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

Chris Doak is the Health & Safety Officer for Devon.

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

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 Martin 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 (Ise of Wight, Glasgow, and Southampon) 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 school asthma policies to schools in recent years. Under this approach the overall aim is to encourage school staff and others to take a proactive role in the management of asthma at school, and to promote a more child-centered approach to asthma care. This approach has been shown to be effective in improving outcomes for children with asthma, and to be cost-effective in the long term.

The key messages to convey to schools are:

1. Asthma is a long-term condition, and pupils with asthma should be encouraged to take as much part in school life as possible.
2. School staff should be familiar with the child's asthma management plan, and should be trained to manage asthma attacks.
3. School staff should be aware of the signs and symptoms of an asthma attack, and should be able to identify and treat a child experiencing an attack.
4. School staff should be aware of the appropriate management of asthma medication, and should be trained to administer asthma medication as required.
5. School staff should be aware of the importance of regular checks of the child's asthma medication, and should be trained to check the child's medication as required.
6. School staff should be aware of the importance of regular reviews of the child's asthma management plan, and should be trained to review the child's asthma management plan as required.

Both the NAC and the School Health Service are committed to supporting schools in their development of asthma policies, and are available to provide advice and support as required.

Schools should be encouraged to keep an inhaler and spacer device for use by any pupil in an emergency.

Picture: The County statement clarifying teachers' responsibilities with respect to administering asthma medication to pupils.
A number of school nurses were sponsored by the Exeter branch of the NAC to attend specialist training in child asthma management, and to assist schools with training and information. This training took place at the National Asthma Younger 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 Pediatric 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.

We find that the school with the most dosers is not always the school with the most wheezers; the school with potentially the most undosed wheezers may be neither of these.

David Regis is a Research Fellow within the Schools Health Education Unit. John Balding is Director of the Unit.

David Regis & John Balding

A look at the wheezers and dosers

At its worst, asthma can kill — at best, when well-controlled, it is still a nuisance. About one in seven young people is a diagnosed asthmatic, and the frequency seems to have increased over the last generation. Public awareness of asthma prevalence and possible contributory factors has been raised by the efforts of the National Asthma Campaign and the National Asthma Training Centre, as well as other agencies; but considering how common it is, it still carries a surprising degree of stigma. Perhaps this is a hangover from the time when it was widely considered to be a nervous complaint curable by the sufferer’s own efforts.

This stigma may contribute to a number of undesirable consequences:

- Many youngsters do not want to be seen taking their prescribed medication.
- They may try to avoid taking it anyway, believing that if they can get along without it, their condition must be clearing up.
- They may try to hide their condition from their friends or even from their parents.

This third factor, added to genuine unawareness in the case of some youngsters, probably leads to a substantial under-diagnosis of the condition. Parents may complicate in this failure.

Collecting data about asthma and asthma symptoms

Most of the Unit’s work is concerned with the projection of survey methods among Health Authorities and schools, so that they get a clearer picture of what is going on locally and can then plan and act on the basis of objective information. Our best-known survey is the Health Related Behaviour Questionnaire, now in its sixteenth version, which has been completed by over 300,000 pupils in numerous surveys across the country over the last 15 years. Each year we compile and report the aggregate data, our last publication being Young People in 1993 (2).

Some time ago we were approached by a pediatrician to include some questions related to asthma in our surveys. We have since done so, and in addition have designed a ‘workshop’ activity booklet (3) to help teachers examine and reflect upon the data from their survey. We currently ask two questions:

- On how many days have you taken any medication for asthma in the last week?
- When you run, do you 'wheeze' and have trouble breathing (not just out of breath)?

Let us call those who report any days at all for the first question the dosers, and those who reply ‘quite often’ or ‘very often’ to the second question the wheezers.

From our Young People in 1993 report we can draw the following figures:

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<th>BOYS (11–16)</th>
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<td>14,555 (100%)</td>
<td>14,213 (100%)</td>
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These numbers exclude 418 pupils in the surveys whose reply to one or both of those questions was missing or uncodable. Taking