How to include people with chronic disease in community activities

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guide

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Abbreviations

ACTDGP Australian Capital Territory Division of General Practice

AIHW Australian Institute of Health and Welfare

ANU Australian National University

CCGR Centre for Clinical Governance Research in Health

COPD Chronic obstructive pulmonary disease

IPCP Interprofessional collaborative practice

IPL Interprofessional learning

This symbol highlights first aid information in the text.

Useful terms and definitions

Chronic disease

A 'term applied to a diverse group of diseases that tend to be long-lasting and persistent in their symptoms or development' (AIHW 2006: 71). The main characteristics of a chronic disease as outlined by AIHW (2009) include:

- complex causality
- multiple risk factors
- long latency periods
- functional impairment or disability

usually being confined to non-communicable diseases.

When two or more diseases are present in an individual at the same time (AIHW 2007). The diseases can either have no association with each other or, more commonly, be directly related to each other. Examples include cardiovascular disease and diabetes, or health failure and depression.

Co-morbidity

Group leaders

Group leaders can be fitness instructors, experts in a specific activity and volunteers, qualified and unqualified.

The responsibilities of a group leader include:

- having knowledge of the activity they are conducting
- being aware of the special needs of participants
- undertaking duty of care
- providing an atmosphere that allows open communication between members and between the group leader and members.

'... learning arising from interaction between members of two or more professions' (Freeth et al. 2005).

Inter-professional Learning

Useful terms and definitions CONTINUED

Physical activity

The World Health Organisation (2009) has defined physical activity as ‘any bodily movement produced by skeletal muscles that requires energy expenditure’. Examples of physical activities include swimming, walking, yoga, exercise groups and gardening.

The *National Physical Activity Guidelines for Australians* recommend that adults should ‘accumulate at least 30 minutes of moderate intensity physical activity on most, preferably all, days’ (DoHA 2009). Such activities will result in a noticeable increase in heart rate and breathing.

Self- managment

The ‘active participation by people in their own health care’ (ACT Health 2008: 16), with support when needed from the health system. A person who is able to self-manage their condition understands their health condition, is able to make informed decisions about treatment, participate in the decision-making in relation to continuing care, have and follow a health care plan, monitor changes and are able to respond to changes through a pre-developed action plan (ACT Health 2008).

1 INTRODUCTION

Background

This guide is designed for community **group leaders** so they can better support people who are clearly affected by **chronic disease** by helping them participate in **physical and social group activities**.

NOTE: Terms that are explained in the *Useful terms and definitions* section (pages v–vi) look **like this** in the text.

More and more people are living with chronic diseases such as diabetes, heart failure and/or lung disease. They may also have other **co-morbidities** such as depression or musculoskeletal conditions. To maintain the best possible quality of life, people with chronic disease need to engage in physical and social activities of their choice. Involvement in activities is part of a holistic approach to **self-management** and benefits the physical and mental wellbeing of those involved.

Community organisations can help people to manage their chronic diseases by welcoming their participation in community group activities. Physical and social activities in the community are very diverse and can range from a painting group, lawn bowls or volunteering at a local cultural centre, to walking groups and exercises classes in a local community venue or gym.

Purpose of this guide

This guide provides community group leaders with useful information and strategies to assist them in welcoming people with chronic disease to their activities.

Group leaders may be enthusiasts in their specific activity. They may be fitness instructors or committee members, paid or voluntary, qualified or unqualified.

The guide has been divided into numbered sections that provide the reader with:

1. An introduction to explain the purpose of the book.
2. A brief overview of the common chronic diseases and co-morbidities.
3. Duty of care considerations, in particular those relevant to community organisations, including a checklist.
4. Information on the Privacy Act, with issues that impact on community organisations, including a checklist.
5. Suggestions on discussing chronic disease with group activity participants.
6. First aid information, with suggestions for a first aid kit for groups that include people with chronic disease.
7. References.

