



Medical Conditions Package

Asthma Protocol

Revised September 2021

Achieving Believing Belonging

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The Asthma Protocol has been amended to comply with Policy/Program Memorandum No. 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in schools, the following Asthma Protocol addresses the components outlined in PPM 161. www.edu.gov.on.ca/extra/eng/ppm/ppm161.pdf

PART I

Rationale for an Asthma Protocol

Uncontrolled asthma may limit a student's learning opportunities and can cause many nights of interrupted sleep, several days of limited activity, and disruptions in normal activities of life. All of these factors influence how students behave and learn at school.

The *Asthma Protocol* is an information and resource manual to be used by school staff to assist in managing and supporting students diagnosed with asthma so students can learn in an environment that is safe and supportive.

Goal

The goal of this protocol is to:

- enable students with asthma to participate equitably and inclusively in all school activities as outlined in their Plan of Care.
- educate school personnel about asthma, its causes, symptoms, emergency treatments
- outline responsibilities for the care and management of students with asthma
- provide strategies on how to support the student in the management of their asthma in the school setting and at school sponsored activities off school site
- minimize anxiety on the part of parents/guardians and school personnel by outlining appropriate steps to minimize risks and ensure the safety, health and success of students with diabetes while they are under school supervision

The ultimate responsibility for asthma management rests with the family and the student.

The ultimate goal of asthma management within the school setting is to have the student be independent in managing their asthma. The school role is to provide **support** as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. This independence includes the specific management of their medical condition as outline in the Plan of Care. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

Duty of Care

Ryan's Law (Ensuring Asthma Friendly Schools), 2015

<https://www.ontario.ca/laws/statute/15r03>

Ryan's Law requires every school board, in Ontario, to establish and maintain an asthma policy, which must include, among other things, strategies to reduce risk of exposure to asthma triggers, a communication plan for the dissemination of information on asthma, regular training on recognizing asthma symptoms and managing asthma exacerbations. A Plan of Care for each pupil who has asthma is to be developed, and maintained, through regular consultation with the parent/guardian and student.

Education Act 265 (1): Duties of Principals

j) care of pupils and property – to give assiduous attention to the health and comfort the pupils

Education Act, Regulations: Reg. 298, S20: Duties of Teachers

g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible

Common Law Duties:

To assist or allow a student to seek medical attention as a 'careful parent' would. The board's liability policy provides coverage for employees acting within the scope of their duties with the board. Thus, all school staff who administer first aid to a student who is suffering from an asthma attack within the school or during a school activity, are covered.

Communication of Information on Asthma

The Board Public Webpage (www.hcdsb.org) offers resources that include information about asthma that can be shared with all parents/guardians, students, employees, volunteers, coaches and other persons who have direct contact with a student with asthma. School administrators are asked to consider including these links in School Newsletters, on the school website or in other pertinent areas, (www.hcdsb.org → Parents/Guardians tab → Your Child's Health → Medical Conditions → Asthma) or in a letter home to all parents/guardians at the beginning of the school year.

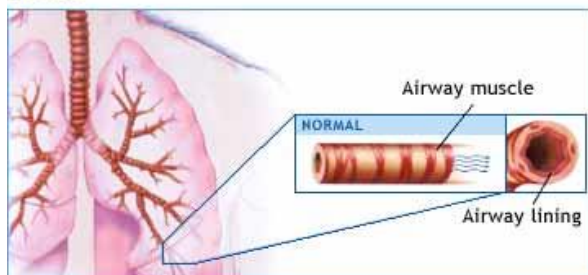
This information is intended to assist people in understanding how to reduce exposure to asthma triggers, recognize when asthma is worsening and how to manage asthma symptoms exacerbations.

The school principal/designate shall work with staff and families to help ensure that an asthma friendly school environment exists that is safe and supportive for all students. The Ontario Physical and Health Education Association (Ophea) Manual – Creating Asthma Friendly Schools is a useful resource

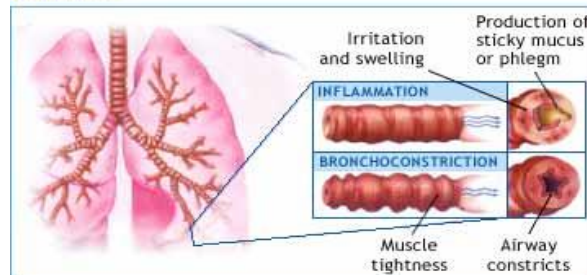
PART II

What Is Asthma?

Normal



Asthmatic



Asthma is a chronic inflammatory disease of the airways in the lungs. Inflammation in the airways makes the lungs more sensitive to things/substances in our environment termed "asthma triggers".

