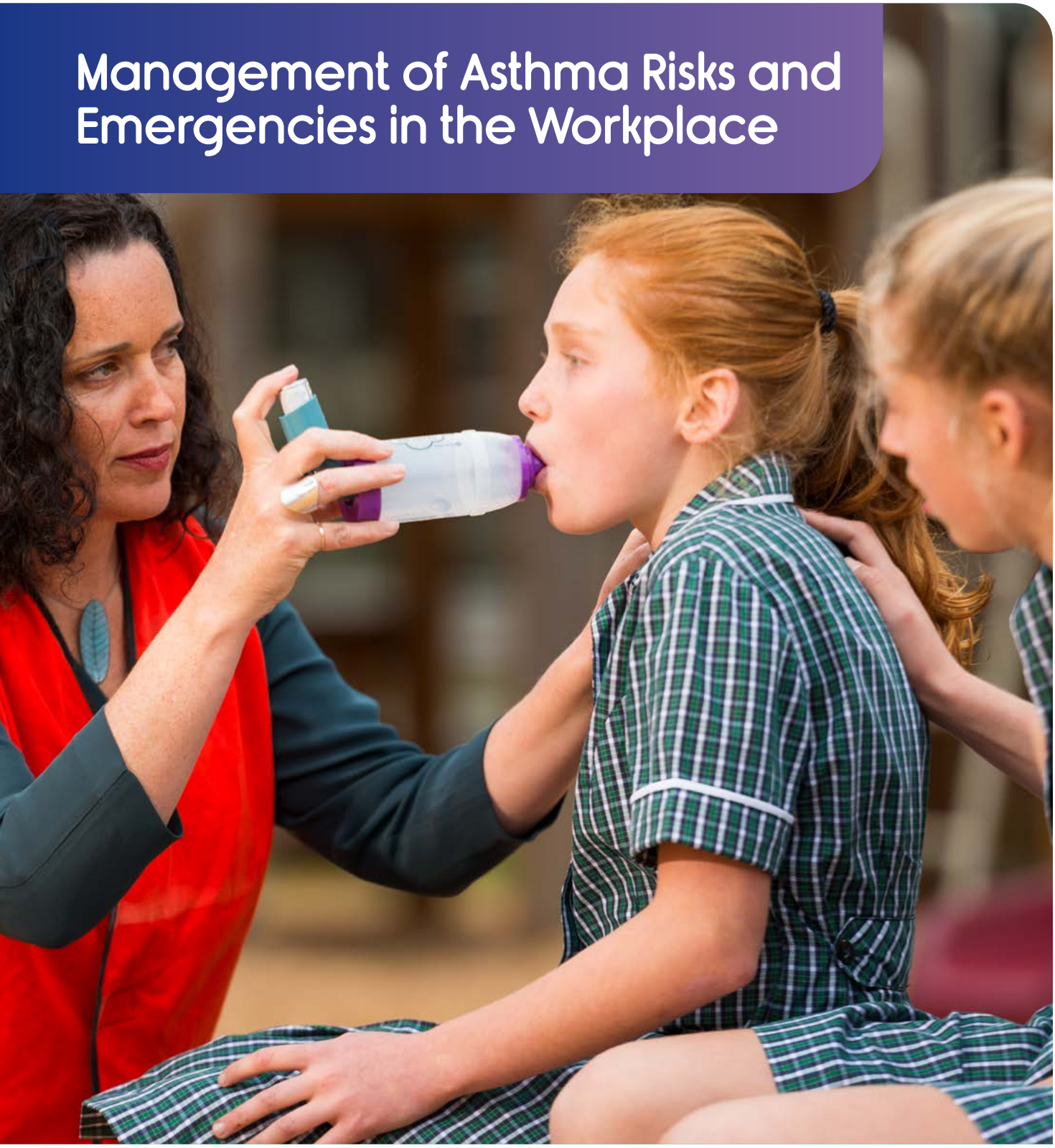
PREMIUMHealth
HEALTH CARE

Australia's premium, health care, first aid and mental health training provider for over 35 years.

Management of Asthma Risks and Emergencies in the Workplace



PREMIUMHealth

In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

OUR PROMISE

Premium Quality, without compromise. It's the Premium Health promise.

Phillipa Wilson
Founder & Managing Director of Premium Health

Our Trainers are Experienced Nurses and Paramedics	Passionate about sharing their experience
Premium Quality Programs	We pride ourselves on the depth of our course content and the quality of our training materials
Innovative Techniques, Empowering Outcomes	Methods remembered for years to come
Specialised Training, Contextualised to Your Workplace	Relevant and customised to workplaces

PUBLISHER: PHILLIPA WILSON

Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

MANAGEMENT OF ASTHMA RISKS AND EMERGENCIES IN THE WORKPLACE

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

Welcome to your course and Premium Health. The aim of this resource is to provide the skills and knowledge to develop an asthma risk assessment and emergency management plan to manage asthma episodes in the workplace. The resource provides background knowledge of the triggers, symptoms and effects of asthma as well as emergency management.

We select our Premium Health trainers and assessors carefully. All are either registered nurses or paramedics with appropriate qualifications, technical expertise and experience in both education and emergency first aid care to enable them to provide you with training.

Helping you to succeed in your course

We believe learning should be an enjoyable and challenging process and we understand that each learner is different. A variety of methods such as class participation, group discussion, scenarios, workbook exercises and opportunities for practice will help you to achieve competency.

Where there are any difficulties with reading, writing, understanding English or a physical disability, training approaches can be varied to support learning and assessment.

Course learning outcomes

The performance criteria for all competency elements are provided in the Learner Handout which your trainer will give you during your course. This is important information to help you work out what you need to do to meet the assessment requirements for the unit.

What you need to know about assessment

Assessment takes place during your course enabling you to demonstrate your competence in a comfortable and familiar environment with your trainer/assessor. All assessment tasks are discussed beforehand.

Assessment is never a pass or a fail process. At the end of a set period, you are judged to be Competent or Not Yet Competent.

If you are considered Not Yet Competent, your trainer/assessor will discuss areas of further work and advise training tasks or options to be undertaken to meet competency requirements. You may be asked to call Premium Health to make reassessment arrangements

Statement of Attainment and currency

A Statement of Attainment will be issued upon successful completion of your course. The Australian Resuscitation Council recommends, and industry requirements often specify, CPR be undertaken at least annually to ensure current competency. Premium Health recommends a competency assessment of other emergency asthma management knowledge and skills be conducted every three years.

