

Beat Asthma Friendly Sports & Activity Accreditation



Child Health and Wellbeing Network
North East and North Cumbria



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Document review date October 2026

Important information about Asthma

- Asthma is the most common chronic condition, affecting one in eleven children.
- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Children should have access to their own reliever inhaler at school/activities to treat symptoms and for use in the event of an asthma attack.
- Outcomes for children and young people living in deprived areas are worse.

What is asthma?

Asthma is a common condition that affects the airways in the lungs. People with asthma have sensitive airways that become inflamed when exposed to triggers. Inflamed airways make it difficult to breathe. This leads to symptoms like wheezing, coughing or breathlessness.

One of the triggers for some Children and young people (CYP) who have asthma is exercise and they may find this more difficult or challenging.

This can be due to a number of factors:

- Their asthma is not well controlled (frequent use of blue inhaler/ rescue inhaler more than 2 days per week or during all exercise or activities.)
- Certain triggers may affect their ability to exercise (cold or warm weather, seasonal triggers grass/pollen or dust.)
- Pollution can affect CYP both outdoor and indoor (sprays, aerosols, and strong smells)
- If they have a virus or cold
- Swimming in a chlorinated swimming pool.
- Strong history of allergies

However, this should not stop any CYP being able to participate in sports/ activities with the right adjustments, training, and support.

Document review date October 2026

Why sports and exercise are important for children and young people with asthma?

- Exercise is important for health there are many benefits from sport for CYP living with asthma.
- Exercise increases the blood flow to the heart and lungs.
- Generally, CYP can take part in all types of exercise, they may have been advised to take their inhaler before starting the exercise.
- CYP exercise may need to be adapted to meet their needs.

Some famous athletes have asthma. David Beckham, Paula Radcliffe, Sir Mo Farrah, Michael Phelps, Stuart Broad.

Asthma can be managed well for the majority of CYP

The aim of treatment is that CYP can take part in activities and have a good quality of life Signs that a CYP asthma is not well controlled in sport/activity session:

- Symptoms of asthma are present when exercising or doing activity.
- Using the relief inhaler in every sports/activity session.
- Struggling to keep up with friends in their chosen sport/activity.
- Missing sport/activity sessions due to asthma.
- Not using the inhaler/spacer correctly
- The child/parent/carer are not aware of the symptoms of asthma.

If there are concerns from a coach/ activity leader that CYP has asthma and is not well controlled, please discuss with parent/carer initially. There is a letter template on healthier together that can be completed with the CYP name and given to the parent.

<https://www.nenc-healthiertogether.nhs.uk/professionals/asthma/schools-and-clubs-resources/asthma-letter-templates-schools-and-club/club-letter-cyp-with-asthma-diagnosis>

If there are concerns about a CYP with symptoms who does **not** have a diagnosis of asthma, please discuss with parent/carer initially. There is also a letter template on healthier together that can be completed with the CYP name and given to the parent/carer.

<https://www.nenc-healthiertogether.nhs.uk/professionals/asthma/schools-and-clubs-resources/asthma-letter-templates-schools-and-club/club-letter-cyp-without-asthma-diagnosis>

Document review date October 2026

The National Bundle of Care for Children and Young People with Asthma

NHS England and NHS Improvements have been working to develop a document called The National bundle of care for children and young people with asthma. This programme is an evidence-based approach to support local systems with the management of asthma care. The main aim is to control asthma symptoms, reduce the risk of asthma attacks and prevent avoidable harm.

(National bundle of care for children and young people September 2021.) [National-bundle-of-care-for-children-and-young-people-with-asthma-resource-pack-September-2021.pdf \(england.nhs.uk\)](#)

What is a Beat Asthma friendly sports/activities accreditation?

Following on from the development of the national bundle of care for children and young people in the North East and North Cumbria area NENC. The Child Health and Wellbeing Network have developed a Beat asthma friendly sports / activities accreditation.

A beat asthma-friendly environment means healthier CYP who engage in sporting /activities groups. The benefits of completing the beat asthma friendly sports accreditation will:

- Ensure inclusion and opportunities for all children/ young people (CYP)
- Improve focus and physical stamina for CYP
- Will increase confidence to deal with emergency situations for all coaching/leaders
- Raise awareness of indoor /outdoor pollution and triggers which may affect the sport/activity.
- Promote an asthma friendly environment that involves all members of the club including parent/ carer, coaching staff, and leaders.

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What is needed to receive a Beat Asthma friendly sports/activities accreditation?

Evidence of an inclusive asthma statement - Appendix 1

Named Asthma champion /lead for the activity

A named Asthma champion /lead for the group or activity, who is a point of contact for everyone involved in the club to ensure the CYP can participate in the activities or sports sessions.