When people with asthma are exposed to their triggers three things may happen that narrow the airways:

- contraction (squeezing) of the airway muscles
- more airway inflammation, and extra mucus production
- narrowing of the airways can cause difficulty breathing, coughing and wheezing (whistle sound)

Sudden narrowing of the airways produce what is often called an "attack of asthma" or an asthma flare-up.

Symptoms

- Constant coughing
- Trouble breathing
- Chest tightness (like a tight band around the chest)
- Wheezing (whistling sound in chest)

- Student may also be restless, irritable and/or tired.

These symptoms can be reversed with medication and by reducing exposure to environmental triggers. Not every person will experience all of the symptoms listed. Often a cough may be the only symptom experienced.

What is an Asthma Trigger?

An asthma trigger is anything in the environment that causes or provokes asthma symptoms (cough, wheeze, difficulty breathing). Common triggers include viral infections (common colds); allergies animals, house dust mites, dust, pollen, and moulds); fumes (paints, indelible markers, perfumes, cleaning products and glue); extremes of temperature (cold or hot and humid); exercise; and crying or laughing. Most students with asthma have more than one trigger. However, the triggers and the degree of asthma symptoms differ for each person with asthma.

Avoidance of Triggers:

[StaffNet](#) → [Forms](#) → [SS:05-Medical Conditions - Asthma](#) → [Avoidance Strategies](#)

Eliminating or reducing exposure to the person's specific triggers can reduce the chances of an asthma attack as well as the need for medication. Examples for identified triggers:

- **Indoor Triggers (Classroom, Gymnasiums, and Multipurpose Rooms) Avoidance Strategies:**

When activities take place indoors, take precautions to minimize or eliminate the following triggers that may cause asthma symptoms: strong smells from markers, paints, cleaning products and perfumes, chalk, dust, and animals.

- **Outdoor Triggers (outside activities: recess, physical education, intramurals, interschool) Avoidance Strategies:**

- **Cold Air**

Some students with asthma may require something to cover their mouth and nose (e.g. a scarf or neck warmer). This can help to add warmth and moisture to cold dry air and potentially reduce the chance of asthma symptoms occurring.

Choose well-ventilated indoor sites on days with extreme temperatures.

- **Air Quality, Smog**

Air quality and smog alerts can be accessed by checking local weather forecasts.

www.airqualityontario.com provides up to date information on daily air quality forecasts.

Choose well-ventilated indoor sites on days when the air quality is poor.

- **Pollen, Trees, Leaves**

Pollen count reports can be found on local weather channels

(<https://www.theweathernetwork.com/ca>)

If possible, try to avoid playing on freshly cut grass

Participate in physical activity outdoors after 10 a.m. when pollen counts are lower

What Is Exercise Induced Asthma (EIA)?

When students participate in physical activity, it is common to switch from breathing through the nose to mouth breathing and to breathe at a much faster rate. This can cause cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. EIA may present itself during, or after, physical activity. It is more common when activities take place in cold

environments, during high pollen or pollution count days, or when the student has an underlying cold/chest infection.

Treatment:

Most cases of EIA can be treated by taking medication as prescribed by a health care professional.

Follow medical doctors directions, outlined in Plan of Care, when reliever medication is to be taken by the student (before and/or after exercise. www.lung.ca/asthma/exercise)

Symptoms Occurring Prior to activity:

The student is experiencing asthma symptoms such as chronic coughing, wheezing or difficulty breathing.

Response:

Student should NOT participate in physical activity as this can lead to a severe asthma attack.

A reliever inhaler should be used to relieve the symptoms.

Symptoms Occurring After Physical Activity Begins:

The student experiences asthma symptoms

Response:

Student is to STOP the activity. If the student continues to have symptoms after stopping the activity, use/administer the reliever inhaler. When the student is fully recovered, s/he may resume the activity.

A fully recovered student:

- will breathe at a normal rate
- will not be wheezing/coughing
- will be able to carry on a conversation without any breaks.

Asthma Medication

In general, asthma medications work in one of two ways to control asthma. They work either by controlling or preventing the inflammation and mucous production, or by relieving the muscle tightness around the airways.

