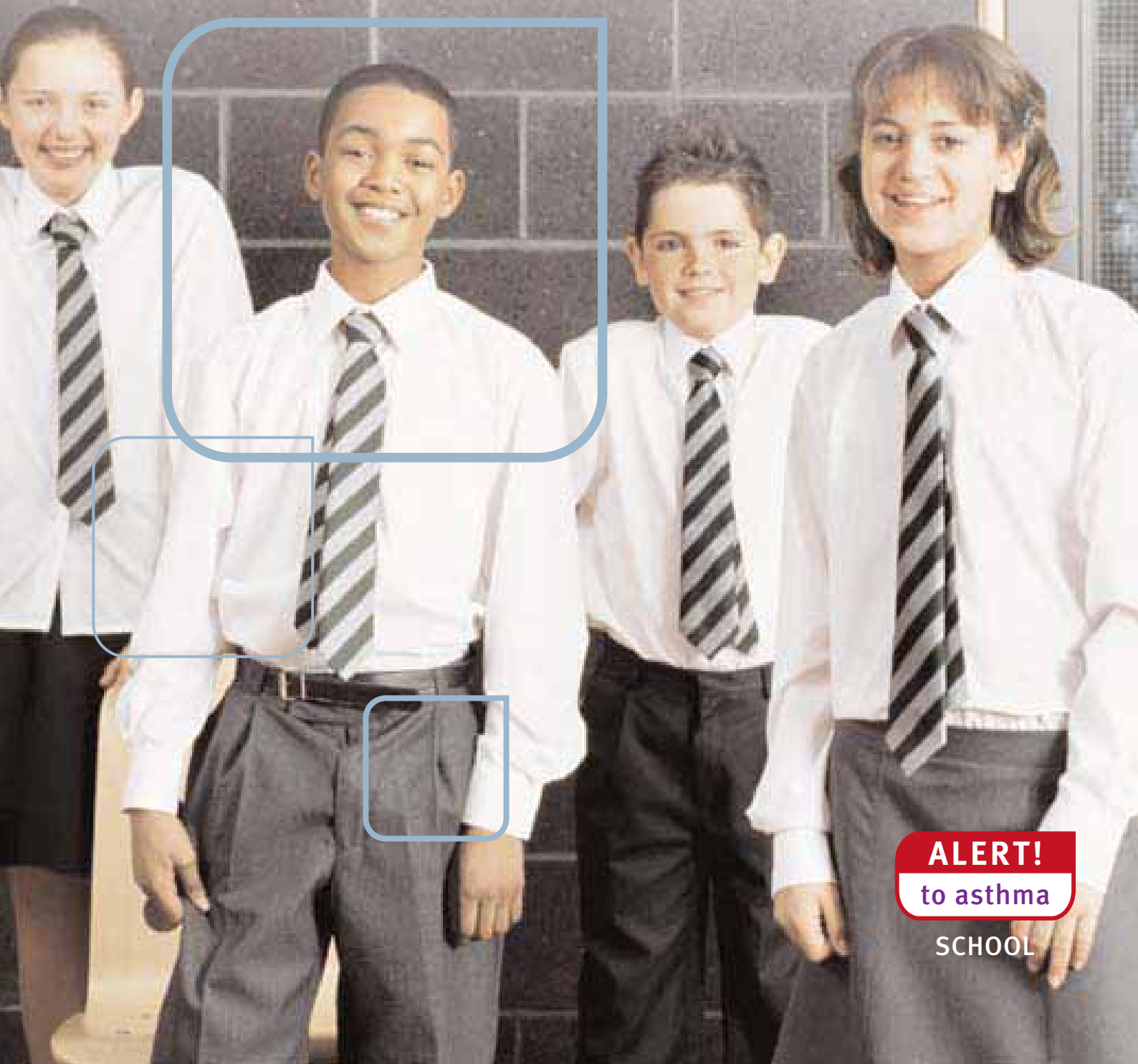




# Asthma awareness for school staff



**ALERT!**  
to asthma

SCHOOL

# What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

## What to do

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

## If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

## Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

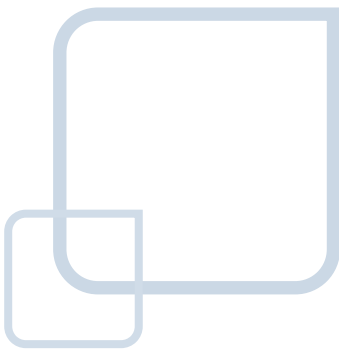
Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

## Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

## After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.



### **Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

NB: Guidance from education authorities on emergency transport in private vehicles is different in each part of the UK. Your school should have a clear emergency procedure policy on if and when this is appropriate.

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# What is asthma?

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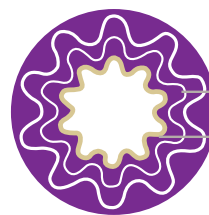
# What is asthma?

