World Asthma Day 2022:

A morning of learning

Chaired by Oliver Anglin – GP, Clinical Director for CYP Transformation - NHSE (London) & Clinical Lead for CYP NCL

Joining instructions/Teams etiquette

Attendees will be automatically muted. Please also ensure your cameras are switched off.

Please include any questions or comments in the chat and – most importantly – like with a 👍 the questions you'd like to put to the panel. The chair will make sure the most popular questions are asked in the Q&A session.

This conference is being recorded. A link will be available on the HLP website with slides and we will also circulate these to all attendees.

There will be a poll at the end of the session – please complete it so we can continue to improve our content and make it as relevant for you as possible.

World Asthma Day 2022

Tuesday 3rd May 9.30am - 12.30pm

Time	Topic	Speakers
9.30	Welcome and introduction	Oliver Anglin, GP, Clinical Director for CYP Transformation - NHSE (London) & Clinical Lead for CYP NCL, plus recorded message from Rosamund Kissi-Debrah, founder of the Ella Roberta Foundation
9.35	Introducing a new approach to post asthma attack discharge: Phasing out salbutamol weaning plans	Oliver Anglin, GP, Clinical Director for CYP Transformation - NHSE (London) & Clinical Lead for CYP NCL Zainab Awan, Consultant Paediatrician, Imperial College Healthcare NHS Trust Jo Massey: Children's Asthma Clinical Nurse Specialist, Croydon Children's Hospital at Home Team
10.30	Learning from case studies across the asthma pathway	Nina Somerville: Paediatric Asthma Nurse Specialist, Evelina London Jacqueline Sutherland: Children's Asthma Nurse Specialist, Croydon Children's Hospital at Home Team Pippa Hall: Lead Nurse, Children's CNS Team in Respiratory Care, Royal Brompton Hospital
11.30	A practical guide to setting up Asthma Friendly Schools in your area	Heather Robinson: Children's Nurse and School Nurse, Transformation Lead, London Borough of Newham Alison Summerfield: Nurse Consultant - Paediatric Respiratory & Allergy, Hillingdon Hospital NHS Trust
12.30	Close	

Introducing a new approach to post asthma attack discharge: Phasing out salbutamol weaning plans

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Use of salbutamol following acute asthma attack: Changing the advice we give

Oliver Anglin – GP, Clinical Director for CYP Transformation - NHSE (London) & Clinical Lead for CYP NCL

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Use of prescriptive weaning plans: pro

- Clear written evidence to parents and young people
- Weaning plans provide pragmatic, ‘real world’ advice that help paediatric units cope safely with the high volume of wheezing children they have to deal with
- Prescriptive weaning plans are simple to explain
- Since acute wheezing episodes resolve gradually it seems sensible to gradually reduce bronchodilator dosage on discharge from hospital
- Avoiding failure to recognise deterioration of asthma control is best addressed by giving good clear safety netting advice
- Large numbers of children are given repeated high dose salbutamol in hospital without evidence of harm
- Just advising SABA “as needed” and if relief does not last 4 hours seek urgent medical is simplistic and places undue weight on the SABA requirement, which is expected to decrease as the child recovers, and gives no specific advice about how and when the high dose SABA should be reduced

Use of prescriptive weaning plans: con

- The perceived focus is more on the dose given at 4 hourly intervals rather than presence or absence of symptoms, an increasing or decreasing dose requirement and dose effect lasting 4 hours.
- May mask deterioration in asthma control, which could be life threatening.
- The perceived need for reliever medication, which is a key warning sign, is lost with a standardised salbutamol weaning plan. Any increased need for SABA needs immediate attention.
- May send a message that it is acceptable to use up to 60 puffs of salbutamol per day. Evidence suggests that some may use weaning plans pre-emptively at the start of a subsequent asthma attack to avoid going to A&E, seeing the prescriptive dosing regime as the treatment plan and thereby missing the clinical assessment they should receive. This approach carries significant risks for the child or young person.
- There is evidence that regular use of SABA, particularly at high doses is associated with adverse clinical outcomes and thus increase risk to the child or young person.

Mitigating concerns

Main concerns around change in practice can be addressed if the alternative to current prescriptive salbutamol weaning is

- Simple
- Clear
- Safe
- Explained by an appropriately trained professional
- Include clear safety netting advice

London Asthma Leadership and Implementation Group working in consultation with the specialists across the asthma system developed a consensus position supporting a change in practice which has been approved by NHSE London Clinical Advisory Group.

Local implementation will require awareness raising and training of staff (although should be seen in the context of wider training requirement for CYP asthma)

Post attack/discharge plan

- You/your child should now be improving as a result of the steroid medication you/they have been given. The need for salbutamol (the blue reliever inhaler, used with a spacer) should be reducing.
- You/your child should take the **preventer medication as prescribed** by the health professional, according to your asthma plan.
- Take the blue reliever inhaler **as needed** if you/your child has any symptoms (these include wheeze, chest tightness, shortness of breath, cough and difficulty breathing). Give 2 puffs, one at time and wait 2 minutes, repeat if necessary until you have given up to 6 puffs. The symptoms should have disappeared. **The effects should last for at least 4 hours.**
- **If you/your child need(s) the blue reliever inhaler more than every four hours, your/your child's asthma attack is not controlled and you need to take emergency action now. Take up to 10 puffs and seek urgent medical attention either by arranging an urgent appointment with your GP or if this is not possible by attending the Emergency Department.**
- **If you/your child is having difficulty breathing not relieved by 10 puffs of salbutamol or is requiring repeated doses of 10 puffs you should call 999.**
- You/your child should have a post-attack review with either your GP or asthma nurse to check you/your child are getting better within 48 hours. Please contact your GP surgery to arrange this.
- You will need to ensure that you/your child have a follow up appointment arranged either with your GP or in the asthma clinic within the next 4 weeks for a full asthma review.

BEAT plan

How to reduce the blue inhaler safely after an asthma attack

Step 1

- Give your child their preventer medication as prescribed
- Once trained, encourage your child to do regular peak flows (morning and night)

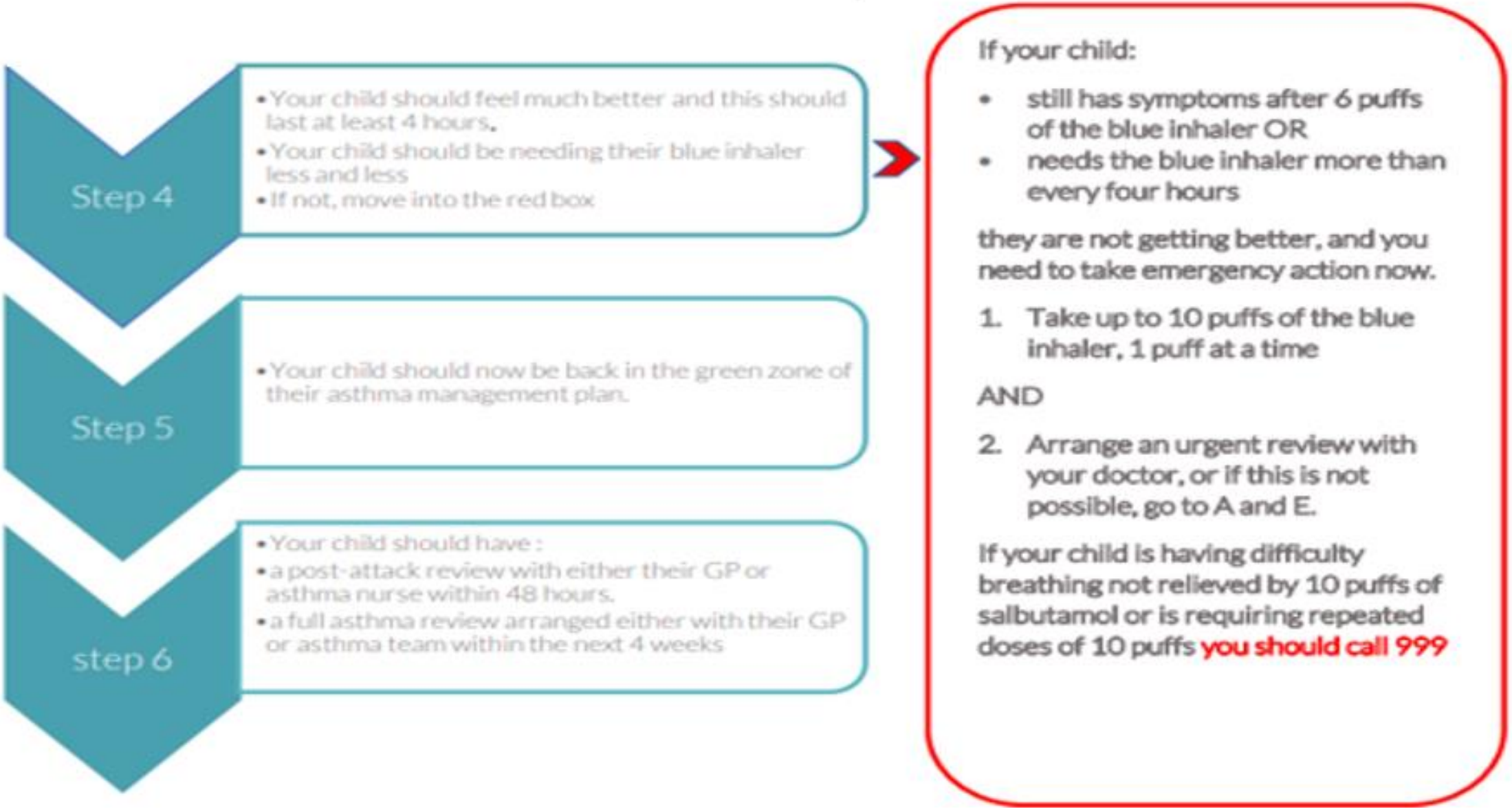
Step 2

- Look out for asthma symptoms that show your child needs their blue inhaler. This could be wheeze, difficulty breathing, cough, chest tightness or the peak flow number getting lower.