Evaluation of the course

Your feedback is vitally important to us as we use this as part of our continuous improvement cycle. We especially value any personal comments you would like to make. When asked by our trainer please complete our evaluation at the end of your course.

Premium Health's customer service

We offer you an on-going service in relation to first aid information and invite you to call our office on 1300 72 12 92 or email us on info@premiumhealth.com.au.

For more information about Premium Health first aid, mental health and health care courses please access our website www.premiumhealth.com.au.

RESPIRATORY AND CARDIAC CONDITIONS

Breathing is essential for life. Any injury, medical condition or illness which affects the respiratory centre has the potential to lead to death.

RESPIRATORY CONDITIONS

ASTHMA

Asthma is a disorder of the smaller airways of the lungs. People with asthma have sensitive airways which can narrow when exposed to certain 'triggers' leading to difficulty in breathing.

Asthma is often characterised by wheezing, coughing, chest tightness and shortness of breath. The severity of an asthma episode can vary from person to person and can last for a varying length of time.

Statistics:

- it is estimated that over 2 million people in Australia have asthma
- 14% - 16% of children are currently diagnosed with asthma
- 10% - 12% of adults are currently diagnosed with asthma

In an asthma attack three things occur:

1. Muscle spasm – the muscles surrounding the airways tighten.
2. Inflammation – the inside lining of the airways become inflamed and swollen.
3. Excess mucous – more than usual amounts of mucous is produced in the airways causing blockage and clogging.

Common asthma triggers include:

Allergic:

- pollens
- house dust mites and dust
- animal dander (fur, hair)
- food preservatives
- mould and mould spores

Non allergic:

- smoke
- colds and flu
- emotions
- medications
- industrial chemicals
- exercise
- weather changes
- cigarette smoke

Assessment of severity

Asthma episodes vary greatly in their severity and are classed as mild, moderate or severe.

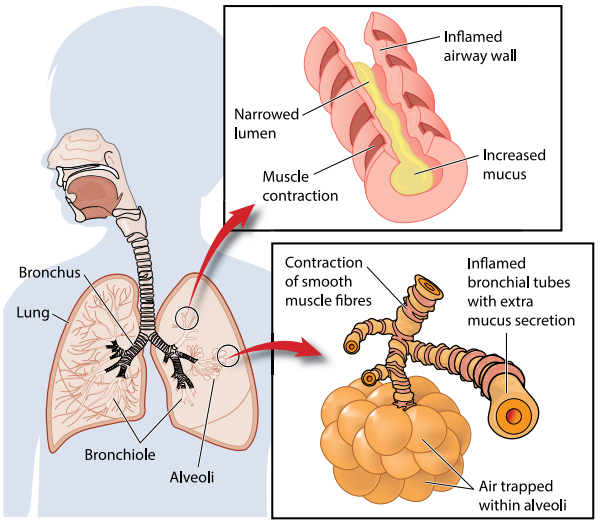
Signs and symptoms

Mild/moderate:

- dry, irritating, persistent cough, particularly at night, early morning, with exercise or activity
- wheeze (high pitched whistling sound during breathing)
- chest tightness
- shortness of breath or rapid breathing

Severe:

- severe chest tightness
- inability to speak more than one or two words per breath
- feeling distressed and anxious
- gasping for breath
- little or no improvement after using 'reliever' medication
- 'sucking in' of the throat and rib muscles
- blue discolouration around the lips
- skin colour changes and sweaty skin
- symptoms getting worse quickly or using reliever more than every two hours



As well as the above symptoms, young children appear restless, unable to settle or become drowsy. A child may also 'suck in' muscles around the ribs and may have problems eating or drinking due to shortness of breath. A child may have severe coughing and vomiting.

Exercise induced asthma

When we breathe through our nose, the air is warmed and moistened. When we exercise, we often will try to take more air into our system and open our mouth to do so. Doing this makes the air drier and colder. As a result of the cold air the muscles around the airways tighten, making it more difficult to breathe.

How can someone with asthma prepare before exercise or activity?

- doctors may advise them to take the blue reliever puffer 5 – 10 minutes before exercising
- ensure they always carry their reliever medication with them
- ensure they avoid exercising when there is a high pollen count, air pollution and on very cold days

Management of exercise induced asthma

Follow the Emergency Asthma Action Plan. Only return to the activity if you are symptom free.

Medications

Relievers (used in asthma emergencies)

If a person with a history of asthma is showing signs of an asthma attack, locate their reliever medication. The reliever medication relaxes the tight muscles around the airways and works within minutes. The most common reliever medication is Ventolin which is blue in colour. Another reliever that can be used within the community is Bricanyl, although it is only recommended for people over the age of six. Bricanyl is known as a turbuhaler and is administered differently to a 'puffer'.

Ventolin
(Reliever)

Bricanyl
(Reliever)

How to use a Bricanyl turbuhaler:

1	Unscrew and remove cover.
2	Check dose counter.
3	Keep inhaler upright while twisting grip around and then back until a click is heard.
4	Breathe out gently away from mouthpiece.
5	Place mouthpiece between teeth without biting and close lips to form a good seal.
6	Breathe in strongly and deeply.
7	Remove inhaler from mouth.
8	Breathe out gently away from mouthpiece.
9	If an extra dose is needed, repeat steps 3 to 9.
10	Replace cover.

Preventers (NOT to be used in emergencies)

Preventer agents have anti-inflammatory properties and are generally taken every day to reduce symptoms and exacerbations. They make the airways less sensitive by reducing the swelling of the lining of the airways and decreasing the production of mucous. They vary in colours (brown, yellow, orange, and white). Preventers do not provide relief for acute asthma attacks.

Flixotide
(Preventer)

Pulmicort
(Preventer)

Symptom controllers (NOT to be used in emergencies)

Symptom controllers (also called long acting relievers) help to relax the muscles around the airways for up to 12 hours. They are taken daily and are only prescribed for people who are taking regular inhaled 'steroid' preventers. They too vary in colours (green, light blue). Symptom controllers may be prescribed for people who experience symptoms despite treatment with regular inhaled "steroid" preventers, night-time symptoms, and/or exercise-induced asthma.