## Asthma symptoms

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs.

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated – leading to the symptoms of asthma.

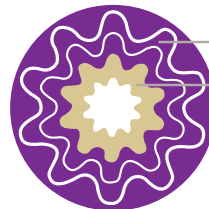
Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when they come into contact with something that irritates their airways (an asthma trigger).



Muscle

Lining

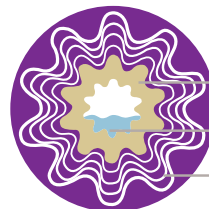
People **without asthma** have airways like this



Muscle

Sensitive lining

People **with asthma** have airways like this



Swollen lining

Mucus

Muscle tightening

In an **asthma attack**, the airway lining starts to swell, the muscles tighten and mucus is secreted

### The usual symptoms of asthma are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children will express feeling tight in the chest as a tummy ache.

If a child is experiencing asthma symptoms follow the 'what to do in an asthma attack' information on page 10. This information is repeated as a poster on the inside front cover of this booklet. This is ideal to photocopy for staff and for displaying in various staff areas around the school.



**1 in 10**  
children in the UK  
has asthma

### **Asthma in the individual**

Asthma varies in severity from person to person. Some children and young people will experience an occasional cough or wheeze, while for others, the symptoms will be much more severe.

Some may experience them from time to time (maybe after exercise or activity). The rest of the time their asthma causes them no problems. But asthma can affect some children and young people's school life in other ways. Some pupils may occasionally need to take time off school because of their asthma symptoms. They may also experience night-time symptoms disturbing sleep, so they may be tired in class.

Children and young people can usually control their asthma effectively by avoiding known asthma triggers where possible and taking the correct medicines. To help with asthma control, all children and young people with asthma should have regular asthma reviews with their doctor or asthma nurse every six to 12 months or more regularly if recently diagnosed. They should also have a written personal asthma action plan.

See page 14 for information about asthma medicines.

### **What does asthma feel like?**

Children and young people who have asthma tell us that:

- 'It feels like someone is standing on my lungs.'
- 'It feels like I am being squashed.'
- 'When I'm having an attack it feels like a rope is being slowly tightened around my chest.'



Asthma varies from person to person. Some pupils will experience an occasional cough, others may have more severe symptoms.

# What is asthma?

## Asthma triggers

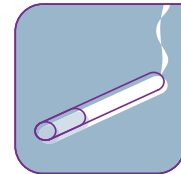
A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Everybody's asthma is different and everyone will have different triggers, most have several. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions.

Common triggers include viral infections (colds and flu), house-dust mites, pollen, cigarette smoke, furry and feathery animals, exercise, outdoor air pollution, laughter, excitement and stress.

Taking the following steps at your school may help prevent asthma attacks.



Cold air



Cigarette smoke



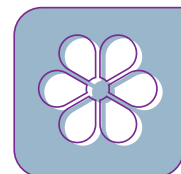
Exercise



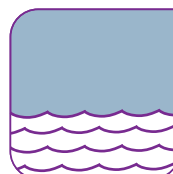
Furry animals



Chalk dust



Pollen and grass cuttings



Chlorine in swimming pools



Chemicals and fumes



Stress



Colds and flu

## Avoiding common triggers in school

### Cigarette smoke

- adopt a complete non-smoking policy on the school premises and for school activities and ensure it is upheld and maintained
- ensure all staff and adults leading school activities taking place off site, such as sport training, school visits, outings and field trips adhere to a complete non-smoking policy.

### Furry and feathery animals

- do not keep furry or feathery pets in classrooms or in the school.





**'When doing extra activities at school,  
I have extra puffs of my inhaler.'**

**EBONIE ATKINSON, 14**

### **Chemicals and fumes**

- as far as possible avoid fumes that trigger pupils' asthma in science and craft lessons
- use fume cupboards in science lessons if possible.
- if fumes are known to trigger a child or young person's asthma, allow them to leave the room until the fumes are no longer in the classroom.

### **Chalk dust**

- wet-dust chalk boards.

### **House-dust mites**

- ensure rooms are regularly wet-dusted and cleaned to reduce dust and house-dust mites.

### **Mould**

- ensure classrooms are well aired and avoid condensation
- remove any damp and mould in the school quickly
- ensure piles of autumn leaves are kept in areas away from pupils and regularly removed from the school grounds.

### **Pollen and grass cuttings**

- avoid keeping pollinating plants in the classroom or playground areas
- avoid mowing sporting fields and grass areas during school hours – this is best done on a Friday afternoon (or after sport on a Saturday)
- give the option of indoor PE/games activities on days with a high pollen count
- avoid leaving windows open during thunderstorms as thunderstorms release large quantities of pollen into the air and can trigger asthma attacks.

