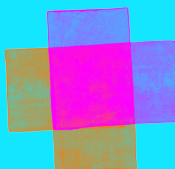


Children and young people's **asthma** treatments and action plans

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Key points

- 1** All children and young people must have a copy of their own current asthma action plan in school.
- 2** All children and young people must have easy access to their own reliever inhaler at all times.
- 3** Parents/carers must give the school their child's inhaler in the original box as this has the prescription label.
- 4** Young people who carry their own inhaler must have it with them at all times.
- 5** Failure to provide the school with the child's own reliever inhaler and asthma action plan is a failure to meet the child or young person's medical needs.

Asthma is the most common long-term condition in children.



Background: asthma in children and young people.

Asthma is the most common long-term condition in children. Asthma affects the airways (breathing tubes) that carry air in and out of the lungs, causing them to become swollen and inflamed. This makes the airways narrower which means less air can get in and out of the lungs. Children and young people with asthma can have symptoms like wheezing (a high-pitched whistling sound coming from the chest), a cough, breathlessness and chest tightness.

Common asthma triggers are colds and viruses, allergens, indoor and outdoor pollution, exposure to tobacco smoke, changes in the temperature, stress and exercise. Every child and young person will have a different set of triggers which may change.

When exposed to a trigger, asthma symptoms can flare up, potentially leading to an asthma attack. Anyone with asthma can have an asthma attack and any asthma attack can be severe or even fatal.

Children under five years may not have a confirmed diagnosis of asthma, but they may be being treated as having 'suspected asthma' and take asthma medicines. When they are older, their healthcare professional will carry out further tests to confirm the diagnosis.

Currently there is no cure for asthma, but most children and young people with asthma should be able to control symptoms with the right medicines taken in the right way. A small number of children and young people will have asthma that is harder to control even with high dose treatments. This is called severe asthma. They will be under the care of a highly specialist team and may need extra treatments and support. Severe asthma is considered a disability as defined by the Equality Act 2010.

Managing asthma in children.

The aim of asthma medicines in children and young people is to stop asthma symptoms. The child or young person's GP, asthma nurse or specialist team will follow expert guidelines. These guidelines cover children under 5 who may not have a diagnosis of asthma confirmed yet, as well as older children and adults.

Most children who take asthma medicines as prescribed and with the right inhaler technique should:

- have no symptoms in the day
- not wake up at night because of symptoms
- not need their reliever inhaler
- not have asthma attacks
- not miss school
- not miss out on play or exercise.

Every child or young person with asthma must have a copy of their written asthma action plan in school. Children under five years without a confirmed diagnosis may have an asthma action plan, but some may have a 'wheeze plan'.

What is an asthma action plan?


An asthma action plan is a written plan with all the information about a child's asthma – such as their triggers, symptoms and medicines – in one place. The action plan is completed or updated by the child/young person's healthcare professional in an asthma review. An asthma review should happen at least once a year.

If the child/young person has an asthma attack, the action plan is reviewed and updated. The parent/carer must tell the school about any changes to the plan and provide an updated copy of the asthma action plan. An asthma action plan:

- 1 tells you what medicines the child/young person takes every day to stay well with their asthma
- 2 shows you what symptoms to look for
- 3 tells you what to do if their asthma is getting worse
- 4 tells you how to recognise an asthma attack and what to do
- 5 tells you about their triggers.

Find out more about asthma by visiting our **website**, where you can also download a **child's asthma action plan**. If a child is over 12, they might want to use our **adult asthma plan**.

The statutory guidance advises that every pupil or student with asthma has an individual asthma action plan in school, as well as their own named emergency reliever inhaler in the original pharmacy box with the label.



Less than 25% of children with asthma have a asthma action plan.

Asthma treatments

1 Preventer inhaler

The child/young person takes their preventer inhaler at home, usually in the morning and evening to prevent asthma symptoms. The preventer inhaler is not usually brought into school.

2 Reliever inhaler

Most people with asthma will be prescribed a reliever inhaler. The reliever inhaler contains a medicine called a bronchodilator which quickly opens the airways and helps the child or young person to breathe more easily. It is used to relieve asthma symptoms when they get them.

Every pupil or student with asthma must be able to access their own named reliever inhaler quickly, without delay, if they are having asthma symptoms.

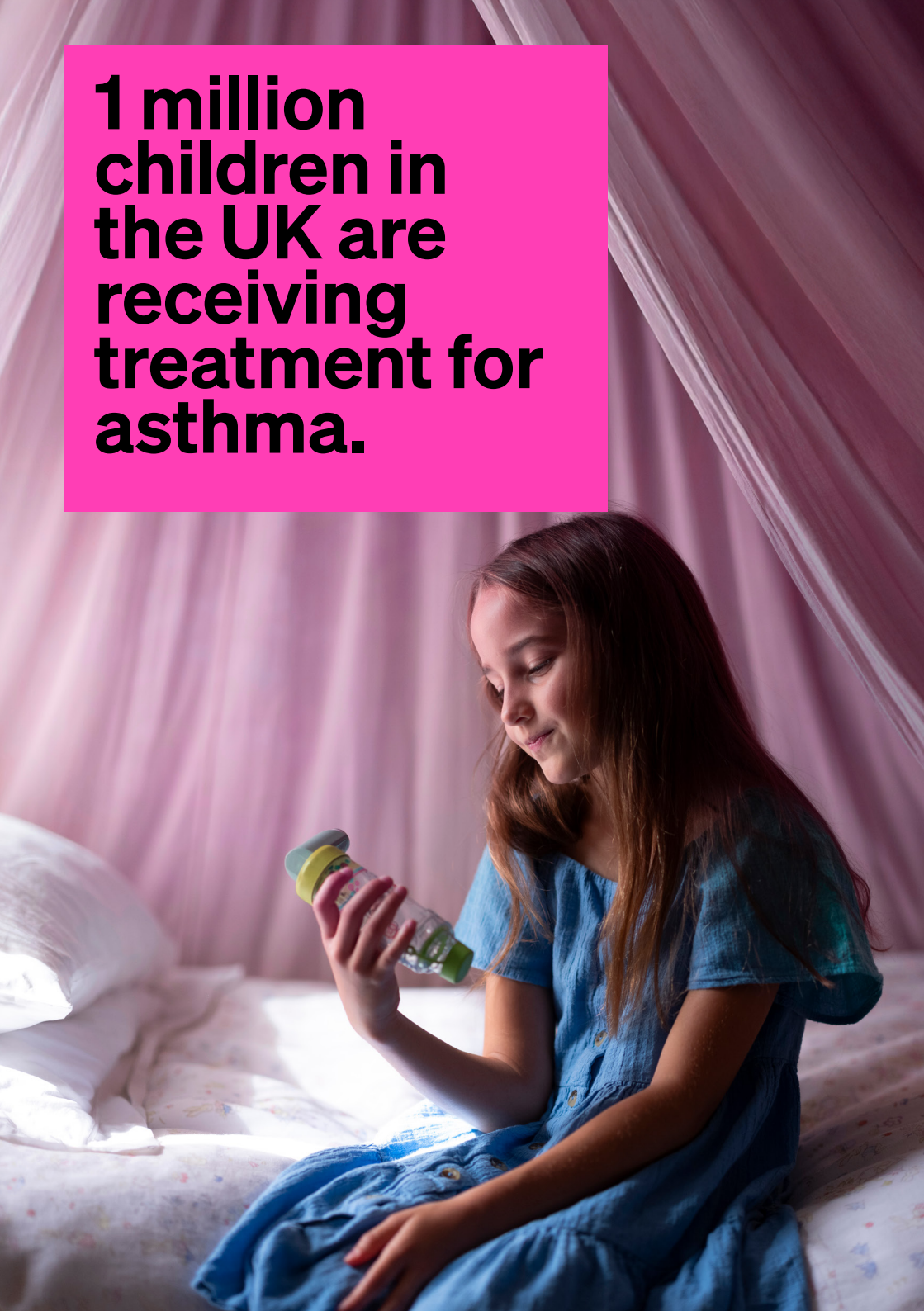
The school medical conditions/asthma policy will provide detail on where the pupil's own reliever inhaler is kept. It should never be in a locked cupboard. Staff and pupils/students should know where their reliever inhaler is at all times.

Secondary school students will usually be asked to carry their own reliever inhaler, which they should have with them at **all times**.