Serevent
(Long acting reliever)

Serevent Accuhaler
(Long acting reliever)

Combination medication (NOT to be used in emergencies)

Combination medications combine a preventer with a symptom controller in the same delivery device. The medication needs to be taken at the same time each day at the dosage prescribed by a doctor. They are generally purple or red in colour.

Seretide Accuhaler
(Combination medication)

Symbicort-SMART therapy

Symbicort Maintenance And Reliever Therapy (SMART) is a Symbicort dosing schedule for managing asthma. With this schedule, Symbicort is used BOTH for regular daily maintenance treatment AND for relief of breakthrough symptoms – a reliever and a preventer. A separate reliever inhaler is not necessary. Symbicort can be used in this way because it is an effective reliever (like Bricanyl and Ventolin) and continues to work for at least 12 hours. Symbicort is the only asthma inhaler that can be used for both maintenance and reliever treatment. This is because it has rapid onset of action (1–3 minutes) for symptom relief that lasts at least 12 hours, as well as an inhaled corticosteroid that treats inflammation. Symbicort is only to be used in people over the age of 12 due to the corticosteroid dose.

Symbicort Turbuhaler
(Combination medication)

SPACERS

A spacer is a special device shaped like a clear football or tube and is used with inhaler medication. It has a mouthpiece or mask at one end and a hole for an inhaler at the other. A spacer increases the amount of medication inhaled into the lungs and reduces the amount of medication that stays in the mouth or throat.

Spacers are useful because:

- more medication gets into the lungs than if you just use the puffer alone
- when used with inhaled steroids they reduce side effects (hoarse voice, oral thrush)
- they don't require the coordination and timing you need to take a puffer on its own
- they work as well as nebulisers in treating most asthma attacks

Spacers should particularly be used:

- by anyone taking an inhaled corticosteroid from a puffer
- by adults who have trouble coordinating the 'squeeze and breathe' timing required to use a puffer
- by children of all ages
- during an asthma attack

Caring for your spacer

Before first use, and about every four weeks, the spacer should be washed in clean, warm, detergent water and allowed to drip dry. **Do not** rinse or wipe dry. Drying your spacer with a cloth or paper towel will cause static on the inside, which means the medication will stick to the inside of the spacer instead of travelling through into the lungs.

Community use of spacers

Some schools, children's services, sporting clubs or workplaces will have a spacer ready in case there is an asthma emergency.

Spacers are for individual use only. Asthma Australia recommends every person with asthma use their own personal spacer - that is, they are not shared. This recommendation is based on NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare which advises that medical devices that come into contact with mucous membranes or non-intact skin should be single use or sterilised after use. This means that once a spacer has been used, it should be given to the person who used it, or thrown away. **They should not be washed and reused for another person.**

Spare spacers should always be available to restock the Asthma emergency kit. While the risk of transmission of infection is small, first aiders must always follow infection control instructions. For more information, contact your local Asthma Foundation on 1800 645 130.

(Information obtained from Asthma Foundation)

Spacer

Spacer with face mask

Spacer with ventolin attached

MANAGING AN ASTHMA ATTACK

If a person has a personal written asthma action plan then that plan should be followed: If there is no asthma plan, then the following is recommended.

Asthma first aid plan for mild/moderate asthma episode

- Sit the person upright (DO NOT leave person alone).
- Without delay shake a blue reliever puffer and give 4 separate puffs. The medication is best given one puff at a time via a spacer device. If spacer is not available, simply use the puffer.
- Ask the person to take 4 breaths from the spacer after each puff of medication.
- Wait 4 minutes.
- If there is no improvement repeat previous steps, wait 4 minutes.
- If there is no improvement – call triple zero (000) and state that the casualty is in severe respiratory distress.
- Continuously repeat the 4 puffs of reliever medication (with 4 breaths between each puff) every 4 minutes, whilst waiting for the ambulance.
- If oxygen is available, it should be administered.
- If breathing stops – commence CPR.

If casualty is showing signs of a **severe asthma attack – call an ambulance (triple zero, 000) straight away** and then follow the Asthma first aid plan while waiting for the ambulance.

NOTE: If a person has difficulty breathing and is not known to have a history of asthma still follow this management plan. This treatment could be lifesaving for someone whose asthma has not been previously recognised and will not be harmful. The first aider should provide assistance with administration of a reliever if required.

If a spacer is unavailable:

- Shake the inhaler.
- Place mouth piece in person's mouth.
- Fire one puff as person inhales slowly and steadily.
- Ask the person to hold their breath for 4 seconds, then take 4 normal breaths.
- Repeat until 4 puffs have been given.

NOTE: If the casualty is unable to take reliever OR reliever medication is not available, call an ambulance immediately, keep a conscious casualty calm and upright and monitor ABC's *(see Appendix 1: Assistance with Self Medication in Line with State/Territories Relevant Laws).*

NOTE: The most common reliever medication is Salbutamol (Ventolin). Alternative relievers that may need to be considered for adults are Terbuatline (Bricanyl) or Eformoteral plus budesonide (Symbicort).

Bricanyl

A Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer are not available.

- Give 2 separate doses of a Bricanyl inhaler. If a puffer is not available, you can use Bricanyl for children aged 6 years and over, even if the child does not normally use this medication.
- Wait 4 minutes. If the child still cannot breathe normally, give 1 more dose.
- If the child still cannot breathe normally, call an ambulance immediately. Call triple zero (000).
- Say that a child is having an asthma attack.
- Keep giving reliever. Give one dose every 4 minutes until the ambulance arrives.

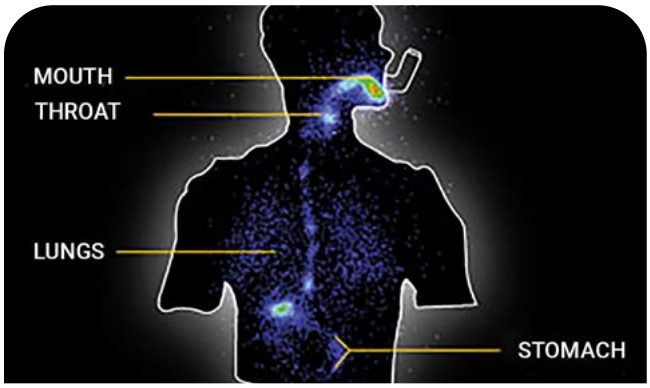
Administering Bricanyl

- Unscrew cover and remove.
- Hold inhaler upright and twist grip around then back.
- Get child to breathe out away from inhaler.
- Place mouthpiece between child's teeth and seal lips around it.
- Ask child to take a big strong breath in.
- Ask child to breathe out slowly away from inhaler
- Repeat for the second dose however remember to twist the grip both ways to reload before each dose.
- Replace cover.

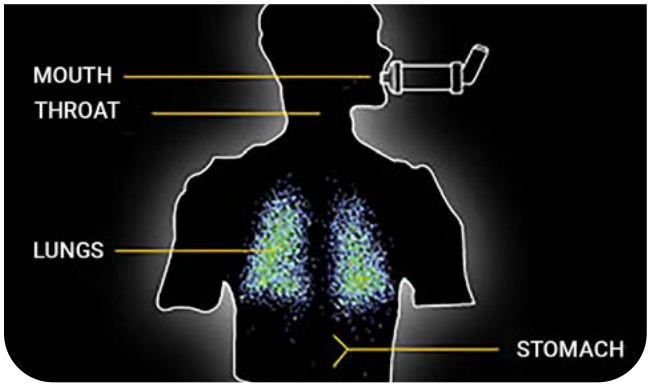
First aid asthma management protocol

If a person has a personal written asthma action plan then that plan should be followed or use the one on the following page:

Scan **QR Code** using your mobile phone camera to access video content.



Demonstrates Ventolin administration without the use of a spacer.



Demonstrates Ventolin administration with the use of a Volumatic spacer.

Management – severe episode

If the person is showing signs of a severe asthma episode, call an ambulance first and then follow their first aid action plan, or the First Aid For Asthma Chart.

Note: If the casualty is unable to take reliever OR reliever medication is not available, call an ambulance immediately and keep conscious casualty calm and upright, monitor ABCs (see Appendix 1, Assistance with self-medication in line with State/Territories relevant laws).

Note: If a person has difficulty breathing and is not known to have a history of asthma still follow this management plan. This treatment could be lifesaving for someone whose asthma has not been previously recognised and will not be harmful.

NEBULISERS

A nebuliser is a device that pumps compressed air through liquid medication to convert it into a fine mist. This mist is then inhaled through either a face mask or a mouthpiece. A standard dose of medication takes around 8-10 minutes to be inhaled. Several different types of medication can be taken through a nebuliser, including relievers and preventers.

- All parts need to be cleaned after each use.
- Tubing and either the mask or mouthpiece must be replaced frequently (usually every 3 months).
- Filters must be checked, cleaned (where possible) and replaced regularly.
- The pump must be serviced every 6 to 12 months to make sure it is producing the right pressures.

If you don't follow the manufacturer's cleaning and care instructions, you may not be getting the right dose of medication, and you are also increasing your risk of getting an infection from the machine.

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

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1800 ASTHMA (1800 278 462)
asthma.org.au

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ASTHMA FIRST AID

Dual Purpose Reliever

DuoResp Spiromax 200/6 or Symbicort Turbuhaler 200/6

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 1 INHALATION OF DUORESP OR SYMBICORT

- Load the device
  - **Spiromax:** Open and click
  - **Turbuhaler:** Open and twist around and back
- Breathe in strongly and deeply

3 WAIT 4 MINUTES

- If breathing does not return to normal, give 1 more inhalation of **DuoResp** or **Symbicort**

IF BREATHING DOES NOT RETURN TO NORMAL

4 DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Give 1 more inhalation of **DuoResp** or **Symbicort** every 4 minutes until emergency assistance arrives
  - up to a maximum of 4 more inhalations

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ASTHMA FIRST AID

Dual Purpose Reliever

Symbicort Rapihaler 100/3

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 2 PUFFS OF SYMBICORT

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - **Repeat** until 2 puffs have been taken

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 2 more puffs of **Symbicort** through a spacer

IF BREATHING DOES NOT RETURN TO NORMAL

4 DIAL TRIPLE ZERO (000)

- Say '**ambulance**' and that someone is having an asthma attack
- Give 2 more puffs of **Symbicort** through a spacer every 4 minutes until emergency assistance arrives
  - up to a maximum of 8 more puffs

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ASTHMA FIRST AID

Fostair 100/6

When prescribed as reliever and preventer

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 1 PUFF OF FOSTAIR

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

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 1 more puff of **Fostair** through a spacer

IF BREATHING DOES NOT RETURN TO NORMAL

4 DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Give 1 more puff of **Fostair** through a spacer every 4 minutes until emergency assistance arrives
  - up to a maximum of 4 more puffs

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RECORDING AN INCIDENT

A workplace first aider should take care to fully document all incidents where a casualty requests first aid advice for an injury, illness or condition or where first aid is administered.

This can be recorded in a first aid record book and/or the accident/incident register according to the procedures of the particular workplace.

Reporting and referring

Report formats vary from workplace to workplace because each presents a different context.

No matter how small the treatment, the first aider has a responsibility to record all treatments given.

A handover report of all first aid incidents should be given to the appropriate person, e.g. ambulance officer, nurse, supervisor, etc. A casualty should always be referred to appropriate medical or nursing personnel when a first aider is unsure of what first aid management to give, or is concerned about the casualty's condition. An incident report may also be required to enable investigation of the cause of an accident.

Guidelines for recording of information are as follows:

- Write in ink.
- Sign and date the report including any alterations.
- Do not use correction fluid to alter an entry, but draw a line through the incorrect area and initial and date the alterations made.
- Record the facts as stated by the casualty.
- Record your observations but do not offer comments for which you have no supporting evidence.
- If possible, the casualty should sign the report.
- The contents of the report are strictly confidential.
- The record book must be kept for 30 years.