### **Scented deodorants and perfumes**

- be aware of children whose asthma is triggered by scented deodorants and perfumes
- ensure changing rooms are well ventilated
- encourage the use of unscented products.



# What is asthma?

## What to do in an asthma attack

### Common signs of an asthma attack

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- tummy ache (sometimes in younger children).

### What to do

- keep calm
- encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately (preferably through a spacer)
- ensure tight clothing is loosened
- reassure the child.

### If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve

Call 999 or a doctor urgently if:

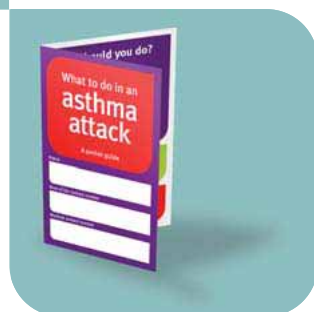
- the child or young person's symptoms do not improve in 5–10 minutes
- the child or young person is too breathless or exhausted to talk
- the child or young person's lips are blue
- you are in doubt.

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

### After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Credit card-sized  
*Asthma Attack  
Cards* are available  
from Asthma UK.





**'My asthma feels like someone has a hammer inside me and they are banging on my chest. It really hurts!'**  
HARI WADE, 6

### **Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

- NB: Guidance from education authorities on emergency transport in private vehicles is different in each part of the UK. Your school should have a clear emergency procedure policy on if and when this is appropriate.

For more information about what to do if a staff member is worried about a pupil with asthma, see the later section 'What to do when a pupil with asthma joins your class' page 20.





# What is asthma?

## Asthma control

### **Asthma reviews**

Asthma is a long-term condition that needs to be treated on an individual basis. Just like visiting the dentist or the optician, it is important that children and young people with asthma have regular review appointments with their doctor or asthma nurse to monitor their asthma symptoms, the medicines they are taking and any side effects. Most children and young people should have a review every six to 12 months, or more regularly if they have just been diagnosed.

### **Personal asthma action plans**

Every parent/carer of a child or young person with asthma should be offered a written personal asthma action plan for their child by their child's doctor or asthma nurse. The child or young person's doctor or asthma nurse should complete their personalised plan in discussion with the parent/carer at the child's regular asthma review.

The plan includes information parents/carers need to help their child keep control of their asthma, including:

- how their child can better control their asthma
- details about their child's asthma medicines
- how to tell when their child's asthma symptoms are getting worse and what they should do about it
- what to do if their child has an asthma attack.

Using a personal asthma action plan can help parents/carers prevent their children from having asthma attacks.

If a child's asthma is getting worse or better a personal asthma action plan shows the parent/carer how to change their child's medicines accordingly. These changes to a child or young person's medicines are usually to the medicines they take outside of school hours. Keeping a copy of their personal asthma action plan at school is not usually necessary for most pupils at most schools. Instead a *School Asthma Card*\* is the ideal resource to help keep written information about individual pupils with asthma.

All boarding schools should keep a copy of the written personal asthma action plans of boarding pupils with asthma.

### **School Asthma Card**

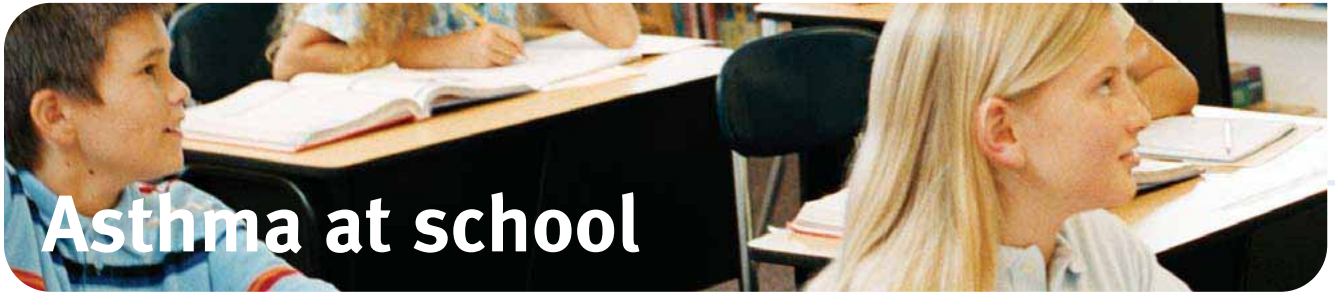
A *School Asthma Card*\* is a written record of the information a school needs about a particular pupil's asthma – their symptoms, triggers, medicines and emergency contact details. *School Asthma Cards* are sent to the parents/carers to be filled out with their child's doctor or asthma nurse. Parents/carers need to update or exchange the card if their child's condition or treatment changes.

Asthma at

# School

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## Asthma medicines

At school most pupils with asthma will only need to take inhaled medicines.

