Dudley Respiratory Group – Paediatric sub-group

Strategy for children and young people with asthma returning to school after the corona virus lockdown

July 2020

Contributors:

With thanks to the following for their contribution to this strategy.

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Target audience: Schools, children/young people with asthma and their families, health care professionals

Introduction:

The aim of this strategy is to support children and young people with asthma and their families to return to school safe in the knowledge that provision has been made to consider their asthma related needs and ensure their safety whilst at school.

Asthma is the most common medical condition experienced by children and young people and is the most common medical condition seen in schools. Further, because asthma is a variable condition, asthma attacks can occur unexpectedly when a child or young person is in the care of their school; all asthma attacks are a medical emergency. Therefore, it is important that consideration and care is given to the needs of children and young people with asthma, their families and their schools to support them in preparing for the return to school as the corona virus lockdown is eased.

Joined up approach:

Within the Dudley Paediatric Respiratory Group, the following health care provider teams in Dudley have worked together to develop this strategy outlining what each service offers to support our children and young people with asthma (Figure 1):

- School Health/School Nurses
- Public Health
- Primary Care/GPs and Practice Nurses
- Secondary Care/Paediatricians and Specialist Nurses

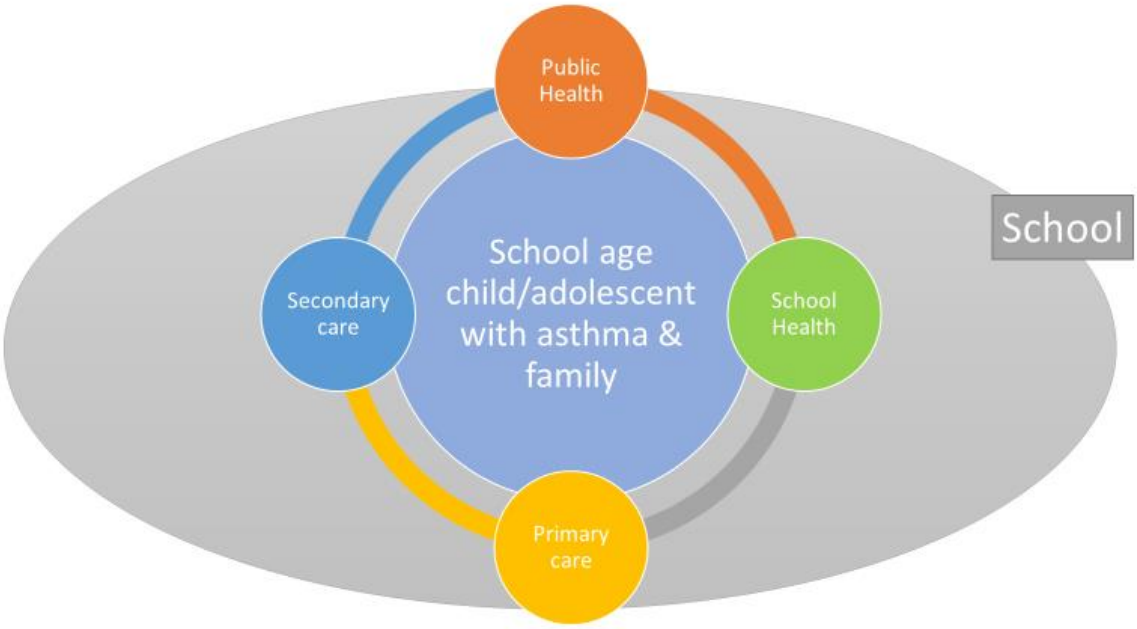

Figure 1: Strategy overview, joint approach (Source: Viv Marsh 2020)

Strategy overview

Much of this work is already part of the core provision for each service however adaptations and adjustments have been made as part of the covid response and the impact that it has had on usual working routines within the health service.

Service	Role
School Health	• Contribute to school risk assessments/asthma care plans • Identify children with poor asthma control • Refer children with poor control to primary care • Liaison with secondary care for children with severe asthma • Audit asthma management in schools • Provide advice to schools as needed • Offer or sign post to asthma training for school staff
Public Health	• Update school asthma guidance in collaboration with school health • Communicate updates and emerging information to schools and public
Primary care	• Review school age children and young people with asthma • Work with them to achieve optimal asthma control • Ensure children can use their inhalers correctly • Arrange appropriate supply of inhalers and spacers for home and school • Update and share individual asthma action plans • Refer to secondary care if referral criteria are met • Offer a post attack review with an asthma trained health professional for every child who has had an asthma attack
Secondary care	• Ongoing close monitoring and support of children with severe asthma • Participation in Multi-Disciplinary Team meetings for children with severe asthma • Update asthma action plans and share with school nurse • Advise families to arrange post attack review with their primary care asthma trained health professional within 2 days of discharge from hospital

