

ASTHMA

Guidelines and Protocols

A reference guide for
emergency management of asthma



ASTHMA

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Introduction

Skills and knowledge

This resource provides the skills and knowledge to be able to develop an asthma risk assessment and emergency management plan to handle asthma episodes in the workplace.

It provides background knowledge of the triggers, symptoms and effects of asthma as well as emergency management.

Specific licensing requirements, including requirements for refresher training and currency, should be obtained from the relevant state/territory Work Health and Safety Regulatory Authority and industry sector Regulatory Authorities where applicable.

There are a wide range of settings where emergencies involving asthma episodes may occur, such as:

- Childcare
- Education
- Aged and community care
- Sport
- Tourism
- Hospitality
- Industry enterprises and other environments

Risk assessment and emergency management strategies

- Must be developed within the workplace context for individuals identified with asthma, and those presenting with asthma-like signs/symptoms
- Must be followed in the occurrence of an asthma episode
- Must be developed in accordance with legislative, regulatory and workplace requirements
- Must be documented in the asthma emergency management plan

It is essential to understand the composition and essential components of an Asthma Management Plan.

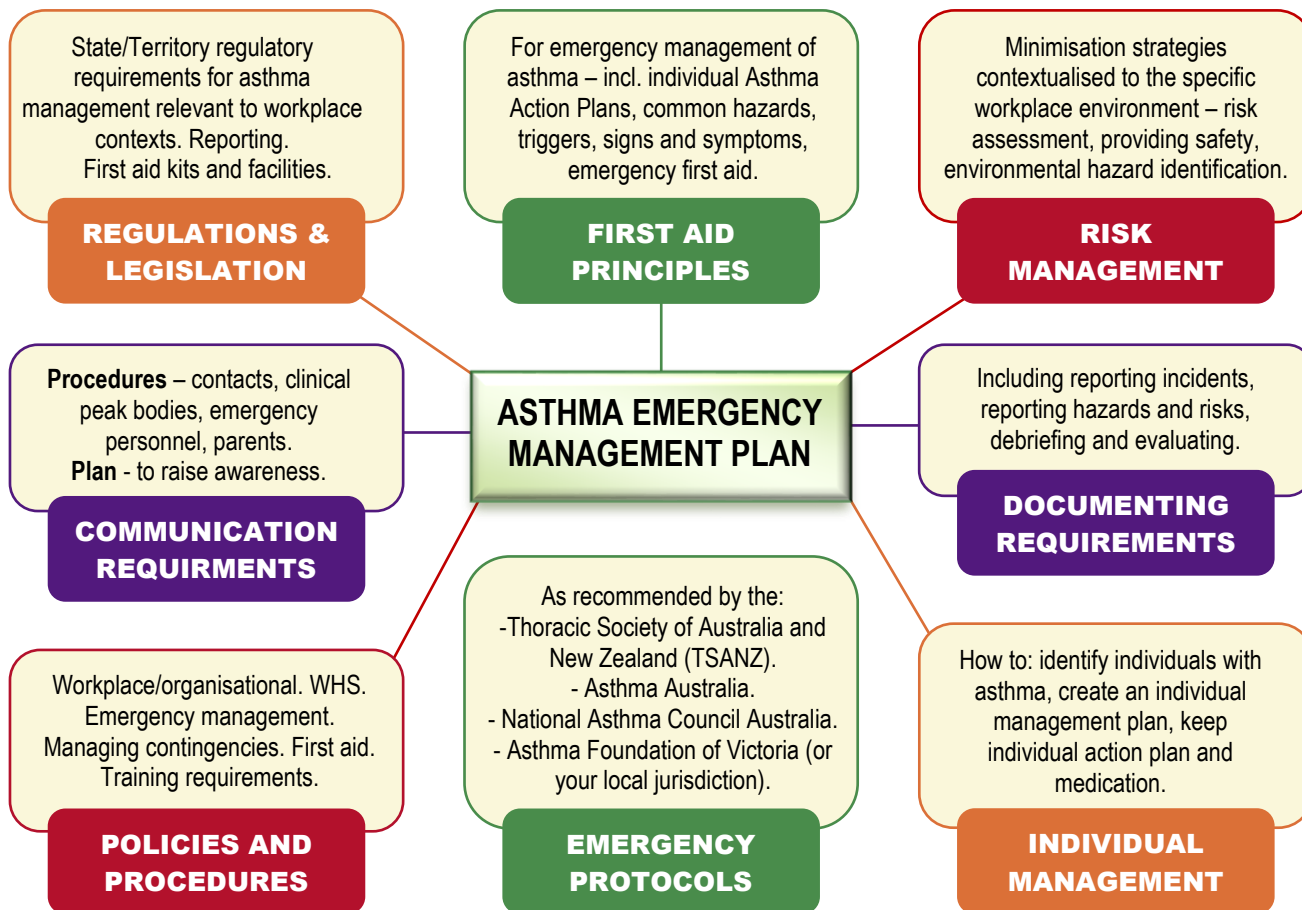
These are described in the graphic on the next page.

All elements in the graphic must be included/covered in the plan.

Asthma emergency treatment relates to the use of either the individual's, or the workplace's asthma reliever device.