Step 3

- If your child has asthma symptoms, give them 2 puffs of the blue inhaler via a spacer, one at a time.
- After 5-10 minutes, if your child still has symptoms, repeat this until you have given up to 6 puffs.

BEAT plan


Step 4
•Your child should feel much better and this should last at least 4 hours.
•Your child should be needing their blue inhaler less and less
•If not, move into the red box
Step 5
•Your child should now be back in the green zone of their asthma management plan.
step 6
•Your child should have :
•a post-attack review with either their GP or asthma nurse within 48 hours.
•a full asthma review arranged either with their GP or asthma team within the next 4 weeks
If your child:
• still has symptoms after 6 puffs of the blue inhaler OR
• needs the blue inhaler more than every four hours
they are not getting better, and you need to take emergency action now.
1. Take up to 10 puffs of the blue inhaler, 1 puff at a time
AND
2. Arrange an urgent review with your doctor, or if this is not possible, go to A and E.
If your child is having difficulty breathing not relieved by 10 puffs of salbutamol or is requiring repeated doses of 10 puffs you should call 999

The NWL discharge bundle

Zainab Awan, Consultant Paediatrician, Imperial College Healthcare NHS Trust

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WEANING PLANS

- NWL have moved away from weaning plans
- Take salbutamol when needed
- Return if needed >4 hourly

GOING HOME PLAN

Viral Induced wheeze

GOING HOME PLAN

Your child should now be feeling better.
They shouldn't need the reliever inhaler as much.

1. If your child has been given a preventer inhaler, give this every day according to your plan below. Don't stop unless directed by a health professional.
2. Take the blue reliever inhaler (2 to 6 puffs) **as needed** to treat symptoms (these include wheeze, chest tightness, shortness of breath, cough and difficulty breathing). The effects should last for at least 4 hours.
3. If you need to use the reliever inhaler **more than every four hours**, your child is having an acute attack. Seek urgent help either from your doctor, 111 or 999. See acute wheeze plan for guidance.
4. If you still need to use the reliever inhaler regularly **after 48 hours** from discharge your child has not fully recovered. Arrange urgent medical review.
5. Your child should have a post-attack review with either your GP or asthma nurse within two working days. This is to make sure your child is improving. Please contact your GP surgery to arrange this.

Asthma

AFTER AN ATTACK/ GOING HOME PLAN

You/ your child should now be feeling better.
You/ your child should not need the reliever inhaler as much.

1. Use the preventer inhaler every day according to your asthma UK action plan. Don't stop unless directed by a health professional.
2. Take the blue reliever inhaler (2 to 6 puffs) **as needed** to treat symptoms (these include wheeze, chest tightness, shortness of breath, cough and difficulty breathing). The effects should last for at least 4 hours.
3. If you need to use the reliever inhaler **more than every four hours**, you are having an acute asthma attack. Seek urgent help either from your doctor, 111 or 999. Follow your asthma UK action plan.
4. If you still need to use the reliever inhaler regularly **after 48 hours** from discharge you have not fully recovered. Arrange an urgent medical review.
5. You should have a post-attack review with either your GP or asthma nurse within two working days. This is to make sure you/ your child is improving. Please contact your GP surgery to arrange this.
6. You should also have a follow up appointment with your GP or the asthma clinic within the next 4 weeks for a full asthma review. Please book this.

DISCHARGE BUNDLE

- Preventative Strategy
- Personalised Asthma Action Plan
- Information leaflets
- Update team
- Inhaler technique
- Smoking advice
- GP review in 48 hours
- Appropriate follow up – esp. if red flags

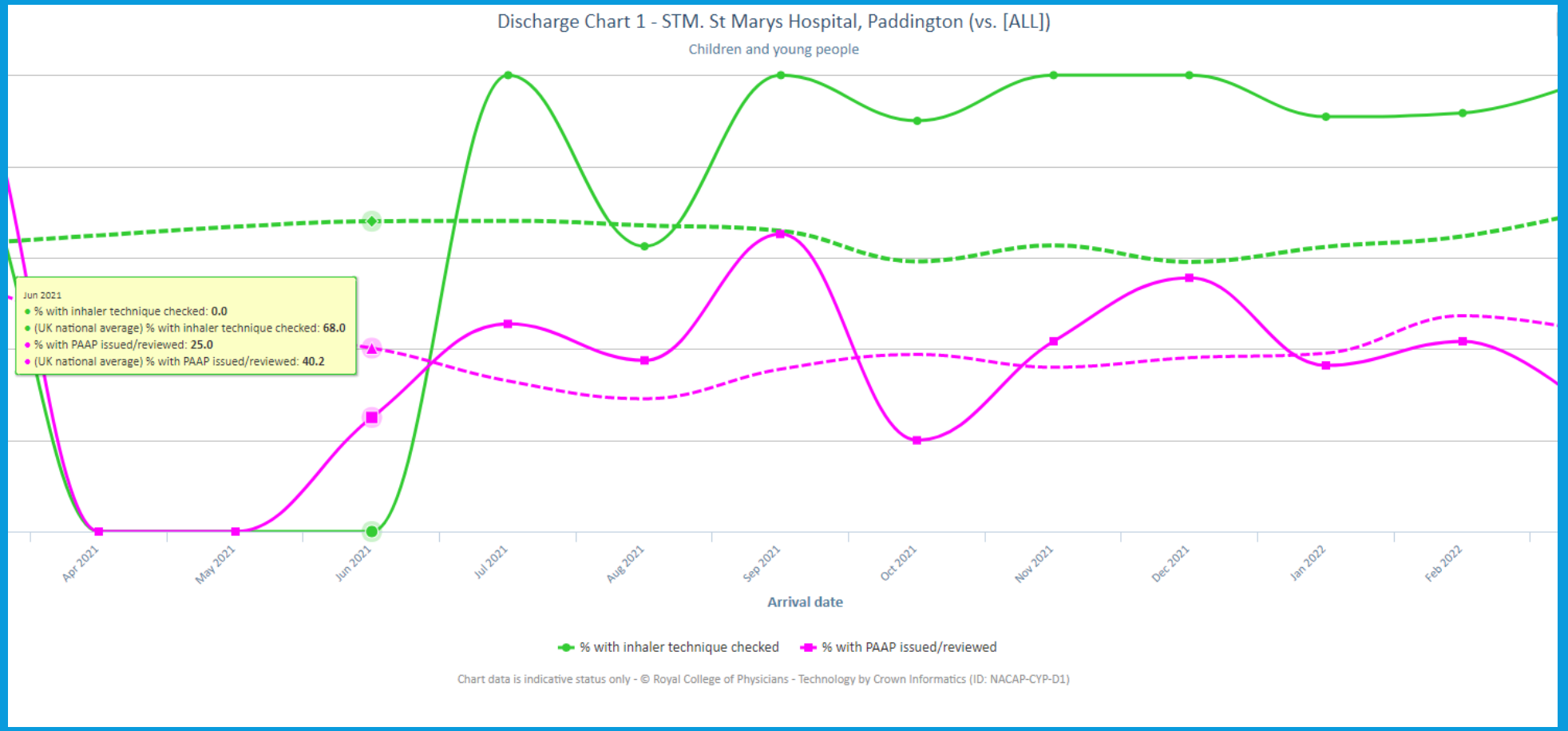
Any red flags identified?

- ☐ Any admission to hospital with asthma
- ☐ Severe or life-threatening attack
- ☐ HDU/ PICU ever (life-time risk)
- ☐ ≥2 unscheduled attendances in last 12m
- ☐ High reliever use ≥4 MDI salbutamol per year
- ☐ Low preventer use (check records if possible)
- ☐ ACT or cACT score