### Reliever inhalers

Every child and young person with asthma should have a reliever inhaler (usually blue).

Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. However, relievers do not reduce the swelling in the airways.

- Relievers are essential in treating asthma attacks.
- Reliever inhalers are usually blue.
- They come in different shapes and sizes (see page 16 for examples).
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively (that is, one that a healthcare professional has shown them how to use and checked their technique).
- In a school setting where there may be many pupils with asthma it is important to know which reliever belongs to which pupil.
- Relievers are a very safe and effective medicine and have very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicines and these side effects pass quickly.
- Children and young people with infrequent asthma symptoms will probably only have a

reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week, they should see their doctor or asthma nurse for an asthma review as they may also need to take preventer medicines.

### At school

- Pupils with asthma need to keep their reliever inhalers with them or close at hand at all times. You never know when they might need it. They should also have a spare inhaler available.
- As soon as a child is mature enough, allow them to keep their reliever inhaler with them at all times. The child's parents/carers, doctor or asthma nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).
- It is essential that all pupils with asthma are allowed to access their reliever inhaler freely at all times. Reliever inhalers should never be kept in a locked room or drawer.
- During PE lessons or other activities outside the classroom each child or young person's reliever inhaler should be taken to the lesson. If pupils are playing sport on the sports field then reliever inhalers can be left with the teacher in a cardboard box.
- Each asthma medicine should be clearly labelled with the pupil's name. The expiry date of all asthma medicines should be checked every six months.
- Parents/carers should always be told if their child is using their reliever inhaler more than they usually would.



**38%** of children with asthma who took part in The *Blue Peter*/Asthma UK Survey said they 'often' have to use their reliever inhaler during PE

- **Younger children** – if, after discussion between the parents/carers and the doctor or asthma nurse, it is believed that a child is too young to carry their own reliever inhaler, it should be kept in an unlocked classroom in an easily accessible place, such as a spice rack.
- **Spare inhalers** – all parents/carers of children and young people with asthma should be asked to provide a spare reliever inhaler, separate from the one the pupil carries with them all the time. This ensures that if a pupil forgets or loses their own, a spare is available.
- Pupils with asthma should always be aware of where to go to get their reliever inhaler (including their spare) when they need it.
- In primary school, spare inhalers should be kept in the pupil's individual classroom. Spice racks are a good way of storing spare inhalers.
- At secondary school, a central room that is never locked, should be used to store spare inhalers. Pupils with asthma need to know exactly where to go to get their spare asthma medicines.

#### **Do inhaler medicines have an expiry date?**

- All inhalers have an expiry date. Parents/carers should be responsible for ensuring that all their child's asthma medicines are within the expiry date. Reliever inhalers and preventers usually last about two years.
- In addition, a named staff member should be responsible for checking the expiry dates of all spare reliever inhalers kept at school, every six months.

#### **What happens if a pupil without asthma experiments with another child's reliever inhaler?**

- It is not harmful for a pupil without asthma to try another pupil's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass shortly and will not cause any long-term effects.
  - However, it is important to talk firmly with the child or young person who has tried somebody else's medicine so that they learn to treat all medicines with respect.
- *School Asthma Cards* can be used to help both parents/carers and the designated staff member record and check asthma medicine expiry dates.

# Asthma at school

## Asthma medicines (continued)

### Preventer inhalers

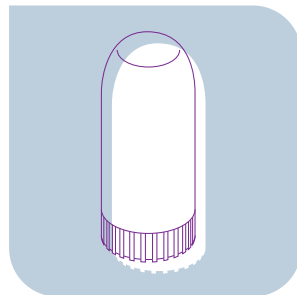
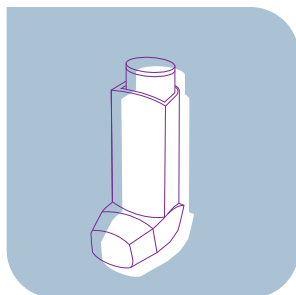
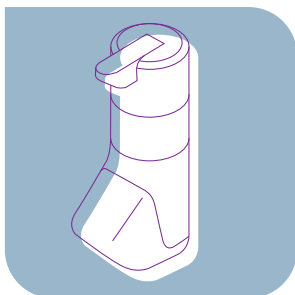
Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child or young person with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all children and young people with asthma will need a preventer. Preventers are usually prescribed for children and young people using their reliever inhaler three or more times a week.

- Preventers reduce the risk of severe attacks.
- Preventer inhalers are usually brown, orange, red or white.
- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child or young person is feeling well.