The management of the situation should be carried out in accordance with relevant legislation and workplace policies/procedures/work instructions.

Being Prepared – Planning



Asthma Management Plan

Groups such as workplaces, sporting clubs, schools, outside school hours care or childcare facilities should develop a plan for managing people with asthma. Below is an example of a school management plan.

INDIVIDUAL EMERGENCY MANAGEMENT PLAN – PART 1	
School: <i>Greenwood</i>	Phone: (03) 4444 5555
Student's name: <i>Tommy Jones</i>	Date of birth: <i>30 - 1 - 2008</i>
HEALTH CONDITION: <i>Diagnosed with Asthma</i>	
SIGNS AND SYMPTOMS to look for: <ul style="list-style-type: none"> <i>Cough - Dry or moist. Small or persistent</i> <i>Shortness of breath</i> <i>Chest tightness</i> <i>Usually a wheeze - if severe there may be no wheeze</i> <i>Difficulty speaking; The less they can talk, the more severe</i> <i>Distress, anxiety, quietness, restlessness; tiredness; Blue lips; Pallor; Sweating, sucking in at throat</i> 	PREVENTION STRATEGIES: <ul style="list-style-type: none"> <i>Gardener/maintenance personnel to replace plants identified with those that do not attract bees and do not produce pollen</i> <i>Constant monitoring of the child</i> <i>Place the medication with the child, or somewhere easily and quickly reachable</i> <i>Have action plans and emergency contact numbers ready</i> <i>Ensure communications methods are in place and working</i> <i>Ensure staff are trained in FA and with administration of reliever asthma medication using a spacer and puffer</i> <i>Regular checks of kits and medications, replacing as required</i> <i>Regularly review plans</i> <i>Provide information and updates on procedures</i>
MEDICATION: <i>Reliever medication via a blue/grey puffer and spacer</i>	EMERGENCY CARE TO BE PROVIDED: <i>Puffer/spacer to be administered as soon as possible after onset of any of the signs and symptoms.</i>
PUFFER AND SPACER LOCATION & STORAGE REQUIREMENTS: <i>The school has a general puffer and spacer in each first aid kit. Students who have their own spacers have these stored next to the first aid kit in the classroom. Puffers should be kept on their person or in their personal desk, must be easily accessed. The playground teacher may hold these whilst the child is playing and being monitored.</i>	

Asthma Management Plan – Example

INDIVIDUAL EMERGENCY MANAGEMENT PLAN – PART 2	
PARENT/CARER INFORMATION (1)	PARENT/CARER INFORMATION (2)
Name: PETER SMITH	Name: MARY SMITH
Home phone: (03) 4444 5555	Home phone: (03) 4444 5555
Mobile: 0419 115 666 Work: (03) 4444 6666	Mobile: 0408 626 444 Work: (03) 4444 7777
Relationship: FATHER	Relationship: MOTHER
Address: 368 Browns Rd Meadowpark VIC 3333	Address: 368 Browns Rd Meadowpark VIC 3333
OTHER EMERGENCY CONTACTS: Mildred Locket (Grandmother) (03) 4444 5555	MEDICAL PRACTITIONER CONTACT: DR George Wong, MEADOWPARK MEDICAL CENTRE (03) 4444 3333
CONSULTATION PROCESS: <ul style="list-style-type: none"> Children Parents Carers Doctors All staff at caring facility 	COMMUNICATION METHODS: <ul style="list-style-type: none"> Face to face meetings and phone calls Information in induction pack for new parents Training sessions for staff Regular updates for staff Signs up in the entrance to centre Newsletters <p>Communicate any changes to organisation's management plan to all relevant parties using:</p> <ul style="list-style-type: none"> Newsletters Notes home to parents Staff meetings
WORKPLACE COMMUNICATION STRATEGY FOR INDIVIDUAL ACTION PLAN	
Strategies for communicating this Action Plan and general information on anaphylaxis and asthma:	
<ul style="list-style-type: none"> All staff broadcast Annual staff training days Administration meetings <ul style="list-style-type: none"> Weekly staff meetings - First aid briefing Faculty/School administration meetings Faculty/School teachers First aid and WHS meetings 	
Please note: It is imperative that any changes to a child's individual Anaphylaxis Management Plan are also communicated immediately through these channels.	
REVIEW DATE: 1 / 1 / 2016	
Signature of parent: Peter Smith	Date: 1 / 1 / 2015
Signature of principal (or nominee): Judith Roberts	Date: 1 / 1 / 2015

Putting plans and strategies into action

The plan

The Asthma Emergency Management Plan must be developed, understood, readily accessed and available to all staff.

Raise awareness

Any worker that is involved with people at risk from asthma must be familiar with the plan so they know what to do in the event where a person is presenting with asthma symptoms. This will mean implementing a communication plan.

