

How a 'risk management' approach led to a county-wide initiative.

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A County policy for managing asthma in schools

In terms of risk assessment, schoolchildren's asthma must be seen as a high priority. The following recent statistics from an 'Action Asthma' survey point to the need for improved asthma management strategies.

- *25 children under 15 died in England and Wales in 1989 as a result of asthma.*
- *More children are admitted to hospital with asthma than with any other medical condition.*
- *1 in 5 children experience wheezing or asthma at some stage during childhood.*
- *In the UK, an estimated 700,000 children under 16 suffer from asthma. This translates to more than 20,000 sufferers in Devon schools.*
- *Among children aged nine that experience wheezing, 1 in every 8 loses more than 30 days of schooling each year.*
- *Hospital admission rates for the 14-year-old age group increased by over 70% between 1980 and 1989.*

The 'six pack'

The issue was brought to the fore in January 1993, when a considerable body of new EC Health & Safety legislation became law in the UK. Six major regulations, euphemistically known amongst professionals as the 'six pack', were aimed at making the duties implicit in the Health & Safety at Work Act 1974 more explicit.

The nucleus of the 'six pack' is the process of risk management, which is a commonsense approach to identifying and tackling health and

safety problems affecting employees and non-employees. This latter category includes schoolchildren during the period when they are in the care of the school, both on the premises and when out on trips. The problems of risk management in schools are compounded by the great variety of activities (and their associated risks) indulged in by a large and comparatively inexperienced population.

Reviewing schools' asthma policies

In law the employer has the main responsibility for Health & Safety arrangements, and in most schools the County Council is the employer, although in voluntary-aided and grant-maintained schools the employer is the governing body. However, improving the effectiveness of risk management strategies requires the combined efforts of all involved. Against the background of the new legislation, and because an increasing number of schools had been requesting advice, information, and support, a review of asthma management was obviously timely. It may be useful for those planning a similar review to relate our experiences in Devon.

One of the early catalysts was the work done by the County's Health & Safety planning group, with departmental representatives including Education, which produced a manual including a framework for risk assessment and control. However, it was evident that an addi-

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tional manual would be required to meet the increasing information needs of schools management, following the introduction of local management and new Health & Safety responsibilities. Fortunately, in common with many LEAs, Devon has a number of tried and tested Health & Safety documents covering a broad range of activities. We were not starting from scratch, and the manual developed by drawing together, reviewing, and where necessary updating these existing documents.

Seeking consistency

The review of the County's pupil asthma policy stemmed directly from a revised policy on the administration of medicine. Taking this broader issue first was consistent with the corporate approach of setting a risk-management framework before looking at more specific policies. This also achieves the 'six pack' requirement to develop an overall, coherent prevention policy linked to risk assessment.

When we looked at our existing arrangements for schools' asthma management, it was evident that although there was a substantial amount of useful information available to schools — including the School Asthma Pack published by the National Asthma Campaign (NAC) and references in various written safety documents — there was a lack of consistency in how this advice was being applied across the county.

The NAC was keen to help, and a close partnership was formed with the aim of developing a more consistent approach to pupils' asthma management.

The next step was to draft a new schools' asthma policy framework, using four common-sense stages of risk management, as follows:

1. Identify the hazards.
2. Assess the risks posed by the hazards.
3. Decide upon the measures needed to control the risks adequately.
4. Implement the control measures and monitor their effectiveness.

Identifying the asthma-sufferers

Asthma is an inflammation of the airways, causing them to narrow — sudden narrowing produces what is usually called an asthma attack.

The school should maintain a register of di-

agnosed pupils. However, as many as half of all school-aged children suffering from asthma may not be officially diagnosed, the following signs will help identify the condition:

- Repeated absence because of 'chest infections', 'chestiness', 'wheezy bronchitis', etc.
- Repeated episodes of cough, wheeze, or breathlessness.
- Reaction to a range of trigger factors (see below).
- Tiredness and lack of concentration due to a disturbed night's sleep.

If it is suspected that a pupil has worsening asthma, or undiagnosed asthma, the Headteacher should discuss this with the parents or guardians.

2. Assessing the asthma triggers

In many children the symptoms are mild, but severe attacks can be fatal. Asthmatics' airways are very sensitive, and respond in an exaggerated way to irritants and stimuli (or triggers) that may not affect other children. Known common asthma triggers found in the school environment include:

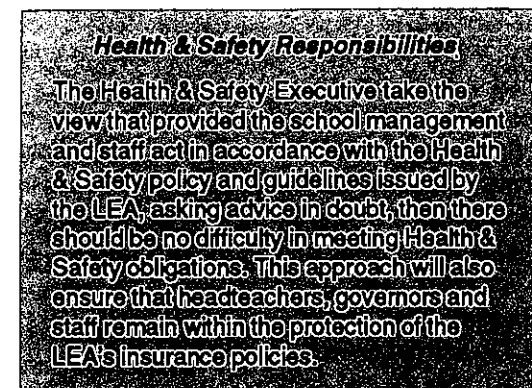
- *The common cold.*
 - *Room dust.*
 - *Pollens and spores.*
 - *Animals.*
 - *Exercise.*
 - *Cold air.*
 - *Emotional upset* (usually linked to other triggers).
- Less common triggers include:
- *Fumes from glues, paints, plastics and other chemicals.*
 - *Grain or flour dust.*
 - *Wood dust.*
 - *Tobacco smoke.*
 - *Some foodstuffs.*

3. Controlling attacks

It is important that asthmatics are encouraged to take as full a part in school life as possible, but it is not always practical or desirable to avoid asthma triggers completely.