- Controller Medication (e.g. Flovent, Advair, Qvar, Pulmicort, Alvesco, Zenhale, etc.)
 - Used daily, before and after school at home, to prevent asthma attacks.
 - Decreases and prevents swelling of the airways
 - Can take days to weeks of daily use to work effectively
 - Various colours (orange, purple, brown, red)
- Reliever Medication (e.g. Ventolin/Salbutamol, Bricanyl, etc.)
 - Used to relieve symptoms of asthma. Also called the 'rescue' inhaler (usually blue in colour)
 - Needs to be quickly accessible at all times
 - Provides relief quickly, within minutes
 - Relaxes the muscles of the airways
 - Taken only when needed

Location of Inhaler Medication

- Parent/guardian permission for the student to carry their reliever inhaler is located on the Asthma Student Plan of Care
- For students that require assistance with their inhaler(s) (i.e. identified on the Asthma Student Plan of Care) inform and train appropriate staff. Training can be done by parents/guardians of the student, or request that parents/guardians contact the student's health care provider for a reference to LHIN.

- Students up to 16 years of age who have parental permission and who are capable of doing so, are to carry their reliever inhaler at all times (e.g., to and from school, when moving classroom locations, breaks – recess and noon time, all field trips, evacuation procedures and lockdowns)
- Students in Kindergarten: the classroom teacher is responsible for housing the reliever inhaler and developing a process for having it accessible for the student at all times
- Where age, pupil capacity (intellectual/physical), activity, or location prevents safe carrying; the reliever inhaler must be located in proximity to the student for ready access e.g. physical activities (indoor/outdoor)
- Where outdoor seasonal triggers are not present, or do not affect the student's asthma, the reliever inhaler, under parental permission as stated on the Asthma Student Plan of Care, does not have to be carried outside and can remain in the student's classroom
- Where the student has a second or spare reliever inhaler at the school, ensure it is stored under proper conditions, as per the manufacturer's requirements, and inform teachers/staff who have direct contact with the student of its location and identify its location on the Asthma Student Plan of Care.

Asthma and Anaphylaxis

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen®/Allerject®/Emerade®).

Physical activity and Students with Asthma

Key points:

- **Medication Prior To Activity:**
The Asthma Student Plan of Care must indicate if the student is to take the reliever medication prior to physical activity. Have the student use reliever as per doctor's directions.
- It is important that the student with asthma participate in physical activity.
- If the student is consistently using their asthma as an excuse to avoid physical activity communicate with the student's parents/guardians that their asthma may not be in control
- When environmental triggers are present (e.g., extreme temperatures, poor air quality (smog), high pollen count) provide alternate locations e.g. indoor site (gym) when possible
- Check students have immediate access to their inhaler at all times in the gymnasium, outdoors and during off site activities and games.
- **Provide a good warm up:** Before vigorous physical activity, begin with progressive warm up. The purpose is to warm both the body and the airways in preparation for the activity (e.g. begin by light walking and progress gradually to a jog)
- The intensity of the activity should start at a low level and gradually increase to develop exercise tolerance.
- **Provide a cool down.** End the activity with a cool down period (e.g. 5-10 min). The purpose is to gradually bring the heart rate down slowly to a resting rate and reduce the chance of asthma symptoms occurring after the exercise.

Indicators that Asthma is Not in Control

• Communication To Parent/Guardians Of Students with asthma

Following the Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012.

• Elementary School Students

If Elementary school staff observe either one or both of the following indicators that the student's asthma is not in control school staff are to inform parent/guardians.

Indicators that asthma is not in control:

- reliever medication had to be taken for a second time (twice) in a 4-hour period
- reliever medication had to be used more than 4 times in a week

• Secondary School Students

Due to the nature of secondary school programs, the same teacher is not with the student during the whole day to observe indicators. It is the student's responsibility to inform their parent/guardian of when their reliever inhaler is used. When/if a teacher does observe the indicators, the teacher will remind the student to inform their parent/guardian.

Instructions for Managing Asthma Attacks

Milder Symptoms:	Asthma Emergency: If mild symptoms get worse or do not improve within 5-10 minutes.
If <u>any</u> of the following symptoms occur: <ul style="list-style-type: none">• Constant coughing• Trouble breathing• Chest tightness (like a tight band around the chest)• Wheezing (whistling in chest)	If any of the symptoms occur: <ul style="list-style-type: none">• Breathing is difficult and fast• Cannot speak more than 5 words between breaths• Lips or nail beds are blue or gray• Skin on neck or chest sucked in with each breath• Requests a doctor or ambulance or asks to go to the hospital. <u>OR</u> <ul style="list-style-type: none">• You have any doubt about the student's condition.
Action: <ul style="list-style-type: none">• Immediately have the student use/administer reliever inhaler as directed by medical doctor (refer to medication label).• If there is an identifiable trigger, remove the student from the trigger.• Have the student in an upright position e.g. sit up with arms resting on a table.• Advise the student to breathe slowly and deeply.• Do NOT have student breathe into a bag or lie down• If student fully recovers, participation in activities may resume.	Action: Step 1: Call 911 for an ambulance. Follow 911 communication protocol with emergency responders. Step 2: Immediately use reliever inhaler Continue to use reliever inhaler every 5-15 minutes until medical help arrives. While waiting for medical help to arrive: <ul style="list-style-type: none">• Have the person sit up with arms resting on a table (do not have person lie down unless it is a life threatening allergic event)• Stay calm, reassure the person and stay by their side.