The communication plan to raise awareness of asthma and its first aid management is implemented to identify:

- Current medical management and risk minimisation plans for individual children
- How relevant staff members and volunteers are informed about the centres policies, procedures and emergency treatment plans
- How a parent/caregiver of the child can communicate any changes to the medical management plan and risk minimisation plan for their child
- State/Territory regulatory requirements
- Workplace asthma emergency policy
- Other relevant workplace policies/procedures

Training

Consult your state/territory regulations, first aid codes of practice and workplace requirements for refresher training to maintain currency of competence. This includes the:

- Identification of staff competencies and training requirements
- Requirements in some workplaces for Police Checks and/or Working with Children Checks

Putting plans and strategies into action

Identify all individuals at risk

There should be a clearly documented process to clearly identify individuals at risk of asthma, who are being enrolled into any facility, during the enrolment process. For example, if a child with asthma is starting at a care facility, parents/caregivers should identify their child has been diagnosed with asthma. To assist with the management of asthma at the facility, those parents should then be encouraged to supply:

- The individual asthma action plan for that child which includes known triggers and treatment and is signed by their doctor
- Their reliever medication and devices (i.e. blue/grey puffer and spacer)

Any person that has indicated they have been diagnosed with asthma must be identified to staff and a copy of his/her action plans must be kept in either or all (depending on the situation) of the following:

- With the asthma first aid kit
- In the office, and/or first aid room and/or classroom

Undertake risk management

The causes of asthma are not fully understood. There is often a family history of asthma, eczema or hay fever. Evidence suggests that exposure to environmental factors, tobacco smoke, smoking whilst pregnant or breast feeding all contribute to asthma and a variety of other health problems. It is more prevalent in developed countries and can begin at any age, and the severity of a person's asthma can change over time. For this reason workplace and individual risk assessments must be conducted and implemented. Due to changing factors, they must also be continually monitored and reviewed regularly.

For effective management of risks, a risk management plan must be created. To develop the risk management plan, consult:

- State/territory regulatory and WHS requirements
- Workplace asthma emergency policy and other relevant workplace policies/procedures
- Individual's asthma management plan
- Previous identification and risk assessment of avoidable and manageable asthma triggers

Is the plan effective?

Review

The effectiveness of the workplace's *asthma emergency management plan* must be reviewed regularly to ensure that it remain adequate and effective. Reviewing the plan might involve:

CURRENCY

Regular checking of legislation and protocols to keep current.
Refresher training.

MEETINGS

Going over the plan in group and meetings to discuss the content.

ACTUAL EVENTS

Reflecting on how the strategies and plans worked in an actual event.

IDENTIFY, RECOMMEND AND IMPLEMENT CHANGES

Changes

Recommendations for changes to the *asthma emergency management plan* and *risk management strategies* may be required after review.

COMMUNICATE THE CHANGES

Any changes must be clarified and communicated to all relevant parties.

Staff meetings.
Newsletters and information packs to parents etc.
Induction training.
Asthma refresher training.
Display on the staff bulletin board.

RELEVANT PARTIES

First aiders/First aid officer.
Safety officer.
Managers/Supervisors
Coaches.
Teachers.
Child care workers.

MONITOR, REVIEW AND EVALUATE CHANGES

Asthma Facts

What is asthma?

Asthma is a disorder affecting the airways (the tubes that carry air in and out of the lungs). People with asthma have very sensitive airways. If exposed to certain triggers, their airways will narrow, making it hard to breathe.

Asthma triggers (hazards)

There are many underlying allergic and non-allergic mechanisms (triggers) which are linked to asthma. These can develop into a life-threatening situation very quickly. Finding out what triggers asthma or makes asthma worse is an important step in taking control of asthma. Every person can have different asthma triggers.

Physical – Exercise is a common factor. Less common, food, food chemicals and additives. Certain drugs and medications.

Illness – Cold, flu or respiratory infection, stress, gastro-oesophageal reflux etc.

Animals – Saliva, fur, dander or urine, dust mites, parasites.

Smoke – Tobacco and bushfires

Environmental – Changes in temperature/weather, plants, perfumes and pollens, mould, dust, occupational factors etc .

Airborne – Aerosol sprays, chemicals, metal salts, smog and pollution.

Asthma emergency

If required, emergency assistance is to be requested in accordance with the situation and the casualty's condition.

When a person having an asthma episode does not respond to treatment, or asthma worsens, or is severe, it is an asthma emergency and emergency services must be called by dialling Triple Zero (000).

The airways narrow due to:

- *Inflammation* - the inside lining of the airways swelling
- *Extra mucus* - sticky fluid being produced
- *Bronchoconstriction* - tightening of the muscle around the airways

RISK = SEVERE ASTHMA ATTACK

Potentially life threatening if not treated.

Emergency assistance may be required from:

- Doctors
- Nurses
- Paramedics/Ambulance officers
- Designated first aiders/first aid officers
- Police
- Fire brigade

Treatment Resources

There are a large number of medications used to prevent and treat asthma. Blue reliever medication (Salbutamol) is the only medication that should be used by, or administered to, someone displaying the signs of worsening asthma, or an asthma attack.

Preventer medication

Taken daily to prevent an asthma attack. A first aider should be aware they exist as some people may have them at work, sport etc. They are NOT to be used as first aid for an asthma attack, they DO NOT relax the airways.

