

Asthma Policy



Purpose

To outline requirements for Asthma

Scope

All operational levels of Life Saving Victoria

Policy

Introduction

Bronchial asthma or wheezy bronchitis, is a common condition within the community and may affect all groups from infancy to advanced old age.

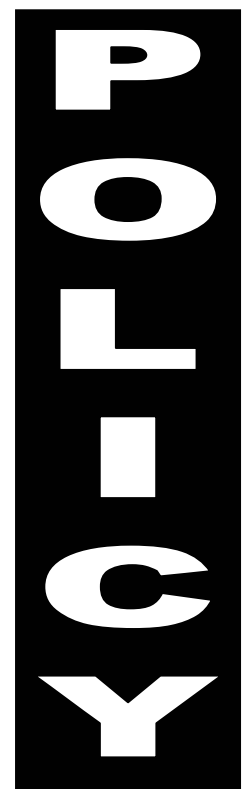
In its most severe form it requires hospitalisation in an Intensive Care Ward but in its milder form does not prevent sporting competition at the highest level. There are several examples of world and Olympic champions who have suffered asthma for years and whose case histories have been described in Medical Journals.

There is considerable evidence that exercise is very helpful in the overall management of people with asthma¹. A history of asthma by itself should be no deterrent to participation in any aquatic activity including teaching, being taught, examining, competing, or practical lifeguarding providing the lifeguard or student concerned is following the advice of a medical practitioner who is fully conversant with the implications of these activities.

Asthma is a very variable condition and LSV recognises that a lifeguard with asthma may be fully fit at some times but not fit for various lifeguarding activities at other times. The responsibility for the individual's management at all times rests with the person and the medical adviser concerned.

Asthma

Asthma is a breathing problem resulting from the progressive or sudden narrowing of the air passages in the lungs. Exercise,



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infection, smoke, cold environments, anxiety or emotional stress, dust or other allergic reactions can trigger it.

Asthma may be recognised by rapid breathing, breathing difficulty and often, an “expiratory wheeze”.

Note: Patients with severe asthma may have no audible wheeze. However, they will have an obvious severe breathing problem. Patients will be pale, sweating, and may have slight blueness of lips, earlobes and fingertips. In very severe cases, the person may become unconscious.

In severe asthma, the small air tubes in the chest are grossly narrowed from: -

1. Constriction (tightening) of the bronchi (the tubes leading from the airway into the lung), and the smaller air passages, especially during expiration.
2. Blockage, or gross narrowing of the bronchi and smaller air passages with thick mucus.

The combined effect of these two factors prevents the easy escape of air (expiration) from the lungs and the chest becomes over-inflated. This is also the reason that people who have stopped breathing from severe asthma are very difficult to resuscitate, as it is also very difficult for the rescuer to blow air into the over-inflated lung, and for that air to escape.

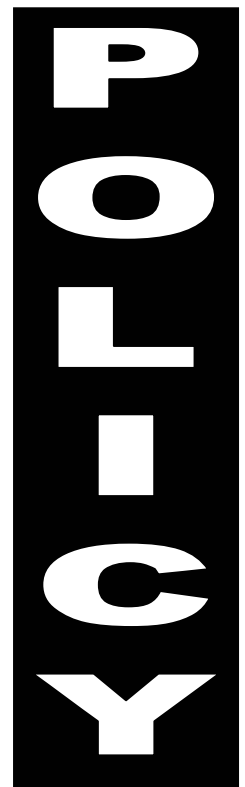
* If this should occur the rescuer will perform EAR to the best of their ability, using mouth to mask with oxygen, or a bag and mask with 100% oxygen, whilst calling for urgent medical aid.

It is essential that asthma be treated with preventative treatment (sprays or medication): simply treating asthma with reliever sprays on a regular basis does not help, does not improve the general fitness and health of an individual and should not be used without assessment by a Doctor.

Treatment

“Preventative” sprays

These open the airways to improve breathing and are the best for emergency treatment (see below). They can be bought over the counter which, although being of benefit for the acute asthmatic



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attack, frequently leads to abuse – both purposeful and accidental – and causing its own problems.

Note: In competition these can only be used by asthmatics confirmed as such by their Doctor, and approved by the State Medical Officer (for local and state competition) and the National Medical Officer (for national and international competition) on receipt of a signed letter by that treating Doctor (see above).

“Reliever” sprays

These sprays are the cornerstone of treatment of chronic (long-term) asthma and are based on cortisone. They are the most important inhaler to prevent breathing problems, particularly in the chronic asthmatic. As the main effect of asthma is long-term irritation of the bronchi by spasm and mucus, a cortisone spray that prevents or reduces both of these conditions will best treat it. A Doctor only can prescribe them.