Information that may be recorded on the register/report form:

- name of the casualty
- address, work department
- nature of the incident
- where incident occurred
- date and time of incident
- nature of the injury or illness
- signs and symptoms
- first aid management
- referral

Incident notification systems

Incident notification systems require an employer to notify the WH&S authorities immediately after the employer becomes aware of an incident at the workplace which results in:

- the death of any person
- a person requiring medical treatment within 48 hours of exposure to a substance
- a person requiring immediate treatment as an in-patient in hospital
- a person requiring immediate medical treatment for:
  - major bleeding
  - amputation
  - spinal injury
  - head injury
  - serious eye injury
  - degloving or scalping
  - electric shock
  - serious burns
  - serious lacerations

In an education and care environment there are relevant parties that must be notified of incidents, depending on severity. These include:

- nominated supervisor/director
- parents/guardians
- regulatory authority

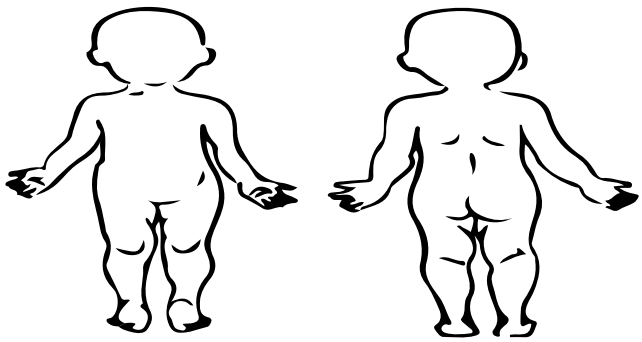
There are also mandatory reporting requirements:

- all incidents, injuries and accidents must be reported to the nominated supervisor/director, who is responsible for the day-to-day operations of the service
- parents should be notified within 24 hrs of an incident, injury or illness relating to their child
- the regulatory authority must be notified of a serious incident in an education and care service within 24 hrs

Serious incidents include:

- the death of a child while attending a service or following an incident while attending a service
- any incident involving serious injury, trauma or illness of a child while being educated and cared for requiring urgent medical attention from a registered medical practitioner, or for which the child attended a hospital
- an incident where the attendance of emergency services was sought

Workplace Incident report form (EXAMPLE)					
Name of casualty:		Date of injury:		Time:	
Job title at the time ofincident:		Sex:		Age:	
Names of witnesses (if any):					
Incident / Injury / Trauma / Illness details					
Location:					
Describe step by step what led up to the injury (continue on the back if necessary):					
First aid treatment given, please give a detailed response of your first aid management:					
Danger:	No ☐	Yes ☐	Action taken:		
Response:	No ☐	Yes ☐	Verbal ☐	Pain ☐	
Send for help:	No ☐	Yes ☐	Ambulance ☐	First Aid kit ☐	AED ☐ Oxygen ☐
Airway clear:	No ☐	Yes ☐	Action taken:		
Breathing:	No ☐	Yes ☐	Not effective ☐		
CPR:	No ☐	Yes ☐	Time started:		
Defibrillator:	No ☐	Yes ☐	Shocked ☐	Number of shocks:	
Further treatment:					
Referred to:	Hospital ☐	Occupational Health Nurse ☐	Doctor☐	No Further Action ☐	

Areas affected: (shade all that apply)	Nature of injury: (most serious one)
	☐ Abrasion, scrapes ☐ Amputation ☐ Broken bone ☐ Bruise ☐ Burn (heat) ☐ Burn (chemical) ☐ Concussion (to the head) ☐ Crushing Injury ☐ Cut, laceration, puncture ☐ Eye injury ☐ Illness ☐ Sprain, strain ☐ Other _____

Name of person completing form:		Contact number:	
Signature:		Date:	

ASTHMA ACTION PLANS

An integral part of asthma management is the development of a written asthma action plan by the person with asthma and/or their carer together with their doctor.

People with asthma and/or their carers should ask their doctor about developing an asthma action plan if they do not already have one.

- a written asthma action plan is one of the most effective asthma interventions available
- every person with asthma should have an Asthma Action Plan in writing
- it should be followed every day as it helps the person with asthma and/or their carer recognise worsening symptoms and gives clear instructions on what to do in response
- the asthma action plan is given to the person with asthma and/or their carer to keep
- parents should give a copy of their child's asthma action plan to the school, pre-school and/or childcare facility
- asthma action plans need to be regularly reviewed as a person's level of asthma severity may change over time

An asthma action plan must indicate:

- the date completed, the patient's name, and their doctor's contact information
- contact details for the patient's carer or emergency contact person
- medications to take when well
- medications to take when unwell
- medications and instructions for what to do when symptoms worsen
- danger signs – when to call an ambulance

ASTHMA ACTION PLAN

Take this **ASTHMA ACTION PLAN** with you when you visit your doctor

NAME .....

DATE .....

NEXT ASTHMA CHECK-UP DUE .....

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name .....

Phone .....

Relationship .....

WHEN WELL

Asthma under control (almost no symptoms)

ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: .....
(NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

☐ Use a spacer with your inhaler

Your reliever is: .....
(NAME)

Take ..... puffs .....

When: You have symptoms like wheezing, coughing or shortness of breath

☐ Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)

.....

.....

.....

.....

WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer: .....
(NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

.....

☐ Use a spacer with your inhaler

Your reliever is: .....
(NAME)

Take ..... puffs .....

.....

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS ☐ Contact your doctor

(e.g. other medicines, when to stop taking extra medicines)

.....

.....

.....

.....

IF SYMPTOMS GET WORSE

Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

Keep taking preventer: .....
(NAME & STRENGTH)

Take ..... puffs/tablets ..... times every day

.....

☐ Use a spacer with your inhaler

Your reliever is: .....
(NAME)

Take ..... puffs .....

.....

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS ☑ **Contact your doctor today**

(e.g. other medicines, when to stop taking extra medicines)

Prednisolone/prednisone:

Take ..... each morning for ..... days

.....

.....

.....

DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

DIAL 000 FOR AMBULANCE

Peak flow (if used) below:

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

☐ **Use your adrenaline autoinjector (EpiPen or Anapen)**

National Asthma Council Australia
leading the attack against asthma

nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ASTHMA ACTION PLAN
what to look out for

WHEN WELL

THIS MEANS:
- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL

THIS MEANS ANY ONE OF THESE:
- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE

THIS MEANS:
- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS

THIS MEANS:
- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

CALL AN AMBULANCE IMMEDIATELY: DIAL 000
SAY THIS IS AN ASTHMA EMERGENCY

DIAL 000 FOR AMBULANCE

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website. A range of action plans are available on the website – please use the one that best suits your patient.

nationalasthma.org.au

Developed by the National Asthma Council Australia and supported by GSK Australia.

