

ASTHMA POLICY

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|----------------------------------|---|--|--------------------------------|
| Policy Number | P-Q2-M004 | Version Number | 5.00 |
| Drafted by | Director of Education | Approved Date: Review Date: | February 2026 February 2027 |
| Responsibility | The Board of Bubup Womindjeka Family and Children’s Centre Association (Inc.) | | |
| Related Service Policies | <ul style="list-style-type: none"> ▪ Administration of Medication Policy ▪ Anaphylaxis Policy ▪ Dealing with Medical Conditions Policy ▪ Emergency and Evacuation Policy | <ul style="list-style-type: none"> ▪ Excursions and Service Events Policy ▪ Incident, Injury, Trauma and Illness Policy ▪ Privacy and Confidentiality Policy ▪ Staffing Policy | |
| Legislation and Standards | <p>Relevant legislation and standards include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Education and Care Services National Law Act 2010: Sections 167, 169, 174 ▪ Education and Care Services National Regulations 2011: Regulations 90, 92, 93, 94, 95, 96, 136, 137 ▪ Health Records Act 2001 (Vic) ▪ National Quality Standard, Quality Area 2: Children’s Health and Safety ▪ Privacy Act 1988 (Cth) ▪ Privacy and Data Protection Act 2014 (Vic) ▪ Public Health and Wellbeing Act 2008 (Vic) ▪ Public Health and Wellbeing Regulations 2009 (Vic) <p>The most current amendments to listed legislation can be found at:</p> <ul style="list-style-type: none"> ▪ Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/ ▪ Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/ | | |
| Sources | <ul style="list-style-type: none"> ▪ Asthma Australia: https://asthma.org.au/ or phone (03) 9326 7088 or 1800 278 462 ▪ Australian Children’s Education and Care Quality Authority (ACECQA): www.acecqa.gov.au ▪ Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA. | | |

AUTHORISATION

This policy was adopted by the Bubup Womindjeka Family and Children’s Centre Board of Governance on 15th August 2016.

PURPOSE

This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Bubup Womindjeka Family and Children’s Centre
- ensure that all necessary information for the effective management of children with asthma enrolled at Bubup Womindjeka Family and Children’s Centre is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.
- This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

PRINCIPLES

Bubup Womindjeka Family and Children's Centre is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, staff, parents/guardians and any other person(s) dealing with children enrolled at the service.

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Bubup Womindjeka Family and Children's Centre.

Asthma management should be viewed as a shared responsibility. While Bubup Womindjeka Family and Children's Centre recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

DEFINITIONS

The terms defined in this section relate specifically to this policy.

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: <http://www.cecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Care Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Care Plan template specifically for use in children's services can be downloaded from the Resources section of Asthma Australia's website: www.asthma.org.au

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
- 1 small volume spacer devices
- 1 compatible children's face masks (for children under the age of four)
- asthma first aid instruction card.

The Asthma Australia recommends that spacers and face masks are for single-use only 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 child to child.

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 child to whom medication is to be administered by the service. This includes the child'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, an ingredient 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 Airomir, Asmol, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services can be downloaded from the *Resources* section of Asthma Australia's website: www.asthma.org.au

Spacer: A plastic chamber 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 service 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

BACKGROUND

Asthma is a chronic, treatable health condition that affects approximately one in 9 Australian children and is one of the most common reasons 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. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Nominated Supervisor will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(c)). As a demonstration of duty of care and best practice, ELAA recommends **all educators** have current approved emergency asthma management training (refer to *Definitions*).

ROLE RESPONSIBILITIES

The Approved Provider (Board of Governance) is responsible for:

The Bubup Womindjeka Family and Children's Centre Board is the Approved Provider and has ultimate responsibility for the management and control of the service.

The Board delegates operational responsibility and day to day management of the service to the Nominated Supervisor and monitors the performance of the organisation, including responsibilities contained in this policy, through regular reporting and by ensuring appropriate resources are available to carry out the organisation's functions.