Combination sprays

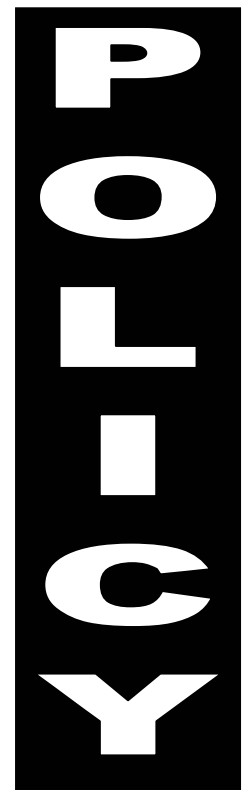
Containing both the above medications in the one inhaler. To date there is only one (“Seretide”®) but more can be expected shortly.

Other treatments

Include cortisone taken orally (prednisone) and other less common medications. These can only be prescribed for competitors under strict medical guidelines, which include their treatment plan from a certified Respiratory Physician, and permission **MUST** be requested each time this medication is used (i.e. there is no “blanket” permission for a season).

Emergency Treatment of Asthma²

- Remain calm yourself, reassure and encourage the patient to remain calm – this will help reduce their need for air and their breathing rate.
- Encourage the person to use 4 puffs of their “reliever” puffer (**note:** these are usually blue, or have blue markings). It is preferable, though not essential, to use a “spacer” (see below) to inhale this medication, unless the puffer is an “autohaler” (these work automatically when the patient breathes in). If either the patient medication or the spacer is not available, use stock from the first aid room.



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- Sit the patient upright, in the most comfortable position. If possible, support their arms at shoulder level and in front of body on a table or the back of a chair. This takes a little weight off the chest allowing it to lift easier and thus help reduce the effort of breathing.
- Give oxygen therapy, if a qualified operator and oxygen are available
- If after 4 minutes the patient is still breathless, then repeat 4 puffs of the reliever and send for immediate medical aid. Whilst waiting, 4 puffs of reliever puffer can be used every 4 minutes to a maximum of 16 puffs.

No harm results from giving a reliever puffer to a young adult patient who has breathing difficulty, even if presenting for the first time with asthma. Relieving puffers should be used with caution in patients over the age of 35 years presenting with breathing difficulty for the first time, as there is a possibility that the patient has suffered a heart attack. In doubt, commence treatment with the inhalers, whilst sending immediately for the ambulance.

Should the patient be unconscious, not breathing and needing expired air resuscitation, inflation of the lungs will be much more difficult (see above). Whilst waiting for medical aid the rescuer will need to blow harder to try to inflate the lungs. Care must be taken to:

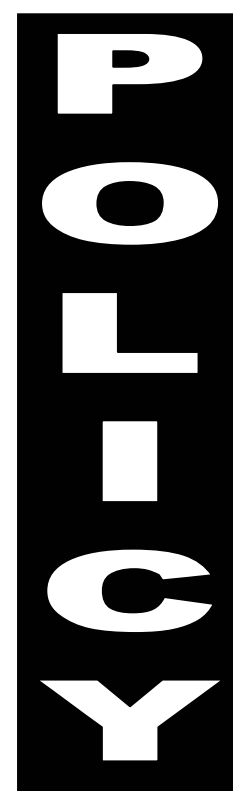
1. Ensure the airway is as clear as possible with jaw thrust and mask, or with head tilt and jaw support.
2. Use oxygen, preferably 100% with a bag and mask; if this is not available, then use mouth to mask with 15 litres of oxygen a minute. If a person qualified in the use of an oropharyngeal airway is present and the correct size is available, then this should be used to assist airway control.

Use of “Spacer”

Spacers are used to help the patient inhale their medication, especially if they have difficulty. There are two main types.

1. A “balloon spacer”, which consists of two large transparent plastic pieces that fit together to look rather like a rugby ball with two openings.

At one end is an opening to insert the patient’s inhaler. At the other end is the patient mouthpiece, containing a one way valve. This enables the patient to breathe the contents of the spacer in,



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but prevents them blowing into the spacer, thus diluting the contents.

2. A “mini” spacer, which looks like an elongated plastic tube. Similar to the balloon spacer it has the patient mouthpiece at one end, and the inhaler is inserted at the other end.

Disposable cardboard tubes should be used to cover the mouthpiece end of a spacer from the First Aid room, so that they do not have to be washed between every patient – washing too often helps reduce the efficiency of the inhaled medication.

The spacer should be cleaned approximately every ten uses, or if the plastic starts to look cloudy, or dirty. If no disposable mouthpiece is available the spacer is used, then cleaned immediately after each patient use.

Note:

- A spacer can be used on the unconscious patient who is breathing.
- If a spacer is not available, a fairly effective temporary spacer can be made from a paper bag.