Reliever medication

- The only medication to be used in asthma first aid. Types include - Ventolin, Airomir, Asmol, Bricanyl
- Taken on demand when signs and symptoms of asthma are present, using a blue/grey puffer
- Relieves symptoms within 4 minutes by relaxing the airway muscles
- Safe and non-addictive - A person experiencing the signs of asthma can be administered large quantities of blue reliever medication safely
- Side effects - jittery, shaky hands and racing heart, which are normal responses
- If used more than 3 times a week consult a doctor
- Store below 30 degrees Celsius and within the expiry date
- A spacer, which makes delivery of medication more effective, should be kept with the puffer (also a mask for children under 4 years old)



Examples of preventative medication – Not to be used for asthma first aid.



Reliever medication - Blue/grey puffer with Ventolin.

ASTHMA FIRST AID KIT

The kit must include a single use spacer and disposable mask/s which must be immediately replaced after use. The puffer must be replaced when expiry date is due.

Treatment Resources

Spacer

A device used with a puffer to transfer medication from the puffer to the casualty. It can be a clear plastic tube, a double sided plastic cone or cardboard. Asthma medications are sprayed into the spacer and the person breathes the medication out of the spacer.

Treating a plastic spacer before first use - Wash in soapy water and air dry; do not rinse it or wipe dry. This stops the medication clinging to the spacer. Please note: an untreated spacer is still more effective than a puffer alone.

For infection control - A standard plastic spacer can only be used by one person and not shared. A cardboard spacer must be discarded after use.

Why use a spacer?

- Easier to use - It eliminates the need to coordinate the firing and breathing in, that is necessary when using a puffer by itself
- 4 times more effective - More medication is deposited directly into the lungs:
 - Using puffer alone 10% reaches lungs. Using spacer and puffer 40% reaches lungs
- Reduces side effects of medications
- Enables a person to assist in administering their own medication

What size spacer should be used?

- Small volume spacers are for infants approx. 4-5 years of age
- Large volume spacers can be used from 5 years and up

For an asthma emergency, the priority is to use a spacer regardless of the appropriateness of size. Childcare facilities dealing with children less than 5 years of age are encouraged to purchase a small volume plastic spacer as very young children may experience difficulty in using the cardboard spacer. A mask cannot be used in conjunction with a cardboard spacer and children under the age of 3-4 years are required to use a mask in addition to the spacer.



Puffer, spacer, mask, child under 4years old.



Spacer used without a mask.



Disposable cardboard spacer.

Asthma – Action Plans

An individual Asthma Action Plan is a detailed plan provided by doctors for people diagnosed with asthma. It contains written instructions including medications to treat individual symptoms and how to take them.

Regardless of the type of target group, all staff at a workplace, children at a school etc. with asthma should have a current individual Asthma Action Plan kept on file.

This enables the person responsible for first aid to be aware of all people, in their care, who have asthma.

An example is provided here and on the next page.

My Asthma Action Plan

When my asthma is WELL CONTROLLED	When my asthma is GETTING WORSE	When my asthma is SEVERE	How to recognise LIFE-THREATENING ASTHMA
<ul style="list-style-type: none"> No regular wheeze, or cough or chest tightness at night time, on waking or during the day Able to take part in normal physical activity without wheeze, cough or chest tightness Need reliever medication less than three times a week (except if it is used before exercise) Peak Flow* above <input type="text"/> <p>What should I do?</p> <p>Continue my usual treatment as follows:</p> <p>Preventer</p> <p>Reliever</p> <p>Combination Medication</p> <p>Always carry my reliever puffer</p>	<ul style="list-style-type: none"> At the first sign of worsening asthma symptoms associated with a cold Waking from sleep due to coughing, wheezing or chest tightness Using reliever puffer more than 3 times a week (not including before exercise) Peak Flow* between <input type="text"/> and <input type="text"/> <p>What should I do?</p> <p>Increase my treatment as follows:</p> <p>See my doctor to talk about my asthma getting worse</p>	<ul style="list-style-type: none"> Need reliever puffer every 3 hours or more often Increasing wheezing, coughing, chest tightness Difficulty with normal activity Waking each night and most mornings with wheezing, coughing or chest tightness Feel that asthma is out of control Peak Flow* between <input type="text"/> and <input type="text"/> <p>What should I do?</p> <p>Start oral prednisolone (or other steroid) and increase my treatment as follows:</p> <p>See my doctor for advice</p>	<p>Dial 000 for an ambulance and/or 112 from a mobile phone if you have any of the following danger signs:</p> <ul style="list-style-type: none"> extreme difficulty breathing little or no improvement from reliever puffer lips turn blue <p>and follow the Asthma First Aid Plan below while waiting for ambulance to arrive.</p> <p>A serious asthma attack is also indicated by:</p> <ul style="list-style-type: none"> symptoms getting worse quickly severe shortness of breath or difficulty in speaking you are feeling frightened or panicked Peak Flow* below <input type="text"/> <p>Should any of these occur, follow the Asthma First Aid Plan below.</p> <p>Asthma First Aid Plan</p> <ol style="list-style-type: none"> Sit upright and stay calm. Take 4 separate puffs of a reliever puffer (one puff at a time) via a spacer device. Just use the puffer on its own if you don't have a spacer. Take 4 breaths from the spacer after each puff. Wait 4 minutes. If there is no improvement, take another 4 puffs. If little or no improvement CALL AN AMBULANCE IMMEDIATELY (DIAL 000 and/or 112 from mobile phone) and state that you are having an asthma attack. Keep taking 4 puffs every 4 minutes until the ambulance arrives. <p>See your doctor immediately after a serious asthma attack.</p>