	<ul style="list-style-type: none"> • Contact parents/caregivers, as soon as possible.
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Note: School administrators should consider simulating an asthma emergency, with all staff, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.

PART III

School Administrator/Designate Responsibilities In Implementing Asthma Protocol:

General:

- ☐ School Administrator is to be familiar with the contents of the following:
[StaffNet → Forms → SS:05 Medical Conditions – Asthma](#)
 - Asthma Protocol
 - Parent/Guardian Package (includes Student Plan of Care)
 - Additional Asthma Resources
- ☐ Ongoing communication, with staff, students, parents/guardians and school community, about the school asthma plan is essential in creating awareness and support for students at risk.
- ☐ The school principal/designate shall work with staff and families to help ensure that an asthma friendly school environment exists that is safe and supportive for all students. Resource: The Ontario Physical and Health Education Association (Ophea) Manual – Creating Asthma Friendly Schools will be a useful resource for schools
- ☐ Document staff in service on asthma. Take attendance. For absent teachers provide information at earliest opportunity
- ☐ Display poster: StaffNet → Forms → SS:05-Medical Conditions: Asthma - [Managing Asthma Attacks Poster](#) in a high visibility area for staff – e.g. staff room, health room
- ☐ Provide Custodians with a copy of: [StaffNet → Forms → SS:05-Medical Conditions: Asthma - Asthma Custodian Checklist](#)
- ☐ Indoor Air Quality (IAQ)
 - Determine whether room activities generate air pollutants and whether the room or area is equipped with local exhaust fans
 - Assess activities that may generate air pollutants, such as smoking, the operation of some office equipment, and food preparation and eating.
 - Determine whether activities that generate air pollutants are in areas that do not have exhaust systems.
 - Confirm that exhaust fans are used whenever activities that generate air pollutants take place
 - Conduct pollutant generating activities only when the exhaust fan(s) is (are) on.
 - Staff and students understand the proper operation of the exhaust fans.
 - Programs/Courses that can affect IAQ
 - Be aware of asthma triggers in the school and reduce exposure to these triggers wherever possible
 - Where IAQ in the school, portable, or port-a-pack, becomes a concern, or is questioned by school staff, students, parent/guardian, refer concern/inquiry to the school's Maintenance

Supervisor and the HCDSB Health and Safety Officer. ([Administrative Procedure VI-79 Indoor Air Quality Investigation Process](#))

- Support the expectation that students with asthma should be participating in physical activities (e.g. physical education classes, daily physical activities, and may go outside for breaks (recess). Most students with controlled asthma can be outdoors.
- Support inclusion by allowing students with asthma to perform daily or routine management activities and to participate to their full potential as outlined in their Plan of Care, while being aware of confidentiality and dignity of the student.
- **Students transferring between panels** (elementary to secondary):
School Administrators from the Elementary Panel are to ensure names of students who have (a) prevalent medical condition(s) are entered into the Board's student database system (e.g. Trillium) outlining each medical condition, as applicable.

Safety Considerations in the Event of an Emergency (Fire, Evacuation, Lockdown, Hold and Secure, Shelter in Place, and Bomb Threat)

- Support student(s) with prevalent medical conditions in the event of a school emergency (e.g. bomb threat; evacuation; hold and secure; lock down)
 - Specifically:
 - **Anaphylaxis:** ensure student has epinephrine auto injector
 - **Asthma:** ensure student has reliever medication(s)
 - **Diabetes:** ensure student has test kit and fast acting sugars are available
- Notify police/emergency responders of students, and staff, that have asthma that may result in a medical emergency in the event of a lock down or bomb threat

Communication with Parents/Guardians of a Student Diagnosed with Asthma

Identification

Have a process in place where the student with an asthma condition are identified to the school by parents/guardians and requested to supply information on the asthma condition.