2 INFORMATION ON COMMON CHRONIC DISEASES AND CO-MORBIDITIES

This section provides information on three high-prevalence chronic diseases in Australia:

- Diabetes
- Heart conditions
- Chronic obstructive pulmonary disease (COPD)

And two co-morbidities to chronic disease in Australia:

- Musculoskeletal conditions
- Depression

The information provides a basic understanding of the disease, factors that your community organisation needs to consider when participants with chronic disease participate in activities, and what to look out for if a person participating in your organisation's activities becomes unwell.

The following sections provide information on topical issues identified by community organisations when participants with chronic disease are involved in their activities. The checklists are to be used as a reminder and as general information. They are not intended to replace the resources and expertise provided by medical practitioners, health professionals, consumer health representative organisations or legal teams.

DIABETES

What is diabetes?

Diabetes is a disorder of blood sugar levels. People with diabetes cannot regulate their blood sugar levels appropriately.

High blood sugar levels can cause tiredness, thirst, frequent urination, dizziness, and occasionally loss of consciousness (in severe cases).

DIABETES TREATMENT

The objective of diabetes treatment is to regain control of blood sugar levels and to prevent long-term complications.

THE TREATMENT INCLUDES:

- Diet modification, exercise and medication (usually tablets, but people with diabetes may be required to use insulin injections).
- Smoking cessation – diabetes multiplies the risks from smoking, so it is very important for people with diabetes who smoke to give up.

LONG-TERM COMPLICATIONS

Prolonged high blood sugar levels cause damage to many parts of the body. In the long term, diabetes can cause:

- Eye disease (potentially leading to blindness)
- Kidney disease (potentially leading to kidney failure)
- Diseases of the blood vessels in the heart (potentially leading to a heart attack)
- Diseases of the blood vessels in the brain (potentially leading to a stroke)
- Diseases of the nerves and blood vessels in the extremities (potentially leading to foot and leg ulcers and amputation)

WHAT FACTORS NEED TO BE CONSIDERED FOR A PERSON WITH DIABETES?

Things to consider for a person with diabetes:

- Questions to ask:
 - › Do you take insulin? People who take insulin may need a private space to administer it. They should be encouraged to not miss doses, even if no private space is available.
 - › How do you dispose of the sharps? People with diabetes may carry a sharps container with them or dispose of sharps in a public lavatory.
 - › Do you use an insulin pump?
 - › Will you need to eat? People with diabetes should be able to eat whenever they need to.
- People with diabetes should exercise at their own pace.

Do you take insulin?

Will you need to eat?

WHAT ARE THE GENERAL SIGNS TO LOOK FOR?

The general signs to look out for when a person has diabetes include:

Low blood sugar levels (hypoglycaemia or 'hypo')

- Why does it occur? A 'hypo' can occur if a person with diabetes eats too little or misses a meal, uses too much medication, or partakes in activity without having eaten enough beforehand.
- Features include sweating, trembling, nausea, feeling hungry, feeling anxious, and feeling weak. Some diabetics are initially unaware of a 'hypo'.

- **Response:**
 - › Take carbohydrates (glucose tablets, 6–7 jelly beans or half a glass of fruit juice).
 - › See their diabetes educator before the next session.

What's a HYPO?

DIABETES

Very high blood sugar levels (hyperglycaemia)

- Why does it occur? Common causes of high blood sugar levels include missed doses of diabetic medication, illness, infection, stress, tiredness, too many carbohydrates, and certain medications that increase blood sugar levels.
- Features include feeling excessively thirsty, frequently passing large volumes of urine, tiredness, blurred vision and weight loss.

• Response:

- › Drink extra liquids (water or other sugar-free drinks).
- › Monitor their sugar levels regularly – if levels are too high seek medical advice.

**What's
DKA?**

DIABETIC KETOACIDOSIS

Diabetic ketoacidosis (DKA) is a complication of hyperglycaemia and occurs nearly exclusively in Type 1 diabetes. Features additional to those in hyperglycaemia may include a rapid heart rate, an acetone smell on their breath, confusion and coma. DKA is a medical emergency and requires immediate medical attention.