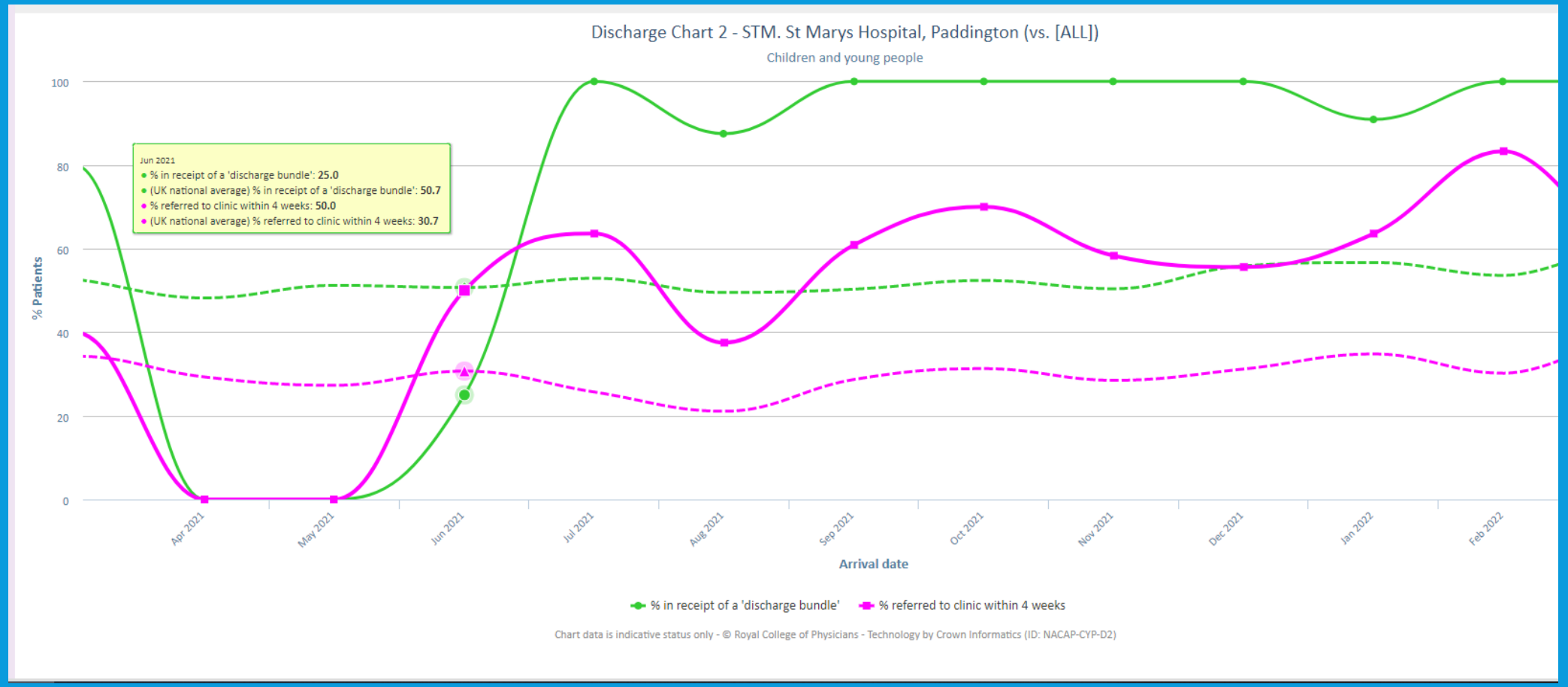
HOW TO EXPLAIN

- Can mask deterioration
- Not physiological – not a drug of dependency, short acting
- No evidence
- Regular use associated with receptor downregulation, increased allergic response, pro-inflammatory pathways
- Large amount of salbutamol – 60 puffs a day – side effects
- Sleep, QOL, return to school

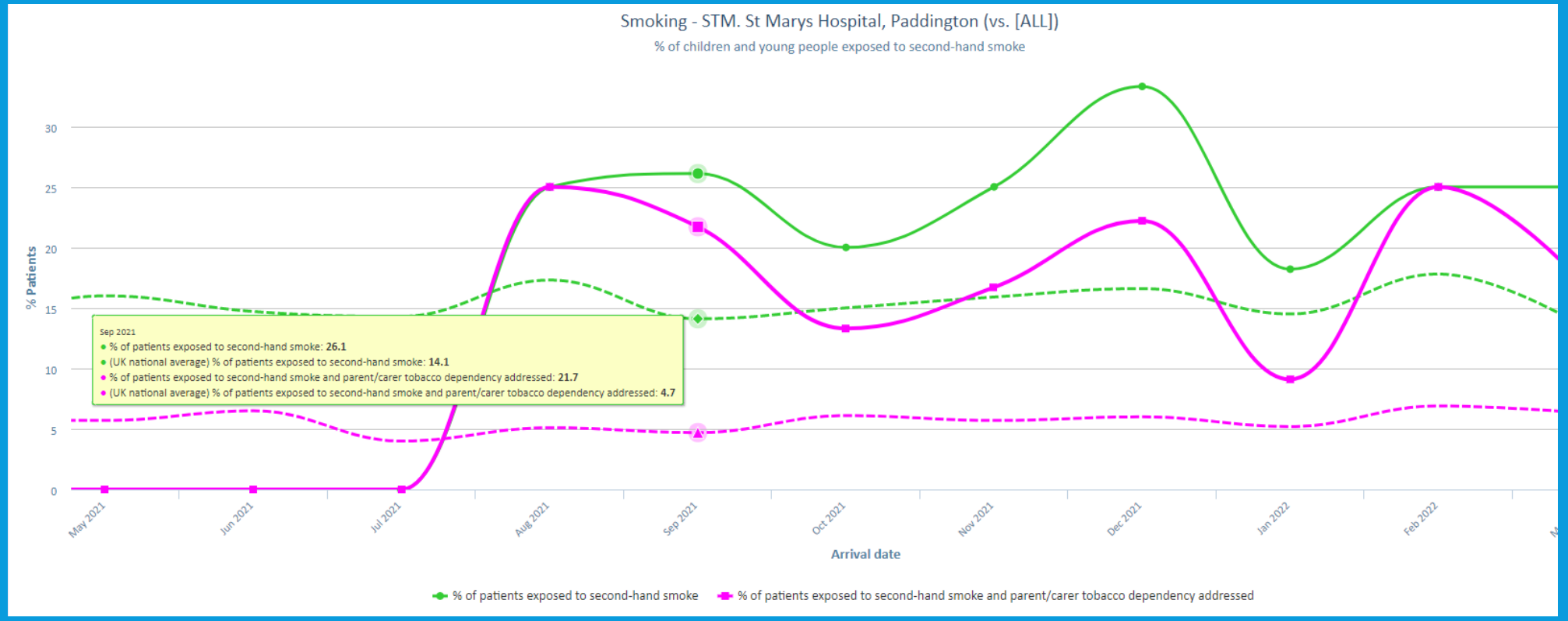
EFFECTS – INHALER TECHNIQUE / PAAP



EFFECTS – DISCHARGE BUNDLE + CLINICS

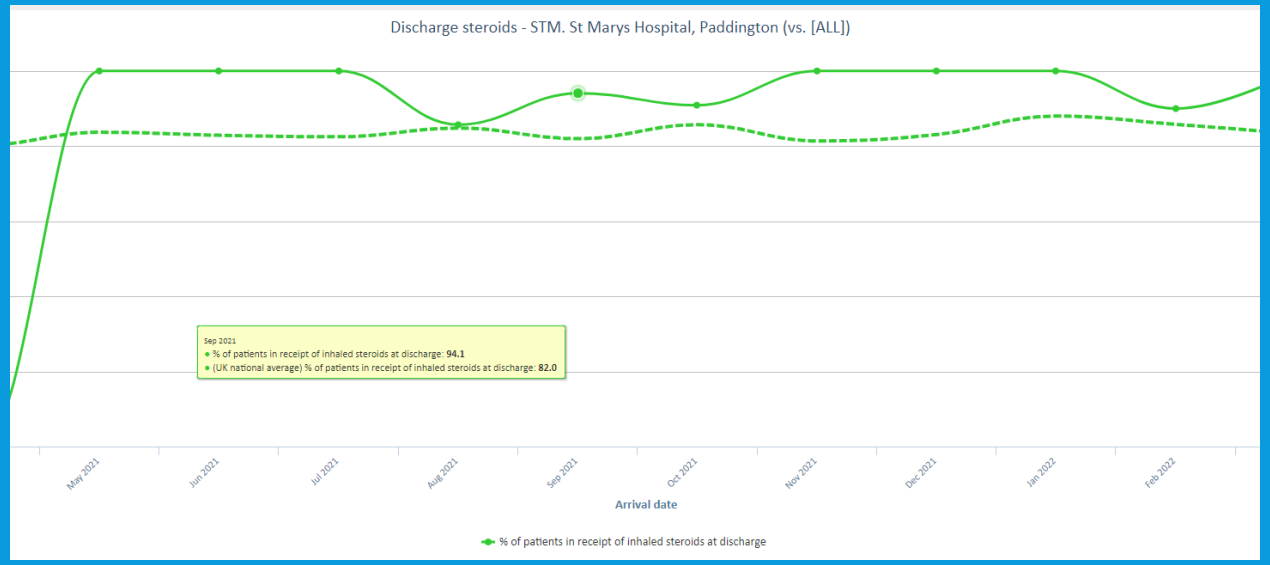


EFFECTS - SMOKING



EFFECTS

- More children inhaled steroids
- No Readmissions



CHALLENGES

- GP appointments
- 4 week follow up
- New systems
- New guideline
- Change of teams
- Paperwork
- Education

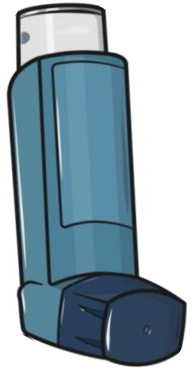
Introducing a new approach to asthma discharges; phasing out the salbutamol weaning regime

Jo Massey, Asthma Clinical Nurse Specialist, Croydon Children's Hospital at Home Team

World Asthma Day 2022

Introducing a new approach to asthma discharges; phasing out the Salbutamol weaning regime

Presented by Jo Massey (Asthma CNS)
On behalf of the Croydon Asthma Team
3rd May 2022



Drivers for Change

- NRAD 2014 report and BTS/SIGN recommendations
- No evidence base for long-used weaning regime and the asthma team's concerns over adverse clinical outcomes associated with SABA overuse
- Starting our High Risk Register in 2019 identified SABA over-reliance in most patients
- Parental confusion over the weaning regime noticed during home visits; parents confuse with PAAP
- NACAP audit identified poor discharge process and PAAP use in Croydon

Drivers for Change

And this year's LALIG statement; new London-wide recommendations on use of salbutamol post acute asthma attack, helped us to reboot messages

<u>Which included the below rationales:</u>

- **Weaning regimes focus on 4 hourly salbutamol dose rather than a symptom-dependent dose**
- **Weaning regimes can mask deterioration which can be life-threatening**
- **SABA use is a warning sign- you lose this message with prescriptive weaning regimes**
- **It may send a message it is acceptable to use up to 60 puffs SABA per day**
- **Parents restart weaning regime when symptomatic; treatment titration rather than a symptom-dependent escalation. This may also lead to avoiding review/A&E attendance, which can increase risk.**
- **Regular SABA associated with adverse clinical outcomes; SABA toxicity including metabolic changes, hyperglycaemia , hypokalaemia and airway inflammation and hyper-responsiveness**

The Process (who to involve)

- SEPTEMBER 2020 - started conversation around removal of weaning regime with paediatric consultants by email
- Meeting to discuss with two consultants on board, one our supervising consultant + another who wanted more evidence , plus Head of Children's Nursing.
- Contacted Dr Mark Levy & Dr Richard Iles to provide supporting evidence to share
- OCTOBER 2020 - met with Lead Paediatric Consultant for the Paeds ED and discussed with our supervising consultant again - decided to just "go for it"
- Spreading the word on ward and A&E; discussed at training updates with paeds nurses, Asthma Champions, ED & Paeds junior doctors. Printed PAAP put in asthma folders in clinical areas in asthma
- APRIL 2021 – created discharge bundle to improve the discharge process
- MAY 2021- presented NACAP results- poor discharge benchmarking- formally introduced discharge bundle
- Bite-size training to nursing staff on the ward regarding discharge bundle
- Continued emailing clinicians, posters on ward, CHS intranet etc

Challenges

- We felt we were doing this solo, no one else to our knowledge had tried to stop weaning regime
- Dissemination of change has been inconsistent for several reasons including Asthma CNS workload & pandemic
- Remembering to complete the discharge bundle; any change takes a while to form a habit
- Loss of continuity; changing staff, nurses and doctors, change of ward manager, ward Asthma Champions leaving or on maternity leave
- PAAPs needed to be printed in colour and be readily available on the ward
- Discharge bundle is a paper form, this needs to be added to patient folder
- Weaning regime still being documented in the notes, especially in A&E, although increase in number of PAAPs on discharge from both areas.