- **Students, new to the school, during registration**

(e.g., Question on registration form: *specifically asking whether or not their student has asthma*)

A copy of the Parent/Guardian Asthma Package (Student Plan of Care and Request and Consent for the Administration of medication) is provided to parents/guardians for information and completion of forms

- **Students presently registered at school (e.g., Verification form)**

At the beginning of each school year, the school principal/designate shall have a process in place of requesting parent/guardian/adult student to identify if there is a new diagnosis of asthma (where appropriate throughout the school year)

- Ensure student's medical condition(s) are entered into the Board's student database system.
- Ensure that students with both **Anaphylaxis** and **Asthma** have their Asthma condition included on their Anaphylaxis Emergency Treatment and vice versa

Identification of Students with Asthma to School Staff and Others: Principal to ensure the following:

- **Halton Transportation Services (HSTS):** Provide requested information regarding students who will be attending school in September diagnosed with asthma.
September: bus drivers (morning and afternoon routes): identify students on their bus diagnosed with anaphylaxis and triggers
- **Teachers/Staff supervising classes for lunch, volunteers etc.:** Identification and Emergency Treatment Plan- posted in classroom
- **All staff:** At-a-Glance- Posted in Staffroom, health room, first aid room, office (as applicable).
- **Teachers/Staff on yard duty:** Principal to develop and communicate a process of student identification, for those students deemed at risk when outside on playground.
- **Occasional Teachers:** teacher to provide information on SMART FIND with location of Plan of Care.

Proof of Diagnosis

Parents/Guardians are requested to provide ONE of the following 'proof of diagnosis' (to place in the student file):

- a letter/note from the physician or specialist, OR
- a copy/photocopy of the reliever inhaler prescription, OR
- a photocopy of the prescription from the reliever inhaler container, OR
- a copy/photocopy of the Official Receipt of the medication from the pharmacist
- Where child is identified by parent/guardian as having both asthma and anaphylaxis: if parent/guardian provides a non prescription epinephrine auto injector, a doctor's note must accompany the medication as proof of diagnosis

Development and Procedures with Student Plan of Care

The parent/guardian in consultation with the principal shall develop the student plan of care following the HCDSB Asthma Protocol and the Plan of Care located in Parent/Guardian Package. The plan of care shall be reviewed/updated on an annual basis, or when there is a change in the student's condition. The annual review process takes place in June when the student's plan of care is given to the parents/guardian to make changes where appropriate and to return the plan of care in August for a meeting with principal.

- Where appropriate, the classroom teacher is to be part of the information sharing process
- Where there are no changes in the student's condition or treatment strategy parent/guardian may authorize continuation of the previous years Plan of Care by initialing and dating Plan of Care.
- When there are changes to Contact Information; Medication or to Medical Diagnosis follow board/school procedures
 - [StaffNet → Forms → School Services → SS:05-Medical Conditions - General: Change of Medical Diagnosis Form](#) outlined in [Appendix D] and Form [Appendix E]

Location of Completed Plan of Care:

- Provide the classroom teacher with a completed copy of Student Plan of Care and determine who will share the information with other staff members who are in direct contact on a regular basis with the student (e.g., educational assistants, other teachers, volunteers).
- Elementary Teacher will locate the Student Plan of Care in the Occasional Teacher folder located on the teacher's desk.
- Secondary Teacher will locate the Student Plan of Care attached to day plans.

- Copy in student file

Student File:

A student file is to be maintained for each student with asthma. The file can be a separate file; however, the Student Plan of Care (original document) must also be placed in the OSR

- Student's Plan of Care and current emergency contact information
- Supporting Documentation: Proof of diagnosis
- Request and Consent for the Administration of Epinephrine Form

Communication with School Community

Refer parents/guardians, and others to the Board and School Websites for Medical Conditions information

Communication with School Staff – In Service

Resources for information and training:

- HCDSB Asthma Protocol
- Student(s) Plan of Care
- View the Video – Managing Asthma *In Our Schools*
- Resources: StaffNet → Forms → SS:05 Medical Condition: Asthma

Provide teachers with access to the HCDSB Asthma Protocol. Go over sections relevant to teachers.

Information to be provided to school staff:

- ☐ **Identification** of students with **asthma** and those students identified as having **asthma and anaphylaxis**
- ☐ Information about Asthma Condition as it applies to Students in the School
 - What is Asthma?
 - Triggers and Symptoms
 - Avoidance Strategies
 - Exercise Induced Asthma
 - Medication – reliever inhalers
 - Physical Activity and Students with Asthma
 - Instructions for Managing Asthma Attacks and emergency response
 - Mild
 - Emergency

Other Information:

- **Supervision during yard duty** (Elementary Schools):
 - (There are some students, diagnosed with asthma, that need to be identified by yard duty supervisor when outside.) Supervisor needs to follow school procedures for identifying these student(s). Follow school procedures for contacting office/first aid provider in case of emergency.
- **When acting as Field trips organizer (day, overnight, extensive)** follow school procedures outlined in Field Trips and Students with Asthma. [Appendix C]
- **When acting as a supervisor of a club or a team:**
 - Follow school procedures in identifying students with asthma

- Be familiar with content of Student's Plan of Care
- Assist student in managing their asthma e.g. remind student to have their reliever inhaler readily available at all times.
- Know how to respond to an asthma attack.
- For coaches of an interschool sport and/or supervisor of intramural physical activities - address contents of Physical Activity and Asthma [Appendix A]

Review school's asthma protocol with school staff, as needed or at an appropriate time midway through the school year.

