are competency assessed training courses and are approved by ACECQA for asthma management qualification for the purposes of Regulations 136(1)(c) and 136(3)(c) of the National Regulations for Early Childhood Education and Care.

ASSISTANCE IN MEETING OTHER ASTHMA-RELATED REGULATIONS:

An Asthma Friendly Early Childhood Education & Care Service is one where:

1. **Training**

Most staff have current training in Asthma First Aid and routine management, conducted or approved by the local Asthma Foundation. At least one staff member on duty at any time holds a current certificate for ACECQA* approved competency assessed Emergency Asthma Management training.

*Australian Children’s Education & Care Quality Authority (acecqa.gov.au)

1. **Equipment**

Asthma Emergency Kits (AEKs) – available from Asthma Australia and widely used in schools - are accessible and include in-date reliever medication, single-person-use spacers – with masks for under 5 year olds.

1. **Information**

Asthma First Aid posters are on display; up-to-date asthma information available is for staff and parents.

2. **Policy**

First aid and other health-related policies explicitly include asthma.

Contact your local Asthma Foundation to find out more about becoming Asthma Friendly.

ASTHMA AND CHILDREN

Asthma is common.

One in ten children have been diagnosed with asthma.

- Asthma is a common reason for hospitalisation of children
- Children’s asthma is a major contributor to absentee from education or care

Asthma is different for everyone - individuals can have different triggers, symptoms and medications for their asthma, and these can also change.

A child could have their first asthma attack while at school or in care. Asthma Emergency Kits, available through local Asthma Foundations, are recommended for education and care services and can assist in dealing with these situations.
**RECORD KEEPING**

When a Blue Reliever Puffer is administered to a child in Care, all relevant information must be recorded in the register of injuries and illness. This information must also be passed on to the parents either by phone call or upon arrival to collect their child.

As record of injury and illness are a legal document, all information must be written in black or blue ink pen only.

**CLEANING INDIVIDUAL ASTHMA SPACER AND PUFFER**

Devices (puffers, spacers and face masks) from the First Aid kit are single use only and to be used in an emergency. In most cases a child will use his/her own puffer, spacer and face mask.

Children’s personal Spacers can be easily cleaned by following these steps.

1. Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer dismantled.
2. Wash devices thoroughly in warm water with kitchen detergent
3. Do not rinse
4. Allow devices to air dry. Do not rub dry as fibres could be left in the spacer. Drying spacers with a towel could cause static.
5. When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two puffs in the air. A mist should be visible upon firing.

**WHY HAVE INDIVIDUAL ASTHMA ACTION PLANS?**

All Children in Care should have an Asthma Action Plan. Action plans are developed in consultation with the child/adult’s Doctor. It specifically outlines the individual’s needs. It takes away the guessing of the severity of an Asthma attack.

- Daily management of their Asthma
- Usual signs and symptoms
- Management when not well
- Signs and symptoms that their Asthma is getting worse
- Their triggers
- What to do in an Asthma emergency

In Children’s Services, these plans should be displayed on the wall of the child’s usual rooms for all staff to see. School may keep the Action plans displayed in the staff room and in the teacher’s, medical folder.
**RISK MINIMISATION**

All staff have an obligation to control risks that could trigger Asthma attacks, to the best of their ability.

Risk minimisation may include:

- Every Child has an Asthma Action Plan.
- Action Plans must be updated annually or when their condition changes.
- Children's Asthma Action Plans must have a current photo and displayed in the child's room.
- Ensure that children with Asthma take their reliever medication prior to exercise per their Action Plan (if applicable).
- All children with Asthma must have a current Asthma Risk Minimisation Plan prepared and signed by the Principal/Director and the parent/s.
- Know the child's triggers and eliminate them as best as possible.
- No lawn mowing during Centre open hours.
- Do not allow cigarette smoking on the Centre's grounds and within 10 meters of the building.
- Replace dust catching curtains with Roller Blinds (If needed).
- Do not spray underarms or deodorants near children.
- Do not use chemicals.
- Plant low allergen plants.
- Do not allow animals at the Centre should you have children whose Asthma is triggered by animals.
- Include in the enrolment form “Has your child ever had Asthma”
- Asthma First Aid Posters are displayed in every room.
- Promptly communicate any concerns to parents.
- Provide a portable Asthma Kit that has a current blue reliever puffer, spacer and mask.
- Asthma kits are available for outings.
- Provide the parents of a child with Asthma with a copy of the Centre's Asthma Policy.
- Advise all parents that the centre has an Asthma Policy.
- Ensure that adequate number of staff are trained in Asthma Emergency per Regulations.
- Ensure that all children who have Asthma have their own blue reliever puffer and spacer to match, always, while they are at the Centre.

**PARENT’S RESPONSIBILITY**

Parents have a Duty of Care to their children and the staff of a Centre to pass on relevant information in regards to their child’s health. If a child has displayed any signs and symptoms of Asthma during the night, it is essential that this information is passed on to the appropriate Staff, even if the child's symptoms are no longer present.

Asthma can deteriorate so quickly, staff must be made aware of the situation to prepare, should an Asthma emergency occur.

Parents must also advise the staff of any changes to the child’s Asthma Condition. Parents must also provide the Centre a current Asthma Action Plan at the beginning of the year, assist with the preparation of the Risk Minimisation Plan and provide a current blue reliever puffer, spacer to match and mask, every time the child with Asthma is at the Centre/school.
Asthma Action Plan

For use with a Puffer and 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 4 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:

© The Asthma Foundation of Victoria 2016. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor or nurse practitioner and cannot be altered without their permission.
**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 (DIAL000)**
- Say ‘ambulance’ and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives
  (OR 1 dose of Bricanyl or Symbicort every 4 minutes up to 3 more doses of Symbicort.)

-- Call emergency assistance immediately (DIAL000)
- 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 (1800278462) asthamaaustralia.org.au

Translating and Interpreting Service
# Sample Asthma Management Plan  Cover Sheet

This Plan is to be completed by the principal or nominee on the basis of information from the student’s medical practitioner provided by the parent/carer.

## School/Centre:

## Phone:

## Child’s name:

<table>
<thead>
<tr>
<th>Date of birth:</th>
<th>Year level/room:</th>
</tr>
</thead>
</table>

## Other health conditions:

## Medication kept at school/centre:

<table>
<thead>
<tr>
<th>Parent/carer contact:</th>
<th>Parent/carer information (1)</th>
<th>Parent/carer information (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
<td></td>
</tr>
<tr>
<td>Home phone:</td>
<td>Home phone:</td>
<td></td>
</tr>
<tr>
<td>Work phone:</td>
<td>Work phone:</td>
<td></td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

## Other emergency contacts (if parent/carer not available):

## Medical practitioner contact:

## Emergency care to be provided at school/centre:

## Reliever medication storage:

The following Asthma Management Plan has been developed with my knowledge and input and will be reviewed on

<table>
<thead>
<tr>
<th>Signature of parent:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of principal (or nominee):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Strategies To Avoid Triggers that can cause Asthma

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Risk</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>