National Asthma Council Australia
leading the attack against asthma

FOR USE WITH PUFFER AND SPACER

ASTHMA ACTION PLAN

VICTORIAN SCHOOLS

Student's name:

DOB:

Confirmed triggers:

PHOTO

ASTHMA AUSTRALIA

- ☐ Child can self-administer if well enough
- ☐ Child needs to pre-medicate prior to exercise
- ☐ Face mask needed with spacer

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: -

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. **Sit the person upright**
   Stay with the person and be calm and reassuring
2. **Give - separate puffs of Airomir, Asmol or Ventolin**
   Shake the puffer before each puff
   Puff 1 puff into the spacer at a time
   Take 4 breaths from spacer between each puff
3. **Wait 4 minutes**
   If there is no improvement, repreat step 2
4. **If there is still no improvement call emergency assistance**
   Dial Triple Zero "000"
   Say 'ambulance' and that someone is having an asthma attack
   Keep giving - puffs every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

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

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Minor difficulty breathing
- May have a cough
- May have a wheeze
- Other signs to look for:

SEVERE

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

LIFE-THREATENING

- 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)

Emergency contact name:

Work ph:

Home ph:

Mobile ph:

Plan prepared by Dr or Nurse Practitioner:

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

Date prepared:

Date of next review:

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

ASTHMA EMERGENCY MANAGEMENT PLAN

An Asthma Emergency Management Plan (AEMP) written by a workplace to describe the steps for their staff to respond to an asthma emergency.

A workplace's AEMP should include:

- Strategies to identify individuals at risk.
- Identification of possible asthma triggers and risk assessment of the identified triggers.
- Strategies to identify asthma hazards and minimise risks.
- Strategies to raise asthma awareness in the workplace.
- For individuals at risk, the location of their personal Asthma Action Plan, their reliever medications, and their spacer.
- The asthma first aid protocol developed by National Asthma Council Australia.
- Location of the workplace's emergency first aid kit containing the workplace's reliever medication and single use spacers.
- Strategy for ensuring medications in the workplace's emergency first aid kit are in date and has not expired.
- Persons to be notified following an asthma emergency incident.
- Staff members to be advised of the workplace's AEMP.
- Staff members to be trained in first aid management of an asthma emergency.
- The staff member responsible for review of the workplace's AEMP and the frequency, dates, and occasions for review.

RISK MINIMISATION AND MANAGEMENT

Undertaking a risk assessment helps to determine how likely someone is to be affected by a hazard and the consequence of being affected.

As part of a workplace emergency management plan, triggers must be identified, and a determination must be made about the likelihood of being exposed to those triggers and the consequence of such exposure.

RISK MINIMISATION

The key to preventing asthma in childcare services, schools and workplaces lies:

- in knowing who is at risk
- being aware of their specific allergic triggers or allergens and
- preventing exposure to these

Under Workplace Health and Occupational Health Safety Laws employers are required to proactively take steps to make workplaces safe for employees.

To minimise and manage the risk of asthma schools, preschools, childcare centres and workplaces should:

- Establish an asthma management policy.
- Identify children/students/staff at risk of asthma and ensure each has an asthma action plan. This should be written by their doctor specifying signs, symptoms, allergic triggers and a medical management plan.
- Develop a risk minimisation plan to minimise the risk of each person being exposed to their specific allergen(s).
- Implement the asthma prevention strategies specified in the plan.
- Train relevant staff to recognise and respond to asthma emergencies, including being able to administer a reliever medication with a spacer.
- Implement a communication plan to raise asthma awareness within the centre, school and workplace community.

DEVELOPING A RISK MINIMISATION PLAN

Risk minimisation is the practice of reducing risks to a child, student or worker at risk from asthma. This is done by removing, as far as practicable, major sources of allergens from the children's service, school or workplace and developing strategies to reduce the risk of an asthma attack. For individuals known to be at risk from asthma, it is important the organisation conducts an assessment of the potential for exposure to the allergen(s)/triggers specific to those individuals.

This assessment and the development of a risk minimisation plan should be carried out in consultation with parents/carers of children or students or the individual employee. A risk management plan should be developed for the whole of the organisation. This should change as the individuals at risk of asthma and their allergens/triggers change.

THE KEY QUESTIONS WHICH NEED TO BE ASKED WHEN DEVELOPING OR REVIEWING A RISK MINIMISATION PLAN ARE:

How well has the organisation planned for meeting the needs of asthmatic individual(s)?

- Who are the "at risk" individuals?
- What are their triggers?
- Does everyone recognise the "at risk" individuals?

Do families (parents/carers), the worker(s) and staff know how the organisation manages the risk of asthma?

Do all staff know how the organisation aims to minimise the risk of each individual being exposed to the specific allergen(s)/triggers to which he or she is susceptible to? That is, do the staff know the strategies to be implemented that are identified in the risk minimisation plan?

Do the relevant people know what actions to take if the individual has an asthma attack?

How effective is the organisation's risk minimisation plan and is it reviewed and updated regularly?

COMMUNICATION PLAN

A communication plan is a way to communicate content and delivery information to the right people. For asthma, the plan should outline what information is to be distributed, the relevant stakeholders, who needs this information, and how it will be distributed.

For example, the information could be distributed with posters, agenda points in inductions, staff meetings, and workplace policies and procedures.

REVIEW

Policies and management plans should be reviewed regularly. This review is usually done annually, at a set time/date, or, after a severe asthma attack has occurred or after recurrent asthma episodes.

STATE/TERRITORY WHS/OHS ACTS AND REGULATIONS

The websites below will assist you to access current information regarding legislation, regarding regulations or codes of practice relevant to first aid in the workplace. Trainers should be familiar with the requirements in their State or Territory.

SafeWork NSW	www.safework.nsw.gov.au
WorkSafe WA	www.worksafe.wa.gov.au
Workplace Health & Safety QLD	www.worksafe.qld.gov.au
WorkSafe Tasmania	www.worksafe.tas.gov.au
WorkSafe Victoria	www.worksafe.vic.gov.au
SafeWork SA	www.safework.sa.gov.au
NT WorkSafe	www.worksafe.nt.gov.au
WorkSafe ACT	www.worksafe.act.gov.au

MANAGEMENT OF THE CONSCIOUS AND UNCONSCIOUS BREATHING CASUALTY

FIRST AID PRIORITY ACTION PLAN

A first aid priority action plan is a quick reference tool to guide the first aider in what to do and the order in which actions are taken when managing an emergency situation.

Each letter represents a major step in the care of a casualty and the actions in each step are completed before moving on.

D — DANGER

- Check for dangers to yourself, bystanders and the casualty.
- Make the scene safe by removing the danger from the casualty or the casualty from the danger. Only continue when it is safe to do so. If unsafe, remain clear and call triple zero (000).

