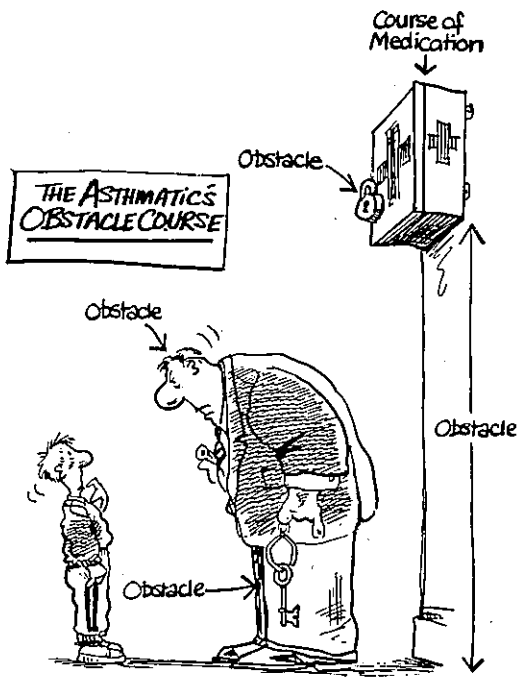
A report on 'Bridging The Gap', a meeting for school staff and health care professionals organised by the Devon Schools Asthma Project at St Loye's College, Exeter.

Biting the elephant



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. 3, 37–40, 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 morning 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 care is like the sea bits or the sky bits of a jigsaw — you leave them till last.

Janet Baker, Headteacher of Starcross Primary School, one of the six UK primary schools in the European Health Project, used a jigsaw metaphor. The brightly-coloured or detailed parts of the picture are easy to assemble, and you do those first. Asthma care is like the sea bits or the sky bits. You leave them till last because they are much harder to sort out.

Pets, paints, and pollution

Fifty years ago, asthma was believed to be a nervous condition. Twenty years ago, a tidy physiological model (dust or vapour irritating the bronchial tubes) was accepted. Dr Patrick Oades, Paediatrician at the Royal Devon & Exeter Hospital, showed how much more complicated and difficult to understand the condition really is, using a diagram like a piece of unravelled knitting.

Somewhere among the possible 'triggers' are all the well-known ones including pets, paints, smoke, and infections. He explained that apparently successful cures, like taking the patient far away from the believed source of trouble, may be only temporary before the asthma-inducing system seizes on something else.

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 pilfering 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 guards the high cupboard in which the children's inhalers are 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 reserve 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 Doak 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:

The parent of an asthmatic child literally goes 'looking for trouble'.

- *Greater awareness of what asthma is.*
- *How to help an asthmatic child to 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 handing 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.

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

She was also in a much better position than before to see why the parent of an asthmatic child literally goes 'looking for trouble'. What has become instinctive for her will not be so for most teachers: she has to forewarn them of dangers, and what sounds like fussiness to others is deadly serious when the child is too young to take precautions itself. She exampled:

- Bean bags — raising dust.
- Food swapping — dietary items are carefully selected, even though they are not a major trigger.
- Drink — their own fruit juice, not tempting milk.
- The class hamster (but that is pretty well out, or on its way).
- Painting lessons.
- Well-done-up coat before going outside.

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 work 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.