Dr name: Ph: Signature:
 Parent/Carer: Ph:

Name: Date: Best Peak Flow*: Next Doctor's Appointment:

* Not recommended for children under 12 years

Asthma – Action Plans

To view in full go to: <http://www.asthmaaustralia.org.au/Tools-and-asthma-action-plans.aspx>

My Asthma **Action** Plan

This written Asthma Action Plan will help you to manage your asthma.

Your Asthma Action Plan should be displayed in a place where it can be seen by you and others who need to know.

You may want to photocopy it.



Australian Government
Department of Health and Ageing

What happens in asthma?

Asthma inflames the airways. During an asthma attack, the air passages (airways) of the lungs become inflamed, swollen and narrowed. Thick mucus may be produced and breathing becomes difficult. This leads to coughing, wheezing and shortness of breath.

Asthma Triggers

Common asthma triggers are house dust mite, pollens, animal fur, moulds, tobacco smoke, and cold air. It is unusual but some foods may trigger asthma attacks.

Exercise is a common asthma trigger but can be well managed with pre-exercise medication and warm-up activities.

My known asthma triggers are:

.....
.....
.....
.....

Before exercise I need to warm up properly and take the following asthma medication:

.....
.....
.....
.....

Useful telephone numbers

- Asthma Foundation 1800 645 130 for information and advice about asthma management
- My pharmacy:

How your **preventer** medicine helps

Your preventer medicine reduces the redness and swelling in your airways and dries up the mucus. Preventers take time to work and need to be taken every day, even when you are well.

Preventer medications are: Qvar (beclomethasone), Flixotide (fluticasone), Intal Forte CFC-Free (sodium cromoglycate), Pulmicort (budesonide), Singulair (montelukast) and Tilade CFC-Free (nedocromil).

How your **reliever** medicine helps

Your reliever medicine relaxes the muscles around the airways, making the airways wider and breathing easier. It works quickly to relieve asthma symptoms, so it is essential for asthma first aid.

Reliever medications are: Airomir, Asmol, Epaq and Ventolin (all brands of salbutamol) and Bricanyl (terbutaline).

How your **symptom controller** helps

Symptom controllers can help people who still get symptoms even when they take regular preventer medicines. If you need a symptom controller, it should be taken with your preventer medication. It should not be taken instead of a preventer.

Like your reliever medicine, your symptom controller helps widen the airways. But while your reliever works for around 4-6 hours, symptom controllers work for up to 12 hours at a time. However, they are not good for quick relief of symptoms so they should not be used for asthma first aid.

Symptom controllers are: Foradil and Oxis (both brands of formoterol), and Serevent (salmeterol).

There are **combination medications** that combine a symptom controller and a preventer in one puffer.

Combination medications are: Seretide (fluticasone and salmeterol) and Symbicort (budesonide and formoterol).

Your GP can advise you on the availability under the Pharmaceutical Benefits Scheme of the drugs mentioned above.

My medications are

Preventer

Reliever

Symptom Controller

Combination Medication

Other Comments

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reprinted November 2006

Response to Asthma Situations

Asthma first aid protocols

Asthma first aid protocols must be used in planning and procedures for response. These protocols are recommended by the:

- Thoracic Society of Australia and New Zealand (TSANZ)
- Asthma Australia
- National Asthma Council Australia
- The Asthma Foundation of Victoria (or your local jurisdiction)

Skills required for response to an asthma episode

The response required for a person presenting with asthma symptoms will include:

1. Assessing the emergency asthma situation taking into consideration the casualty, and appropriate response to control the situation;
2. Communicating effectively with the asthma casualty to reassure and advise them;
3. Gathering the essential resources and equipment to provide effective first aid to the asthma casualty;
4. Demonstrating effective first aid management of an asthma episode;
5. Communicating and documenting the essential details of the emergency asthma incident and the casualty's condition;
6. Following workplace debriefing policies/procedures; and
7. Evaluating the effectiveness of the responses to the emergency incident and identify possible improvements.

ASSESS THE SCENE

Look for dangers.

MAKE IT SAFE

Remove or minimise hazards and risks.

ASSESS THE CASUALTY

Response & symptoms.

SEND FOR RESOURCES

Action plan, medication, assistance.

RESPOND TO SYMPTOMS

First aid – mild, moderate, severe.

Convey event details, document, debrief and evaluate.

Asthma – First Aid Overview

	Mild attack	Moderate attack	Severe attack
Speech	Sentences before taking a breath.	Only short sentences or phrases before taking breath.	Only a few words before taking a breath.
Breathing	Minor trouble.	Clearly having trouble.	Gasping for breath, anxious, pale, sweaty, stressed.
Wheeze	Yes may have a wheeze.	Yes may have a wheeze.	May be no longer have a wheeze.
Cough	Small cough, won't settle.	Persistent cough.	May or may not be a cough, lips might be blue, skin sucking in between ribs & base of the throat.



Reliever medication given from a blue/grey puffer through a spacer with a mask.



Using a puffer without a spacer.

Be calm, provide reassurance, do not leave alone.

A spacer delivers the medication more effectively.

Shake the puffer each time.

**1 puff into the spacer.
4 breaths.
Repeat 4 times.**

OR

Puff into mouth directly, breathe in, hold for 4 seconds, do this 4 times.

If after 2 sets of 4 puffs, still cannot breathe normally, call 000 immediately.

POSITION THE CASUALTY

Sitting upright.

4 PUFFS OF A RELIEVER

Through a spacer (and mask if under 4) or directly from puffer.

WAIT 4 MINUTES

Still not fully recovered.

4 MORE PUFFS

Still not fully recovered.

CALL 000

State: "Asthma Emergency"

Repeat the sequence until the ambulance arrives.

Response – First Actions

Assess the emergency situation

Assess the emergency asthma situation - check the site for dangers (physical hazards and risks) i.e. anything that might cause harm to self, casualty to self, casualty and others.

Follow the established first aid principles and procedures to:

1. Identify the physical hazards and risks to self and others, which may include:
 - Workplace hazards - equipment, machinery and substances
 - Environmental hazards and risks, including those known to trigger asthma episodes (Asthma triggers)
 - Proximity of other people
2. Identify the person with asthma (individual at risk) to check, and where required, maintain the casualty's airway, breathing and circulation
3. Identify the hazards and risks associated with casualty management:
 - State of emotion of the casualty (panic, erratic behaviour, upset, aggressive etc.)
 - Contamination by bodily fluids
 - Risk of further injury to the casualty
4. Determine the casualty's medical history of asthma

ASSESS THE SCENE

Look for dangers to self, casualty and bystanders.

IDENTIFY SCENE HAZARDS

IDENTIFY THE INDIVIDUAL AT RISK

IDENTIFY MEDICAL HISTORY

Have they had asthma before?
Do they have an action plan?

Response – Second Actions

Respond to the emergency situation

Use effective communication skills in dealing with the asthma casualty and sources of emergency assistance. Contact the parents as soon as possible.

Danger:

- Control the *situation*, prior to management of the asthma episode
- Determine the appropriate response to make safer
- Remove the hazards and risks to minimise the danger
- Ensure bystander safety – ask others in the area to move back and stay away

Response:

- Ensure the casualty is still responsive – if not apply CPR.

Send:

Identify which resources are required. Where possible send someone else to get the equipment and call emergency services, so you can stay with the casualty, otherwise access them yourself.

- Obtain his/her individual action plan, reliever medication and spacer
- If the action plan is unavailable, or the casualty is not known to have a history of asthma:
 - Obtain and use the workplace asthma first aid kit containing an asthma inhaler reliever and single-use spacer
 - Follow the Emergency Asthma First Aid protocols (TSANZ/Asthma Australia/National Asthma Council Australia/The Asthma Foundation of Vic.)
- Obtain the appropriate emergency assistance in accordance with the situation and casualty condition

CONTROL THE DANGER

Remove the trigger or source.
Move to a safer area.

CHECK RESPONSE

Is the casualty breathing?
Is he/she responsive?

SEND FOR HELP AND RESOURCES

Even if unsure if it is
asthma.

CALL 000

If the casualty is unresponsive, or
requires CPR, or his/her condition
is severe.

Response – Third Actions

Assess the casualty

In assessing and managing someone experiencing an asthma attack, it is essential that your assessment is based on the signs and symptoms evident at that time; however, signs can be present and visible days to weeks prior to an asthma attack.

Symptoms may include any or all of the following:

- Shortness of breath, or rapid breathing
- Wheeze
- Chest tightness
- A dry, irritating, persistent cough
- Tiredness
- Behavioural changes – distress, anxiety, quietness, restlessness
- Difficulty in speaking
- Pallor
- Sweating
- Blueness of the lips

- Reassure the casualty in a caring and calm manner
- Stay calm yourself
- Obtain consent from the casualty and conduct an assessment of his/her physical condition
- Recognise the signs and symptoms of an asthma episode
- Evaluate the casualty's physical condition – Are the signs and symptoms of asthma mild/moderate, or severe and life threatening?

REASSURE

Tell them they will be alright.
Tell them to relax and stay calm.

OBTAIN CONSENT

Ask if it is OK to look them over and provide treatment.

IDENTIFY THE SIGNS AND SYMPTOMS OF ASTHMA

EVALUATE THE SIGNS AND SYMPTOMS

Mild/moderate? or
Severe and life threatening?

Response – Fourth Actions

Respond to the casualty

Ensure prompt control of the situation. Determine the appropriate response in accordance to the severity of the casualty's symptoms.