Outcomes

- Still early days and a very long way to go
- Very difficult to get specific patient experience feedback since phasing out weaning regime, but anecdotally we know that they cause confusion and parents tell us that they find their asthma plans really useful
- Providing evidence that this works is hard to do, however we know that it is the right thing to do and that children need an asthma action plan on discharge

Next Steps

Keep up the momentum to remove weaning regimes and improving discharge process

- In February we trained 9 more Asthma Champions for ward and A&E and we are planning update for existing champions
- In April we did a discharge bundle relaunch presentation with paediatric medical staff and ED doctors, and ongoing sessions planned for each new rotation
- Meet with Paediatric Matron and Head of Children's Nursing to discuss embedding this
- Preceptorship training – Asthma Champion training now mandatory
- Paediatric nursing updates throughout year rolling 3mthly programme
- Present NACAP results again in July this year to demonstrate any changes and improvements
- Meeting new A&E Paediatric lead to discuss moving forward in A&E

Key Message

We really need to change the perception and mindset around Salbutamol.

It is an emergency medication and its use should be a red flag to parents and us as professionals.

One croydon

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Thank You!

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Comfort break

Please come back at 10.30

Case studies from across the asthma pathway

World Asthma Day 2022

Case study 1

Nina Somerville, Community Asthma Nurse Specialist, Evelina London Patch Children’s Community Nursing Service

World Asthma Day 2022

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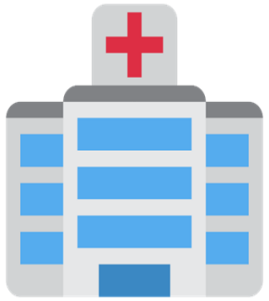
Nina Somerville

Community Asthma Nurse Specialist

Evelina London Patch Children's Community Nursing Service

Patch CCN Asthma Service

Electronic Referral System



Primary Care

- Data led approach to finding patients
- Specialist primary care networks to process referrals
- Using the same system (EMIS) for information sharing

Patch CCN

- High quality care delivered without referring to hospital
- Asthma management is followed as per guidance
- At risk patients identified and escalated

Secondary/Tertiary Care

- Joint asthma MDT meetings
- Patients stepped down, not just up
- Single point of access triage for hospital patients

Case Study


Attended Paediatric A&E with an acute exacerbation of asthma
Referred to single point of access triage
Accepted to Patch CCN team
Family uncontactable
Discussed in PCN Triage

Assessment

S	Community clinic attended following attendance to A&E for an asthma exacerbation
B	Asthma, Eczema, Hayfever Family history of asthma Medications- Salbutamol 100mcg pMDI with a spacer with child mask Fexofenadine 120mg one tablet twice daily Flixonase 50mcg nasal spray, two sprays into each nostril daily Sodium Cromoglicate eye drops
A	Asthma Control Test score 19/25 (uncontrolled) Peak flow rate 350L/min (expected 370L/min) Significant lichenification to antecubital fossa, dry skin overall with no signs of infection Overweight Carpets at home No pets or smokers
R	Asthma and eczema education provided Clenil 100mcg 2 puffs twice daily & changed to age appropriate spacers- GP asked to place on repeat Topical steroids requested for eczema flare & increased emollient usage advised Referral made to the local allergic rhinitis clinic & healthy weight programme Care plans given for asthma & eczema- **personal goal to play basketball without symptoms** Follow up arranged for 8 weeks time

Review

- Asthma Control Test (ACT) score 22/25 (well controlled)
- Excellent inhaler technique with spacer
- Further support needed for eczema
- Engaging well with healthy weight services

Learning Points

- A collaborative approach to asthma services is needed
- Let’s get the basics right- educate, check technique & provide a plan
- Consider co-morbidities
- Goal setting is key to individualising asthma care

Case study 2

Jacqueline Sutherland, Asthma Nurse Specialist, Croydon Health Services

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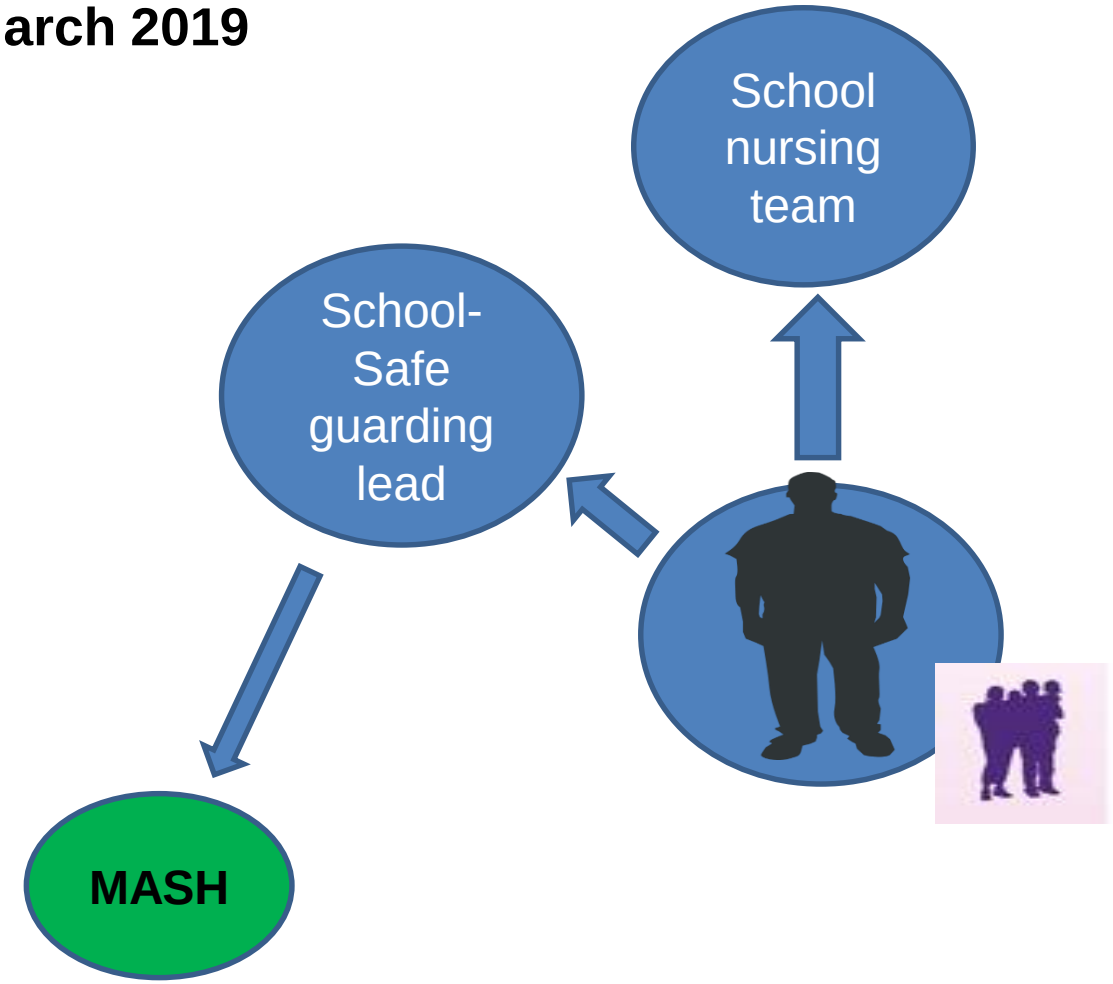
A child with asthma and associated co-morbidities with social complexities

Presented By Jacqueline Sutherland
Asthma Nurse Specialist
Croydon Health Services

3rd May 2022

February 2019, already on inhaled corticosteroid, low dose from GP

March 2019



Concerns regarding absenteeism, head lice and eating issues

MAY 2019

Croydon Health Services NHS Trust

Asthma Nurse Specialist Initial assessment with interpreter

9yr old boy referred following a hospital admission with uncontrolled asthma, allergic rhinitis, suspected obstructive sleep apnoea and obesity