NOTE: If you are concerned at any time about the person's condition call **000** for emergency services to attend immediately.

FURTHER INFORMATION

DIABETES ACT

<http://www.diabetes-act.com.au/site/>

DIABETES AUSTRALIA

<http://www.diabetesaustralia.com.au/>

Telephone: 1300 136 588

HEART CONDITIONS

Chronic heart conditions include **heart failure, angina** and **coronary heart disease**.

What is heart failure?

Heart failure is a condition in which the heart muscles become weakened and the heart is no longer effective at pumping blood around the body. It can be caused by conditions that have impaired the normal functioning of the heart including coronary heart disease, high blood pressure and heart attack. Deterioration in heart functioning usually occurs over many years. However, it can also happen suddenly. Symptoms such as chronic tiredness, reduced capacity to exercise and shortness of breath can be seen in people with severe heart failure (National Heart Foundation of Australia 2008a; AIHW 2003).

WHAT ARE SOME OF THE RISK FACTORS?

The risk factors for heart failure include:

- coronary heart disease
- high blood pressure
- being overweight
- diabetes.

High blood pressure

Blood pressure is the pressure of the blood as it moves through the arteries. When the blood pressure is consistently high, damage can occur to the heart, brain and other organs (Heart Foundation 2008c). High blood pressure can be controlled either by medication or through lifestyle changes.

HEART CONDITIONS

**Avoid
extreme
temperatures**

**Avoid lifting
heavy weights**

WHAT FACTORS NEED TO BE CONSIDERED FOR A PERSON WITH HEART FAILURE?

The following factors need to be considered by the community organisation when a person with heart failure is participating in physical activity:

- Avoid temperature extremes – hot or cold.
- Consider the usual level of physical activity and do not increase the level too quickly.
- Avoid lifting heavy weights, as this can raise blood pressure and place strain on the heart.

WHAT ARE THE GENERAL SIGNS TO LOOK FOR?

The general signs to look out for when a person with heart failure is not well include:

- breathlessness
- feeling faint or has spells of dizziness
- cold sweat
- cold limbs – swelling in limbs/ankles
- tiredness (as there is less blood going to the organs)
- weakness
- heart palpitations.

NOTE: Patients with heart failure may have symptoms referable to their underlying heart disease (e.g. coronary heart disease – see below).

What is coronary heart disease with angina?

In coronary heart disease, the blood vessels in the heart are clogged and narrowed. This will lead to a decreased supply of blood, nutrients and oxygen to the heart muscle. This leads to the typical chest pain symptoms of coronary heart disease and is known as angina.

If the blood supply is blocked significantly, a life-threatening heart attack can occur. People with coronary heart disease are more at risk of developing a heart attack. The damage may not be reversible.

WHAT ARE THE GENERAL SIGNS TO LOOK FOR?

The general signs to look out for when a person with coronary heart disease is not well include:

- pain in the chest (especially when brought on by exertion) – if the pain lasts longer than 10 minutes, action is required (call an ambulance)
- feeling faint or has spells of dizziness
- breathlessness
- cold sweat

***Watch out for...
pain in the chest, feeling
faint or dizzy spells,
breathlessness, cold sweat***

WHAT ARE THE SIGNS TO LOOK OUT FOR WHEN A PERSON IS HAVING A HEART ATTACK?

Please note that the warning signs and symptoms for a heart attack vary from person to person. They can develop over a number of minutes and become worse or come on suddenly. Usually the symptoms last for more than 10 minutes. The following plan, provided by the Heart Foundation ACT, details the signs and symptoms of a heart attack and the plan of action.

HEART CONDITIONS

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FURTHER INFORMATION

THE NATIONAL HEART FOUNDATION OF AUSTRALIA

<http://www.heartfoundation.com.au>

HEART HEALTH INFORMATION SERVICE

Telephone: 1300 36 27 87

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

What is chronic obstructive pulmonary disease (COPD)?