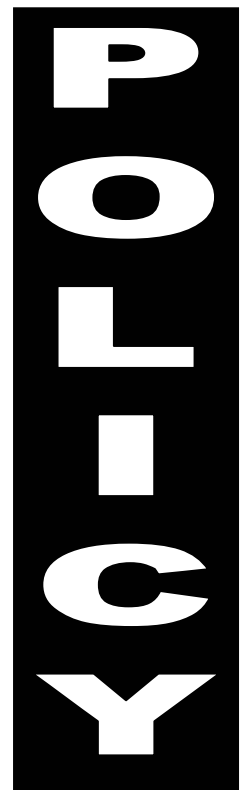
Cleaning the spacer

- Dismantle and wash with warm soapy water
- Soak the mouthpiece and valve in 5% alcoholic chlorhexidine or 10% bleach, as recommended in the LSV **communicable diseases policy**. Make sure both solutions are thoroughly washed off, then dried, before use.

Asthma Medication and Competition

LSV condemns the use of performance enhancing substances in sport as both dangerous to the health of the participant, and contrary to the ethics of the sport³. The SLSA Doping Policy⁴ applies to all competitors and testing may be carried out at any LSV / SLSA sanctioned event.

In relation to the Doping Policy mentioned above, medications used to treat asthma may contain drugs that are either prohibited or subject to certain restrictions. It is not the intent of SLSA’s Doping Policy to penalise lifesavers who genuinely suffer chronic or recurring asthma. However, it is wholly on the lifesaver and his medical attendants to provide indisputable evidence of this fact.



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Most asthmatic conditions can be treated by medications that are permitted or approved; however **notification to the LSV Medical Officer** is still required.

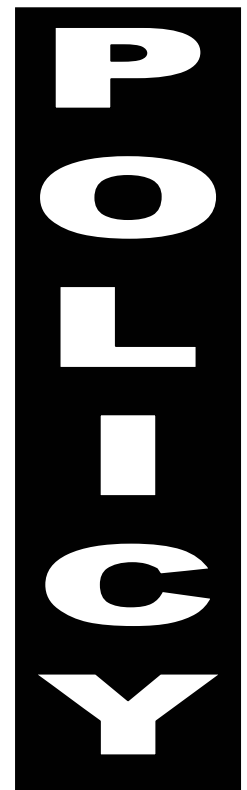
WARNING: Do not alter your asthma treatment without first consulting your physician.

Asthma Checklist

To ensure you are taking a permitted medication and have notified the relevant authority, follow the checklist below.

Make sure that:

- A physician has diagnosed your asthma
- The asthma medication⁵ you are taking has been prescribed by the physician
- The medication, which has been prescribed by the physician, is permitted (see below)
- You have sent notification, in writing and from your family doctor, to include the name, strength and dose of medication used.
- You have notified: - The State Medical Officer,
Life Saving Victoria
43 Dalgety Street
Oakleigh VIC 3166
Phone (03) 9567 0000
Fax (03) 9568 5988



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Approved Aerosol Sprays – 1st September 2001

These MUST be approved PRIOR to competition.



Medical Name	Company Spray Name
Salbutamol	Asmol, Airomir, Respolin, Respax, Respolin, Ventolin
Eformoterol fumarate dihydrate	Foradile, Oxis NOTE: from 1st September ONLY
Salmeterol	Optrol, Serovent
Terbutaline	Bricanyl
Ipratropium bromide	Atrovent, DBL Ipratropium, Ipratin
Budesonide	Pulmicort
Beclomethasone	Becotide, Becloforte, Qvar, Respocort
Salmeterol and Fluticasone proprionate – combination	Seretide
Fluticasone proprionate	Flixotide
Sodium cromoglycate	Cromese, Intal
Nedocromil sodium	Tilade

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Medical Name	Reliever Spray Name
Orciprenaline	Alupent
Fenoterol	Berotec



If you have any questions about the use of asthma medications, Contact

- ASDA Drugs in Sport Hotline **1800 020506**
- Life Saving Victoria **(03) 9567 0000** or
- Surf Life Saving Australia **(02) 9130 7370**

Remember

- Medications may change each year
- You **MUST** renew your approval EVERY YEAR

References / Further reading

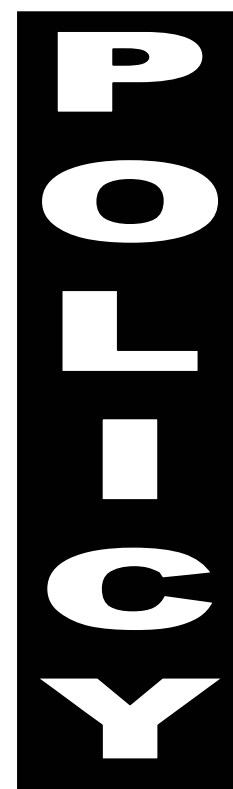
¹Oxford Textbook of Medicine 3rd edition. Oxford. 1990.

²National Asthma Foundation. Recommended guidelines 1999.

³Drugs in Sport Handbook. Australian Sports Drug Agency - PO Box 345, Curtin ACT 2605

⁴Anti-Doping Policy. Surf Life Saving Australia, Sydney 2004.

⁵MIMS Annual (all medications available) – www.mims.com.au



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