

HEATWAVE PLANNING

Protecting health and reducing harm from heatwave

People living in our community are generally accustomed to living in hot weather and are known to be resilient in hot conditions. For this reason, many people may be complacent about extreme heat events and don't believe they could be susceptible to heat-related health impacts.

Heatwaves can have a big impact on existing medical conditions and cause heat-related illness, which may be fatal. The events of the January 2009 heatwave in Victoria resulted in an estimated 374 excess deaths compared with the average rate in the same week over the previous five years. This serves as a reminder that the impact of heatwaves on human health is real and life threatening.

Heatwaves can affect anybody, including the young and healthy; however, there are certain population groups that are more at risk than others. These include people aged 65 years and over, people who have a medical condition and people taking medicines that affect the way the body reacts to heat.

Heat-related illness can range from mild conditions, such as a rash or cramps, to very serious conditions, such as heat stroke, which can be fatal. Heatwaves can also exacerbate existing medical conditions including heart and kidney disease.

More information can be found at: www.heatwavehelp.com.au

Key findings of the Chief Health Officer's report on the January 2009 Victorian heatwave
The report found there was:

- A 25 per cent increase in metropolitan Ambulance Victoria total emergency cases and a 46 per cent increase over the three hottest days
- A 12 per cent overall increase in emergency department presentations, with a greater proportion of acutely ill patients, and a 37 per cent increase in those aged 75 years and over
- An eightfold increase in direct heat-related emergency department presentations (46 per cent in those aged 75 years and older)
- An almost threefold increase in patients dead on arrival (69 per cent aged 75 years and older) at emergency departments



Some tips to keep cool

- Look after yourself and keep in touch with others.
- Drink plenty of water (if your doctor normally limits your fluids, check how much to drink during hot weather).
- Keep cool and dress lightly.
- Stay out of the sun.
- identify the coolest room in the house so you know where to go to keep cool
- keep up to date with heatwave alerts and high fire danger days by listening to the radio and news bulletins
- An app called: Fire Ready is available to keep up to date with the latest warnings and messages.

We're earning our walking stars and stripes!

We have teamed up with work mates, people who work in our volunteer programs, community members and members of our staying strong fitness classes to do the three month challenge of walking 10,000 steps each day.

We have hoisted the star-spangled banner, clipped on our pedometers and set up teams to join a walking challenge that will have our step count soaring higher as we walk across the USA.

We wisely decided to commence our journey just before Christmas – we needed to walk off the Christmas and New Year indulgences! We set off at a cracking pace starting at Alcatraz. And from there we have been on a road trip of a life time. With every step, we have uncovered North America's most talked about icons.



This is Boort District Health's second 10,000 step challenge. The first one we commenced in early 2015 and we travelled around Australia. That was a challenge among team mates. But, we were inundated with enquiries from the local community wanting to know if they could be involved. So we broadened the challenge. We have almost 70 people taking part. And the best part everyone is having fun setting up friendly rivalry as teams compete to be the first to reach New York in March 2016!

Bowls night fundraiser



Once again a successful bowling night was held on 5th January 2016 as a Murray to Moyne fundraiser. Almost 100 people attended with 21 teams competing. It was terrific to see a large group of visitors from the caravan park taking part. It was an entertaining night with everyone pitching in to ensure its success. And the setting by the lake was perfect.

The children had a great time while the adults rolled their bowls. The spinning wheel once again proved to be popular with great prizes up for grabs. The overall winners were:

- Winner – Ivan Streader's Team: Butch MacDonald, Vaughan Toose, Justin Mulquinny
- Children's closest ball to the kitty – Leni Polkinghorne and Reece Taylor

Overall \$1000.00 was made and we would also like to acknowledge individual donations: Donations from Kel Jeffery, Ken Birt, Ian Allison, Kevin DePiazza, Margaret Nelson, Don Poyner, Neil Beattie, Ray Stomann, Mr Featherby, Wally Mannallac, Vicki Poxon and Gary Whitfort.

A huge thank you to Kathy Velleley and Carol Ritchie for organising the event in conjunction with Ken Birt from the Boort Bowling Club.

WELCOME



Research conducted over the last 20 years indicates that a person's sense of self supports their ability to act, even when they have dementia. The creation of an environment that assists a resident with dementia to make choices goes some way to meeting their needs.

In planning for the new aged care facility at Boort District Health design principles that takes into account creating an environment that supports residents to do the things they can still do and enjoy is important. We work hard to fit our routines into the routines of our residents, supporting their independence and ability to exercise choice.

Our new facility will be landscaped to provide residents with the opportunities to move around, grow vegetables or other plants, feed the chooks or entertain their visitors. We will also create an area where children can play and be involved with the residents.

It isn't far away until our residents will move into their new homes and we look forward to sharing the new facilities with all of you.

Vicki Poxon - CEO

Managing Asthma

The Boort Medical Centre

Over the coming months the Boort Medical Centre will be sending out invitations to parent/s of school aged children with asthma. The aim is to ensure that every school aged child has an Asthma Action Plan. The action plan ensures that the Boort District School has all the resources required if a child has asthma. The action plan is a document developed with the child's doctor and sets out how to manage asthma. However, at any time children and adults are encouraged to see their doctor if they have any concerns about their asthma.

