ASTHMA

INCLUSIVENESS

“What people need to know is that asthma isn’t a minor ‘wheeze-disease.’ It kills over five thousand people in America every year (in Canada, approximately 20 children and 500 adults die each year from asthma) ... My denial and irresponsible attitude about asthma put me at great risk and caused me so much needless suffering. My hope is that the kids I talk to learn to open up about their asthma, become educated about their condition, and seek help.”

- Jackie Joyner-Kersee

The Aim of Scouting is to promote the development of individuals, enabling them to grow and take their place in society as active citizens. As we move forward with the Canadian Path we are much more aware of each individual’s personal progression, inclusive of their varying abilities. This inclusiveness within Scouting uniquely positions us to play an important role in modifying community attitudes and behaviour towards individuals with identified needs; it starts with Scouts.

Please use this guide for a better understanding of youth with Asthma; how as Scouters, we can make a difference through simple interventions, program modifications and knowing where to get help when needed.

DESCRIPTION

Asthma affects the airways of the lungs, causing the passages to narrow. Those with asthma find that their airways are easily irritated and so a ‘trigger factor’ such as pollen or fine dust can start off an attack. Asthma is most common during childhood and affects at least 13% of Canadian youth. It is estimated that more than 80 per cent of asthma deaths could be prevented with proper asthma education.

CHARACTERISTICS/BEHAVIOURS

During an attack there is less room for the air to get through causing difficulty in breathing and a combination of coughing, wheezing, and chest tightness. Often this is most noticeable during the night or early morning.

As a result youth may experience:

• Breathing which is rapid and shallow
• Breathing difficulty
• Shortness of breath
• Disturbed sleeping as a result of breathing difficulty with shortness of breath and coughing
• Rapid feelings of tiredness when participating in activity

Asthma symptoms can:

• Be mild, moderate or severe
• Vary from person to person
• Flare up from time to time and then not appear for long periods
• Vary from one episode to the next

Allergic triggers:

• Mould
• Animal dander
• Pollen
• Cockroaches
• Dust mites

Non-allergic triggers:

• Certain drugs (ASA - aspirin, beta blockers)
• Chemicals, fumes and odours
• Respiratory viral infections
• Weather (cold air, thunderstorms)
• Strenuous physical exercise can exacerbate asthma
• Tobacco smoke
• Air pollution; Smog
IN A SCOUTING SITUATION

• Foremost, consult on an on-going basis with the parents, to know what is the most useful way to effectively work with the youth with asthma
• All Scouters must be thoroughly familiar with both youth and adult members Program Participant Enrolment Forms, paying particular attention to the Information For Medical Emergencies section, and have a copy available at all times
• Scouters need to familiarize themselves with the subject of asthma in order to know how to manage it with their youth
• It is imperative that the youth bring any asthma medication and inhalers with them to all outings and camps and advise the Scouter in charge accordingly – the same is applicable for regular weekly meetings
• All Scouters must be familiar with all medication dosages required by youth - it is important to monitor youth administration of their ‘reliever inhaler’ should an asthma attack start
• Where prescribed by their physician, youth should also be encouraged to use a “preventer inhaler” (that reduces the inflammation in the lungs), at regular times of the day or prior to activities that might trigger an asthma attack
• Scouters will need to be familiar with the use of aerosol-holding chambers - add-on devices and spacing devices (spacers are long tubes that slow the delivery of medication from pressurized meds)
• If a youth is experiencing an asthma attack, a Scouter must move other youth away, allowing for space for recovery. Encourage the youth to breath at a regular pace, taking deep breaths and to remain calm
• Scouters supporting the youth experiencing an asthma attack need to present as calm, displaying no fear or panic
• Report incidents to the parents or guardians

FURTHER ASSISTANCE

This Info Sheet is a resource guide only and is not intended to be therapeutic, diagnostic, medical, or legal advice. Our best source of assistance for youth with identified needs is the youth’s parents or caregivers; the information provided is designed to support the relationship that exists between a youth and his/her parents or healthcare providers and the Scouters involved with the youth.

SOURCES


PROGRAM MODIFICATION SUGGESTIONS

• Be aware of triggers that result in asthma attacks; exercise, viruses, cold air, emotional reactions, cold water, pollutants, cigarette smoke, toxic substances (paints and fumes)
• Avoid allergen sources of dust mites; pillows, upholstered furniture, carpeting, and other common sources of allergens; pets, pollen and pollutants
• Keep the youth away from grassy fields in the early evening as this is a common source of grass pollen
• Insure that all the youth know that they are to immediately reach out to a Scouter should any youth become ill at any time
• Be mindful that youth experiencing a cold may also experience a flare up in asthmatic symptoms
• Be cognisant that air pollution makes asthma worse