The most effective way of minimising the consequences of asthma triggers is by the regular use of preventative medication before expo-

The County statement clarifying teachers' responsibilities with respect to administering asthma medication to pupils.



sure to the trigger factor. To achieve this, any obstacles to the child's taking medication should be removed or overcome.

Asthmatic children may have to monitor and treat themselves during school time, and asthma attacks can start rapidly. It is therefore vital that asthmatic pupils have instant access to their inhalers. If their age and ability allow, it is entirely reasonable to allow them to keep their inhalers with them. Younger pupils will have been taught how to use their inhalers, but may need some assistance.

4. Formalising and monitoring the school policies

To translate this model risk assessment into effective procedures, the following actions will be required by each school:

- Develop its own school policy based on this model. (A computer disc format is being prepared to assist with this task.)
- Make the policy known to staff, parents, and pupils.
- Address any additional training and information needs of staff and pupils.
- Review the policy regularly (at least annually) to confirm that it is still relevant in the light of significant changes that may have occurred.

The document concluded as follows:

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the County Council through these guidelines, and the help of the School Health Service will encourage them to see this as part of the pastoral role. Where these arrangements fail it is the responsibility of parents or carers to make alternative arrangements.

Consultation

The draft policy was then used as a vehicle to draw comments from interested parties, raise awareness, and gain support. Many useful comments were received from a range of individuals and organisations.

Dr Martyn Partridge, Consultant Physician and Chairman of the NAC Board of Management, wrote: 'I remain full of admiration for the work that is going on in Devon... Most children with asthma take a very responsible attitude towards it, and, given the right instructions and advice, can cope with their own asthma and its treatment... However, attacks will occasionally occur at school, and it is very encouraging to see the Devon Education Department taking such a responsible attitude towards planning for such eventualities.'

Both Dr Partridge and a Consultant Paediatrician, Dr Harry Baumer, recommended that schools be encouraged to keep an inhaler and spacer device for use by any pupil in an emergency. Dr Baumer commented: 'Such a piece of equipment would not be at all expensive, and I understand that schools in other parts of the country (Isle of Wight, Glasgow, and Southampton) have adopted the same policy. I should emphasise that the treatment is extremely safe when given in this way, and there is really no significant risk that the teacher using it would be likely to face, even by administering it over-enthusiastically.'

This advice highlights a problem facing those who wish to facilitate the use of asthma medication in school. As it is a prescription-only drug, a school cannot legally hold a reliever inhaler for use by any pupil in need. It is hoped that the bold initiative shown by officials in some authorities in accepting responsibility for such an arrangement in schools in their care will lead to a review of the law governing the use of inhalers.

Devon County Council, seeking to reassure teachers worried about taking responsibility for administering asthma medication to pupils, has issued the statement shown in the panel.

From principles to practice

With the help of the NAC, the School Health Service, and local schools, training and awareness events were arranged for school staff, governors, and parents, the emphasis being on practical advice and the dissemination of good

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Schools must be encouraged to continue to review their policies for pupils' asthma management.

practice. A number of school nurses were sponsored by the Exeter branch of the NAC to attend specialised training in child asthma management, and to assist schools with training and information. This training took place at the National Asthma Training Centre, Stratford-upon-Avon, and was funded by local contributions.

These events were organised on an area and Academic Council basis, and workloads were shared between all the parties involved, making it truly a team effort. Press, TV, and radio coverage was used to increase awareness, and the current level of take-up indicates that Devon schools consider this a priority issue.

This, of course, cost money, and support came from many quarters. Devon County Councillors took part in a sponsored walk, and a collection was arranged by County Council staff. Many other local organisations raised money too. The local Pædiatric and Respiratory Consultants agreed to provide spare emergency inhalers and spacer devices for schools requesting them.

The overall costs of the schools policy initiative are being shared between the NAC, Health Care trusts, Devon County Council core budgets, and schools' local funding.

Looking ahead

Much still needs to be done to promote asthma awareness in our schools, although they are becoming increasingly aware of the need to

manage pupils' asthma effectively. The level of support, advice, and training will therefore increase.

I think that the more important features of the Devon policy towards asthma in the classroom may be summed up as follows:

- A clear commitment by Devon County Council to develop a consistent, co-ordinated policy.
- The provision of support, advice, information, and training to put the policy into practice in individual schools.
- Encouragement for school staff to become involved in the early identification of asthma.
- A structured approach consistent with other risk-management policies for Devon schools.
- Wide consultation and partnership throughout the process.
- An emphasis on the importance of instant access to inhalers.
- An effort to reduce school staff's fears regarding the legal implications associated with the administration of medicines.

I hope that Devon's risk-management approach will encourage schools to continue to review their policies for pupils' asthma management, and improve the quality of school life for a significant number of them.

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