Assisting Students with Exercise Induced Asthma

Know which students have Exercised Induced Asthma (EIA)

- Ask your school nurse or use student health information to identify those students who have a diagnosis of asthma or a history of bronchoconstriction (asthma) with physical activity.
- Ask for a copy of each student’s asthma action plan or healthcare plan. Keep the copies easily available for all on-site and off-site activities.
- Discuss with students (and parents, if appropriate) their unique challenges related to physical activity and what types of exercise and other environmental factors tend to trigger their asthma.
- Take appropriate steps to inform a student’s parents/guardians and the school nurse if the student frequently experiences asthma symptoms during physical activity. The student’s asthma plan may need to be re-evaluated by the student’s healthcare provider because most students with asthma should be able to participate fully in physical activities, most of the time.
- Help students and the school nurse make sure that the student’s prescribed asthma medicines are available for use, according to their asthma action plan, before physical activity and as needed for acute symptoms.

Encourage Students to Prepare for Physical Exercise

- Students who have been prescribed pre-exercise treatment (usually an inhaled quick-relief bronchodilator) should take their medicine 5 to 15 minutes prior to exercise.
- Encourage a period of warm-up activity before exertion (e.g., walking, flexibility exercises, or other low-intensity activities).
- Check the student’s asthma action plan for information about his or her triggers, and help the student avoid them when possible. Each student with asthma is sensitive to different factors in the environment. Common triggers include dust, pollen, mold, air pollution, and smoke. Cold, dry air can also trigger asthma; wearing a scarf or cold air mask will help because it warms and humidifies the air before it reaches the airways.

Consider Modified Exercise as Needed

- If a student has obvious wheezing or breathing difficulty, have the student treat his/her symptoms according to the asthma action plan. The treatment is usually a prescribed inhaled quick-relief bronchodilator. Physical activity may then be either resumed, modified or halted, depending on the student’s response to treatment.
- When a student is having mild symptoms or when triggers are present, consider modifying the intensity, location, or duration of physical activity. Very intense, continuous activity is more likely to cause asthma symptoms than intermittent or very light/non-aerobic exercise (e.g., walking, some field events, or weight training). There is no perfect physical activity for people with exercise-induced asthma. All sports are tolerated well when a student’s asthma is under control.
- When environmental conditions are bad (e.g., wildfire smoke in the air, high pollen counts, freshly cut or sprayed fields) students with asthma may need to avoid being physically active outdoors.