Communication with Classroom Teacher and Teachers with Direct Contact to the Student on a Regular Basis

- ☐ **Student Plan of Care:** School administrator is to meet with classroom teacher, and where appropriate all teachers who come in direct contact with the student of a regular basis, and review the contents of the completed Student's Plan of Care. Provide a copy to the classroom teacher.
- ☐ **Occasional and On Call Teachers Information:**
 - Identify a process to teachers for informing Occasional and On Call Teachers of the presence of students with asthma in the classroom (e.g., Elementary - located on teacher's desk and/or follow elementary school procedure for location, by the school principal; Secondary – follow secondary school procedure for location)

Occasional Teachers: Provide teaching staff with school protocol for informing occasional teachers about students with asthma. For example:

 - When calling in an absence the teacher is to indicate on the SMART FIND system that there is a child with a heart condition
 - Student's Emergency Treatment Form and Student Plan of Care are attached to teacher's lesson plan.

On Call Teachers: Classroom teachers are to provide a list (e.g., on day plans) that identify students with medical conditions – Asthma
- ☐ Document in-service and record attendance:
 - Have a process of documenting in service – date, time and brief content. For absent staff provide in service at earliest opportunity.
- ☐ In the event of an Emergency (Bomb Threat, Evacuation, Hold and Secure, Lockdown) check the student(s) have their reliever inhaler.

PART IV

Classroom Teacher and Staff in Direct Contact with Student on a Regular Basis – Responsibilities

- ☐ Participate in the asthma information and training session provided by principal. If in service is missed, make arrangements for information as soon as reasonably possible.
- ☐ Know how to access the HCDSB Asthma Protocol
- ☐ Know the identity of students in your class diagnosed with asthma and use an inhaler
- ☐ Have a copy of the Student's Plan of Care for those students diagnosed with asthma and follow contents in assisting the student in managing their asthma condition and when applicable know how to respond to an asthma attack (mild-emergency).

(Share the information on this form with all those who come in direct contact with the student(s) on a regular basis.

- ☐ For physical activity where student has exercise induced asthma to follow information in Exercise Induced Asthma – Asthma and Physical Activity. [Appendix A]
- ☐ When planning for a field trip (day, overnight, extensive) follow the procedures outlined in [Appendix C] - Field Trips and Students with Asthma Procedures (Day Trips, Overnight Trips, Extensive Trips and Exchange programs)
- ☐ Meet with the student's parents/guardians (where applicable) to gather information related to the student's asthma, triggers and medication (inhalers). For students who need assistance with their inhaler, receive instructions from parents/guardians on how to administer inhaler properly and when needed.
- ☐ Meet with the student(s) identified with asthma and explain that:
 - You are aware of their asthma condition.
 - You are there to assist in case of an asthma attack.
 - You are there to listen when they are experiencing symptoms or feel hesitant to participate.
 - You are there to support and facilitate a successful activity/school day.
 - The student is to let you know that he/she is experiencing worsening asthma.
 - Importance of and encourage students to carry their reliever inhaler at all times.
- ☐ Support inclusion by allowing students with asthma to perform daily or routine management activities and to participate to their full potential as outlined in their Plan of Care, while being aware of confidentiality and dignity of the student.
- ☐ Inform the student's parents/guardians when you observe the following indicators that the student's asthma is not in control: [StaffNet → Forms → SS:05-Medical Conditions: Asthma Sample Notification Asthma May Not Be In Control](#) [Appendix B]
 - reliever medication had to be taken for a second time (twice) within 4 hour period.
 - reliever medication had to be used more than 4 times in a week.
- ☐ Know the location of the student's reliever inhaler and if the student needs assistance or not.
- ☐ Identify the student(s) diagnosed with asthma to the occasional teacher as per direction of school administrator:
- ☐ Where appropriate, provide age appropriate information about asthma to the class and how students can assist a student diagnosed with asthma.
- ☐ Share information on a student's asthma with other students, if the parents/guardian give consent to do so and as outlined in the Student Plan of Care and authorized by the principal.
- ☐ Document safety information to students. Take attendance. In service students who are absent at the earliest opportunity.
- ☐ Supervise students that they are implementing the management procedures outlined in their plan of care.
- ☐ In the event of an Emergency (Bomb Threat, Evacuation, Hold and Secure, Lockdown) check the student(s) have their reliever inhaler.