Key asthma information for all

The best way to avoid asthma attacks is using the regular treatment prescribed by an asthma trained healthcare professional and ensuring inhaler devices are used correctly

Asthma is a medical condition that cannot be cured but **it can be controlled with correct medication**

Control of asthma is the most important way of avoiding asthma attacks

Asthma is not the same in every person and **treatment plans are tailored to the individual**

The correct and most common treatment for asthma is **medicine in a preventer inhaler** that is taken regularly, usually twice daily (sometimes once daily depending on the medicine)

Preventer inhalers for children and young people are usually brown, orange, grey, red or purple in colour

Preventer inhalers **do not** need to be taken at school

A very small minority of children and young people have severe asthma that requires advanced asthma treatment

Children and young people whose asthma is not well controlled are at risk of having an asthma attack and **every asthma attack is potentially life threatening**

An asthma attack begins with increasing symptoms such as cough and tight chest which can develop over hours or days into an asthma attack whereby the child or young person is wheezing and/or finding it difficult to breathe

The medicine in reliever inhalers (usually blue) eases the symptoms of asthma by relaxing and opening the airways, allowing air to pass in and out of the lungs more easily

Children and young people with asthma **must always have access to their reliever inhaler**

It is important to remember that **reliever inhalers are not actually treating asthma,** they are just easing symptoms. **The treatment for asthma is the medicine in preventer inhalers**

An asthma attack is not a “normal” event, **it is an emergency and it has occurred because something has gone wrong**

Asthma in children and young people **often has an allergic element** and exposure to **allergens can trigger** asthma symptoms and/or asthma attacks

Allergens include pollens, moulds, dust mites, pet dander and foods

Asthma symptoms and/or attacks can also **be triggered by irritants** such as smoke, fumes, aerosol sprays and pollution

Triggers should be avoided where possible

Appendix 1: School Health

Contribute to school risk assessment/asthma care plans:

- Use audit data to assist with the risk assessment
- Use updated asthma action plans from primary/secondary care to assist with asthma care plans

Identify and refer children with poor asthma control:

- Children with frequent school absence due to asthma
- Children noted to consistently use their reliever/school emergency inhaler 3 times a week or more
- Referral to primary care or secondary care if managed within that service

Liaison with secondary care for children with severe asthma:

- Provide a link between secondary care and school
- Support child and family as needed

Audit asthma management in schools:

- Complete audit following the guidelines provided

Advice and training for schools:

- Schools may require advice around implementing their asthma policy, risk assessments, asthma care plans or health related issues for individual children with asthma
- Asthma expertise is available via asthma trained health professionals in the school nursing team, primary and secondary care
- Offer training or signpost schools to Supporting Children's Health online asthma training resource www.supportingchildrenshealth.org

Updating asthma actions plans:

- Provide centralised inbox to receive updated asthma action plans and distribute relevant school nurse
- Review the plan with particular attention to the child's asthma triggers
- Share updated asthma action plans with school
- Use to update or attach to school asthma care plan

Appendix 2: Primary care

Asthma reviews:

- Offer routine asthma review to all school age children before September 2020
- AccuRx workflow plan (see Figure 2) may be helpful
- Aim for optimal asthma control based on the Dudley asthma management guidelines
- Use video or face to face consultation to assess inhaler technique

Inhalers and inhaler technique:

- Correct inhaler technique is critical to effective management and must be checked despite the limitations placed on face to face consultations at this time
- Our experience is that children enjoy participating in video consultations and it is possible to check inhaler technique via video
- MDI with spacer for most primary school age children (DPI alternative option)
- Facemasks are not needed and should not be prescribed for children of school age who can use a spacer without a mask
- Secondary school age children are unlikely to carry a spacer device therefore consider prescribing DPI or BA-MDI inhalers
- Check and provide appropriate supplies of reliever inhalers and spacers for school in addition to usual home medications

Updating asthma actions plans:

- All children seen for routine **or** post attack review
- Permission for child/parent to share with school nurse (who will share with school)
- Ensure child's asthma triggers are noted on the plan

Referral criteria:

- We have two Paediatricians with a respiratory interest, Dr Nassir and Dr Thompson
- Referral criteria include:
    - children with **persistent poor asthma control** beyond optimal primary care level asthma treatment (see Dudley asthma treatment guidelines)
    - children who have required **2 or more courses of oral steroids** to treat asthma attacks in the previous 12 months
    - children with suspected asthma where there is difficulty confirming the diagnosis
    - children with asthma who are, or whose parents are, unduly anxious about the condition

Post-attack review:

- Should take place with an asthma trained health professional within 48 hours of an asthma attack occurring/discharge from hospital
- Block 1 appointment per day (c. 4pm) for this purpose and release at midday if not filled
- Not a routine asthma review, guidance for post-attack review available from Jo Hamilton and Mandy Hamilton and dedicated template to follow

Appendix 2i: Using AccuRx for asthma reviews (school) flowchart

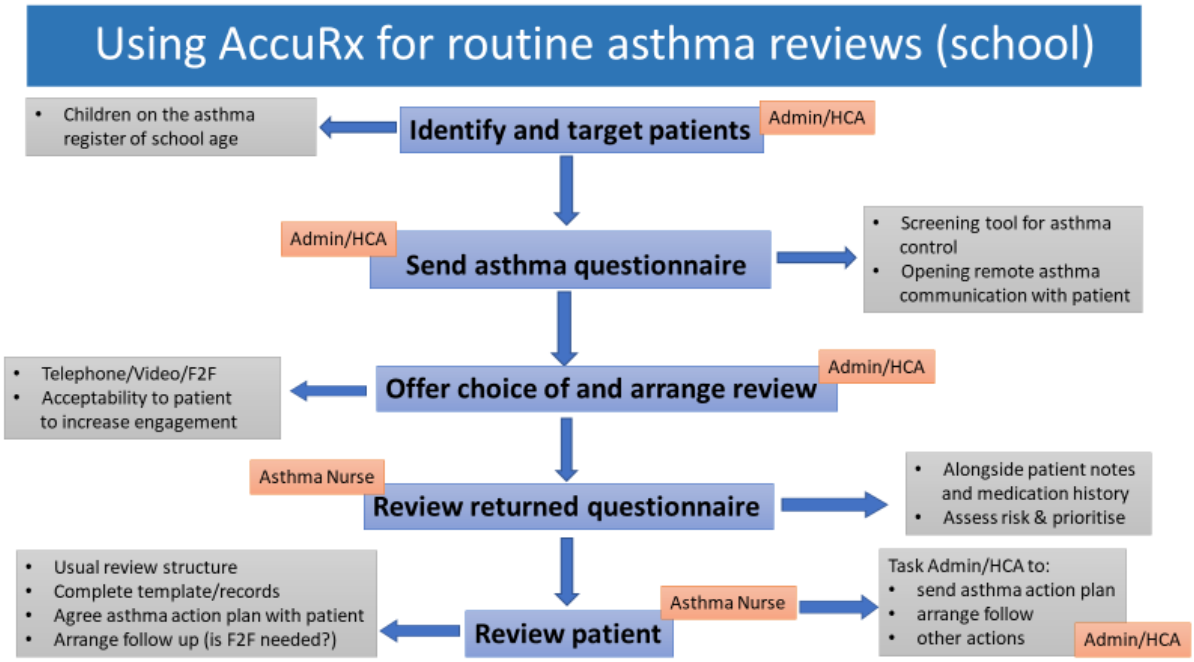

Figure 2: Flowchart (Source: Viv Marsh 2020)

AccuRx functions used: Florey, templates, SMS & attachments and Video

Training and support available from Jo Hamilton and Mandy Hamilton

Send asthma action plans to school health with **name of child's school in the subject bar**
shropcom.dudleyadminteam@nhs.net

Population Report

Asthma register/D.O.B 31.08.2005 – 1.9.2015

Appendix 3: Secondary care

Children with severe asthma:

- All children with severe asthma are supported by a respiratory paediatrician and a paediatric specialist asthma nurse
- Ongoing monitoring and support are provided and liaison with school health, primary care and the tertiary centre takes place
- MDT meetings for children with severe asthma are helpful to foster collaboration across all services and can take place remotely

Updating asthma actions plans:

- All children with severe asthma
- Children attending paediatric respiratory outpatient clinic
- Permission from child/parent to share plan with GP and school nurse (who will share with school)
- Ensure child's asthma triggers are noted on the plan

Discharge following an asthma attack:

- Discharge advice and treatment plan provided
- Recommend arranging post attack review in primary care within 48 hours
- Inhaler technique checked
- Follow up arranged in accordance with trust policy