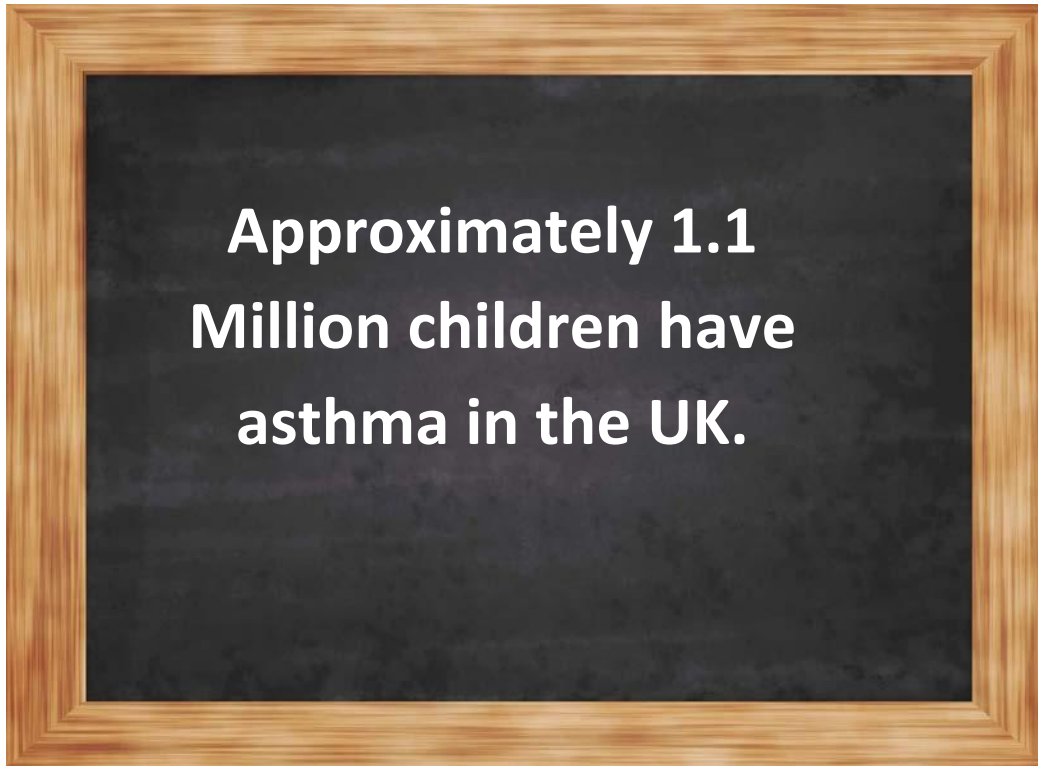


Asthma Friendly Schools



Asthma is a serious long-term condition that can be life threatening, but children with asthma can lead entirely normal lives if they are supported by the adults who care for them (Department of Health, 2015). However, it can affect a child or young person's education due to absence periods as a result of exacerbations of their condition (Asthma UK, 2012). Asthma is also known to have an impact on emergency care, accident and emergency and paediatric services, placing them under increased pressure in winter.

The Impact of Asthma in the UK

- 5.4 million people in the UK are currently receiving treatment for asthma: 1.1 million children (1 in 11) and 4.3 million adults (1 in 12).
- Asthma prevalence is thought to have plateaued since the late 1990s, although the UK still has some of the highest rates in Europe and on average 3 people a day die from asthma.
- In 2014 (the most recent data available) 1216 people died from asthma.
- The NHS spends around 1 billion a year treating and caring for people with asthma.

Why Hexthorpe Primary School strives for Asthma Friendly status.

On the Doncaster school nurse caseload using a national Read Code, 79 children were identified with an asthma diagnosis. With an estimated 10% of all children having asthma, the realistic figure should have been approximately 3,000 and it was clear that there is under reporting. These 79 children and young people were used as the sample group for the project. Parental questionnaires were sent out to the 20 parents of all the primary school children in the group. The questionnaire revealed that parents did not feel confident sending their children to school when they had minor ailments as they feared an asthma attack may occur. Two focus groups lasting approximately 45 minutes were conducted with 12 young people in two secondary schools. They felt happy and in control of their asthma, but, using an asthma control test, we found they lacked control and had inadequate knowledge of their condition. Many underestimated the importance of monitoring their condition or carrying their inhaler. The focus group identified a need for advice and education before they finished year six (ages 10-11 years) and transferred to secondary school. Additionally, they identified a need to access online support, and believed an app would be beneficial. All schools in Doncaster were asked whether

they had an asthma lead, a directory of children with asthma, a policy and guidance. The following was assessed:

- Experience of teachers in the school to manage asthma
- Knowledge of teachers about asthma
- Confidence of treatment by school
- School attendance of children with asthma

The level of commitment the school had to asthma (did it hold an up-to date directory of students with asthma, did it have guidance and/or a policy in place, and did it access training?). Schools had no guidance for staff and reported having little knowledge of asthma.