### At school

- Normally, pupils should not need to take preventer inhalers during school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's *School Asthma Card*\*.
- Boarding schools will need to make sure that they know which pupils in their care are taking preventer medicines and set up appropriate management.
- Most children and young people who need preventer medicines will receive a preventer inhaler from their doctor or asthma nurse that contains corticosteroids.
- Corticosteroids are a copy of steroids produced naturally in our bodies. They are completely different from the anabolic steroids associated with bodybuilders. Doctors prescribe the lowest possible dose of inhaled steroid to get a person's asthma under control.
- Low doses of inhaled steroids have minimal side effects and have no significant effect on growth and the benefits of taking the medicine far outweigh any potential side effects.

### Common inhalers







**42%** of children with asthma, who took part in The *Blue Peter*/Asthma UK Survey, said their asthma made them feel frustrated

### Spacers

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make inhalers easier to use and more effective. Spacers are used with aerosol inhalers.

#### At school

- Spacers may often be needed and used at school, especially by pupils under the age of 12.
- Each pupil with asthma who has been prescribed a spacer by their doctor or asthma nurse should have their own individually labelled spacer. This should be kept with their inhaler, or if this is impractical, with their spare inhaler.

### Steroid tablets

A short course of steroid tablets (usually 3–5 days) is sometimes needed to treat a child or young person’s asthma after an asthma attack. They are very effective at bringing severe asthma symptoms under control quickly.

- Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a steroid preventer inhaler. However, children and young people should not experience any side effects from the occasional course of steroid tablets.

#### At school

Please note it is rare for a pupil with asthma to have to take steroid tablets during school hours.

### Nebulisers

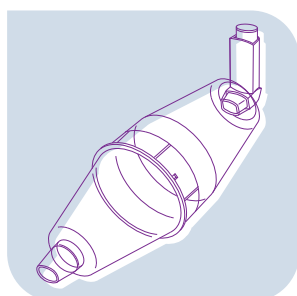
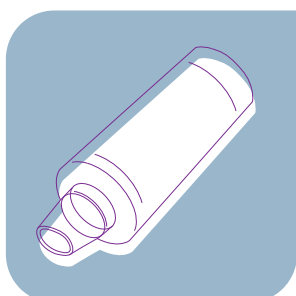
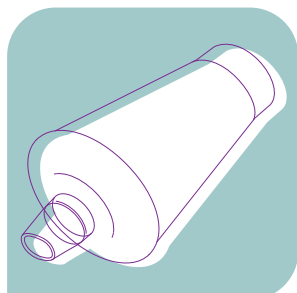
A nebuliser is a machine that creates a mist of medicine that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medicine in an emergency. However, research shows that spacers work as well as nebulisers in most asthma attacks. Use of nebulisers in emergency situations is becoming far less common.

#### At school

Some children and young people with asthma have nebulisers at home. However, pupils with asthma should not normally need to use a nebuliser in school.

- If a doctor or asthma nurse does advise that a child or young person needs to use a nebuliser in school, the staff involved will need training by a healthcare professional.

There are a number of different types of spacer. Here are a few examples.





# Asthma at school

## Legal issues

### Staff administering medicines

Children and young people should be allowed to take their asthma medicines when they need to. There is no legal or contractual duty for school staff to administer medicine or supervise a pupil taking medicines unless they have been specifically contracted to do so.

Administering medicines is a voluntary role and one that many school staff are happy to take on. Employers are responsible for providing indemnity for those staff who agree to administer medicines.

### In emergency situations

In an emergency situation (for example, an unexpected severe asthma attack), school staff are required under common law, duty of care, to act like any reasonably prudent parent. This may include administering medicines.

For specific information and guidance in your area see details below.

### England

For more information on the legal aspects of managing pupils with medical needs in England, please see the DfES/DOH guidance *Managing Medicines in Schools and Early Years*

*Settings*. This is available from the DfES or can be downloaded from:

[www.publications.teachernet.gov.uk](http://www.publications.teachernet.gov.uk)



The document also contains a set of forms that can be photocopied or adapted to your school. These forms include:

- parental agreement for school to administer medicine
- contacting emergency services
- staff training record
- record of medicines administered to all pupils.

### Wales

For more information on the legal aspects of managing pupils with medical needs in Wales, please see the guidelines published by the Welsh Office (1997) *Supporting Pupils with Medical Needs in Schools* (Welsh Health Circular 97/31) and *Supporting Pupils with Medical Needs: A Good Practice Guide* (Welsh Office, December 1997).



Please note that the above guidance is currently being updated (March 2006) by the Wales Assembly Government and you are advised to check its site for the latest circular on administering medicines at: [www.wales.gov.uk](http://www.wales.gov.uk)

The revised guidance will include a set of forms that can be photocopied, and adapted for use in schools. These forms include:

- parental agreement
- healthcare plan for pupils with medical needs.



‘There’s a welfare officer who I talk to at school. She’s been to meetings to learn more about asthma.’  
HANNAH WARWICK, 12

### Scotland

For more information on the legal aspects of managing pupils with medical needs in Scotland, please see the guidance prepared jointly by a working group with representatives from the Association of Directors of Education in Scotland, the Health Service, voluntary organisations and officials from the education and health departments of the Scottish Executive. The *Administration of Medicines in Schools* can be downloaded at:  
**[www.scotland.gov.uk/library3/education/amis-00.asp](http://www.scotland.gov.uk/library3/education/amis-00.asp)**



This document also contains a set of forms that can be photocopied or adapted for use in your school. These include:

- example emergency planning form
- example form for schools to record details of medicine given to pupils
- example form for parents/carers to complete if they wish their child to carry their own medicines.

### Northern Ireland

New guidance on the administration of medicines is currently being drafted by the Department of Education, Northern Ireland (March 2006).



There is no legal duty that requires school staff to administer medicines in Northern Ireland, this is a voluntary role. The new guidance does not intend to alter in any way the right of staff not to volunteer. However, it has been written to help schools draw up policies on managing medicines in schools where teachers or other staff are willing to assist in the administration of medicines. This will help schools put in place effective management systems to support individual pupils with medical needs.

Please check the Department of Education, Northern Ireland, website for this new guidance at: **[www.deni.gov.uk](http://www.deni.gov.uk)**



# Asthma at school

## Supporting pupils with asthma at school

### When a child with asthma joins your class

There are measures that should be taken when a child or young person with asthma joins your class (even if your school does not have an asthma policy):

- If the school does have a policy, make sure you are familiar with it.
- Ask the parents/carers about their child's asthma and current treatment. This information can be recorded on a *School Asthma Card*\*. It is also a good idea to speak to the parents/carers about their child's asthma.
- Allow the pupil to access their reliever medicine freely. This means allowing them to carry it on them. If, after discussion between the parents/carers and the doctor or asthma nurse, it is believed that the child is too young to do this, it should be kept in the classroom in an easily accessible place. Reliever inhalers should not be locked away.
- Some children and young people need a discreet reminder to take asthma medicines, especially before exercise. Remember some people are shy about taking medicine in front of others. Encouraging and developing positive class attitudes towards pupils with medical conditions will help.
- Remind the pupil to carry their reliever inhaler at all times, including on school trips. Include this information on school circulars and in advice to parents/carers.
- Always inform the parents/carers if their child has had an asthma attack.
- Parents/carers should always be told if their child is using their inhaler more often than they usually would.
- If you are worried about a pupil who appears to have 'severe' asthma, it may be helpful for teachers to consult either the school nurse, or the child's doctor or asthma nurse (through the child's parents/carers).

'I do feel it's vital for all school staff to be aware not only of what to do, but also how to do it. Alex, like most children, dislikes being "different" or the centre of attention. He appreciates knowing that his teachers will do all they can to help, without making too much of a fuss or making a "production" out of an asthma attack. Alex's teachers were calm, composed, effective and sensitive with him, as well as when explaining it to other children.'

DI TREECE, TALKING ABOUT HER SON ALEX



**1 in 3** children with asthma had their daily activities such as attending school disrupted

### **Absence from school**

If a pupil with asthma is taking time off school or is frequently tired in class, it could be because they are having asthma symptoms during the night, disturbing their sleep. This could be because:

1. The child or young person has severe asthma symptoms.
2. The asthma is not well controlled because the child or young person:
  - has not been prescribed the right medicine for their needs
  - is not using the correct inhaler technique
  - is not taking their medicines as prescribed
  - is not avoiding, or able to avoid, their asthma triggers.

The teacher should firstly talk to the parent/carers, and then the school nurse and Special Educational Needs Coordinator or Learning Support & Special Educational Needs Department (in Scotland).

Some pupils with asthma may be considered to have special educational needs and require extra support. The teacher, school nurse and special educational needs coordinator or Learning Support & Special Educational Needs Department should talk to the parents/carers and discuss strategies and support to help their child.

### **Bullying**

Bullying can happen to any child at school. However, children who are different can be particularly vulnerable to bullying. This is especially the case for children with asthma who might already feel conscious about being different to others in their school.

Children and young people with asthma can be picked on and bullied at school because:

- they need to use their inhaler at school (and sometimes in front of other students)
- they have days off from school because of their asthma
- they might sometimes miss out on various school activities, eg, PE, school trips, science and art lessons.

All schools are now required to have anti-bullying policies, which should reduce the number of children being affected by bullying – make sure you are aware of your school's anti-bullying policy.

For other organisations that can provide advice and support on bullying see 'Resources', page 26.



## Exercise, activity and asthma

There has been a large emphasis in recent years on increasing the number of children and young people involved in activity, exercise and sport, in and outside of school. Exercise and physical activity is good for everyone, including children and young people with asthma. The majority of children and young people should be able to take part in any sport, exercise or activity they enjoy, as long as their asthma is under control.