Appeared lethargic, low in mood and had poor concentration during visit

Parents' first language Urdu, family living in poverty, poor housing, damp

Chaotic household- no routines around medications, bedtimes

Parents have own health needs and mum has depression

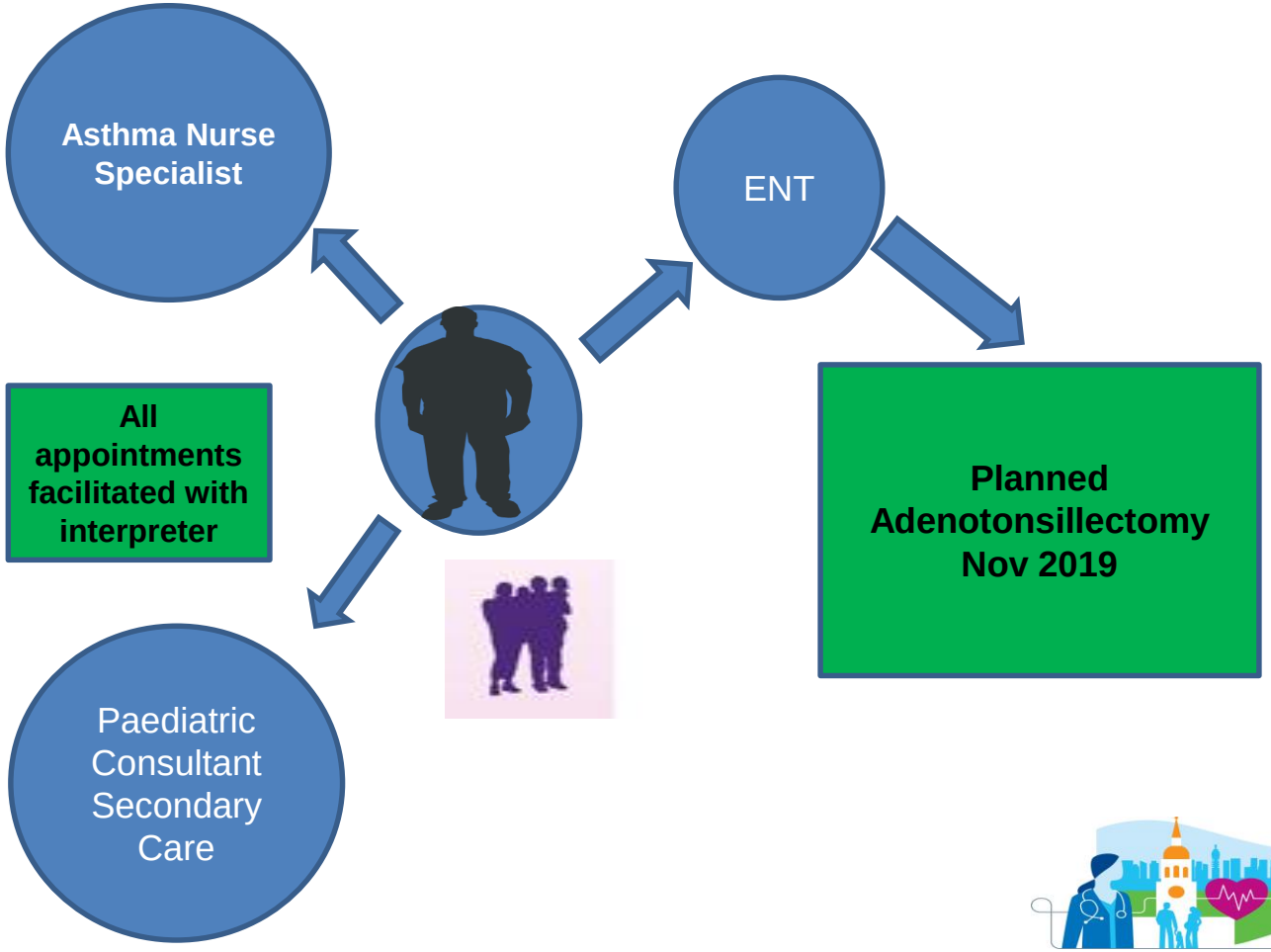
Full asthma education package provided including translated personalised asthma action plan.

Oral antihistamine added and concordance discussed

Croydon Health Services NHS Trust

June 2019

- Shared concerns regarding control
- Concordance- not ordering repeats
- Lack of parental support- responsibility placed on child
- confusion around medications
- unable to contact by phone
- medications and personalised asthma action plan not being supplied to school
- Did not attend outpatients appointment



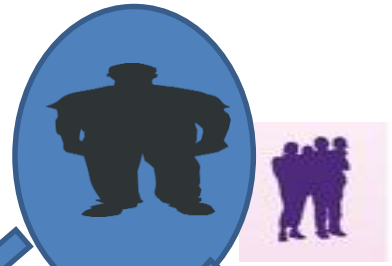
September 2019

Croydon Health Services NHS Trust

Lack of parental responsibility around medication concordance

Asthma Nurse Specialist + GP

Increased level of support and surveillance. Automated repeat prescription and MASH



Concerns regarding absenteeism, dropped to 76%

School- Safe guarding lead

Paediatric Consultant Secondary Care

Referral to Tertiary Care

Seretide 50mcg, 2 puff BD started by GP
October 2019 increased to 125mcg 2 puffs BD and montelukast added

Early 2020

Appeared to be a general improvement no acute presentations to hospital or GP, no courses of oral pred

Health needs contract signed by parents to attend appointments – case closed June 2020

Social worker

Asthma Nurse Specialist

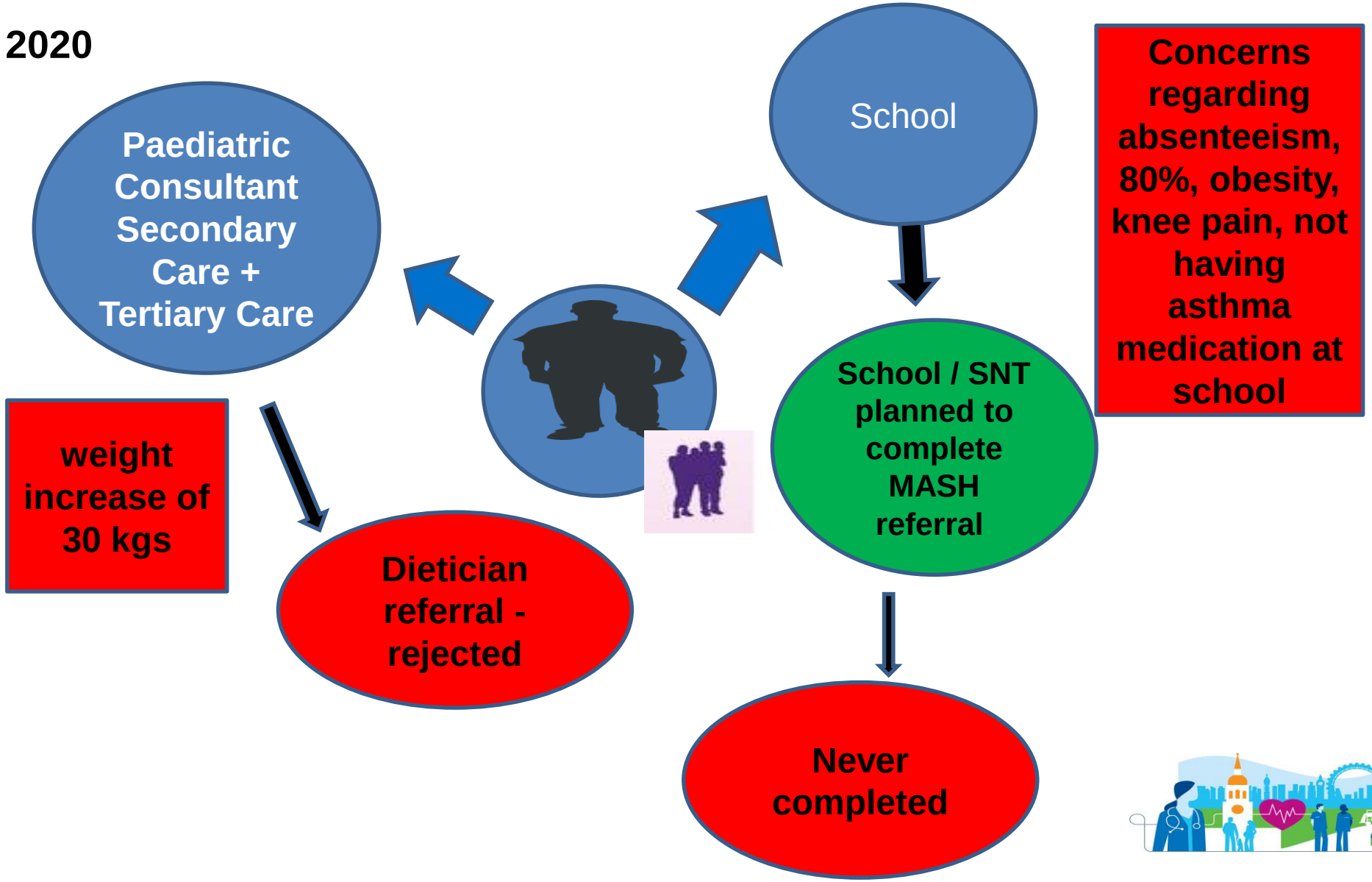
Difficult to contact family for follow up, continued confusion around medication

Reduced surveillance due to pandemic

School

Croydon Health Services NHS Trust

Autumn 2020



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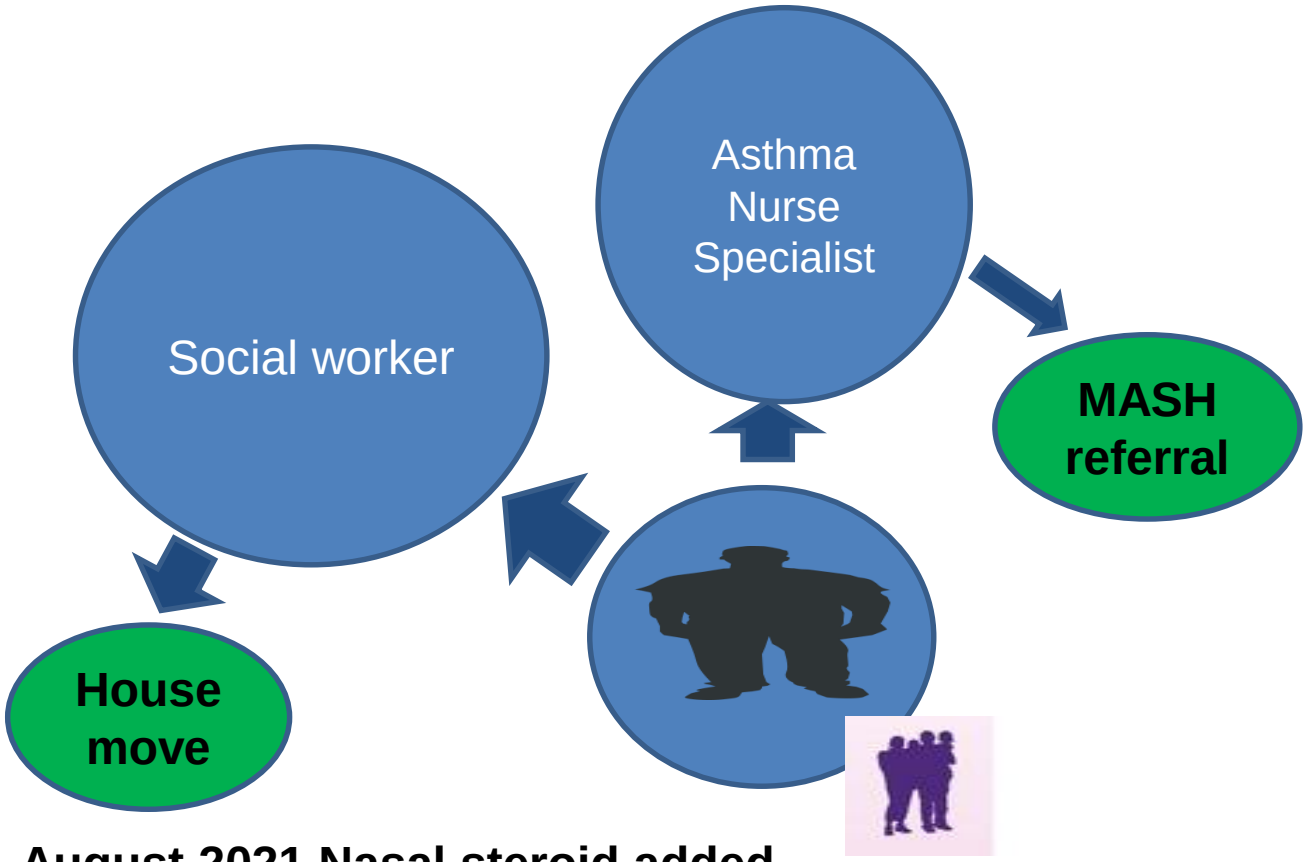
June 2021 A+E attendance with attack



August 2021 Nasal steroid added

Continued concerns regarding DNA appointments, control and non-adherence, poor understanding of medications despite multiple educational interventions with translator, difficulty contacting family, chaotic home life, increasing obesity and additional health implications and ultimately risk of life-threatening attack or death

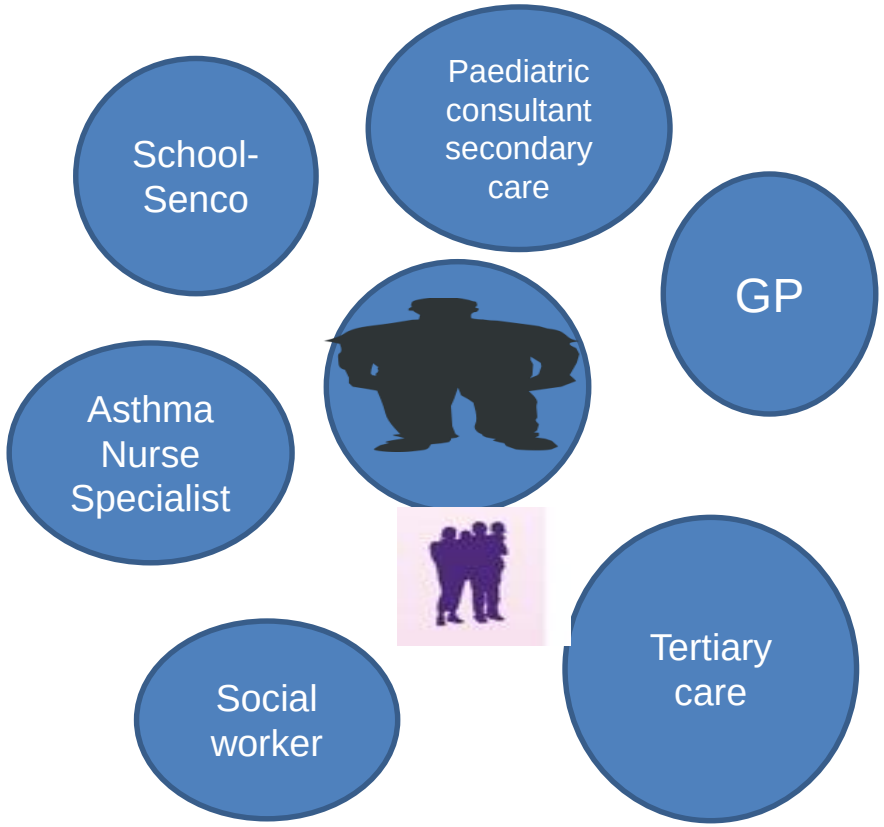
Croydon Health Services NHS Trust

To date ANS-7 hours spent F2F- 8 appointments plus approximately 40 more hours on follow up & multidisciplinary liaison work

Currently on CP plan for neglect of medical need, ongoing support from all those involved, concerns remain.

Joint home visit completed with social worker 21/4/22

Symptom control checked, inhaler technique checked, medication regime reviewed, supply of medication checked, concordance improved- Asthma better controlled ACT 22/25, only used salbutamol on one occasion in past 4 weeks. Home environment more organised and aeroallergens minimised



Was not brought to last tertiary appointment at the beginning of April. Historically very difficult to assess medication efficacy due to sporadic concordance- follow up will continue

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Case study 3

Pippa Hall, Lead Nurse Paediatric Respiratory, Royal Brompton & Harefield Hospitals

World Asthma Day 2022

Difficult Asthma Case Study

Pippa Hall

Lead Nurse Paediatric Respiratory

Royal Brompton and Harefield hospitals

Lacy

- Referred from secondary care in 2019
- 10 years old girl, black Caribbean
- History of recurrent admissions and oral corticosteroids (OCS)
- Multiple food allergies
- Lives with mother and older sister (regular supportive contact with father)
- Treatment
  - Seretide 125mcg 2 puffs BD
  - Fluticasone 50mcg 1 puff BD
  - Cetirizine OD
  - Montelukast
  - EpiPen

Stage 1 assessment

- Address the basics of asthma care and identify any remediable issues that could be contributing to poor asthma control
- Nurse led
- Involves home and school visit
- MDT to discuss results and joint plan going forward

- 4 main areas of focus
  - Adherence
  - Allergens
  - Smoke exposure
  - Psycho-social

Stage 1 Difficult Asthma Assessment – Nurse led

- Asthma Control Test 7/27
- 10 OCS, 4 admissions in past year
- ICS uptake < 25%
- 12 x salbutamol MDIs dispensed
- Smartinhaler data 34%
- Good inhaler technique using a spacer with mouthpiece
- Lung function
  - FEV 1 Pre: 1.14L (82%), Post: 1.46L (105%)
  - FVC Pre: 1.46L (93%) Post: 1.70L (108%)
  - BDR: 28.1%
- FENO 90ppb
- No pets, no smoke exposure

Stage 1 cont.

- Positive sIgE for ++ foods and house dust mites, dogs, cats, grass and tree pollen
- Family has a support worker – mother has mental health problems
- School attendance 82%, no other issues reported
- Low Paediatric Asthma Quality of Life Questionnaire (PAQOLQ)
- Poor symptom perception
- Home visit
  - Shares bedroom with older sibling
  - Bottom bunk
  - Minimal HDM avoidance in place
  - No smoke
  - No pets
  - Medications not all available
  - Home was ‘chaotic’
  - Low PAQOLQ

Recommendations

- Address adherence
- Refer to psychology
- Refer to physiotherapy
- Short Synacthen Test (SST) – normal
- Bronchoscopy - normal anatomy
- Bloods
  - Total IgE 2053
  - Raised blood eosinophils

- Consideration of a biologic if no improvement

Next 2 years

- Mother continued to have MH issues
  - Referral to community social care for family support
- On-going concerns around adherence
- Directly observed therapy (DOT) commenced
- Periods of poor engagement with hospital outpatients appointments (OPAs, coinciding with mother's MH)
- On-going hospital admissions and OCS
- SMART commenced

- Poor symptom perception and engagement from Lacy in clinic
- Regularly seen in clinic with FEV1 > 50%, BDR and raised FENO (LF can also be normal)

Safeguarding

- Local team and RBH concerned for Lacy – risk factors present
- Risk taking behaviour around food allergies
- Poor perception of symptoms

- Numerous Team Around the Family (TAF) meetings, school liaison and repeat home visits
- Family support worker involved

- Pandemic
  - Protective factor of school and DOT ceases
  - Mother's MH deteriorates – anxiety around COVID

Consideration of a biologic

- Eligible for Mepolizumab
- Needle phobic
- Mother and Lacy agree to commence after initial reluctance

Mepolizumab commenced

- Initial 6/12 assessment

	Baseline	6 months
FEV1	65%	75%
BDR	12%	9%
FENO	73ppb	45ppb
ACT	12	12
PAQLQ	5.6	5.8
OCS in past 6/12	4	1
Admissions	4	0

- Lacy and Mum happy to continue but would like to switch to homecare

Comfort break

Please come back at 11.30

A practical guide to setting up Asthma Friendly Schools in your area

World Asthma Day 2022

Alison Summerfield
Paediatric Nurse Consultant – Respiratory & Allergy
The Hillingdon Hospital NHS Foundation Trust

Newham London

Heather Robinson
Children's Nurse & SCPHN – SN
Integrated Team Manager –School Health and HeadStart

Children's Health 0-19 and HeadStart Service

London Borough Newham

WE ARE NEWHAM.

