



Pupils with Health Issues

Asthma



Asthma



Classroom-based tips (focus on instructional methods)

1. **Educate pupils about asthma** so they will be more understanding (in the context of first aid, science or health projects), without revealing or commenting on a specific pupil's asthma condition.
2. **Allow the pupils with asthma to use their medicine when needed.**
3. **Use "dustless" chalk or dry-erase boards.**
4. **Get prepared and be ready to help the pupils with asthma** to administer their medicine if they are not old enough to self-administer it or have it readily available (not under lock and key) in the nurse's office.
5. **Encourage the pupil with asthma to participate in physical activities**, but make sure they follow proper precautions such as appropriate warm-up and cool down exercises and have their reliever medication with them
6. **Allow a pupil with asthma to engage in quiet activity** if recovery from an acute episode precludes full participation.
7. **Control/cover chemicals and volatile materials used in science, art and other classes.**
8. **Avoid using pens, glue, and paints that emit irritating fumes.** Explain the reason to give the class the opportunity to be informed and understand.
9. **Understand that a pupil with asthma may feel:** drowsy or tired, different from the other pupils, anxious about access to medications and embarrassed about the disruption to school activities that asthma symptoms can cause.

[References: [National Heart, Lung and Blood Institute \(NHLBI\)](#) (2014) *Managing Asthma: A Guide for Schools.*, National Institutes of Health, U.S. Department of Health and Human Services, and the Fund for the Improvement and Reform of Schools and Teaching, Office of Educational Research and Improvement (OERI), U.S. Department of Education. NIH Publication No. 91-2650. Available at: https://www.nhlbi.nih.gov/files/docs/resources/lung/NACI_ManagingAsthma-508%20FINAL.pdf]

Asthma Initiative of Michigan for Healthy Lungs: <http://getastmahelp.org/teacher.aspx>

Asthma – UK (2006) *Asthma awareness for school staff:* <http://www.devon.gov.uk/sc-mar1010016.pdf>



School-based practical tips (focus on instructional methods)

Educational Visits / Field Trips / Camps / School Exchanges / Trips Abroad

Make plans for handling treatment of a pupil with asthma during any off-site activities such as field trips and school excursions, or make changes accordingly (i.e. change location if not appropriate due to extreme weather or high pollen).

Other (Health Measures and Facilities Management)

- 1. Reduce asthma triggers within the school environment to ensure safety:** implement pest control; enforce a school-wide no smoking policy; regularly vacuum and dust the classroom; schedule repairs or painting for holiday periods, reduce classroom clutter to reduce the accumulation of dust.
- 2. Make plans for handling treatment of a pupil with asthma during any off-site activities** such as field trips and school excursions, or make changes accordingly (i.e. change location if not appropriate due to extreme weather or high pollen).
- 3. Equip the school with air conditioners and dehumidifiers,** making sure that these are regularly cleaned and maintained, as well as cleaning products without perfumes and bottles of oxygen.

[Reference: [National Heart, Lung and Blood Institute \(NHLBI\)](#) (2014) *Managing Asthma: A Guide for Schools.*, National Institutes of Health, U.S. Department of Health and Human Services, and the Fund for the Improvement and Reform of Schools and Teaching, Office of Educational Research and Improvement (OERI), U.S. Department of Education. NIH Publication No. 91-2650. Available at: https://www.nhlbi.nih.gov/files/docs/resources/lung/NACI_ManagingAsthma-508%20FINAL.pdf]

- 4. Provide pupils with asthma with extra support when needed,** such as special educational needs and learning support and individual teaching support when a pupil with asthma is taking time off school due to health reasons. Ask for help from a social worker or psychologist if the pupil is showing signs of emotional distress.