- Apply the appropriate first aid procedures for an asthma episode:
 - Follow his/her individual Asthma Action Plan and/or the workplace's Asthma Emergency Management Plan
 - Assess the resources to ensure they are the right ones and are appropriate to use (not out of date etc.)
 - Apply first aid skills in accordance with emergency response procedures and medical action plans
 - Administer the bronchodilator via an asthma medication reliever inhaler device with or without a single-use spacer, in accordance with the individual's Asthma Action Plan, or the emergency asthma first aid protocol
- Follow emergency action procedures for severe or life threatening asthma:
 - Enlist bystander assistance
 - Urgently request emergency assistance
 - Following the Emergency Asthma First Aid protocol as recommended
- Make the casualty comfortable using available resources
- Monitor the casualty's condition even if they seem to have recovered. Stay with them until they fully recover or further assistance arrives. Be prepared to respond to changes i.e. call the ambulance if they get worse, or administer further medication.

CONTROL THE SITUATION

Confirm puffer, spacer and action plan are correct.

ASTHMA FIRST AID

Follow the action plan.
Assist with medication.

CALL 000

If no response to treatment,
asthma gets worse or is
severe.

COMFORT AND MONITOR

Be prepared for CPR.
Respond to changes.

Last Actions – After the Incident

Communication:

- Communicate details of the emergency asthma incident
- Convey the details of the casualty's condition and asthma management activities accurately to emergency services/relieving personnel
- Provide the incident details to the parent/carer
- Advise the casualty/parents to consult with his/her physician to discuss the appropriateness of their Asthma Action Plan, or to develop such a plan, as a result of the emergency response

Documentation:

- Complete workplace documents in a timely manner, presenting all relevant facts according to established workplace procedures:
 - Follow statutory requirements
 - Comply with the workplace's incident recording requirements
 - Maintain accurate records
- Complete any required regulatory documentation (Work Safe etc.)

SAMPLE INCIDENT REPORTING DOCUMENT	
INCIDENT DETAILS	
LOCATION: <i>Green Childcare Centre</i>	ROOM / GROUP: <i>Possum Room</i>
CASUALTY NAME: <i>Jane Smith</i>	DATE OF BIRTH: <i>5/2/2008</i> AGE: <i>7</i>
ADDRESS: <i>167 Green Parade Stingvale VIC 3333</i>	
DATE OF INCIDENT: <i>29/4/2015</i>	TIME OF INCIDENT: <i>11.30 am</i>
Brief description of what happened: <i>Jane Smith approached the playground supervising teacher complaining of feeling sick and feeling short of breath. The teacher was aware of her history with asthma and contacted the office via two-way radio to obtain her action plan and medication, and to ask someone to contact her parents.</i> <i>Jane was assessed on the spot with having mild conditions and was taken to the sick bay, where the asthma first aid resources were also taken.</i> <i>The first aid officer assessed Jane again and concluded she needed to be provided with asthma first aid treatment.</i> <i>Her personal action plan was followed and she was given her personal medication.</i>	
GENERAL OBSERVATIONS	REFERRAL AND NOTIFICATIONS
Signs & symptoms (tick as relevant) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty in speaking <input checked="" type="checkbox"/> Wheeze <input checked="" type="checkbox"/> Chest tightness <input checked="" type="checkbox"/> Shortness of breath <input type="checkbox"/> Tiredness <input type="checkbox"/> Blue lips <input checked="" type="checkbox"/> Anxious/distressed <input type="checkbox"/> Behavioural changes <input type="checkbox"/> Pale and sweaty <input type="checkbox"/> Other (please detail):	Actions taken (tick as relevant and note time) <input type="checkbox"/> Called ambulance on triple zero (000) at: _____ <input checked="" type="checkbox"/> Reported incident to supervisor at: <u>12.15pm</u> <input checked="" type="checkbox"/> Reported incident to parents/carers at: <u>12.00pm</u> <input type="checkbox"/> Reported incident to doctor at: _____ FIRST AID TREATMENT GIVEN <input checked="" type="checkbox"/> Reliever medication administered <input checked="" type="checkbox"/> A spacer was used <input type="checkbox"/> Other (please detail):
REPORT DETAILS	
REPORT COMPLETED BY: <i>Mr. I. M. Teacher</i>	DATE: <i>29/4/2015</i>
SIGNATURE: <i>I. M. Teacher</i>	
PARENT/CARER SIGNATURE: <i>Lara Smith</i>	DATE: <i>30/4/2015</i>

Last Actions – After the Incident

Debriefing and counselling:

- Participate in debriefing, for discussion about the incident, for the purpose of evaluation and improvement.
- Debriefing and counselling can be used to help cope with the stress of the incident. It is common for people involved in an incident to be emotional and even stressed afterwards.
- First aiders need to be able to respond appropriately to challenging situations, recognising the psychological impacts (emotions and stress) of medical emergencies on individuals (self and others).



Talk with others about your feelings after a first aid incident to address your needs and help to avoid any psychological impacts such as stress.

Psychological or emotional impacts:

Psychological or emotional impacts an individual might experience after providing first aid include:

- Stress, anxiety, headaches, lack of sleep, worry, depression, behavioural changes, anger, substance abuse etc.