The Nominated Supervisor and Persons with Management and Control are responsible for:

- providing all staff with access to copy of the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations

- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- providing parents/guardians with access to a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan to be completed in consultation with, and signed by, a medical practitioner
- developing a Management Plan, Risk Minimisation Plan and Communication Plan for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Management Plan, Risk Minimisation Plan and Communication Plan filed with their enrolment record
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service
- implementing an asthma first aid procedure 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 (refer to *Definitions*)
- ensuring an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- 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
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that children with asthma are not discriminated against in any way
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma
- ensuring that children with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- displaying Asthma Australia's *Asthma First Aid* poster in key locations at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

- compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate

Educators and other staff are responsible for:

- ensuring that they are aware of the service's *Asthma Policy* and asthma first aid procedure
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- discussing and understanding the Management Plan, Risk Minimisation Plan and Communication Plan for every child with asthma in consultation with parents/guardian
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child where required
- consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- communicating any concerns to parents/guardians if a child's asthma is limiting their ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated every twelve months or whenever asthma medicines or symptoms change
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Management Plan, Risk Minimisation Plan and Communication Plan for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

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

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Nominated Supervisor 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 service’s policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

| Relevant Forms/Documents |
|---|
| <ul style="list-style-type: none"> ▪ Attachment 1: Asthma First Aid Procedure ▪ Attachment 2: Management, Risk Minimisation & Communication Plan Template ▪ Attachment 3: Asthma care plan for education and care services sample and first aid poster – download from the <i>Resources</i> section of the Asthma Australia website: https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4_2019.pdf |

| Version History | | | |
|-----------------|---------|--------------------------------|--|
| Date | Version | Author/s | Details |
| July 2014 | 1.00 | Public officer | New policy |
| April 2016 | 2.00 | Chief Executive Officer | Revision for updated format, document ID, related policies and relevant legislation and standards. Addition of definitions and evaluation. |
| April 2020 | 3.00 | Director of Education | Policy reviewed and updated. |
| April 2021 | 4.00 | Director of Education | Attachment 2 and 3 information updated. |
| February 2022 | 5.00 | Director of Education | Attached 2 Minimisation Plan Template Updated. |
| February 2023 | 5.00 | Director of Education | Policy reviewed and links updated |
| April 2024 | 5.00 | Director of Education | Policy reviewed and links updated |
| April 2025 | 5.00 | Director of Education | Policy reviewed and links checked. |
| February 2026 | 5.00 | Inclusion Support Co-ordinator | Policy reviewed and links updated. |

ATTACHMENT I **ASTHMA FIRST AID PROCEDURE**

This Asthma First Aid Procedure has been reproduced from Asthma Australia's Asthma First Aid 2018.

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

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child 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 reliever puffer is not available
- If you are not sure it's asthma
- If the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

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 child in an upright position will make it easier for them to breathe).

Step 2. Give 4 separate puffs of blue/grey reliever puffer

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

Step 3. Wait 4 minutes

If there is no improvement, give 4 more separate 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 separate puffs every 4 minutes until emergency assistance arrives.

ATTACHMENT 2

Management Plan, Risk Minimisation Plan and Communication Plan – Asthma

| MANAGEMENT PLAN - ASTHMA | |
|---|--|
| Please complete the details below in order to assist educators to effectively manage the condition whilst your child is at care | |
| Child's name and DOB | |
| Room and days attending | |
| Date plan completed | |
| Triggers | (For example: seasonal, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, etc) |
| Symptoms, tick or complete if previously experienced | <ul style="list-style-type: none"> o MILD-MODERATE SIGNS – Minor difficulty breathing, cough, wheeze o SEVERE SIGNS – Cannot speak full sentence, sitting hunched forward, may have a cough/wheeze, lethargic, obvious difficulty breathing, sore tummy o LIFE THREATENING SIGNS – Unable to speak 1-2 words, collapsed/exhausted, gasping for breath, may no longer have cough/wheeze, drowsy/confused/disorientated, skin discolouration (blue lips) o Other _____ |
| Action to take if symptoms present | Follow the first aid instructions on the child's individual Asthma Action Plan |

| RISK MINIMISATION PLAN - POTENTIAL EXPOSURE STRATEGIES - ASTHMA | | |
|--|---|----------------------------|
| Risk | Strategy | Who is responsible? |
| Child developing symptoms or being exposed to triggers during program | <p>Program and activities modified to ensure exposure to trigger/s kept to a minimal, such as: provide indoor/outdoor program to reduce exposure to cold air, environmental hazards and physical play during day.</p> <p>All staff aware of child's individual triggers and location of medication and action plan.</p> <p>Service will use damp cloths to dust so not to spread into the atmosphere.</p> <p>Chemical-free and allergy friendly cleaning products used throughout service.</p> <p>Asthma first aid kit with additional Ventolin available in every learning space and taken on all excursions from the service including evacuations.</p> | Staff |