Beat asthma friendly sports/ activities register

Name	DOB	Medication	Inhaler expiry date

Personal asthma action plan PAAP for children/ young people. (Appendix 3)

Each child / young person will have a PAAP - A personal asthma action plan which has all the information that any person would need to know about a CYP. The asthma action plan also offers advice on the actions needed if the CYP has an asthma attack. The plan will be completed with the child's GP/ practice nurse or asthma nurse. The parent/carer should be encouraged share the information within the plan with sports/activity leaders.

Pollution

Evidence of awareness within the club/ activity of triggers, Outdoor/Indoor pollution, and be a smoke free site

Please give 3 examples of how your club/activities are achieving this.

Communication

Platforms or method used to share important information with parent/carers.

Give an example of how you communicate with parent/ carers for the CYPs

Asthma training link for Sports and activity staff (75% of staff to be trained)

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

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Beat asthma sports /activities accreditation checklist.

Action	Date	Review date
Evidence of an inclusive asthma statement and ensure accessible to all (Appendix 1)		
Identified person /Asthma lead/Champion		
Up to date asthma/ medical register with emergency contacts.		
Easy access to their own inhaler for children / young person. Medication must be clearly labelled with a pharmacy label displaying name/dose/instruction and a spacer provided by parent /carer if an MDI (puffer type) inhaler.		
Request for parent /carer to share the information in their CYP Personalised Asthma Action Plan (PAAP).		
Pollution Evidence of awareness within the club/ activity Potential triggers Outdoor/Indoor pollution Smoke free site Please give 3 examples of good practice		
Communication platforms with Parent / carer used to share important information. Give 1 example		
Asthma training to be completed every 2 years see link at least 75 % of staff trained. https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/		

Signed

Date

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References

<https://www.beatasthma.co.uk>

[Report template - NHSI website \(england.nhs.uk\)](https://www.nhs.uk)

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

Appendices

1. Inclusion statement for children and young people with asthma
2. 8 step infographic poster
3. Beat asthma friendly register exemplar
4. Personal Asthma Action Plan PAAP
5. How to recognise an asthma attack
6. How do I manage a child/young person having an asthma attack?
7. Key points for exercise/activities for children and young people with asthma poster
8. Asthma inhalers and devices poster
9. Sports and asthma poster

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Appendix 1

Inclusion statement

As a club/activity we have an inclusive approach, and we welcome all children/young people. So that we can ensure the safety of all members of our club we plan to discuss the extra needs of any CYP with their parent/ carer before joining our club. We are committed to adjust our class/environment where possible so that all children feel comfortable within our sport/activity.

We recognise that Children and Young people who have asthma benefit from sports and activity.

It is understood that:

Children with asthma, particularly those who are newly diagnosed and/or have poor control of their symptoms may be less physically active than healthy children.

Feeling included and participating in sports/activities for children with asthma is important.

Children should always have access to their rescue inhalers and should bring them to each session clearly labelled.

Open communication with parents about their child/young person in relation to asthma will promote confidence and improve attendance in classes or sessions.


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Appendix 2


Beat Asthma Friendly Sports & Activities Accreditation

8 steps


1) Inclusive statement
-Evidence of an inclusive asthma statement and ensure that this is accessible to all (Appendix 1)



2) Asthma Champion
-Named asthma champion/lead





3) Asthma register
-Up to date asthma/medical record with emergency contacts



4) Medications
-Easy access to their own inhaler for children and young people
-Medication must be clearly labelled with a pharmacy label displaying name/dose/instruction and a spacer provided by parent/carer if a MDI (puffer type) inhaler.


5) Personalised Asthma Action Plan
-Request to parents/carers to provide a copy of the CYP Personalised Asthma Action Plan (PAAP)






6) Pollution
-Evidence of awareness within club/activity .
-Triggers outdoor/indoor pollution.
-Smoke free site


7) Communication
-Communication platforms with Parent/Carer used to share important information



8) Training
-Asthma training to be completed every 2 years
<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>
-At least 75% of staff trained



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Green zone – Good



Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLOW

Green Zone Action - take your normal medications

Your preventer inhaler is a colour and is called

You take puffs/sucks every morning and every night even when you are well.

Other asthma medications you take are:

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Your reliever inhaler is a colour and is called

You take puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.

If you are needing to use your reliever inhaler more than 3 times per week for symptoms

Move to the AMBER ZONE

Amber zone – Warning



If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**
- your peak flow is down by a third

PEAK FLOW 1/3 DOWN

Amber Zone Action – continue your normal medicines AND

- Take **2 puffs** of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A&E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

IMPORTANT:

- If after your **6 puffs** you still have increasing wheeze or chest tightness

Move to the RED ZONE

Red zone – Severe



- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted

Other serious symptoms are:

- colour changes - very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and call 999

- Asthma can be life threatening
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information

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HOW TO RECOGNISE AN ASTHMA ATTACK

It is important that you recognise the signs and symptoms of an asthma attack in children and young people. Be aware that the onset of an asthma attack can gradually appear over days. Early recognition will help prevent a child or young person from getting worse and needing to go in to hospital.