Evaluation:

Evaluate the response to the asthma emergency in accordance with workplace policies and procedures:

- Contribute to the evaluation of responses to an incident
- Assess the workplace's response to the emergency incident
- Identify any possible changes or improvements to the response
- Evaluate the debriefing process

Improvement strategies:

- After evaluation, a decision can be made on how successful or effective the response was.
- This is where it can be said that the response ran smoothly and was very effective, or areas for improvement will be identified.
- The results of the evaluation must be communicated to the appropriate people.
- A communication plan may need to be developed and implemented to raise awareness of asthma and its first aid management.

Quiz - Asthma

Before you begin, please remove the answer template at the end.

Read each question carefully and mark your selected answer on the template.

1. You have been asked to arrange to call the ambulance because a child is having an Asthma attack. What would you do?

- (A) Dial 911, then call for further staff to assist with the child
- (B) Dial Triple Zero (000), ask for an ambulance, provide the location and incident details
- (C) Dial 111, provide details quickly, call for further staff assistance
- (D) Dial 999 and stay on the line so they can trace the call

2. A girl who has NOT been diagnosed as an asthmatic is showing signs and symptoms of asthma. What should you do?

- (A) Do not administer the puffer supplied in the first aid kit until authorised by a doctor
- (B) Give her Ventolin using blue/grey puffer from the emergency asthma kit, following the workplace emergency asthma action plan, call an ambulance
- (C) Ask the principal to make a decision regarding treatment
- (D) Take her to the sick bay, and discuss what to do next with other first aiders

3. Asthma is a condition that involves narrowing of the airway. This means the airway.....

- (A)has an obstruction such as food
- (B)lining becomes red and inflamed, produces a sticky fluid, and the airway muscles tighten
- (C)gets larger and larger
- (D)causes severe dilation of the blood vessels

4. What is Asthma?

- (A) A disease of the lower limbs
- (B) A disorder affecting the airways
- (C) A disorder with no serious threat to your health
- (D) A heat related illness

5. Which of these are types of asthma devices?

- (A) Blue-grey puffers
- (B) Spacers
- (C) Masks
- (D) All of the above

Quiz - Asthma

6. How do you position a casualty with asthma symptoms?

- (A) Laying on their side
- (B) Sitting upright
- (C) Laying down on their stomach
- (D) Lying flat on their back

7. What are the essential components of an asthma emergency first aid kit?

- (A) Asthma action plan, blue/grey puffer, single use spacer, and disposable mask
- (B) Bandages and slings
- (C) Defibrillator, razors, alcohol swab
- (D) Water and fire blanket

8. Following any first aid incident, you should consider:

- (A) Was the response effective? Do I need updated training?
- (B) What you would do differently next time? Is there anything I could improve upon?
- (C) How do I feel? Would debriefing and counselling help?
- (D) All of these things should be considered

9. What should all workplaces have, to be able to handle an asthma episode or emergency effectively?

- (A) A direct line to a doctor on call
- (B) A specialised room for all those diagnosed with asthma
- (C) An asthma emergency management plan covering risk assessment and management strategies
- (D) The ability to send those presenting with asthma home

10. The first aid treatment for asthma is sit them upright and:

- (A) Give the casualty 6 puffs of a red puffer, be calm and caring
- (B) Calmly give 4 puffs of a blue/grey reliever puffer and monitor
- (C) Give 2 puffs of a green puffer and be calm and caring
- (D) Ring the ambulance, wait until they arrive to provide treatment

11. What should you do when ambulance officers arrive at the scene?

- (A) Leave because your part is over
- (B) Accurately convey the details of the casualty's condition and asthma management activities
- (C) Give them your opinion and advise them on what to do next
- (D) Ask the casualty to tell them what happened

Quiz - Asthma

12. Whilst monitoring a student after taking reliever medication for an asthma episode, the first aider has noticed he appears to be getting worse.

Which of the following signs and symptoms would have alerted the first aider?

- (A) He is becoming distressed and is gasping for breath
- (B) He is using fewer words with each breath
- (C) The wheeze has almost disappeared, he is paler and sweating and his lips have a blue tinge
- (D) All of these

13. A young child is experiencing an asthma with a loud associated wheeze. He starts to look quite ill, but he has stopped wheezing. This means that his asthma is improving.

- (A) True
- (B) False

14. The medication that is taken for an asthma attack/episode causing shortness of breath and a wheeze is:

- (A) Prednisone
- (B) Reliever medication (bronchodilator) called Ventolin
- (C) Asthmatic
- (D) Cotacast

Quiz – Asthma Answer Template

Please remove this page and mark your answers to the quiz by colouring in your selected answer.

If you make a mistake, draw a line through the incorrect answer, then colour in your choice for the correct answer.

MULTIPLE CHOICE ANSWERS - Colour/fill in your selection		
1 (a) (b) (c) (d)	6 (a) (b) (c) (d)	11 (a) (b) (c) (d)
2 (a) (b) (c) (d)	7 (a) (b) (c) (d)	12 (a) (b) (c) (d)
3 (a) (b) (c) (d)	8 (a) (b) (c) (d)	13 (a) (b) (c) (d)
4 (a) (b) (c) (d)	9 (a) (b) (c) (d)	14 (a) (b) (c) (d)
5 (a) (b) (c) (d)	10 (a) (b) (c) (d)	
Please check your answers and then hand in to your trainer when complete		

Name: _____

Date: / /



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