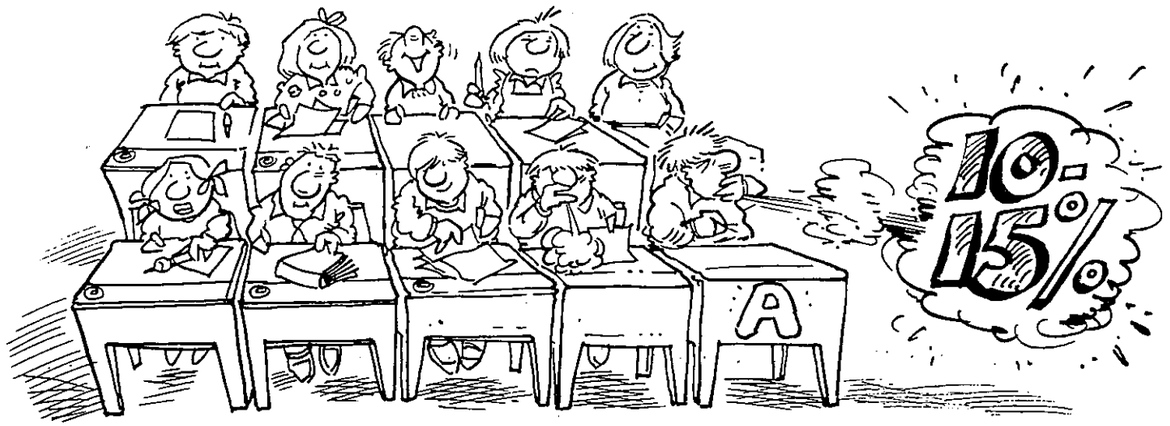
The autumn term brings special problems. Preventers may not have been used much in buoyant summer weather; asthmatic children often go down with problems within a week or two of starting school. Start using preventers early, Helen advised.

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 battle 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 'Headmystery'. 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*, then 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:

Pharmacists are fully qualified to talk about the use of preventers and relievers.

- 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 façade.

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 pupil had to make 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. Times

have changed, but the general public do not seem to be aware of this.

The discussion turned once more to the use of inhalers. Peter pointed out that unless correctly used, only a minute percentage of the inhalant ever reaches the lungs. In addition to the low take-up of prescriptions, many inhalers are used incorrectly, and so it is important that patients use devices suited to their own particular situation. On the subject of spacers, remember that a spacer has to be used several times before it is primed — static electricity builds up over the inner surface, trapping vapour.

Breakdown of information at all levels was the chief cause of concern.

Communication is the key

The afternoon work groups were designed to bring different disciplines together, and the make-up of each group was designed to represent the schools and practices in a local community. Teachers, school nurses, and practice nurses predominated. This summary records the work of one group only.

- Breakdown of information at all levels was the chief cause of concern. In particular, schools do not know enough about their pupils' requirements. Because of some parents' concern at having their child labelled 'asthmatic', the school may not even know that the condition exists.
- Parents cannot be forced to tell schools, but the practice nurse is in a good position to encourage parents to do so, either verbally or by filling in a card for them. The school should then confirm with the practice that the information has been passed on.

Getting together again to push on some of the recommendations.

- If reception class teachers pay initial home visits or talk to the parents at a pre-school meeting, the subject of asthma should be raised then.
- A prominent announcement for all to see, saying that the school has an 'asthma policy', would reassure parents and pupils and encourage openness.
- Lack of clear guidance, or conflicting instructions, with respect to use of inhalers can cause problems. Doctors can sometimes 'get it wrong' but practice nurses must not contradict them. Parents may be misled or confused. The creation of a clear but comprehensive card giving details about each pupil's medication might help to clear up confusion, as well as giving the school guidance. Such cards have been developed by the National Asthma Campaign and local authorities, including Devon.
- Communication could also be two-way. For example, the school is in a good position to inform the practice about a child's unusually high use of medication.
- But in extreme cases teachers, especially in infant classes, can also feel irritated at expecting to be nurses. Is it right for a parent to dump an obviously unwell child and its inhaler on them?

Note

Talking with other delegates showed how much they appreciated the work that Chris Doak, Fiona St Cyres, and Wenda Mallard (who chaired the conference) had put into the planning and execution of this event. Fiona St Cyres is a Trustee of the National Asthma Campaign, and Wenda Mallard is Respiratory Care Executive for Glaxo Wellcome UK Ltd.

So often, despite very positive evaluation, motivation wanes with departure. However, when the practice nurse examining my latest self-inflicted wound turned out to have been a member of my working group, more objective assessment was possible! She was very positive about the day and said that she and two other group members were getting together again to push along some of the recommendations.

If every one of the 13 working groups does as much, then the ripples raised by this conference could become waves.

Our thanks to the National Asthma Training Centre for permission to use two of the cartoons published in their school asthma pack *Asthma: Who Cares?*

— James Muirden.