A child or young person may have one or more of these symptoms during an asthma attack:



BREATHING HARD AND FAST

You may notice they breathe faster or have shorter breaths.

WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

They may have a worsening cough, particularly at night preventing them from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

They may appear to be less active, or may seem reluctant to join in activities. Breathlessness can also cause lack of interest in food or restlessness.



CHEST TIGHTNESS

They may describe a tight feeling or squeezing within their chest

INCREASED USE OF THE RELIEVER INHALER

The child or young person will use their reliever inhaler more frequently during an attack. It is important that their asthma action plan is followed and that medical help is called if they are not improving.

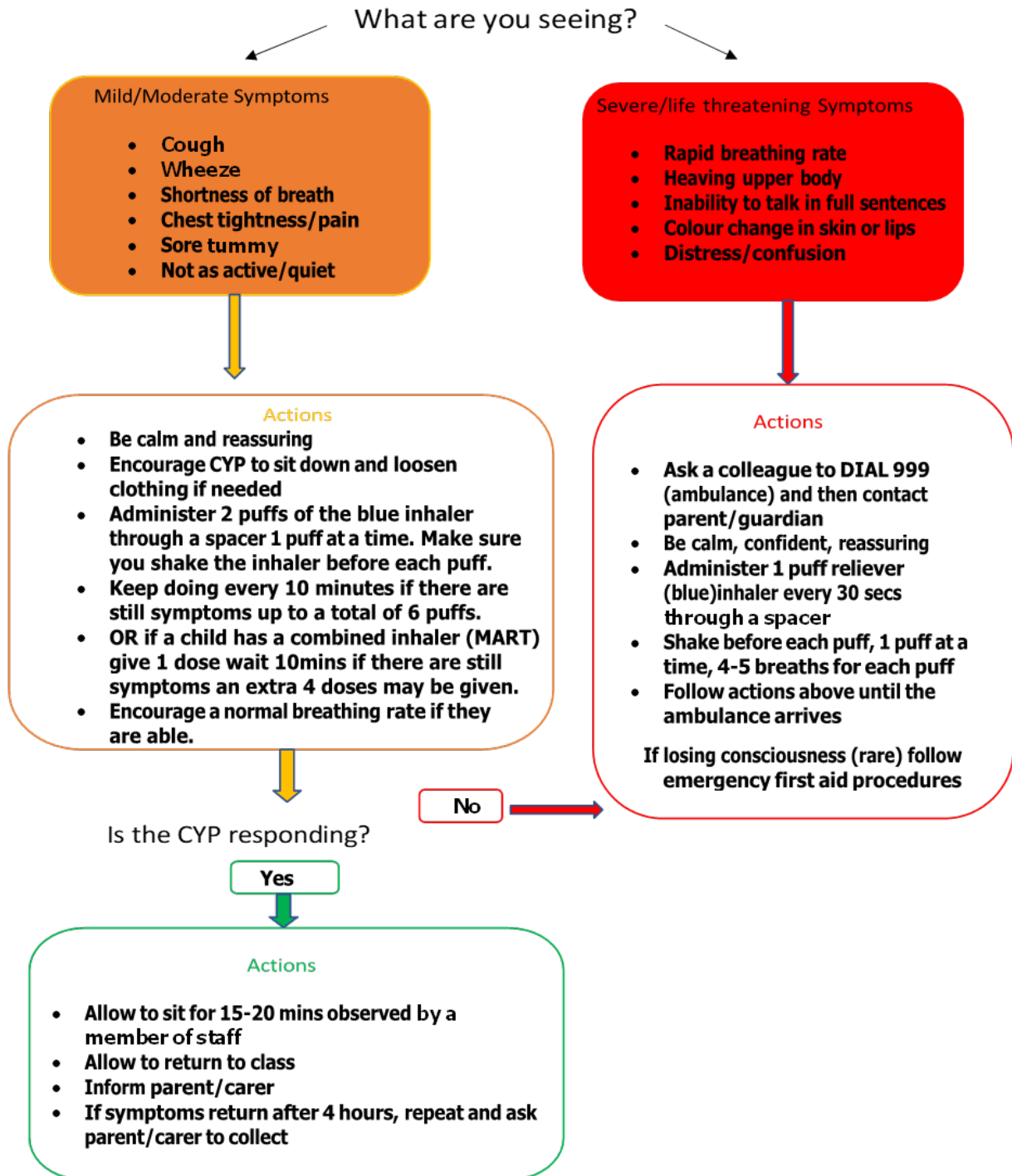
www.beatasthma.co.uk

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Appendix 6



How Do I Manage a Child/Young Person Having an Asthma Attack?