R — RESPONSE

Is the casualty conscious? A person who fails to respond or shows only a minor response, such as groaning without eye opening, manage as if unconscious.

Assess for response to voice and touch:

- Give simple commands e.g. “Open your eyes, squeeze my hand”. With an adult casualty, grasp the shoulders firmly to determine a response; for children and infants, assess their response by talking or clapping and tapping the ends of their feet. **Never shake an infant.**
- If the casualty is **conscious**, check **ABCD** and position appropriately and send/call for help (triple zero 000) as necessary.
- If the casualty is **unconscious**, continue with the letter "S" below.

S — SEND

- Send/call for help (triple zero 000).
- Send for AED and first aid kit where available.

A — AIRWAY (air passages)

- Open the mouth and check for foreign material or obstructions. In an infant make sure the nose is also clear.
- If airway is not clear from food, vomit, blood or fluids (e.g. immersion incident) turn casualty into the recovery position, open mouth and drain matter downwards, remove loose dentures and remove visible material with rescuer’s fingers then position on back.
- Lift chin upwards (towards the ceiling) by placing fingers under chin or use a pistol grip; this lifts the tongue from the back wall of the throat and opens the airway.
- With upper hand on forehead, tilt an adult and child’s head fully back to further open the airway. Place an infant’s head in a neutral position, sometimes known as a "sniffing position" (as tilting an infant’s head backwards or forwards may cause airway obstruction).

B — BREATHING (lungs)

Adults breathe approximately 12-15 breaths per minute; infants/children approximately 20 breaths.

- Look for the even movement of the rising and falling of the lower chest for 10 seconds.
- Listen for the sound of regular normal breathing.
- Feel air escaping from the mouth/nose with your cheek.

Note: A casualty who is breathing normally is now turned on to their side (recovery position) with neck stability if possible.

If a casualty is not breathing or not breathing normally, commence resuscitation as per the management of a NON-BREATHING casualty action plan.

C — CIRCULATION (heart)

- Check for circulation by checking for warmth and skin colour (if lining inside the mouth is pink this is a positive sign).

D — DEADLY BLEEDING

- Check for external bleeding – pooling or spurting blood loss, control with a pad and bandage or improvised material which may be replaced when first aid equipment is made available. Elevate and rest area where possible.
- Check for internal bleeding – bleeding from ears, tenseness or swelling of abdomen/thighs.

DRSABCD FOR THE BREATHING CASUALTY: FURTHER ACTION POINTS

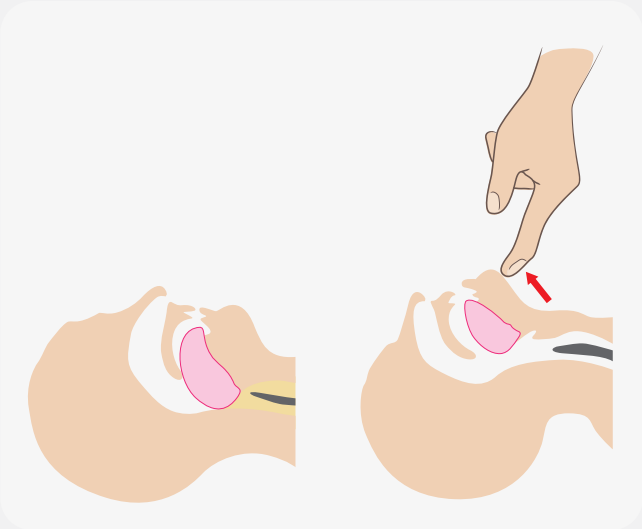
Manage other injuries and/or conditions and document all observations when possible.

Health professionals may wish to check carotid, apical or brachial pulse for rate, regularity and volume:
Check quality for 10 seconds (remember if a casualty is breathing they are circulating).

Constantly monitor casualty condition for changes, keep warm, check for identification and continually assess ABCD.

If the condition of the casualty worsens **telephone triple zero (000)** again.

Scan **QR Code** using your mobile phone camera to access video content.



Common causes of airway obstruction

In an unconscious casualty, management of their airway takes priority over any injury, including the possibility of spinal injury.

There are two common causes for potential airway obstruction in an unconscious casualty:

1. When a casualty becomes unconscious, all of their muscles relax. If the casualty is lying on their back, the tongue (a large muscle), which is attached to the base off the jaw, can fall against the back of the throat blocking air from entering the lungs. This is the most common cause of airway obstruction in an unconscious casualty. Tilting the head backwards and lifting the chin up at the same time are actions used to overcome obstruction.

2. As an unconscious casualty is unable to cough or swallow, their airway is also at risk of becoming blocked by foreign material. Where the airway is obstructed by fluid (vomit, blood or liquid due to immersion) the casualty should be rolled onto their side to clear the airway (recovery position). The mouth should be opened and turned slightly downwards to allow gravity to assist with drainage; a first aider may use a finger sweep to remove visible foreign material.

Side (recovery) position

The side position assists in clearing foreign material such as vomit and secretions from all casualites and is the position used to manage all unconscious breathing casualties regardless of other suspected injuries. Protection of the airway always takes precedence.

STEP 1 - PREPARE THE CASUALTY

1
- Kneel beside the casualty.
- Place the casualty's far arm straight out.
- Place the casualty's near arm across the chest.
- Bend the casualty's nearest knee up.

STEP 2 - ROLL THE CASUALTY

2
- Place your hand on casualty's knee/hip.
- Place your other hand on the casualty's shoulder.
- Gently roll the casualty away from you.
- Ensure the knee of the upper leg touches the ground.

STEP 3 - STABILISE THE CASUALTY

3
- Place the casualty's upper arm across the lower arm.
- Ensure the head is tilted back and the face turned slightly downward to allow drainage of fluids from the mouth.
- Ensure that the upper shoulder is in line with upper hip.

Moving a casualty into the recovery position from a facedown position

- Kneel beside casualty.
- Place casualty arm closest to you reaching above head.
- Place your hand on closest shoulder and your other hand on the hip.
- Roll casualty towards you using your body to support.
- Position outstretched arm and upper leg to support as per normal recovery position.

Note: A casualty who is bleeding or has clear fluid leaking from the ear, should be positioned injured side down so that fluid may drain.

Note: Unconscious pregnant women should be turned onto their left side. This position helps reduce pressure on the major abdominal organs and allows better blood supply to the heart.