PART V

Teacher and Staff Member Responsibilities

- ☐ Participate in the asthma information and training session provided by principal. If in-service is missed to make arrangements for information as soon as reasonably possible.
- ☐ When supervising students (e.g., yard duty):
 - follow school procedures in identifying student(s) who have severe asthma,
 - know how to access assistance by contacting office,
 - know the signs and symptoms of an asthma attack
 - know how to treat for an asthma attack
- ☐ When acting as field trip supervisor (day, overnight, extensive) follow procedures outlined in Field Trips and Students with Asthma [Appendix C]
- ☐ When acting as coach – interschool athletics or supervisor for intramural activities refer to Physical Activity and Asthma [Appendix A]

Physical Activity and Asthma - Curricular - Teachers; Intramural - Supervisors; Interschool - Coaches

Key Points:

- It is important that student with asthma participate in physical activity.
- If student is consistently using their asthma as an excuse to avoid physical activity communicate with student's parents/guardians that the student's asthma may not be in control
- Check activity environment (indoors) for triggers that may be present for students in your class/team (identified in student's Plan of Care). Where applicable remove triggers or relocate activity
- Check activity environment (outdoors) if environmental triggers are present (e.g., extreme temperatures, poor air quality (smog), high pollen count) provide alternate locations e.g. indoor site (gym) when possible
- **Check students have immediate access to their inhaler at all times in the gymnasium, outdoors and during off site activities and games.**
- Provide a good warm up: Before vigorous physical activity, begin with progressive warm up. The purpose is to warm both the body and the airways in preparation for the activity (e.g. begin by light walking and progress gradually to a jog)
- The intensity of the activity should start at a low level and gradually increase to develop exercise tolerance.
- Provide a cool down. End the activity with a cool down period (e.g. 5-10 min). The purpose is to gradually bring the heart rate down slowly to a resting rate and reduce the chance of asthma symptoms occurring after the exercise.

Students Diagnosed With Exercise Induced Asthma (EIA):

- Prior to physical activity, identify students diagnosed with Exercise Induced Asthma.
- Reference student's Plan of Care and follow doctors directions for use of reliever inhaler before and/or after activity.

Symptoms Occurring Prior to activity:

Student is experiencing asthma symptoms such as chronic coughing, wheezing or difficulty breathing.

Response:

Student should NOT participate in physical activity as this can lead to a severe asthma attack.

A reliever inhaler should be used to relieve the symptoms.

Symptoms Occurring After Physical Activity Begins:

Student experiences asthma symptoms

Response:

Student is to STOP the activity. If the student continues to have symptoms after stopping the activity, use/administer the reliever inhaler. When the student is fully recovered, they may resume the activity.

A fully recovered student:

- will breathe at a normal rate
- will not be wheezing/coughing
- will be able to carry on a conversation without any breaks.

APPENDIX B**Sample Notification Asthma May Not Be In Control**

Student Name: _____

Teacher: _____ Date: _____

Parent/Guardian:

Following the Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012 when school staff observe either one or both of the following indicators that your child's asthma is not in control school staff are to inform parent/guardian.

The following indicator(s) have been observed.

- ☐ reliever medication had to be taken for a second time (twice) in a 4-hour period
- ☐ reliever medication had to be used more than 4 times in a week

Date(s) of observance: _____

Comments (where applicable) from observing staff member:

It is recommended by the Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012 when informed of indicators that your child's asthma may not be in control that parent/guardian should:

- Follow up the incident(s) with your child.
- Where applicable, communicate with child's physician.

Sincerely,

Principal

Field Trips and Students with Asthma (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs)

- **Process in place to identify students with asthma** participating on the trip along with their asthma triggers and required medication.
- **In order to participate** on a field trip, **a student diagnosed with asthma must carry their reliever inhaler at all times** or during physical activities **have the inhaler immediately accessible**.
- **Trip site and activities are to be checked to identify potential allergens.** Prior to the trip organizers should review the activities and location for potential asthma triggers. Common triggers to think about include exposure to animals, mould, strong smells, extremes of heat and cold and strenuous activity.
- **Communicate with the student's parents/guardians** during the initial planning stages of the trip informing them of the destination, mode of travel and activities students are to participate in. This will allow parent/guardian to potentially identify or anticipate problems and provide input accordingly. By knowing the trip activities, expectations and accommodations parent/guardian will be able to provide an informed decision as to their student's participation.
- For overnight, extensive or exchange programs **parents/guardians are to be informed** that they must:
 - Provide adequate supply of medications (controller and reliever) and additional required equipment. They may want to include back up (or second) inhalers, in the case of loss.
 - Provide detailed instructions regarding the use of the medications that include the dose and time of day or indications for the use of medication.
- **Tour operator and/or activity provider needs to be informed** by the trip supervisor of **the number and identity of students with asthma, their triggers and possibility of special accommodations**. The tour operator/or activity provider must guarantee they can accommodate the student's requirements for safe participation.
- **An emergency action plan for an asthma attack** on the trip must be prepared by the trip supervisor and communicated to all staff and volunteers on the trip.
- **Student forms on the trip** – copies of the student's Asthma Student Plan of Care are to be taken on the trip. The student's chaperone/staff member should have a copy in addition to the trip organizer.
- **Grouping of student(s):** students with asthma are to be assigned to a group with a staff member who is knowledgeable about managing an asthma attack.
- **Buddy system:** In situations where the teacher/supervisor is providing 'in the area supervision' teacher is to assign a knowledgeable 'buddy' to the student. The student and buddy are to be informed of warning signs of trouble and that if they exist, the buddy is to contact the teacher/supervisor/chaperone. If the student with asthma is carrying his/her reliever inhaler and has symptoms of an attack, the reliever inhaler should be used.
- **Ensure a means of communication** (e.g., cell phone and/or other mode of communication) is to be taken on the trip in case of an emergency. Check ahead of visit what types of communication the visiting site presently has available.

- **Trip supervisor is to meet students with asthma and provide the following information:**
 - Students agree to tell trip supervisor:
 - What triggers their asthma
 - If they anticipate having trouble with their asthma on the trip
 - When their asthma is bothering them
 - If they have used their inhaler more than twice in a four-hour period
 - Inhalers must be labelled with the student's name
 - Inform trip supervisor/teacher supervisor when you use your inhaler more than twice in a 4-hour period.
 - Stress to students that if they have an asthma attack, do not (never) go off alone or remove yourself to a secluded area, like the washroom. Tell a supervising teacher/staff member, volunteer or classmate that you are having trouble breathing and need help. In order to help you, people need to know where you are and that you need help.

Change Procedures for Student Contact Information, Medication, Medical Diagnosis

(This information is provided to parents/guardians in the Parent/Guardian Packages).

- **Changes to CONTACT INFORMATION e.g. contact person and/or contact number:**
 - Parent/guardians is requested to provide in writing the name of the person(s) with change of contact number to the school administrator.
- **Changes to MEDICATION (e.g. new medication or a change in medication):**
 - School administrator/designate to provide parent/guardian with a copy of the HCDSB Request and Consent for the Administration of Prescribed Medication to be completed and returned. Form provided by the school administrator.
 - Provide changes to medications information to staff responsible for providing medications to the student.
 - Make changes to the student's Individual Management Plan, where appropriate.
 - Note: File the completed copy of the HCDSB Request and Consent for the Administration of Prescribed Medication in the student's OSR.
- **Changes to MEDICAL DIAGNOSIS:**
 - School administrator/designate provides parent/guardian with a copy of HCDSB Change of Medical Diagnosis Form to be completed and returned. Refer to Changes to Medical Diagnosis [Appendix E].
 - Note: Changes to the student's medical diagnosis must be accompanied by a note/letter from the student's physician indicating the change.
 - Inform student's teacher(s) and other appropriate staff members.
 - Make changes to the student's Individual Management Plan, where appropriate.

Note: File the completed copy of the HCDSB Change of Medical Diagnosis Form along with the student/youth's physician note/letter in the student/youth's OSR.

Change of Medical Diagnosis Form

(Parents/Guardians are required to complete this form and include communication from the child's physician to the school administrator as soon as reasonably possible, if there is a change to the child's medical condition.)

Student's Name: _____ **Grade:** _____

Medical Condition: _____

Teacher's Name: _____ **Date:** _____

Change of Medical Diagnosis:

Change to child's medical accommodations:

Physicians Authorization:

Name: _____

Signature: _____ **Date:** _____

Physicians Comments:

OR

Letter/note from physician must be attached

This information is collected under the authority of the Education Act, and Sabrina's Law and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.

Completed form along with physician's letter/note to be filed in the student's file and the Ontario School Record (OSR).