



Durham Catholic District School Board "The  
Board"

## Administrative Procedure

Title: <b>Asthma Friendly Schools</b>	Procedure #: <b>AP615-1</b>
Administrative Area	Student Conduct and Safety
Policy Reference:	Asthma Friendly Schools (PO615)
Date Approved:	March 29, 2016
Dates of Amendment:	

### 1.0 **Purpose**

The purpose of this Administrative Procedure is to support the Asthma Friendly Schools Policy PO615 by providing a framework for the requirements for staff to support students diagnosed with asthma. Additionally, this administrative procedure supports PPM 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools 2017.

### 2.0 **Definitions**

**Asthma** – as defined by the Ontario Lung Association, is a very common chronic (long- term) lung disease that can make it hard to breathe. People with asthma have sensitive airways that react to triggers. There are many different types of triggers such as, poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. The symptoms can cause mild to severe reactions and be fatal.

Common asthma symptoms include:

- Shortness of breath;
- Wheezing (whistling sound from inside the chest);
- Difficulty breathing;
- Chest tightness; and
- Coughing.

**Emergency Medication** – as defined for this administrative procedure refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation, for example, a reliever inhaler or stand-by medication. 'Medication' refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours or school related activities.

## 2.0 **Definitions** (cont'd)

**Immunity** – in relation to *The Act to Protect Pupils with Asthma* states that “No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.”

**Plan of Care** – is a multi-page form that contains individualized information about a students with a prevalent medical condition.

## 3.0 **Procedures**

### 3.1 The Board shall:

- 3.1.1 ensure that all students have easy access to their prescribed reliever inhaler(s) medications;
- 3.1.2 identify asthma triggers in classrooms, common school areas and in planning field trips and implement strategies to reduce risk of exposure;
- 3.1.3 establish a communication plan to share information about asthma to parents/guardians, students, employees and include any other person who has direct contact with a student with asthma;
- 3.1.4 provide asthma education and training opportunities about recognizing and preventing asthma triggers, recognizing when symptoms are worsening and managing asthma exacerbations for all employees and others who are in direct contact with students on a regular basis;
- 3.1.5 require that every school principal establish a process to identify students with asthma at time of registration or following diagnosis and gather necessary asthma related information from the parents/guardians and student;
- 3.1.6 require that every school principal develop an individual student asthma plan of care for each student diagnosed with asthma, based on the recommendation of the student's health care provider;
- 3.1.7 require that every school principal maintain a file for each student diagnosed with asthma. The file may contain personal medical information, treatment plans and/or other pertinent information about the student. If that information is obtained with the consent of the student or the parent/guardian, in accordance with applicable legislation, including relevant privacy legislation. This file shall also include current emergency contact information;
- 3.1.8 require that every school principal inform school board personnel and others who are in direct contact on a regular basis with a student with asthma about the contents of the student's asthma plan of care;
- 3.1.9 review asthma policy as part of its regular policy review cycle;
- 3.1.10 include the asthma policy in the board policies posted on the school and board website.

### 3.2 Principals shall:

- 3.2.1 identify all students diagnosed with asthma and make them known to staff as necessary while giving due consideration to the issue of privacy;
- 3.2.2 collect up-to-date information from parents/guardians related to a child's diagnosis of asthma.

### 3.0 **Procedures** (cont'd)

#### 3.2 Principals shall: (cont'd)

- 3.2.3 maintain an individual plan for each student known to have a diagnosis of asthma and ensure that the plan contains:
  - 3.2.3.1 a current emergency contact list;
  - 3.2.3.2 up-to-date medical information including a list of current required medication and appropriate puffer devices;
  - 3.2.3.3 pre-authorization to administer medications;
  - 3.2.3.4 physician's instructions and a signed reciprocal consent to disclose information with the attending physician;
  - 3.2.3.5 an emergency response plan that includes contingencies for school excursions and activities;
  - 3.2.3.6 parent/guardian or adult student consent to disclose;
  - 3.2.3.7 log of interventions and/or administration of medication;
  - 3.2.3.8 a current photograph of the student
  - 3.2.3.9 complete the allergy alert information on the student management system;
  - 3.2.3.10 review the individual student plan at least yearly prior to the commencement of classes and periodically thereafter as needed;
  - 3.2.3.11 arrange training for the school staff on how to administer asthma medication;
  - 3.2.3.12 identify consistent, safe accessible unlocked storage place known to all applicable staff for asthma medication;
  - 3.2.3.13 send home a note with all students in class in case of anaphylaxis from food or other agents;
  - 3.2.3.14 annually send a letter to parents/guardians requesting that they inform the school immediately if their child(ren) have been diagnosed with asthma and accompanying medical/medication information.

