

A survey of management of asthma in schools in Avon

Parents often complain that their asthmatic children are not allowed to keep their inhalers with them in school and to use them as required. Asthma is a common childhood disease, with prevalence of about 10%, which is increasing [1]. Most asthmatic children miss school occasionally and many may lose more than 20 days each year [2]. We investigated the policy that Avon schools followed for their asthmatic children.

Methods

A single-page questionnaire was sent to head teachers of the state schools in Avon ($n = 459$). The head teacher was asked if a register of asthmatic children was kept, if there was a policy for dealing with asthma attacks, and who was responsible if a child became ill. We also asked if the pupils were allowed to keep their inhalers and use them as required, or whether they were kept in a central place.

Results

Replies were received from 306 (67%) schools (11 nursery, 69 infants, 49 junior, 139 primary, 38 secondary). The care of pupils with asthma varied greatly, the main difference being between secondary schools and the schools for younger children. In secondary schools the majority (87%) of pupils were allowed to keep their inhalers with them for use as required. For children under the age of 11 years, the practice varied from allowing the children to carry their own inhalers (18%) to the inhalers being kept 'under lock and key' in the head teacher's office, secretaries' office, or medical room. For children not allowed to carry their inhalers, the majority (73%) of schools allowed the pupils access when required, although some (16%) required written instructions from the parents. In one school a record was kept of the frequency of use, and if this exceeded four times daily the parents were informed.

Sixty per cent of the schools had no formal register of asthmatic children. There was a wide range of replies, varying from 'We know our asthmatic children' or 'We have no asthmatic children in our school' to a school where each teacher was given a list and each asthmatic child carried a yellow card. The head teacher or class teacher was responsible if a child became ill with asthma in 62% of the schools; in the remainder another employee was called, including one dinner lady. In 8 schools it was left to the parents. One hun-

dred and forty eight (49%) of the schools had a procedure to deal with attacks, but only 11% of the schools had arranged training for their staff (usually a first aid course). Ninety three per cent of the head teachers wanted more information and 76% wanted a member of staff to attend a short course on asthma.

Discussion

Bevis and Taylor [3] found a similar lack of knowledge about asthma in London primary school teachers. A substantial number of Nottingham schoolchildren were not allowed to keep their inhalers with them during school hours [4]. We received interesting comments: one school 'looked after' 100 inhalers and commented that the individual devices are not labelled with name and dose; another pointed out that parents sometimes request impracticable treatment schedules. Only a small proportion showed a negative attitude, eg 'There are no children with asthma in this school', 'There is not enough time to learn about asthma', or 'The national curriculum is more important'.

An asthma self-management programme for children by parents has been shown to improve school performance of asthmatic children in New York [5]. General agreement that this normal practice, good communication with family practices, and improved understanding of the condition are all needed to encourage teachers to allow children of adequate intelligence to be responsible for their own medication.

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References

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The new Schools Asthma Pack is available from the National Asthma Campaign, 300 Upper Street, London N1 2XX.

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