COMMUNICATION PLAN – ASTHMA



Practices to support the needs of a child diagnosed as at risk of asthma within the service:

- All staff are trained in asthma first aid, including being able to identify children displaying the symptoms of an asthma attack, locate the asthma first aid kit, follow instructions displayed on an Asthma Care Action Plan and administer asthma medication
- Child’s action plan and photo displayed on the wall in child’s room for all staff to reference
- Medication stored in labelled medication bag within the child’s room
- Educators modify program when necessary to support the health needs of each child (such as, provide indoor/outdoor program)
- Educators caring for child to observe and monitor health throughout day
- Expiry of medication recorded on medical conditions register and parent/guardian notified one month when due to expire
- Educators to be responsible for transportation of medication/action plan when on excursions or leaving the site (evacuation)
- All educators to clean surfaces and resources regularly to sanitise environment in accordance with health and hygiene policies
- Effective hygiene practises promoted to all children by educators and followed by all educators – hand washing, sneezing, coughing
- Parent/Guardian to notify service of any changes to triggers and allergens and management plan
- Further information and resources can be found in the service Asthma Policy.

Parent/guardian agreement:

I agree to these arrangements, including the display of our child’s picture, first name, medication held and location, and brief description of the medical condition on a poster in all children’s rooms and prominent places to alert all staff, volunteers and students.

I agree that the information on all forms and actions plans is correct and current and have provided relevant information for the Management Plan and have read the Risk Minimisation Plan and Communication Plan provided.

Parent/guardian (name and sign): _____ Date: _____

Educator acknowledgement:

I have read and understood the child’s individual medical condition action plan, management plan and risk minimisation plan.

| Educator Name and Sign: | Date read: |
|-------------------------|------------|
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ATTACHMENT 3

Asthma care plan for education and care services

Developed by Asthma Australia, the Asthma Care Plan should be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical

personnel.

photo (optional)

ASTHMA ACTION PLAN

Take me when you visit your doctor



| | | | | |
|---|--------------------------|--|---|--|
| Patient name: <input style="width: 95%;" type="text"/> | EMERGENCY CONTACT | | | |
| Plan date: <input style="width: 40%;" type="text"/> Review date: <input style="width: 40%;" type="text"/> | | | | |
| Doctor details: <input style="width: 95%;" type="text"/> | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Name: <input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Phone: <input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Relationship: <input style="width: 95%;" type="text"/></td> </tr> </table> | | Name: <input style="width: 95%;" type="text"/> | Phone: <input style="width: 95%;" type="text"/> | Relationship: <input style="width: 95%;" type="text"/> |
| Name: <input style="width: 95%;" type="text"/> | | | | |
| Phone: <input style="width: 95%;" type="text"/> | | | | |
| Relationship: <input style="width: 95%;" type="text"/> | | | | |

😊 WELL CONTROLLED is all of these...

- needing reliever medication no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak Flow reading (if used) above

TAKE preventer

name

day / night puffs/inhalations

• Use my preventer, even when well controlled • Use my spacer with my puffer

TAKE reliever

name

puffs/inhalations as needed puffs/inhalations 15 minutes before exercise

• Always carry my reliever medication

😞 FLARE-UP is any of these...

- needing reliever medication more than usual OR days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak Flow reading (if used) between and

my triggers and symptoms

TAKE preventer

name

day / night puffs/inhalations for days then back to well controlled dose

TAKE reliever

name puffs/inhalations as needed

START other medication

name dose for days

MAKE an appointment to see my doctor this week

😡 SEVERE is any of these...

- reliever medication not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak Flow reading (if used) between and

my triggers and symptoms

TAKE preventer

name

day / night puffs/inhalations for days then back to well controlled dose

TAKE reliever

name puffs/inhalations as needed

START other medication

name dose for days

MAKE an appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

If unable to see my doctor/hospital:

START other medication

name dose for days

😱 EMERGENCY is any of these...

- reliever medication not working
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak Flow reading (if used) below

1

CALL AMBULANCE NOW

Dial Triple Zero (000)

2

START ASTHMA FIRST AID

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. v15 Updated 28 November 2022

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has **SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever**

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken

 If using **Bricanyl**, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above

 **Bricanyl:** Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



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

 **Bricanyl:** Give 1 more inhalation every 4 minutes until emergency assistance arrives



ASTHMA AUSTRALIA

1800 ASTHMA
(1800 278 462)
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