[References: Kids Health: <http://kidshealth.org/en/parents/asthma-factsheet.html>
Asthma – UK (2006) *Asthma awareness for school staff:* <http://www.devon.gov.uk/sc-mar1010016.pdf>]

- 5. Develop an emergency protocol in collaboration with the parents and health care providers and designate a teacher to oversee its implementation** (prevention, emergencies, communication etc). Assist pupils to self-manage or allow parents to visit the child at school if necessary to monitor and help manage the condition. (i.e. Childhood Asthma Control Test)

[References: [National Heart, Lung and Blood Institute \(NHLBI\)](https://www.nhlbi.nih.gov/files/docs/resources/lung/NACI_ManagingAsthma-508%20FINAL.pdf) (2014) *Managing Asthma: A Guide for Schools.*, National Institutes of Health, U.S. Department of Health and Human Services, and the Fund for the Improvement and Reform of Schools and Teaching, Office of Educational Research and Improvement (OERI), U.S. Department of Education. NIH Publication No. 91-2650. Available at: https://www.nhlbi.nih.gov/files/docs/resources/lung/NACI_ManagingAsthma-508%20FINAL.pdf

Allergy and Asthma Network Available at:

http://www.allergyasthmanetwork.org/cms/wp-content/uploads/2014/06/Childhood_ACT.pdf

Safety

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3. **Develop an emergency protocol in collaboration with the parents and health care providers and designate a teacher to oversee its implementation** (prevention, emergencies, communication etc). Assist pupils to self-manage or allow parents to visit the child at school if necessary to monitor and help manage the condition. (i.e. Childhood Asthma Control Test)

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School purchases (learning resources, school equipment, playground toys, etc.)

Equip the school with air conditioners and dehumidifiers, making sure that these are regularly cleaned and maintained, as well as cleaning products without perfumes and bottles of oxygen.

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Pupil support (financial, individual teaching support, counselling support, language support)

Provide pupils with asthma with extra support when needed, such as special educational needs and learning support and individual teaching support when a pupil with asthma is taking time off school due to health reasons. Ask for help from a social worker or psychologist if the pupil is showing signs of emotional distress.

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Supportive literature

Definition of asthma

Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning. Asthma affects people of all ages, but it most often starts during childhood.

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 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 irritants that act as asthma triggers (NHLBI, 2014).

Pupils with asthma may at any time:

- have flare-ups that cause coughing, wheezing, and serious breathing problems
- need to take oral or inhaled medication, usually in the school nurse's office
- feel jittery, anxious, or hyper after using their inhalers (also called bronchodilators)
- miss field trips that could aggravate their condition
- request the removal of allergens in classrooms that can trigger flare-ups
- need to be excused from physical education or other activities when they are having flare-ups (NHLBI, 2014).

Dealing With Triggers at School

Pupils are likely to encounter these possible asthma triggers at school:

- mould
- pollen
- dust mites
- cockroaches

- chalk dust
- perfumes
- cleaning products or other chemicals
- dander, saliva, or urine from animals (NHLB, 2014).
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Handling Flare-Ups at School

Ideally, quick-relief medicine (also called rescue or fast-acting medicine) should always be immediately available to pupils. This means that for pupils who are not old enough to self-administer the medicine, the teacher will have it in the classroom, or it will be readily available (not under lock and key) in the nurse's office. Pupils who have exercise-induced asthma should have their quick-relief medicine available before any strenuous play or exercise; they might need permission to go to the nurse's office before recess or gym class. It is better for pupils to carry their quick-relief medicine with them (NHLB, 2014). Sometimes young people or children need a gentle reminder to take their medication; always bear in mind that they might be embarrassed to do so in front of other people (Asthma, 2006)

Websites and EU reports

Useful Websites

World Health Organisation (WHO): www.who.int

Institute of Child Education and psychology: www.icepe.eu

National Heart, Lung and Blood Institute – US (2014) Explore asthma:

<http://www.nhlbi.nih.gov/health/health-topics/topics/asthma>

Pediatric / Adult Asthma Coalition: <http://pacnj.org/>

Relevant Articles and Reports

McGotty, C. Asthma Management in the Classroom: What Teachers Need to Know. Pediatric/ Adult Asthma Coalition. Available at: <http://www.pacnj.org/pdfs/PowerPointPDF-AsthmaManagementintheClassroom.pdf>

Moorman, J. E., Akinbami, L. J., Bailey, C. M., Zahran, H. S., King, M. E., Johnson, C. A., & Liu, X. (2012). National surveillance of asthma: United States, 2001-2010. *Vital & health statistics. Series 3, Analytical and epidemiological studies/[US Dept. of Health and Human Services, Public Health Service, National Center for Health Statistics]*, (35), 1-58.

Centres for Disease Control and Prevention (CDC) (2011). Vital signs: asthma prevalence, disease characteristics, and self-management education: United States, 2001--2009. *MMWR. Morbidity and mortality weekly report*, 60(17), 547.

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