

How can primary care help schools manage asthma better?

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One in 10 schoolchildren have asthma – that's three in every classroom. Having asthma gets in the way of a child's schooling; it affects their immediate safety, long-term well-being and how well they can learn and take part in other school activities. Whilst some older children may be fully independent in managing their asthma, younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their condition in the absence of their parents.

How do we ensure that any asthma care that happens at school is communicated to the child's healthcare professional? Do we know those children who use their reliever inhaler more frequently than they should be? Are children missing school due to poor asthma control?

Healthy London Partnership has launched a practical guide (<https://bit.ly/30cJSnL>) to help school staff by increasing their awareness of asthma as a medical condition and the needs of asthmatic pupils in school. It encourages the school to work closely with children, parents and health colleagues to ensure it has robust procedures in place in relation to the management of children with asthma, recording of information and safe storage of asthma inhalers.

Effective partnership working within a primary care network supports communication between schools and primary and community care staff. The school nurse has a pivotal role to play in asthma care with children and young people at school. This

could include liaising and signposting to the appropriate asthma services in their locality. Developing a close working relationship between the school nursing team and asthma Clinical Nurse Specialist (CNS) will support school staff as well as students.

The guide recommends that each school has an asthma lead or asthma champion who can ensure that medication use in school is monitored. For any salbutamol inhaler use during the school day, parents should be informed and encouraged to seek a clinical review. If a pattern of regular use is emerging at school for example, if a child uses their reliever inhaler three times a week – it is best practice for the school nurse (or asthma CNS if the family already has links) to be informed. The school nurse can then liaise with the child's GP/practice nurse or specialist to determine whether a clinical review is required.

A school with an effective asthma policy will be monitoring children's absence. If a child or young person is often absent due to their asthma, or they are identified as being constantly tired in school, staff can make contact with the parent to work out how they can be supported. The school may need to speak with the school nurse or other primary care health professional to ensure the child's asthma control is optimal.

Poor asthma control is not a reason for missing school or being late; it is a red flag for intervention through referral to the school nursing team and possibly the safeguarding lead at the school. No child should miss out on school because of their asthma.

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