The Department of Health published guidance on emergency use of salbutamol inhalers in school. This provided information on action to be taken in case of a child having an asthma attack. During the project the clinical lead shared the information gained with teaching staff and the local safeguarding leads at Doncaster's local authority. Besides helping education partners to understand the aims of the project, this allowed the project team to share the guidance with those working in the schools. As a result of the meetings, two schools contacted the pilot team and requested further support as they had high numbers of children with asthma and high levels of non-attendance attributed to asthma exacerbations. Meetings were undertaken with these schools and we developed the concept of a "beacon school" status. Schools were given intensive support so they could work towards achieving an "asthma-friendly" status.

Perceived benefits

The initial benefits map outlined the following possible benefits:

- Early identification leading to intervention and prevention of exacerbation
- Improved empowerment of children and families, providing them with greater control and leading to fewer acute episodes; Improved partnership working to provide a supportive framework, improving education partners' knowledge and ability to support young people with asthma.
- The designated lead and community staff nurse, providing timely responses to education providers ensuring preventative work with children.

Initial benefits were achieved in the two beacon schools and further benefits were identified as the project progressed. Working with schools, having directories of young people with asthma, and ensuring parents have a designated lead in school and information is provided on primary school entry could improve outcomes for children and young people with asthma. Results as a result of the pilot the following steps have been achieved. Asthma guidance has been adapted from the existing Shropshire, Telford and Wrekin guidance. This has been developed to provide a Doncaster focus, based on results of the questionnaires and focus groups. The guidance has been shared with education providers, in safeguarding leads' meetings, with the CCG task and complete group, and with paediatric departments at the local hospital. Baseline data has been formulated as a result of questionnaires completed by parents and schools, focus groups with young people and reviews of clinical records. All young people who have asthma and are entering primary school in September 2015 will receive a parents' information leaflet and a My Asthma inhaler carry case for transporting an inhaler, spacer and emergency contact card. Two "Beacon" schools have been identified and are working towards asthma friendly accreditation, and schools have been supported to have an emergency inhaler on site. Pupils with asthma, who are known to school nurses, have a long-term condition care plan, an asthma diagnosis noted in their school nurse clinical record and are placed on a stratified caseload. Links have been made with acute care, offering improved communication and information sharing. The CCG task and complete group has been provided with lessons learned from the project via the regular reporting to the resilience fund, along with membership of the group by the clinical lead. A community staff nurse has undertaken the asthma diploma, providing a greater evidence base within the school nursing team. Following the project, we have developed the Doncaster Inhale asthma app which allows young people to self-monitor and self-manage their asthma. They can: Monitor weather conditions; Find out where to access support in emergencies; Log their use of their reliever medication; Download information for medical reviews; Link to sites of interest

Conclusion

This project has been successful in identifying baseline needs and has enabled the school nurse team to adopt evidence-based practice via the school's guidance. Following identification of children and young people with asthma and gaps in care we are working closely with schools, parents and young people. There is engagement with the CCG and wider work provides support for children, young people and families within the Doncaster area. School nurses will continue to build on their initial findings by improving outcomes and strengthening the evidence base surrounding the need for support for this potentially vulnerable group.

Criteria for asthma-friendly accreditation

- Adopting guidance on asthma for schools
- Completing a directory of children with asthma
- Buying an emergency inhaler, with spacers
- Developing care plans for children and young people with asthma
- Identifying an "asthma lead" – a member of staff who would take responsibility for the children and young people with asthma
- Asthma leads receiving enhanced training that could be cascaded to staff
- Ease of access to inhalers for all those with asthma in the school.

Key Steps to Asthma-Friendly Schools

The key steps to reducing asthma in Hexthorpe Primary include recommendations that focus on *three* main areas:

1. Self-Management and Education

Every school should identify students with asthma. These students need to have an Asthma Action Plan on file. By law, students are allowed to self-carry and administer asthma medications during school hours or must have easy access to their asthma medication in the event they cannot self-administer. Students self-carrying asthma medication must have a medical authorisation form on file and be educated on how to properly use their medicines. All students and staff should know the signs and symptoms of an asthma attack. A school-wide protocol for handling and responding to an asthma attack should be created and key staff should be trained.

2. Asthma Trigger Reduction

It is important to not only reduce asthma triggers in the classroom but outside of the classroom as well. Schools should focus on outdoor air quality, indoor air quality, integrated pest management, and green cleaning to help reduce common asthma triggers. Common asthma triggers include: diesel exhaust, pollen, dust and dust mites, cockroaches and other pests, pet dander, tobacco smoke, and certain cleaners and chemicals.

3. Collaboration with Families, Students, Staff, and Healthcare Providers

Successfully creating an asthma-friendly school depends on collaboration. A strong family-school-healthcare provider partnership is key. This guide details the

roles of all parties involved in improving health outcomes for students with asthma.