



Medical Conditions Package for Parents & Guardians

Asthma

Revised June 2018

Achieving Believing Belonging

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PARENT/GUARDIAN INFORMATION AND RESPONSIBILITIES ASTHMA MANAGEMENT PROTOCOL

INTRODUCTION & RYAN'S LAW:

A review of the HCDSB Asthma Protocol has taken place to address the components of Ministry of Education Policy/Program Memorandum #161 Supporting Children and Students with Prevalent Medical Conditions (Asthma) in Schools.

"RYAN'S LAW" - BILL 20: ENSURING ASTHMA FRIENDLY SCHOOLS (2015)

(Provide parents with opportunity to provide permission. Refer to Student Plan of Care.)

- Outline the implementation of the legislation and accommodations to be made for students in the location of their asthma medication:
 - Students (grade 1-12) are to carry their reliever inhaler at all times (e.g. to and from school, when moving classroom locations, physical activities (indoor/outdoor) breaks – recess and noon time, all field trips, evacuation procedures, lockdowns.)
 - Accommodations 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.
 - Accommodations for the age of students in JK/SK: the classroom teacher is responsible for housing the reliever inhaler and develop a process for having it accessible for the student at all times.
 - 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 Student Plan of Care, does not have to be carried outside and can remain in the student's classroom.

ACCESS TO THE HCDSB ASTHMA PROTOCOL

www.hcdsb.org + PARENTS + Safe, Healthy and Inclusive Schools + Medical Conditions + Asthma

(Also available: Asthma Package for Parent/Guardian and Video: Managing Asthma in Our Schools)

If you have a question about asthma, you can talk to an Asthma Educator by calling: 1-800-344-5864

ROLE OF PARENT/GUARDIAN WITH SCHOOL

In order for School Staff to provide a safe and nurturing environment for students managing their Asthma, Parents/Guardians are asked to:

- ☐ **PROVIDE Proof of Diagnosis for your child which can be ONE of:**
 - a letter/note from the physician or specialist, OR
 - a copy/photocopy of the prescription, OR
 - a photocopy of the prescription from the Epi Pen container, OR
 - a copy/photocopy of the Official Receipt of the medication from the pharmacist
- ☐ **COMPLETE and return the following forms found in this package:**
 - **STUDENT PLAN OF CARE**
 - Parents/Guardians of newly registered or newly diagnosed students shall create the Student Plan of Care in consultation with the School Administration during the last week of August. For students already registered, the Student Plan of Care will be reviewed and/or updated annually and shared with the school, before the start of each school year.
 - **REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE FORM**
 - Form is completed by Parent/Guardian when the school agrees with the parent request to provide medical intervention and/or medication under the listed conditions of the form.

Please Note – Urgency of Having Completed Forms As Soon As Possible:

To act in the best interest of your child responding to an Asthma attack, you are strongly encouraged to provide all relevant information and forms to manage your child's anaphylaxis to the school principal in a timely manner. Failure to do so may place your child at unnecessary risk

☐ **COMMUNICATE to School Administrator if your child has both ASTHMA and ANAPHYLAXIS:**

Access the PARENT/GUARDIAN PACKAGE for ANAPHYLAXIS and complete the required ANAPHYLAXIS FORMS. Check to make sure you have indicated your child also has Asthma.

If there is any reason to believe that your child has come into contact with his/her anaphylactic trigger, the event will be managed as outlined in the HCDSB anaphylaxis protocol/policy.

☐ **PROVIDE your child with a reliever/rescue inhaler for use at school and offsite trips**

☐ **COMMUNICATE with principal and child's teacher:**

- If your child requires assistance to take his/her reliever asthma medication and/or child's doctor has requested that school personnel assist your child to use his/her inhaler
- School staff need to know about your child's:
 - Triggers – what causes and makes their asthma worse
 - Plan of Care – when your child needs to use his/her reliever inhaler.
e.g. if your child has exercise induced asthma and requires inhaler prior to activity.
 - Student's ability to use their inhaler:
 - if your child is capable of using his/her own inhaler,
 - if your child requires assistance to take their medication, provide instructions to the school staff regarding proper use of inhaler.
 - For off school site activities (e.g. field trips, athletic activities) inform supervising teacher/coach of required accommodations.
- It is recommended by the Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012 that when informed of indicators that your child's asthma may not be in control:
 - Follow up with your child regarding the incident(s).
 - Communicate with child's physician, when applicable.

☐ **UPDATE Changes of information: Emergency Contact, Medication, Medical Diagnosis:**

Parents are responsible to inform School Administration any changes to contact information, medication or medical condition diagnosis as soon as reasonably possible. Forms can be accessed through the School Office.

NOTE: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

☐ **COMMUNICATE with Secondary School when child is graduating from grade 8:**

You will receive from your elementary school, in June, a recent copy of your child's Anaphylaxis Student Plan of Care. You are requested to update the form with recent medical and contact information and to provide the completed form to the secondary school administrator/designate during the last week of August.

PARENT/GUARDIAN RESPONSIBILITIES WITH THEIR CHILD

Communicate the following information and responsibilities to your child in managing their asthma. Review with your child when appropriate.

- Provide age appropriate information on the causes (triggers), identification, prevention and treatment of asthma.