People at the Heart of Everything We Do

ASTHMA & SCHOOL

GOALS OF ASTHMA FRIENDLY SCHOOLS

- ✓ Minimal use of reliever inhalers
- ✓ No school absence
- ✓ No symptoms with exercise
- ✓ No night time symptoms or sleep disturbance

To enable each child to lead a full and active life!!

ASTHMA FRIENDLY SCHOOLS

Improving asthma management for children and young people
Making schools safe places for children and young people with asthma to be

- ✓ **Named Asthma lead and Asthma Champion**
- ✓ **Asthma Champion to attend annual update**
- ✓ **Register of all known asthmatics**
- ✓ **Has a clear Asthma Policy**
- ✓ **Allows easy access to inhalers**
- ✓ **Annual whole school staff training (minimum 85% attendance)**
- ✓ **Displays emergency plan around the school**
- ✓ **Emergency inhalers**
- ✓ **Annual Asthma audit completed**

Asthma Friendly

ASTHMA FRIENDLY SCHOOLS

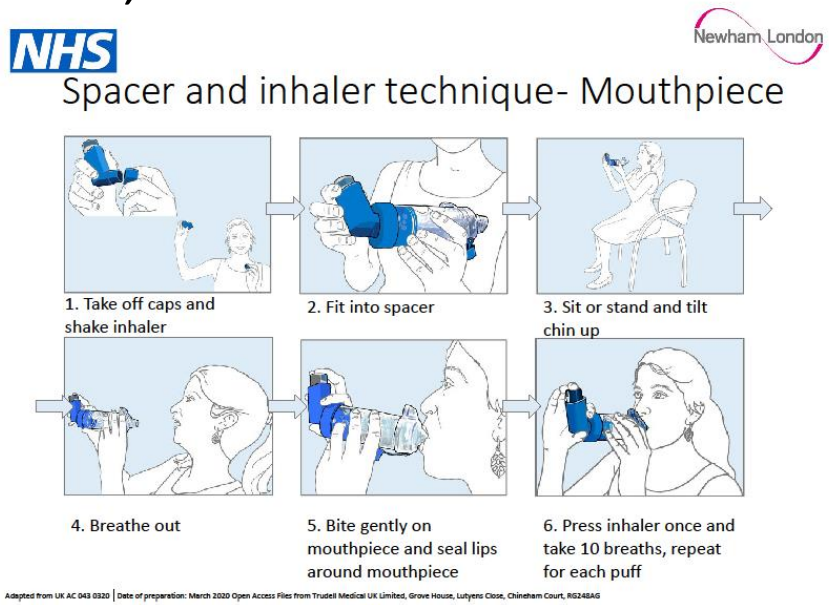
Poll: Where are you on your Asthma Friendly Schools journey?

Hillingdon plan….

LBN and ELFT Plan

Whole school Asthma Plan

- Nursery
- Primary
- Secondary
- A5, A4 & A3



Hillingdon Schools

(academic school year 2020/21)

* 108 Schools have an Asthma Champion
* 128 Asthma Champions in Hillingdon Schools
* 89/111 (80%) Schools Asthma Friendly Certification
* 263 children identified as a concern
* Empowered & Proactive School staff
* Early Identification of Children with sub optimal asthma control
* Integrated collaborative pathway between education, primary, secondary care & School Nursing service

Progress since launch - Sept 2020

- 92/101 schools have joined the whole school asthma approach
- 23/92 have completed the ASF
- 10 schools are on their year 2
- 5000+ school staff trained in asthma awareness
- Over 60% had never had any form of asthma training before
- 400+ school staff trained in the management of asthma and allergies
- 40 asthma champions trained by ELFT
- All school health and health visiting support staff trained in asthma awareness
- Parent and children and young people sessions, YP delivering the demonstrations
- Asthma films

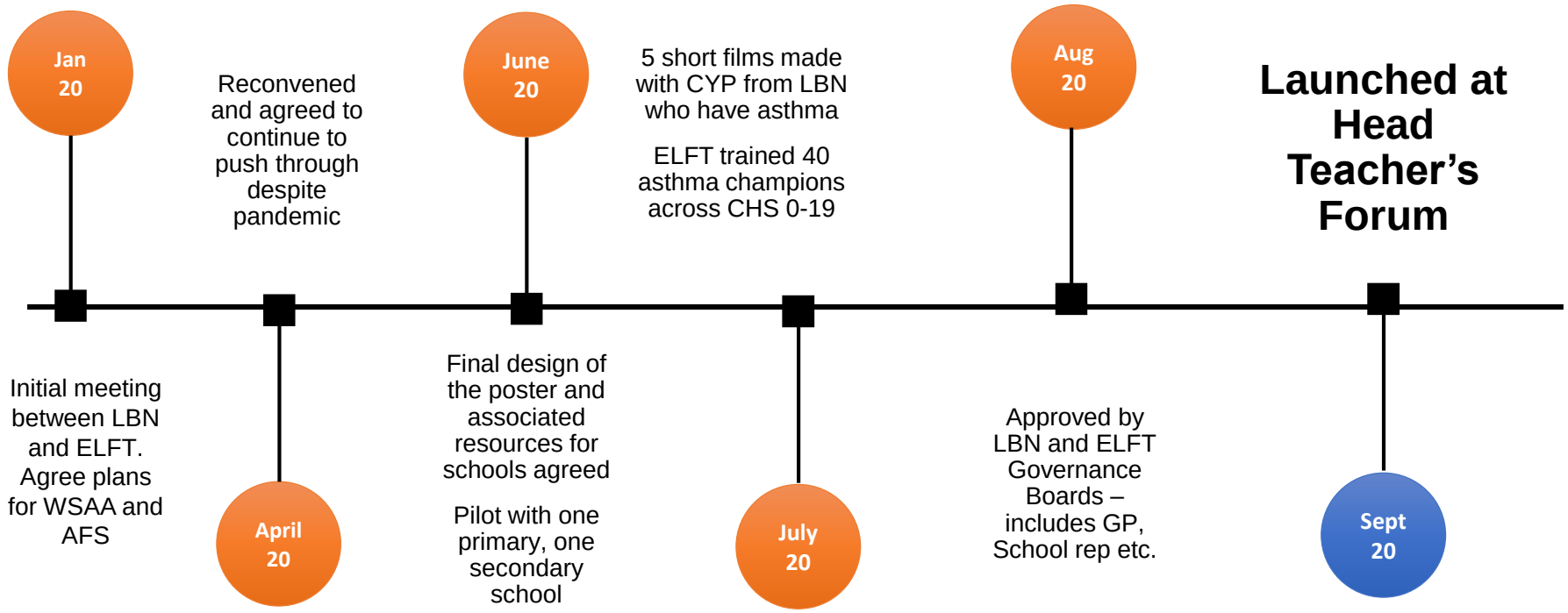


Asthma Friendly Schools Initiative WHEN…..

* Set a date to launch your AFS initiative
* Be realistic

* It is a journey…. You will need
  * Enthusiasm
  * Energy
  * Determination

Timeline to Launch



WHO....

* Engaging Key Individuals who **“have an interest”**
* Commissioning Group Lead
* Clinical Nurse Specialist
* Community Nurse
* School Nursing Team
* Paediatric Medical Lead
* GP / Practice Nurse / Community Pharmacist
* **School Asthma Champion**
* **“Team” not “I”**

HOW….

- Letters of invitation to Head teacher and welfare lead in each school .
- Consider writing to Chair of Governors of each school to share the launch of your initiative.
- Aim to identify a Named Asthma lead in school
- Aim to identify and “Asthma Champion” in school who will be pivotal to the success & implementation of AFS initiative in their school.

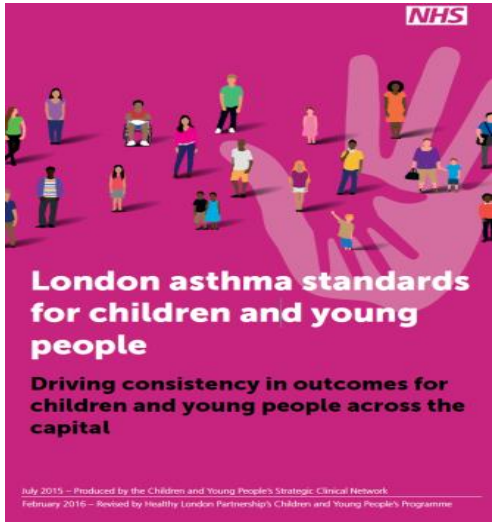
HOW……

- Letter to GPs that AFS project is being launched – be open and clear about what support required eg 1 SABA +/- spacer for school.
- Strive to develop collaborative working relationships with your school nursing team.
- SN Team / SN Link Training.

HOW…..

* Training & Annual Update – School / Community Nurses
* Training & Annual update – **Asthma Champions**
  * Interactive workshop based
  * Make it enjoyable
  * Link with other schools on the same journey
  * Primary / Secondary / Independent
* Whole School Staff Training
* Audit
* Asthma Friendly Certification

Investing in the Asthma Champions



To achieve the set standards, each organisation must have an asthma lead and asthma champion who are responsible for the management of children with asthma in schools.

School Asthma Champion:

- Holds a recognised certificate of attendance at training and has experience in supporting children with long term conditions
- Attends Paediatric Asthma Workshop Annually

EMERGENCY INHALER KITS

FOR ASTHMATIC CHILDREN ONLY

Availability of emergency inhaler kits in school:

To be used only for those diagnosed with asthma and on the asthma register (who may have forgotten, lost or run out of their blue inhaler)

Each child should have their OWN spacer in school. If an emergency spacer is used, the child should then take this home with them

NOT TO BE SHARED: SINGLE USE ONLY

Challenges / Hiccups….