Note: Where possible, move the casualty into a position which creates accessibility. Do not roll them facing a wall or underneath a table.

SELF-PRACTICE ACTIVITY

Provide first aid to an unconscious casualty using the unconscious breathing casualty: first aid priority action plan (DRSABCD).

Ask a friend or partner to 'be' an unconscious casualty lying on their back.

- ask your casualty to shut their eyes and not to help or hinder you in any way
- manage the unconscious casualty using the priority action plan
- remember to deal with each priority in the correct sequence before moving on to the next

D — DANGER

- Check for dangers to yourself, bystanders and the casualty.
- Make the scene safe by removing the danger from the casualty or the casualty from the danger. Only continue when it is safe to do so.

R — RESPONSE

Is the casualty conscious? A person who fails to respond or shows only a minor response, such as groaning without eye opening, manage as if unconscious.

Assess for response to voice and touch:

- Give simple commands e.g. "Open your eyes, squeeze my hand". With an adult casualty, grasp the shoulders firmly to determine a response; for children and infants, assess their response by talking and tapping the ends of their feet. **Never shake an infant.**
- If the casualty is **conscious**, check **ABCD** position appropriately and send/call for help (triple zero 000) as necessary.
- If the casualty is **unconscious**, position the casualty on their back for further assessment.

S — SEND

- Send/call for help (triple zero 000).
- Send for AED and first aid kit where available.

A — AIRWAY (air passages)

- Open the mouth and check for foreign material or obstructions. In an infant make sure the nose is also clear.
- If airway is not clear from food, vomit, blood or fluids (e.g. immersion incident) turn casualty into the recovery position, open mouth and drain matter downwards, remove loose dentures and remove visible material with rescuer's fingers then position on back.
- Lift chin upwards (towards the ceiling) by placing fingers under chin or use a pistol grip; this lifts the tongue from the back wall of the throat and opens the airway.
- With upper hand on forehead, tilt an adult and child's head fully back to further open the airway. Place an infant's head in a neutral position (as tilting an infant's head backwards or forwards may cause airway obstruction).

B — BREATHING (lungs)

Adults breathe approximately 12-15 breaths per minute; infants/children approximately 20 breaths.

- Look for the even movement of the rising and falling of the lower chest for 10 seconds.
- Listen for the sound of regular breathing.
- Feel air escaping from the mouth/nose with your cheek.

If a casualty is not breathing or not breathing normally commence CPR.

C — CARDIOPULMONARY RESUSCITATION (CPR)

- Deliver 30 compressions and 2 rescue breaths (rescuer takes about 1 second to deliver 1 breath) x 5 times in two minutes and repeat until ambulance arrives.
- Compressions only, can be given if the first aider is unable or unwilling to perform rescue breathing at approximately 100-120 compressions per minute.

D — DEFIBRILLATION

- Open/turn on the defibrillator and follow voice prompts.

STRESS MANAGEMENT

It is important to understand that a first aid response can be stressful. Those involved such as first aiders, employees and bystanders may experience changes physically and psychologically following an event. This is perfectly normal. Emergency events can trigger the human stress response and cause changes to mental health impacting the way we think, feel, and behave.

While a stress response is expected, enduring or significant changes need to be addressed early. The support of trained critical incident management professionals helps lessen the impact of stress responses following such events, as well as enable people to better understand and manage their reactions.

Signs and symptoms of stress

The signs and symptoms of critical incident stress may be physical, emotional, cognitive, or behavioural. Individuals express stress in different ways and therefore manifest different reactions. The list below is not exhaustive but will help identify those who are exhibiting stress reactions.

Physical signs

- loss or change of appetite
- nausea, diarrhoea, constipation, or digestion issues, fatigue, exhaustion or sleeping problems
- chest pain, excessive sweating, increased heart rate or blood pressure
- rapid, shallow breathing, dizziness
- muscle tension, pains, and headaches

Cognitive signs

- racing thoughts, ruminating, changes in perception or thinking negatively
- memory and concentration problems
- uncertainty, confusion, or difficulty in decision making
- poor problem-solving ability
- nightmares
- flashbacks or recurring memories of event

Emotional signs

- feeling overwhelmed, or a loss of control
- excessive worrying, apprehension, or fear
- increased anger, irritability, or easily frustrated
- feelings of guilt, grief, sadness, or depression

Behavioural signs

- avoidance of tasks, situations, or places
- withdrawal or antisocial behaviour
- increased consumption of alcohol or other substances
- changes in communication
- restlessness
- losing confidence or increased self-doubt

Critical incident stress management (CISM)

CISM is an intervention procedure primarily intended for people affected by a traumatic event in their life, such as giving first aid to casualties or managing such emergencies.

Some of the CISM interventions that may be used, depending on the situation, include:

Defusing

This intervention provides small group support by a trained staff member within 12 hours after the incident. It is designed to conclude the experience of the incident and provide an immediate and more personal level of support. Generally, the defusing process allows those in the group to review the event, ask questions, discuss what happened and address concerns and organise further support and debriefing sessions.

Debriefing

This intervention is a powerful event group support generally facilitated by a trained person within 3 -7 days following the incident. Debriefing is a structured and supportive group event undertaken when workers have had enough time to take in the experience and put an irregular event into perspective. It offers workers clarity about the critical incident they have experienced and assists them in their emotional recovery.

Grief and loss counselling

This intervention may be for an individual or group and are designed to assist people to understand their grief reactions following a death or loss.

These different forms of interventions may be used for individuals, workplace groups, families and community groups. First aiders and helpers (e.g. volunteers, bystanders, work and community members) may need to access the support CISM interventions to enable them to deal with such experiences. In a workplace, the first aider should seek management support and request the initiation of a referral to professionals able to provide appropriate support.

NOTES

PREMIUMHealth

Premium Health has a range of health care, first aid and mental health training programs conducted by our nurses, paramedics or mental health practitioners.

Call us to discuss our onsite face-to-face and live virtual classroom options, delivered anywhere in Australia.

HEALTH CARE

- Assisting clients with medication
- Assisting clients with medication (part 2)
- Advanced medication - eye and ear drops, topical creams, oral liquids and patches
- Autism spectrum disorder
- Blood pressure – using a digital blood pressure machine
- Bowel management – elimination
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Positive behaviour support
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

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info@premiumhealth.com.au

ABN 24 692 649 946