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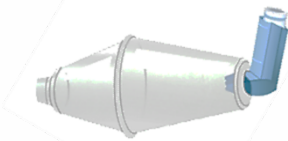
Appendix 7-


Key Points for Sports/Activities for Children and Young People with Asthma



Be aware of environmental triggers


If advised use a rescue inhaler 20 minutes before taking part in sports/activities







Gradually increase the amount and intensity of exercise

Make sure you do a good warm-up






Do a cool down when you are finished



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Appendix 8



Children's Health Institute

ASTHMA INHALERS AND DEVICES

M McDonald, E Walls, N Kilcullen, M Devitt, C Carrig, B Elnazir, Paediatric Respiratory Department, Tallaght University Hospital
Design and Photography by Medical Photography and Illustration Department, Tallaght University Hospital



Tallaght University Hospital
Children's Paediatric Respiratory Unit

Press | Esc | to exit full screen

INHALED CORTICOSTEROIDS

 Beclometasone 50, 100, 200, 250 mcgs Beclazone CFC Free Inhaler	 Beclometasone 50, 100, 200, 250 mcgs Beclazone Easi-breathe	 Beclometasone 50, 100, 250 mcgs Becotide Evohaler	 Budesonide 100, 200, 400 mcgs Pulmicort Turbohaler
 Ciclesonide 80, 160 mcgs Alvesco Inhalation Aerosol	 Fluticasone 50, 100, 250, 500 mcgs Flixotide Diskus	 Fluticasone 50, 125, 250 mcgs Flixotide Evohaler	 Mometasone Furoate 200, 400 mcgs Asmanex Twisthaler

COMBINATION INHALERS

 Budesonide/Formoterol 80/4.5, 160/4.5, 320/9mcgs Bufomix Easyhaler	 Budesonide/Formoterol 160/4.5 mcgs, 320/9mcgs DuoResp Spiromax	 Budesonide/Formoterol 100/6, 200/6, 400/12 mcgs Symbicort Turbohaler	 Fluticasone/Formoterol 50/5, 125/5 mcgs Flutiform K-haler	 Fluticasone/Formoterol 50/5, 125/5, 250/10 mcgs Flutiform pMDI	 Fluticasone/Vilanterol 92/22 mcg, 184/22 mcg Relvar Ellipta
 Salmeterol/Fluticasone 50/500 mcgs Aerivio Spiromax pMDI	 Salmeterol/Fluticasone 50/250, 50/500 mcgs AirFluSal Forspiro	 Salmeterol/Fluticasone 25/125, 25/250 mcgs Sereflo pMDI	 Salmeterol/Fluticasone 50/100, 50/250, 50/500 mcgs Seretide Diskus	 Salmeterol/Fluticasone 25/50, 25/125, 25/250 mcgs Seretide Evohaler	 Salmeterol/Fluticasone 25/125, 25/250 mcgs Sirdupla pMDI

SHORT ACTING BRONCHODILATORS

 Ipratropium 20 mcgs Atrovent pMDI	 Salbutamol 100 mcgs Salamol Easi-breathe	 Salbutamol 100 mcgs Salbul pMDI	 Salbutamol 200 mcgs Ventolin Diskus	 Salbutamol 100 mcgs Ventolin Evohaler	 Terbutaline 500 mcgs Bricanyl Turbohaler
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LONG ACTING BRONCHODILATORS

 Formoterol 12 mcgs Foradil Aerolizer	 Formoterol 6, 12 mcgs Oxis Turbohaler	 Salmeterol 50 mcgs Serevent Diskus	 Salmeterol 25 mcgs Serevent Evohaler	 Tiotropium 2.5 mcgs Spiriva Respimat
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SPACER DEVICES

 Able spacer 2/ A2A/ with mask	 Aerochamber	 Aerochamber with Mask	 Babyhaler	 Free-breath with mask / mouthpiece	 Volumatic
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Prescribe medication according to product license and evidence based guidelines

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Asthma and Exercise

**ITS YOUR ASTHMA
TAKE CONTROL**



**ASK FOR AN ASTHMA
ACTION PLAN**

EXERCISE & ASTHMA



**ITS A GOOD
COMBINATION!**

**DON'T FORGET TO
HAVE YOUR**



**ANNUAL ASTHMA
REVIEW**

ALWAYS CARRY



**YOUR RELIEVER
INHALER**



**Beat Asthma Friendly Sports and Activity
Accreditation**