Chronic obstructive pulmonary disease (COPD) is a chronic airway disease. This term is used to describe a person with chronic bronchitis, emphysema, or – in most cases – a combination of both.

The most common cause of COPD is exposure to cigarette smoking for many years. The particles and substances in smoke will then damage the airways and lungs. Other less common causes include environmental or genetic factors.

COPD AND ASTHMA

COPD and asthma are two different diseases with similar symptoms and treatments. In rare cases, people may have both asthma and COPD.

SYMPTOMS OF COPD

The main symptoms of COPD are:

- shortness of breath (during activity or even at rest)
- coughing up phlegm (mucus)
- other non-specific symptoms such as fatigue.

The symptoms may be worse in the morning.

WHAT FACTORS NEED TO BE CONSIDERED FOR A PERSON WITH COPD?

There are a number of factors that need to be considered by community organisations when conducting activities for people with COPD (The Australian Lung Foundation 2009):

- Customise the exercise environment – reduce or eliminate hills or stairs.
- Reduce exposure to colds and flu-like infections.
- Choose activity that is realistic for the individual – gradual exercise that builds up their strength and fitness.

Customise the exercise environment!

Reduce exposure to colds

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- Reduce the presence of pollens, moulds, animal hairs, dust mite and/or air pollutants (e.g. cigarette smoke and paint).

When a person with COPD participates in community organisation activities, it is not unusual for them to use the following:

- a puffer or other medications to improve their shortness of breath
- an oxygen bottle if their disease is severe.

WHAT ARE THE GENERAL SIGNS TO LOOK FOR?

If a person with COPD is feeling unwell, they may have an increase in the severity of their normal symptoms. This includes at least one of the following main symptoms:

- increased shortness of breath (they may appear puffed)
- increased frequency and severity of coughing
- increased phlegm production, with a change in volume and/or character.

If the person becomes uncomfortably short of breath, they may need to sit out from the activity until they feel confident to rejoin it.

FURTHER INFORMATION

LUNG FOUNDATION

<http://www.lungfoundation.com.au>

LUNG FOUNDATION: BREATHE EASIER – YOUR GUIDE TO COPD

<http://www.lungfoundation.com.au/content/view/78/83/>

MUSCULOSKELETAL CONDITIONS

How do musculoskeletal conditions affect people with chronic diseases?

Many people with a chronic disease also have problems with mobility due to their musculoskeletal system. This could be due to old injuries, new injuries, inflammation of the joints ('arthritis'), wear and tear of the joints, and so on.

This can make activities more difficult, slow people down, or cause pain.

Paradoxically, many people with musculoskeletal conditions need to keep moving to prevent the condition worsening ('use it or lose it').

WHAT FACTORS NEED TO BE CONSIDERED FOR A PERSON WITH ARTHRITIS?

It is not recommended that people with arthritis participate in activities where:

- high impact occurs
- force is exerted through the joints
- joints are forced into unsafe positions.

The following factors need to be considered by a community organisation when people with arthritis participate in their activities:

- Provide appropriate warm-up and cool-down with stretches for the activity.
- Is there good transport to the venue?
- Is there parking close to the venue
- Is there adequate access into the building (stairs or elevator)?
- Avoid prolonged sitting periods, as this can lead to stiffness in some people with arthritis.

MUSCULOSKELETAL CONDITIONS

ARTHRITIS AS A CO-MORBIDITY

The risk of having a fall is increased in people who have arthritis (Arthritis Australia 2009). This risk is further increased in the person who has both arthritis and a chronic disease. This is due to people with multiple conditions experiencing:

- decreased strength
- diminished proprioception (the ability to sense where your body parts are)
- poor balance
- increased levels of pain.

What do you do if someone injures their bones, joints, or muscles?

- Follow the **RICE** acronym:
 - › **R**est (rest the affected limb)
 - › **I**ce (apply ice intermittently to reduce swelling)
 - › **C**ompression (compress the affected area with an elastic bandage to reduce swelling)
 - › **E**levation (elevate the affected limb to reduce swelling).
- Seek medical attention as soon as possible.

FURTHER INFORMATION

ARTHRITIS AUSTRALIA

<http://www.arthritisaustralia.com.au>

Telephone: 1800 011 041

AUSTRALIAN RHEUMATOLOGY ASSOCIATION

<http://www.rheumatology.org.au>

What is depression?

Depression is a mood disorder where feelings of sadness, loss of interest, hopelessness and unhappiness are experienced for extended periods of time. These feelings consume the everyday life of the person, resulting in them withdrawing from life and affecting their ability to function in day-to-day activities.

There is no single causal factor for depression. Triggers of depression vary from person to person and can include a significant event or incident, such as illness, death of a close family member or friend, or a relationship breakdown. Depression can also be triggered by a life situation, such as after childbirth. However, depression can also occur in the absence of any triggers.

DEPRESSION AS A CO-MORBIDITY

Having a chronic physical illness puts a person at greater risk of developing depression. Depression is often associated with people who have diabetes, have suffered a heart condition, or have arthritis (AIHW 2009; OZHELP Foundation 2009). Chronic disease can make the person feel that their life has changed and that limitations on activities have now been placed on them. They may fear what the future holds. In addition, there may be a direct physiological effect in the brain from the primary medical illnesses such as stroke or dementia that can lead to depression. Co-morbid depression in an individual with a chronic medical condition can worsen the course and outcome of that medical condition.

The symptoms of chronic physical illnesses, as well as some types of treatments, can result in major lifestyle changes. These may cause severe disruptions to a person's work or social life and create financial difficulties.

For people with a chronic illness, depression makes recovery more difficult. It can make it harder for people to find the energy to eat healthily, exercise and to take medication regularly.

DEPRESSION

WHAT FACTORS NEED TO BE CONSIDERED FOR A PERSON WITH DEPRESSION?

Having a chronic physical illness can be isolating – depression can increase this isolation even more. It has been estimated that one-third of people with chronic medical conditions are clinically depressed. The following factors need to be considered by a community organisation when a person suffering with depression is participating in a community-run activity:

- Provide an encouraging and supportive environment.
- Encourage good social connections and involvement in social activities.
- Encourage the person to seek additional help from a professional if they are not coping adequately.
- Have them maintain support and encouragement from family and friends.
- Spend a bit more time and listen.
- Ensure the safety of the person with depression, since people with depression may feel hopeless and want to end their life.
- Understand that depression is an illness but not a weakness.

Spend a bit more time & listen.

Provide an encouraging & supportive environment.

Depression is an illness but not a weakness.

WHAT ARE THE GENERAL SIGNS TO LOOK FOR?

The general signs to look out for when a person participating in your community organisation's activities is experiencing depression can include:

- an unusually depressed affect, which is persistent
- a loss of interest/withdrawal from the activity
- a lack of energy and extreme tiredness
- poor self-esteem or loss of confidence
- having guilt-ridden thoughts when they are not at fault
- thoughts of suicide
- having sleep trouble (too little or too much sleep)
- a loss of appetite resulting in significant loss of weight
- slowing down of thoughts and actions – difficulty concentrating.

The signs and symptoms of depression and the level of these signs and symptoms vary from person to person.

FURTHER INFORMATION

BEYOND BLUE – THE NATIONAL DEPRESSION INITIATIVE

<http://www.beyondblue.org.au>

Blue Pages: <http://bluepages.anu.edu.au>

Moodgym: <http://moodgym.anu.edu.au>

OZHELP FOUNDATION

<http://www.ozhelp.org.au>

Telephone: 1300 694 357

3 DUTY OF CARE

The following information has been modified from the Disability ACT module entitled *Duty of Care, Workplace Learning Module* (2002).

Also see your community organisation's Code of Conduct for more information on duty of care relating to your specific organisation.

'Duty of care' defined

Duty of care is defined as 'the obligation to take reasonable care to avoid injury or loss to a person whom it can be reasonably foreseen might be injured by an act, or omission' (Disability ACT 2002: 7).

Duty of care and community organisations

As people with chronic disease become more actively involved in the life of the community, services need to be flexible in how they will support each individual to participate in community life in ways that are both meaningful and safe. However, duty of care for people with chronic diseases is the same for anyone who is participating in your group.

The role of staff and group leaders is to help consumers to achieve positive outcomes, and to help them to follow lifestyles that reflect as closely as possible the norms and patterns valued in the general community.

Such a lifestyle necessarily involves a level of risk, which needs to be managed by both the person with a chronic disease, health care staff and group leaders who have a duty of care.

People with chronic disease should be encouraged and supported to undertake new activities so they can become more competent in managing their health and are better integrated into the community.

Adult community members owe a duty of care to the people they support by taking reasonable steps to ensure the person avoids injury or harm.

Community organisation activities should be planned to ensure that consideration is given to events or incidents that can be foreseen to increase the risk of injury or harm.

Checklist

When deciding to undertake an activity (exercise or social activity), ensure you have taken the following points into account (Disability ACT 2002):

- Assess the likelihood and extent of foreseeable harm.
- Assess the likelihood and extent of foreseeable benefits.
- Look for ways that the risk of harm can be minimised without sacrificing the benefits.
- Balance foreseeable harm against foreseeable benefits.

FURTHER INFORMATION

INDIVIDUAL SECTOR (HEALTH AND FITNESS)
ACCREDITING ORGANISATION

YOUR COMMUNITY ORGANISATION'S
CODE OF CONDUCT POLICY

4 PRIVACY

The inclusion of people living with chronic disease in community organisations requires that these organisations obtain personal and medical information about the individual. This information allows community organisations to modify group and individual activities. In some circumstances gaining this information is necessary to meet their legal requirements.

Legislation to help individuals and community organisations to ensure privacy practices are adhered to includes the *Privacy Act 1988*. If the information you collect is personal health information and you are in a jurisdiction where there is a Health Records Act, it is not the Privacy Act that would apply but the local legislation (and then the Privacy Act would apply in some limited circumstances, primarily if there are any areas of inconsistency). If you are in doubt about how to proceed with information, you should contact your local relevant body. More information can be found at <<http://www.privacy.gov.au/law/states>>.

Privacy Act

Personal information is defined in the *Privacy Act 1988* as ‘information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion’.

The Privacy Act regulates not only how personal information is to be handled by organisations in Australia, but also allows individuals to have control over how their personal information is handled. In particular, the Act covers:

- how personal information is collected
- the use and disclosure of an individual’s personal information
- the accuracy of the individual’s personal information
- the storage and security of personal information
- an individual’s right to access their personal information.

Privacy of personal information

The type and amount of information a community organisation requires about an individual varies, and is dependent on the services offered by that organisation.

A community organisation or health club running physical activity programs may need to collect medical information. The local club providing bridge sessions would not need to obtain this information. Due to the sensitive nature of medical and health information, the Privacy Act includes extra protections for this information.

Checklist

When collecting personal information (including medical information) about an individual living with a chronic disease on behalf of your community organisation, ensure you have considered the following:

- Store the personal information sheet or health check sheets correctly:
 - › Information is stored on a computer that is password-protected.
 - › Information is stored in a filing cabinet with controlled access to the key.
- Advise the individual on how you and your community organisation intend on using the information.

Store private information correctly.

Advise the individual on how the information will be used.

FURTHER INFORMATION

OFFICE OF THE PRIVACY COMMISSIONER

<http://www.privacy.gov.au/>

<http://www.privacy.gov.au/materials/types/brochures/view/6483>

<http://www.comlaw.gov.au/ComLaw/Management.nsf/all/bytitle/32AA97D FE9AA8326CA256F7100071D25?OpenDocument>

YOUR COMMUNITY ORGANISATION'S CODE OF CONDUCT POLICY

5 DISCUSSING CHRONIC DISEASE WITH A GROUP ACTIVITY PARTICIPANT

If someone with chronic disease wants to talk with you in some detail about their conditions, there are a number of things you can discuss with them to help you to better include them in your group activity.