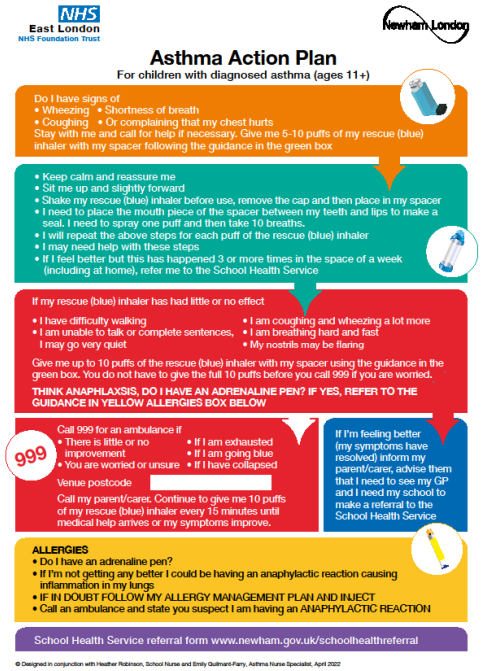
Poll: What are your main barriers to implementing the AFS programme across your borough?

* Relationships
* “I / My /Our”
* HCP not “conforming”
* Monitoring Effectiveness
* Children with poorly controlled asthma – what is your pathway?
* Asthma not seen as a priority in school until….

Taking one more step….

* Monitoring SABA use and School Absence
* Ensuring “EVERYONE” is engaged – GP/PN/Pharmacists – Paediatric Asthma Role Modelling Clinics
* Asthma Focus groups in schools
* Year 6 Asthma groups – preparation for secondary school
* Workshops in school for parents and carers
* Virtual events

Next Steps



NHS East London NHS Foundation Trust

Newham London

Asthma Action Plan

For children with diagnosed asthma (ages 11+)

Do I have signs of
- Wheezing
- Shortness of breath
- Coughing
- Or complaining that my chest hurts

Stay with me and call for help if necessary. Give me 5-10 puffs of my rescue (blue) inhaler with my spacer following the guidance in the green box

- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps
- If I feel better but this has happened 3 or more times in the space of a week (including at home), refer me to the School Health Service

If my rescue (blue) inhaler has had little or no effect
- I have difficulty walking
- I am unable to talk or complete sentences, I may go very quiet
- I am coughing and wheezing a lot more
- I am breathing hard and fast
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHLAXSIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

999

Call 999 for an ambulance if
- There is little or no improvement
- You are worried or unsure
- If I am exhausted
- If I am going blue
- If I have collapsed

Venue postcode

Call my parent/carer. Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.

If I'm feeling better (my symptoms have resolved) inform my parent/carer, advise them that I need to see my GP and I need my school to make a referral to the School Health Service

ALLERGIES
- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction causing inflammation in my lungs
- IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND INJECT
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

School Health Service referral form www.newham.gov.uk/schoolhealthreferral

- All LBN Youth Zones soon to become Asthma Friendly, all Youth Practitioners have been trained in the Management of Asthma and Allergies.
- Asthma training and asthma friendly support to be offered to all NewMAC (Multi-agency Collaborative) Partners.
- Roll out to sports venues/leisure centres
- Peer training delivery package

Celebrating success

Local Government Chronicles Finalist in the Public/Public Partnership category!

FREE

VIRTUAL

ASTHMA WORKSHOP

MyHealth
My self, My life

CONTACT THE TEAM TO RESERVE YOUR PLACE

01895 543 437

nhsnwlccg.Myhealth@nhs.net

May 13th

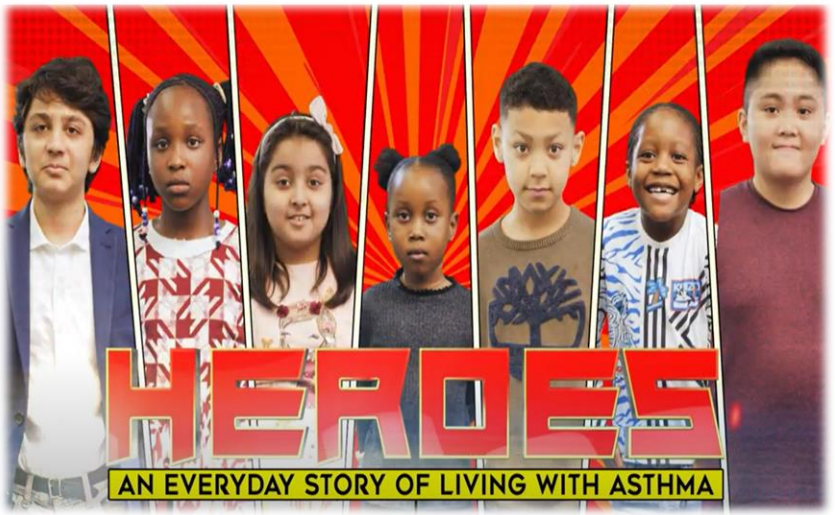
4pm - 5pm

WHAT'S INCLUDED IN THE WORKSHOP ?

What to do if your child is having an Asthma attack	Inhaler Techniques	Myth Busting	Common Triggers	Asthma Plans	Q&A

Asthma teaching films

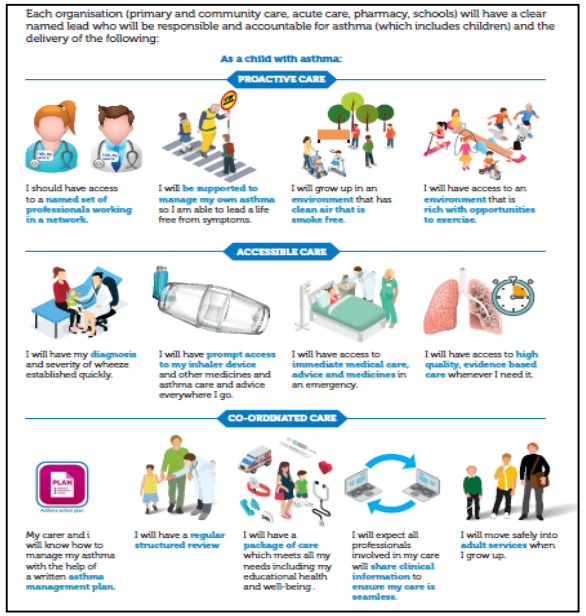
- Asthma kit
- https://youtu.be/pfaG_Rz5CwQ
- Washing a spacer
- https://youtu.be/NbIqBgmfTFE
- What it feels like to have asthma
- https://youtu.be/ZNvqMDpfFQs
- Living with asthma
- https://youtu.be/OyOdu7hAjL0
- Whole school asthma approach
- https://youtu.be/l1J4cTwMev0



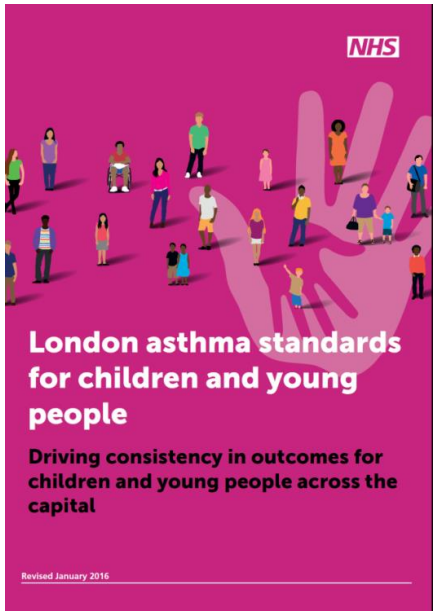
Resources from NHS England (London) CYP programme

Our aim is to transform the pathway through improved co-ordinated care, ambitions and standards for asthma care in CYP. We offer support across the system to improve asthma care, reduce mortality, morbidity and admissions.

Ambitions

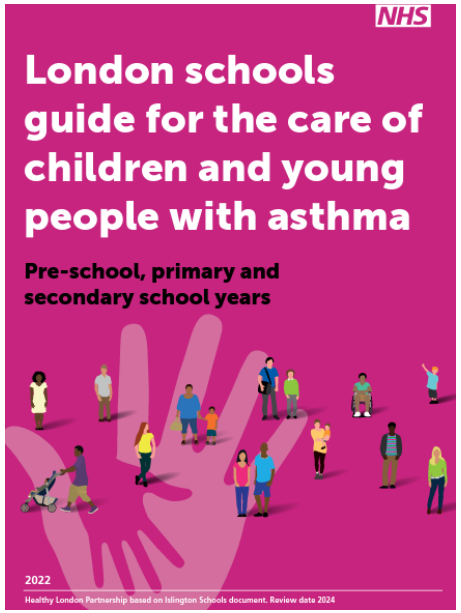


Standards (updated Dec 2021)



Online Asthma Toolkit

London schools guide (updated Apr 2022)



The London schools' guide for the care of children and young people with asthma: Pre-school, primary and secondary school years was revised in April 2022 to take account of changes due to Covid-19. There is additional guidance for schools and pharmacists on Supply of Salbutamol Inhalers to Schools – Pharmacy Guide – Revised due to Covid-19

WHEN? WHO? HOW? ….

It’s time to consider our approach

* Child with Asthma - our centralised focus
* Joined up Thinking
* Joined up Approach
* Getting the basics right
* Working in the same direction & overcoming the boundaries which impact upon a child’s care & education.

It can be achieved through a collaborative approach, working together and ultimately enhances the care children who have asthma receive

Conclusion and Close: Please complete the evaluation in the chat

Thank you for coming!