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Nicola Thomas obtained her nursing diploma from the Health Sciences Centre’s School of Nursing in Winnipeg and began her career at the Winnipeg Children’s Hospital. She obtained a National Certification in Asthma Education and returned to complete her Bachelor of Nursing degree at the University of Manitoba. Nicola recently completed her Master of Science (Nursing) degree at Queen’s University in Kingston.

Ms. Thomas has a variety of work experience in acute and primary care as well as research and post-secondary education. She moved to Ontario seven years ago with her family and worked as the regional Kingston General Hospital’s paediatric asthma educator. She has served on a variety of committees of the Ontario Lung Association and the RNAO’s Paediatric Nurses Interest Group. Nicola recently left her hospital position and is now a Professor at St. Lawrence College, Faculty of Health Science.


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The Issue: Given that asthma is so common and that children spend on average 30% of their day in school, the school setting is one of the most crucial contexts for asthma management second only to a child’s home. Today schools are faced with many challenges, not only are they responsible for students’ learning needs but they also manage complex behavioural and health issues including asthma. Despite this, they are not always aware of legislation and most do not have standardized plans regarding asthma management.

Thesis Objectives: 1) Systematically review the research literature related to asthma management within the school setting. 2) Using a conceptual framework, determine current asthma management practices as reported by school administrators. 3) Explore experiences and barriers to asthma management practices with school administrators.

Population and Setting: Administrators of public English speaking schools in one Eastern Ontario region.

Methods: Guided by the Knowledge to Action framework, the study was divided into three phases using a planned action approach. Phase one was an integrative comprehensive synthesis of the evidence. Phase two consisted of an administrators’ survey to compare current asthma management practices and current legislation. Phase three included a key informants’ meeting.

Results: Phase One: Following a search using three databases, 67 articles were critiqued. International organizations such as the World Health Organization support the vital role schools have as health-promoting institutions. In response, many countries have established “asthma friendly schools” legislation that includes a process for identifying children with asthma, the right to self carry and administer medications, enhancing communication and cooperation between school staff, parents and children with asthma, reducing triggers in the school environment, and effective policies that make legislation a functioning reality within schools.

Phase Two: Ninety-seven surveys were distributed within two district school boards with 61 completed surveys returned (63% response rate). Key findings included underestimation of the prevalence of asthma, no standardized process for identifying children with asthma, insufficient training to recognizing and responding to asthma exacerbations, lack of individual asthma action plans for children, absence of programs to support current legislation and Canadian Consensus Guidelines. Communication was the most common barrier identified by school administrators.
Phase Three: The survey results were validated by two principals in the key informants’ meeting. Participants were not familiar with the concept of an asthma friendly school, asthma prevalence rates, or free asthma school resources. Asthma Action Plans were not universally understood as individualized written plans but rather a generalized first aid response plan.

Conclusions: Managing asthma within the school setting is a provincial, national, and international issue. International organizations have recognized the challenges schools face when trying to establish a safe and supportive environment and in response many countries have established asthma friendly school policies. Survey results revealed that lack of communication is a significant barrier to optimal asthma management. In addition, lack of knowledge and suboptimal management practices within schools place children with asthma at risk within the two public school boards for this Ontario region. Support, collaboration and partnerships are necessary in order for schools to be “asthma friendly” institutions.

References