#### 3.3 Teachers shall:

- 3.3.1 in the case of an emergency assist with administering asthma medication to students in their care;
- 3.3.2 call 911 or notify the principal or designate to call 911 in the case of a medical emergency;
- 3.3.3 become familiar with all students in their care who have been diagnosed with asthma.
- 3.3.4 monitor the school's health and safety board or area where students who have been diagnosed with asthma have their pictures and medication information displayed;
- 3.3.5 communicate regularly with parents/guardians in their class who have a child diagnosed with asthma for any updates related to the child's medical care or condition;
- 3.3.6 report to the principal or designate of any student who has experienced an asthmatic exacerbation immediately or as soon as possible;
- 3.3.7 sign off an annually policy and procedure review form that includes the Asthma Friendly Schools policy and procedure.

#### 3.4 Parents/Guardians and adult students shall:

- 3.4.1 inform school officials forthwith of any diagnosis of asthma (or known triggers)
- 3.4.2 for their child and ensure that the information in the student's file, including but not limited to the medication that the student is taking, is up- to-date and that consent has been given for their child to carry their asthma medication;

### 3.0 **Procedures** (cont'd)

#### 3.4 Parents/Guardians and adult students shall: (cont'd)

- 3.4.3 pre-authorize the administration of medication in response to an asthma exacerbation provided that the school has up-to-date treatment medication and any applicable consent from the parent or guardian;
- 3.4.4 co-operate with school staff when requests are made for information related to storage of medication, administration of medication and updated medical information.

### 4.0 **Sources**

- Ryan's Law, 2015 – *Ensuring Asthma Friendly Schools*
- Education Act, s.265 – Duties of Principal
- Regulation 298 s.20 – Duties of Teachers

### 5.0 **Related Policies and Appendices**

- Appendix 1 – Prevalent Medical Condition – Asthma Plan of Care
- Asthma Friendly Schools Policy (PO615)
- Administration of Oral Medication Policy (PO609)
- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools (PO601)



## II. PREVALENT MEDICAL CONDITION — ASTHMA

### Plan of Care

#### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Ontario Ed. # \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Student Photo (optional)

#### EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

#### KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

<input type="checkbox"/> Colds/Flu/Illness	<input type="checkbox"/> Change In Weather	<input type="checkbox"/> Pet Dander	<input type="checkbox"/> Strong Smells
<input type="checkbox"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	<input type="checkbox"/> Cold Weather
<input type="checkbox"/> Pollen	<input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> Physical Activity/Exercise			
<input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____			
<input type="checkbox"/> Asthma Trigger Avoidance Instructions: _____			
<input type="checkbox"/> Any Other Medical Condition Or Allergy? _____			

## DAILY/ ROUTINE ASTHMA MANAGEMENT

### RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

☐ When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).

☐ Other (explain): \_\_\_\_\_

Use reliever inhaler \_\_\_\_\_ in the dose of \_\_\_\_\_  
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? ☐ Yes ☐ No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

☐ Airomir ☐ Ventolin ☐ Bricanyl ☐ Other (Specify) \_\_\_\_\_

☐ Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible**.

Reliever inhaler is kept:

☐ With \_\_\_\_\_ – location: \_\_\_\_\_ Other Location: \_\_\_\_\_

☐ In locker # \_\_\_\_\_ Locker Combination: \_\_\_\_\_

☐ Student **will carry** their reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

☐ Pocket

☐ Backpack/fanny Pack

☐ Case/pouch

☐ Other (specify): \_\_\_\_\_

Does student require assistance to **administer** reliever inhaler? ☐ Yes ☐ No

☐ Student's **spare** reliever inhaler is kept:

☐ In main office (specify location): \_\_\_\_\_ Other Location: \_\_\_\_\_

☐ In locker #: \_\_\_\_\_ Locker Combination: \_\_\_\_\_

### CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of Medication)

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of Medication)

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of Medication)

## EMERGENCY PROCEDURES

### IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

(\* Student may also be restless, irritable and/or quiet.)

### TAKE ACTION:

**STEP 1:** Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

**STEP 2:** Check symptoms. Only return to normal activity when all symptoms are gone.

If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!**  
Follow steps below.

### IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

(\*Student may also be anxious, restless, and/or quiet.)

### THIS IS AN EMERGENCY:

**STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER).  
USE A SPACER IF PROVIDED.**

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

**STEP 2:** If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

## HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: \_\_\_\_\_

Profession/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

★ This information may remain on file if there are no changes to the student's medical condition.

### AUTHORIZATION/PLAN REVIEW

#### INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No \_\_\_\_\_

After-School Program ☐ Yes ☐ No \_\_\_\_\_

School Bus Driver/Route # (If Applicable) \_\_\_\_\_

Other: \_\_\_\_\_

**This plan remains in effect for the 20\_\_— 20\_\_ school year without change and will be reviewed on or before:** \_\_\_\_\_. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature