LIFESTYLES 2 (Mainly Money)
A datafile about pupils for pupils

The purpose of Lifestyles 2 (mainly social) is to encourage us to think about our social attitudes, particularly in relation to spending. This datafile offers people and groups the opportunity to explore lifestyles 2 (mainly money) concerning the pupils' going out, clothes, hobbies, and other areas, provided in 1994, with 22 variables in the database. The price is low. Including VAT and postage.

When ordering, please let us know the measure, size, and sex of clothing and the made up and out clothing. The measure and size you expect the diet to be in.

Reference

Resources
Resources available through the Kingston Friends Workshop Group include a video (Step by Step Towards Resolving Bullying), an illustrated handbook (Ways & Means Today, Conflict Resolution, Training, Resources), and materials on the following topics: Bullying, Classroom Management, Conflict Resolution, Counselling and support skills, Games and activities, Mediation & conflict resolution, Parenting & family support, School management, and School mediation services.

Asthma care is like the sea bits or the sky bits of a jigsaw — you leave them till last.

A unique gathering in the history of UK school asthma care took place recently in Exeter. Chris Doak, Devon County Council Assistant Education Officer (Health and Safety), told the 152 delegates that the problem of coping with asthma in schools was like trying to get rid of an unwanted elephant. An individual couldn’t do very much, but if everyone took a bite out of it, at least it would get smaller.

The County Asthma Policy, which Chris has already described in Education and Health Vol. 12 No 15, is being further updated. But in his introductory address he pointed out that no matter how good the policy, it remains words if schools do not act on it. And the message from the opening speakers and the afternoon workshops was that the asthma care problem cannot be assigned to one person’s in-tray — that communication is the heart of the problem.

Asthma treatment, said Dr Oades, is still fighting its own image. People not only dislike being seen using an inhaler; they apparently don’t even want to be seen collecting one. A recent pharmaceutical survey showed that an incredible 85% of prescriptions for adults were not being taken up.

On the vexed question of the proliferating and abuse of pupils’ inhalers if they carry them around, Dr Oades pointed out that it was difficult or impossible for an untrained person to use an inhaler anyway, and that even if large volumes were breathed in accidentally, no harm would be done.

Lock and key
Gill O’Connor, from the National Asthma Training Centre, showed a striking cartoon from their materials. A menacing teacher guarded the high cupboard in which the children’s inhalers were locked away.

Even without such determined obstruction, the route can be awkward. Inhalers are typically kept in the school office, and in many cases of
infant-primary amalgamation the office may not be in the same building as the pupil in distress. Gill pointed out that providing resus or emergency inhalers, which is technically in breach of current legislation, has been given backing by Medical Officers in Southampton and the Isle of Man. Chris Deak pointed out that within the Devon Schools Asthma Project, emergency kits have been provided for pilot schools. "Hopefully," he said, "legislation will catch up with us!"

Teachers questioned in Gloucestershire, said Gill, came up with three main needs:

- Greater awareness of what asthma is.
- How to help an asthmatic child lead a normal life.
- What to do in an emergency.

Parents have problems too

Helen Day is a practice nurse, and for the first few years of her asthmatic son Toby's life she rarely had more than four hours of sleep a night. The delegates were moved by her account of life with a severely asthmatic child, who might have to be nursed for up to five hours at a time. The effect on the rest of the family is enormous: not just weariness from disturbed nights, but competition from the other children for their share of attention.

So if a parent seems short with you when handling over their child and inhaler at 5 to 9, said Helen, try to remember that you may have had a much better night's sleep than they have. She was also in a much better position than before to see why the parent of an asthmatic child is saying 'looking for trouble'. What has become instinctive for her will not be so for most teachers: she has to foresee what they are going to be short of.

Create a box of named inhalers. Wherever the class goes, the box goes too.

And many more, some obvious, others less so; all requiring foresight and alertness on the part of the teacher.

Contact telephone numbers for use in an emergency are also very important. The parents' home number or secret number may fail if they are out somewhere else. Collect two or preferably three other numbers too — local relatives or neighbours — so that someone can always quickly get to the school.

The autumn term brings special problems. Preventers may not have been used much in busy summer weather; asthmatic children often go down with problems within a week or two of starting school. Start using preventers early, Helen advised.

Working on the jigsaw

Janet Baker described how at Starcross they decided to focus on the 'sea and sky' by holding a workshop for parents and health care professionals.

As usual, the parents that attended were the motivated ones rather than the ones they really needed to reach and explore issues with, but they had an excellent meeting and came out of it with a list of objectives and proposals:

- Create an instantly-accessible register of asthmatic pupils, with details of dosage, emergency phone numbers, GP, etc.
- Prepare a booklet about asthma for all pupils and their parents, as well as the wider community. This would be a project involving the staff and pupils. The aim would be to reassure concerned parents that the school was geared up to cope with the problem, as well as educating the non-sufferers.
- Create a class box of named inhalers. It would also have the children's names on the outside, and wherever the class went the box would go too.
- Prepare an emergency protocol.
- Provide 'emergency inhalers' and bathe with the present restrictive legislation.
- Require a particular member of staff to keep abreast of asthma care developments and pass on any information.
- Create time to talk about asthma with the children and also have the school nurse available, at known times, for drop-in sessions.

Remember that the child has probably been through it before, and wants calm reassurance.

We are working on all these, said Janet, an amateur thespian who is known to her pupils as the 'Healymystery'. By the way, she dislikes jigsaw puzzles.

What to do if ...

Nigel Davey, from the West Country Ambulance Service, gave us an insight into what happens when you dial 999, and what teachers can do to give the emergency services the assistance they need.

First of all, said Nigel, how do you tell when you should call an ambulance? The answer is that the patient will tell you ...

- If the child is unable to complete a full sentence, that means severe trouble.
- If it can get only a couple of words out, the situation is potentially life-threatening.

There are some things you must do while waiting for the ambulance, and the school should have already prepared its own emergency procedure. Try to find out:

- Have they taken their medication?
- Did they take a normal dose?
- Did it have any effect at all?
- Does it normally have an effect?

Remember that the child has probably been through it before, said Nigel. It wants calm reassurance because this will help it to relax. This means getting the other children out of the way. Do not attempt to move the patient to another room — movement causes stress. Sit the child in an upright position, preferably with no weight on its feet. You will probably feel panicky, but you have just got to put on a calm and confident facade.

Ambulance crew know where schools are, but may not know the layout of every school. Explain how they can get as close as possible to where the patient is and have a staff member waiting to guide them. Remember also to give the name of the town or village where the school is, to avoid confusion with other schools of the same name. This applies to any emergency call. A delegate suggested having the school name and address clearly written beside the telephone, just in case a caller had to make two such a call.

Finally, Nigel explained what the ambulance crew would like to be told on arrival:

- Relevant facts about the patient's medical history.
- Any medication given since the attack.
- Name of their GP, who needs to be informed.
- Whether the parents have been told about the attack.

The neglected pharmacist

Peter Bryan, a pharmacist with Boots, explained that every dispensary has a full-time pharmacist who is specially trained in the effects and use of drugs. A pharmacist is fully qualified to give advice on their use, but not of course to prescribe.

If you, as a parent or teacher, are in doubt about the use of preventers and relievers, said Peter, then talk to the pharmacist. They are on duty all day every working day, they will know the patient's prescription, and are therefore the most accessible source of advice.

For too long pharmacists have been thought of as people who just prepare medicines.
Encouraging combing instead of using lotions seems to be paying off.

Lin Sutherland, RN, DN,
is a School Health Nurse
within the East Wiltshire
Health Care NHS Trust.

Nit combs: naturally the best?

HANDLELINE: There have been the increase again in Swindon schools. Fears that some lotions may be pre-carcinogenic, and the discovery that others are losing their effectiveness against resistant louse strains, are adding to our health professionals' headache. We found ourselves under pressure from schools and parents to find a solution, which seemed to lie in the trusty nit comb.

In September 1995 I set up a working party representing school nurses, medical officers, the pharmaceutical services, and general practitioners, and the outcome was to recommend the Bug Busting method—otherwise, regular combing, using lotions as a last resort.

A national campaign has been organised by school nurses in conjunction with Community Hygiene Concern (developers of the Bug Busting pack). Guidelines were prepared and sent to all schools and NHS general practices, as well as some GP fundholders and pharmacies, in the Swindon area. School nurses informed the parents at every opportunity, and the schools were encouraged to take part in Bug Busting Day on 31 October. In order to measure the effectiveness of the scheme, questionnaires were sent to all the recipients at the end of the school year, and some of the results are presented below.

Tremendous pressure for lotions from parents means that they may buy them even not prescribed.

Tremendous pressure for lotions from parents means that they may buy them even not prescribed.