

ASTHMA

Asthma is a life-threatening condition that affects the small air passages (bronchioles) within the lungs.

During an asthma 'attack' the air passages (which in individuals who have asthma are inflamed and swollen) become narrowed, making it difficult for air to travel through the lungs, causing breathlessness. In sports environments, such an attack can be 'triggered' as a result of the respiratory effort of the exercise ('exercise-induced-asthma' (EIA)); the attack may continue to worsen even after the exercise stops. Asthma may also be brought on by exposure to cold/dry air, pollen, dust, smoke, infection or as a result of stress. In a child a troublesome cough is often the first sign of the onset of their symptoms.

In advance of an activity, you should know if any of the players have asthma. They should carry their medication at all times; particularly the aerosol 'reliever' inhaler that will be required to open up the air passages in times of respiratory distress. The inhaler is sometimes used in conjunction with a 'spacer' device; this is a large plastic chamber with a mouthpiece at one end and a hole for the inhaler's aerosol dispenser at the other end, although there are smaller, more practical devices that young people can use. A spacer makes it easier for the medicine to reach the lungs. The medication should be used as prescribed before they begin to exercise (it should be promoted as part of the player's pre-activity/warm up routine). During activity, the inhalers must be immediately accessible, preferably held by the first aider/parent/next of kin (the player's specific prescribed medication must be clearly labelled with player's name).

Participation in activities should not be allowed if the player's medication is not immediately available to them.

It is recommended that the first aider carries (and keeps confidential) a 'Player Medical Information Card' that would detail specific features, e.g. 'triggers', that are relevant to the player. The First Aid Consent Form should also be completed to indicate that a parent/guardian/next of kin has given consent for the first aider to assist in the administration of the asthma medication. This is particularly important where the child is too young or is unable to self-manage their medication.

Recognition:

- coughing
- difficulty in breathing (player may be bent over supporting arms on legs to assist breathing)
- difficulty speaking and completing sentences
- wheezing
- anxiety / distress
- blueness of lips
- exhaustion / collapse
- unconsciousness.

First Aid:

- stay calm and reassure player (inexperienced 'helpers' can make the situation worse by increasing anxiety and causing agitation to the player)
- support the player in most comfortable position (sitting down and leaning forwards with arm support / 'tripod position' may be preferred) / loosen any tight clothing
- assist the player to self-administer the usual dose (e.g. "two puffs" / one puff at a time) of their own prescribed medication from their reliever inhaler
- monitor breathing / do not leave player unattended
- if there is no improvement after taking the first dose of medication contact the emergency services (see below). The player should take "two puffs every two minutes" (up to a maximum of 10 puffs)

If the player is a child, a parent/guardian/next of kin must be notified that it was necessary to administer their medication.

Call the Emergency Medical Services (112 or 999) if:

- after using the inhaler the player's condition does not improve
- the player is deteriorating quickly and becoming exhausted
- the player has blueness of lips, collapses or becomes unconsciousness
- at any time you become concerned about the state of the player

If an ambulance does not arrive within 10 minutes further medication should be administered at two-minute intervals.

The FA's Advice on the Management of Players who are Experiencing an Acute Asthma Attack on the Field of Play

If a player experiences any signs or symptoms of asthma whilst engaged in activity they **should** leave the field of play in order to self-treat ("rolling substitutions" can facilitate this). It is good practice to inform the referee prior to the start of a game if any of your players have asthma and may require medication. Although it is best practice that any medication is immediately accessible pitchside, if the player has to return to the changing room to obtain their medication, they should be escorted to/from the room and ensure they remain safe. Only when a player's symptoms have settled and they are well enough to continue (this may take several minutes) should they then be allowed to return to the activity. Should the player continue to experience the signs or symptoms of asthma they should cease activity for that particular day.

Note: in 'elite' sport, medications used in the treatment of asthma may require a Therapeutic Use Exemption (TUE) certificate for doping control purposes.

Caution: medications must be kept of the reach of children.