What is asthma?

Asthma is a disease of the airways – the breathing tubes that carry air into our lungs. Sometimes it is harder for a person with asthma to breathe in and out, but at other times their breathing is normal. Asthma is a long-term (chronic) disease. Although there is currently no cure, with the right knowledge and good management, most people with asthma can lead full and active lives.

Who develops asthma?

- Over 2 million Australians have asthma – about 1 in 10 adults and about 1 in 9 or 10 children.
- Asthma and allergies are closely linked. Asthma is more common in families with allergies or asthma, but not everyone with asthma has allergies.
- Adults of any age can develop asthma, even if they did not have asthma as a child.
- Some people have asthma during childhood, but later have very few or no symptoms as adults.
- Many preschool children who wheeze do not have asthma by primary school age.
- Indoor and outdoor pollution (including moulds, gases, chemicals, particles and cigarette smoke) can increase the risk of developing asthma.
- Athletes can develop asthma after very intensive training over several years, especially while breathing air that is polluted, cold or dry.

Symptoms

The most common symptoms of asthma are:

- wheezing – a continuous, high-pitched sound coming from the chest while breathing
- shortness of breath – a feeling of not being able to get enough air
- a feeling of tightness in the chest
- coughing – alongside other symptoms.

You do not need to have all of these symptoms to be diagnosed with asthma.

Noisy breathing, such as a rattling sound, is common in healthy babies and pre-schoolers. This is not the same as wheezing and does not mean the child has asthma.

What causes asthma symptoms?

Many people think they have asthma only when they have asthma symptoms. In fact, the airways are sensitive all the time and most people with asthma have permanently irritated (inflamed) airways when not taking regular preventer treatment. From time to time, the airways tighten or become constricted so there is less space to breathe through, leading to asthma symptoms. Asthma causes three main changes to the airways inside the lungs, and all these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.
- Asthma symptoms can be triggered by different things for different people. Common triggers include colds and flu, allergies and cigarette smoke.

What are asthma triggers?

Triggers can cause the airways to become narrow and inflamed, leading to asthma symptoms. Avoiding triggers, if possible, can help to control asthma. Anything that causes a reaction can set off asthma symptoms.

These triggers differ between individuals. Over time, you will get to know which circumstances can make your asthma get worse. Some can be avoided altogether while others you will need to plan for.

Common triggers include:

- respiratory infections, such as colds and flu
- cigarette smoke
- allergy-related triggers, e.g. house dust mites, pollens, pets or moulds
- weather, e.g. cold air, change in temperature, thunderstorms
- work-related triggers, e.g. wood dust, chemicals, metal salts
- irritating substances breathed in the air, such as bushfire smoke
- certain medicines, e.g. aspirin, some blood pressure drugs
- stress and high emotions, such as crying.

Asthma Action Plans

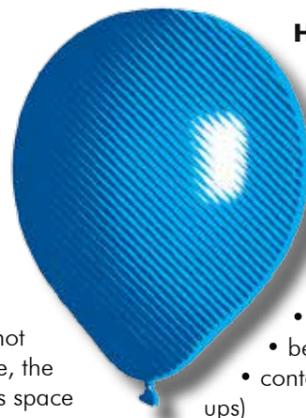
Written asthma action plans are one of the most effective asthma interventions available.

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 and helps the adult or child with asthma how to recognise worsening asthma and gives instructions on what to do in response.

The process of developing a written asthma action plan is important, as this should be a discussion of the person's individual asthma and its management. The written plan is a reminder of that discussion.

Use of a written asthma action plan:

- reduces absences from work or school
- reduces hospital admissions
- reduces emergency visits to general practice
- reduces reliever medication use
- improves lung function.



How does a written asthma action plan work?

Once completed, 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 an adult who looks after the children.

Regular review of the asthma action plan is important as a person's level of asthma severity or control may change over time.

What should a written asthma action plan include?

Different asthma action plans suit different people, but all plans should have the same essential features. The plan should:

- be in a written format
- be individually prescribed, rather than a general example
- contain information that allows the patient and/or their carer to recognise exacerbations (flare-ups)
- contain information on what action to take in response to those exacerbations.

The plan needs to cover:

- Maintenance/preventer therapy: doses and frequencies of regular medications
- Treating exacerbations: how to adjust treatment in response to particular signs and symptoms
- Managing increased severity: when to start oral corticosteroids and seek medical advice
- Danger signs: when and how to seek urgent medical help

Source: National Asthma Council of Australia



Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

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

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

(OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12))



3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

(OR give 1 more dose of Bricanyl or Symbicort inhaler)



4 If there is still no improvement call emergency assistance (DIAL 000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort)



Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

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

 **Asthma Australia**

Contact your local Asthma Foundation
1800 ASTHMA (1800 278 462) asthmaaustralia.org.au

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