For some children and young people exercise is their only trigger (the condition is often known as exercise-induced asthma), while for others it is one of many triggers. However, as exercise is part of healthy living, it is one asthma trigger that should be managed, not avoided.

A very small minority of children and young people with difficult to control asthma may find it difficult to participate fully in exercise because of the nature of their asthma. However, there have been changes to PE and exercise in schools and there are now opportunities to try alternative ways of exercising, enabling more children and young people to get involved.

### Tips for exercising with asthma:

- If exercise and physical activity makes a child or young person's asthma worse, always ensure that they use their reliever inhaler (usually blue) immediately before they warm up.
- Always start a session with warm up exercises.
- Try to avoid the things that trigger their asthma (eg, dust, smoke, pollen).
- Always make sure they have their reliever inhaler with them.
- If they have asthma symptoms when they are exercising, they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again.
- Always end a session with warm down exercises.

'Most children and young people with asthma are keen to take part in PE and sport, but can sometimes be frightened to. Reassuring them that I know about their condition and will be understanding helps a great deal. This includes being able to recognise the signs of an attack, having their inhaler easily accessible and letting them take a break or sit out if they need to. It's almost always possible for children with asthma to do something though – refereeing, umpiring and coaching can include them in the session.'

GRAHAM SWATRIDGE, ADVANCED SKILLS TEACHER IN  
WOKINGHAM & DISTRICT



**'My PE teacher is quite understanding'**

CHARLIE MCNAMARA, 14

### **PE and school sports**

It is important that PE teachers involve pupils with asthma as much as possible in their lessons and encourage them to get involved in after school clubs and sport activities.

- PE teachers need to be aware of the potential triggers for pupils with asthma when exercising and should know what to do to minimise these triggers.
- PE teachers and sports coaches should all know what to do in the event of an asthma attack (see inside front cover).

PE teachers and sports coaches should:

- make sure that they know which pupils they teach/coach have asthma and what triggers their asthma
- speak to the parents/carers if they are concerned that their child has undiagnosed or uncontrolled asthma (or ask the form teacher to) these pupils may need to have their asthma reviewed by their doctor or asthma nurse
- make time to speak to parents/carers to relieve their concerns or fears about their children with asthma participating in PE
- if a child has to sit out for five minutes try to keep them involved as much as possible, for example by getting them to take notes on the match or training or getting them to do some ball work (if they are feeling well enough to do so).

PE teachers and sports coaches should make sure they know which pupils they teach/coach have asthma.





# Asthma at school

## Exercise, activity and asthma (continued)

### PE and sports for children and young people with severe asthma symptoms

PE and sports should be accessible to all pupils at school, including those with severe asthma symptoms. PE and sports coaches should help pupils with severe asthma symptoms take part by:

- asking the pupil how they are feeling before each lesson and how much activity they can take part in. Be aware that some pupils will be shy about their asthma and may not want to talk about it in front of the whole class – be discreet
- trying to involve pupils in refereeing, coaching or organising lessons
- looking to include pupils with asthma in team sports or activities that are less strenuous.

### ‘Out There & Active’ information resources

Asthma UK’s ‘Out There & Active’ campaign aims to promote understanding about exercise and asthma to parents/carers, children and young people, and teachers, through a series of factfiles, posters and booklets. See ‘Resources’, page 25.



‘My asthma gets better because I’ve been playing lots of sports after school – cricket, rugby, football.’

MELISSA BALE, 14



# resources

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# Resources

## Websites

Visit [asthma.org.uk](http://asthma.org.uk) and download specialist information on every aspect of asthma.

- Use interactive, educational tools.
- Email an asthma nurse specialist.
- Plus much more about asthma and Asthma UK.

[kickasthma.org.uk](http://kickasthma.org.uk) is the new website for children and young people with asthma. Join Suki, Bex, Connor, Woody and the rest of the Kick-A Crew to learn what it is like to have asthma. To explore their world visit [kickasthma.org.uk](http://kickasthma.org.uk)

### Interactive resources

*How to Use your Inhaler*: gives examples of inhalers and the techniques for using them.

*Look Inside your Body*: find out more about the respiratory system.

Both available at: [asthma.org.uk](http://asthma.org.uk)

## Legal issues

### Legal issues

England – *Managing Medicines in Schools and Early Years Settings*.

[www.publications.teachernet.gov.uk](http://www.publications.teachernet.gov.uk)

Wales – *Supporting Pupils with Medical Needs in Schools* (Welsh Health Circular 97/31) and *Supporting Pupils with Medical Needs: A Good Practice Guide* (Welsh Office, December 1997).