It is really important that the school communicates with parents/guardians if a child or young person is having asthma symptoms or using their inhaler at school. Knowing when asthma is poorly controlled will help everyone understand possible triggers for that child's asthma. It can also be a reminder to make sure preventer inhalers (and other medicines) are taken regularly and with the right inhaler technique and allow the parent/guardian to seek a review of the child's asthma by a trained healthcare professional.

1 in 11 children and young people are affected by asthma.





**1 million
children in
the UK are
receiving
treatment for
asthma.**



Spacers

Spacers are empty tubes that are usually made from plastic. The child slots their inhaler into one end of the spacer and breathes the medicine in through the other end.

A spacer is usually prescribed to use with a metered dose inhaler (MDI) because it helps to make the inhaler easier to use and more effective. Spacers hold the medicine inside the tube, so the child doesn't have to worry about pressing the inhaler and breathing in at the same time. Spacers can also help to prevent possible side effects, such as thrush and a sore throat.

The child's named spacer should be kept with their inhaler and stored and cleaned according to the manufacturer's instructions.

The type of spacer a child uses will depend on their age, ability and preference. As the child gets bigger, the inhaler device and spacer they use will often change. Using the right device for their age and stage of development helps the child to get the full dose of their asthma medicine.

As soon as a child can use a spacer with a mouthpiece, their spacer will be changed by their healthcare professional from a spacer with a facemask to spacer with a mouthpiece. This often happens by the time they are five years old.

Find out more on how to support children to use a spacer on our **spacers webpage**.



Dry powder inhalers

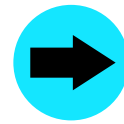
Some older children may have a dry powder inhaler instead of a metered dose inhaler as their reliever inhaler. **This type of inhaler device does not need a spacer.**

More people are switching to dry powder inhalers because they have a lower carbon footprint than metered dose inhalers. The GP or asthma nurse will assess if a child is able to use a dry powder inhaler before they prescribe one and they will be taught how to use it correctly.

It is always important to follow the child or young person's own asthma action plan which will tell you how many doses of their reliever inhaler they can have. This can be different for dry powder inhalers than for metered dose inhalers.

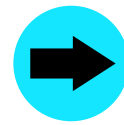


New ways of relieving asthma symptoms.



Maintenance and Reliever Therapy (MART)

Recent years have seen changes in the way we use some asthma medicines. Some older children may follow a MART plan. **They should have a specific MART action plan.**



What is MART?

Maintenance and Reliever Therapy (MART) is an asthma treatment plan where you use one combination inhaler instead of two separate preventer and reliever inhalers. A MART inhaler contains a steroid preventer medicine to reduce the inflammation in the airways and a long-acting reliever medicine to keep the airways open. It is fast acting so can be used to treat asthma symptoms or an asthma attack.

If a pupil or student has asthma symptoms in school it is important to follow their own MART action plan which will tell you how much they can take and when to call for help, and your school policy.

Find out more about MART and download a MART asthma action plan on our **MART webpage.**



Anti-inflammatory reliever

An anti-inflammatory reliever, known as AIR, is a combination inhaler which contains two types of medicine. An AIR treatment plan can be prescribed to adults and children aged 12 and over.

An AIR inhaler opens up the airways quickly when there are asthma symptoms. Because it also contains a steroid anti-inflammatory medicine, it can treat the inflammation which caused the symptoms at the same time.

Find out more about AIR and download an AIR asthma action plan on our **AIR webpage**.

How asthma is treated is changing all the time. If asthma is well-controlled, children and young people should have no symptoms in school. It is important to be aware of individual triggers, how to recognise symptoms and what to do if a child's symptoms get worse. All of this can be found in the pupil/student's asthma action plan.

Who can I go to for help?

Your local school nursing service can offer advice and support if you are experiencing difficulty in getting the child or young person's inhaler into school or if there are concerns around whether parents are managing a child's asthma correctly.

Your local authority can advise on issues with inclusion and attendance.

You can contact our free helpline for advice on:

Telephone: 0300 222 58000 | **Email:** helpline@asthmaandlung.org.uk

WhatsApp: 07999 377775.

You can find more advice on how to keep children with asthma safe at school or nursery **on our website**.

Asthma + Lung UK

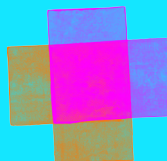
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