Goals and expectations

- What are your goals?
- What are your limitations?
- What are your strengths?
- What do you want to achieve from the activities with our community organisation?
- What do you enjoy doing (activities/exercises)?
- What are your expectations from the community organisation?

**What are
your goals?**

**How does
the illness
affect you?**

Disease self-management

- How does the illness affect you?
- Do you understand your condition?
- Can you self-manage your disease?
 - › What do you do to manage your situation?
- How do you feel the day after participating in an activity?

Emergency plans

- Do you have an emergency/action plan for your illness?

GP/Health professional approval

- Is your GP aware you are participating in the activity?
 - › Has your GP given you approval (medical consent) to participate in the activity?
 - › How long is it since your last medical review?

***Do you need oxygen,
to take medications or
ingest food before or
during the activity?***

Activity requirements

- Do you need a support person to participate in the activity?
- Do you need oxygen, to take medications or ingest food before or during the activity? Do you need help taking the medications?
- What specialised equipment does the community organisation need to support the person during the activity session?

There may be other information that you as a group leader would like to know about the person living with chronic disease, or how your community organisation can provide a service to a person with chronic disease prior to them participating in one of your activities. The following issues that are not covered in the fact sheets may arise when talking to someone with a chronic disease.

Other issues a group leader may need to know when working with a participant with chronic disease

The community organisation/group leader should be:

- be mindful of confidentiality, making the environment safe physically and emotionally
- have knowledge of available services
- be aware of specific/specialist programs.

Disease knowledge:

- The complexities of the co-morbidity/ies, as these will differ from person to person
- Knowledge and experience of disease specifics when working with the participant
- Psychosocial needs (responses to disease)
- Recognition of symptom onset

Consent to participate:

- Medication advice – is this needed for the person to participate in this activity?

Legal and insurance responsibilities:

- Insurance – ask if consent was gained from health professionals before the participant starts the activity.
- The participant is ultimately responsible for disclosing their health information, however most formal programs will ask participants about their motivations

Be aware of up-to-date government websites and/or announcements regarding environmental factors such as pollen/dust levels or extreme temperatures and stay inside.

- Prepare a plan ahead of time to deal with adverse events, with clear roles and responsibilities.

Check with the participant:

- If you are carrying a mobile phone, give the number to the group leader.
- Do you have back-up medication and equipment (e.g. oxygen)?

6 FIRST AID

Community group leaders should have completed a first aid course and have a first aid kit available. The Royal Life Saving Society of Australia suggests the following as some of the basics of a first aid kit:

- Telephone numbers of appropriate emergency services which can include the local ambulance, hospital and medical centre. It can also include the Poisons Information Centre hotline and any other relevant specialist emergency hotlines. In addition to emergency numbers, the list should include the contacts for various first aid personnel.
- First aid manual and/or any required leaflets
- Triangular bandages
- Cotton bandages of various sizes
- Gauze pieces
- Alcohol swabs and wound-cleaning swabs
- Adhesive dressings
- Sterile wound dressings of various sizes
- Sterile saline for wound irrigation
- Povidone-iodine or other disinfectant (in accordance with local protocols)
- Adhesive tape
- Sterile eye pads
- Safety pins
- Scissors
- Forceps and splinter probe
- Disposable gloves
- Notebook and pencil
- Accident report forms

Additional items may include:

- Asthma spacer and mask
- Asthma puffer
- Jelly beans

First aid kits must be checked regularly to ensure that items are not missing, damaged or contaminated. Any such items should be replaced immediately.

IMPORTANT NOTE

It is important for all first-aiders to ensure that they are fully informed of any regulations or requirements pertaining to the administration of first aid in their locality.

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