The above guidance is currently being updated (March 2006). Please check for the latest circular on administering medicines at:

[www.wales.gov.uk](http://www.wales.gov.uk)

Northern Ireland – Please check the Department of Education, Northern Ireland, website for legal guidance on managing medicines in school at:

[www.deni.gov.uk](http://www.deni.gov.uk)

Scotland – *The Administration of Medicines in Schools* can be downloaded at:

[www.scotland.gov.uk/library3/education/amis-00.asp](http://www.scotland.gov.uk/library3/education/amis-00.asp)

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## Bullying

Other organisations that can provide advice and support on bullying include:

- DfES – [www.teachernet.gov.uk/wholeschool/behaviour/tacklingbullying](http://www.teachernet.gov.uk/wholeschool/behaviour/tacklingbullying)
- Northern Ireland Anti-Bullying Forum – for details of the three-year strategy and action plan visit: [www.savethechildren.org](http://www.savethechildren.org)
- The Anti-Bullying Alliance – provides support and advice to young people and parents/carers. [www.anti-bullyingalliance.org](http://www.anti-bullyingalliance.org)
- BullyFree Zone – which provides peer support for young people and advice to parents/carers including those parents/carers of children who are bullying others. [www.bullyfreezone.co.uk](http://www.bullyfreezone.co.uk)
- ChildLine – who work with schools to combat bullying as well as providing an advice line for young people. [www.childline.org.uk](http://www.childline.org.uk)
- Kidscape – dedicated to preventing bullying. [www.kidscape.org.uk](http://www.kidscape.org.uk)



# 46%

of children with asthma  
play sports or exercise  
more than 2 hours a week

## Exercise, activity and asthma

### **Out There & Active poster**

A poster packed with information – including common asthma triggers, tips on asthma and exercise and what to do in an asthma attack. A useful tool to encourage children with asthma to take part in exercise and for classroom discussion. Regional versions available including bilingual Welsh/English. See 'Asthma Resources for pupils', page 8.

### **Out There & Active information card**

An ideal card to give to young people with asthma, summarising essential information.



### **Out There and Active: a guide for parents**

This booklet gives parents/carers of children with asthma the information and guidance to support and encourage their child to take part in exercise. Free copies of the booklet are available for schools to give out to parents/carers.



To order Asthma UK resources please use the order form enclosed or contact our Supporter & Information Team (020 7786 5000; [info@asthma.org.uk](mailto:info@asthma.org.uk)).

## Other resources

### **School Asthma Card**

A great way to help your school develop and maintain a central asthma register and provide you with written information about each child with asthma in your class.



### **Asthma Attack Card**

A credit card-sized card designed to inform people with asthma and those around them about what to do during an asthma attack. The card is recommended for everyone with asthma. There is a Welsh Language version of this card.



## Healthy Schools

- England: National Healthy Schools Programme  
[www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)
- Scotland: Health Promoting Schools Network  
[www.healthpromotingschools.co.uk](http://www.healthpromotingschools.co.uk)
- Wales: Welsh Network of Healthy Schools  
[www.health-school.org.uk](http://www.health-school.org.uk)  
[www.eysgoliach.org.uk](http://www.eysgoliach.org.uk)
- Northern Ireland: Health Promoting Schools Programme  
[www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk)

# 1.1

million children in the UK  
are currently receiving treatment for asthma



## Where can I find out more?

Asthma UK is dedicated to improving the health and well-being of the 5.2 million people – including 1.1 million children – in the UK with asthma.

### Asthma UK **Adviceline**

Ask an asthma  
nurse specialist

08457 01 02 03

[asthma.org.uk/adviceline](http://asthma.org.uk/adviceline)

### Asthma UK **website**

Read the latest independent  
advice and news on asthma

[asthma.org.uk](http://asthma.org.uk)

### Asthma UK **publications**

Request booklets, factfiles  
and other materials with  
independent, specialist  
information on every  
aspect of asthma

020 7786 5000

[info@asthma.org.uk](mailto:info@asthma.org.uk)

### Asthma UK **membership**

Become a member of  
Asthma UK and receive  
*Asthma Magazine* four  
times a year

020 7786 5000

[membership@asthma.org.uk](mailto:membership@asthma.org.uk)

#### **Asthma UK**

Summit House  
70 Wilson Street  
London EC2A 2DB  
T 020 7786 4900  
F 020 7256 6075  
[info@asthma.org.uk](mailto:info@asthma.org.uk)

#### **Asthma UK Cymru**

Eastgate House  
35–34 Newport Road  
Cardiff CF24 0• B  
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#### **Asthma UK Northern Ireland**

Peace House  
224 Lisburn Road  
Belfast BT9 6GE  
[ni@asthma.org.uk](mailto:ni@asthma.org.uk)

#### **Asthma UK Scotland**

4 Queen Street  
Edinburgh EH2 1JE  
[scotland@asthma.org.uk](mailto:scotland@asthma.org.uk)