- Provide instruction on when and how to use their asthma inhaler (age appropriate)
- If they need assistance in taking the inhaler or facing challenges related to their asthma they need to inform their teacher or a coach.
- Do not share their inhaler with anyone.
- Inform your child of the importance of carrying their inhaler with them at all times; or when carrying the inhaler is not possible to make sure they know where the inhaler is located in a readily accessible location.
- Inform your child of the following indicators that their asthma is not in control and the importance of them informing you/teacher as soon as possible when:
 - 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
- Guide and encourage your child to self-management and self-advocacy.
- Inform child that when they are having an Asthma Attack to never remove themselves to a secluded area or go off to be by themselves (e.g. washroom). Tell a teacher or classmate when feeling a reaction or when feeling unwell.
- To talk to their friends about their Asthma and let them know how they can help them.
- Communicate with parents/school staff if they are facing challenges related to their Anaphylaxis, including any and all teasing, bullying, threats or any other concerns they have.
- Consider providing a MedicAlert bracelet or necklace for your child and discuss the importance of wearing it. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

STUDENT RESPONSIBILITIES (ELEMENTARY AND SECONDARY):

- Where appropriate participate in the development and review of your Plan of Care
- Know what triggers your asthma (what makes your asthma worse), how to manage an asthma attack and how to minimize/prevent an asthma reaction from occurring.
- Carry out daily or routine self-management of your asthma as described in the Plan of Care.
- Advocate for your personal safety and wellbeing.
- **RELIEVER MEDICATION – INHALER:**
 - Know when and how to use your asthma inhaler-(age appropriate).
 - If you feel uncomfortable taking your asthma inhaler or need help taking the inhaler let your teacher/adult know as soon as you feel the need to do so.
 - **Carry your inhaler with you at all times OR when carrying your inhaler is not possible make sure your inhaler is located in an easy to get to place at all**
 - Do not share your inhaler with anyone.
 - **Tell your parents/teacher when you use your inhaler more than 4 times per week AND/OR more than twice in a 4-hour period.**
- Talk to your friends about your asthma and let them know how they can help you.
- When under the supervision of a supply/substitute teacher or adult on a field trip, let him/her know about your asthma and where your reliever inhaler is located.
- When you are having an asthma attack, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are having trouble breathing and need help.
- If you have questions or would like to learn more about asthma you can do so by:
 - Talking with your parents and/or family doctor/allergist
 - Checking out: www.KidsAsthma.ca

- Wear/carry their medical alert identification where parent/guardian deems appropriate.
- Communicate with parents/school staff if you are facing challenges related to your Asthma, including any and all teasing, bullying, threats or any other concerns you have.

SCHOOL FORMS

☐ **ASTHMA IDENTIFICATION AND EMERGENCY TREATMENT PLAN**

- To identify your child to others, this form will be created from information included in the Student Plan of Care, by the School Administrator, and will be shared with appropriate school staff and posted in your child's classroom. This form will also be provided to Halton Student Transportation Services (HSTS) applicable).

☐ **AT-A-GLANCE ASTHMA IDENTIFICATION**

- To identify your child to others, an At-A-Glance document is created, by the School Administrator, which includes the student's name, grade, picture, and medical condition only that is only posted in pertinent staff areas (i.e. staff room/health room).

STUDENT PLAN OF CARE

Place Student Photo Here

(PLEASE PRINT)

Student Name _____ Date of Birth _____

Grade _____ Room# _____

Medic Alert ID: Y N

Emergency Contacts (list in priority of contact) (please print):

Name	Relationship	Daytime Phone	Alternate Phone
1. _____			
2. _____			
3. _____			

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THAT APPLY

- ☐ Colds/flu/illness ☐ Physical activity/exercise ☐ Pet dander ☐ Cigarette smoke ☐ Pollen ☐ Mould ☐ Dust
☐ Cold weather ☐ Strong smells ☐ Allergies (specify): _____
☐ Anaphylaxis (specify allergy): _____
☐ Other specify: _____

Asthma trigger avoidance instructions: _____

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:

☐ Salbutamol
(e.g. Ventolin)



☐ Airomir



☐ Ventolin



☐ Bricanyl



☐ Other (specify): _____

Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible** by teacher/supervisor.

Reliever inhaler is kept:

- ☐ With teacher/supervisor - location: _____
☐ Other location (specify): _____

Student **will carry** his/her reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities, and field trips.

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 (specify): _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are usually taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken to 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)

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

A. 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.

B. 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.

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION

We agree that _____:
(Student Name)

☐ can **carry** his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

☐ can **self-administer** his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

☐ **requires assistance** with administering his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

☐ We will inform the school of any change in medication or delivery device. The medications **cannot** be beyond the expiration date.

Parent/Guardian Name: _____
(please print) (Signature)

Student Name: _____
(18 yrs. or older) (please print) (Signature)

Date: _____

AUTHORIZATION/CONSENT

The following will be shared with appropriate school staff and others, and/or posted:

- Student Plan of Care – on file in Office and Classroom Teacher
- Identification and Emergency Treatment Plan – posted in classroom
- Identification and Emergency Treatment Plan (HSTS) – shared with Halton Student Transportation Services (if applicable)
- At-a-Glance – posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable)

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
(18 yrs. or older) Signature

Principal: _____ Date: _____
Signature

PLAN REVIEW

This plan remains in effect for the school year and will be reviewed annually.

Please Note:

1. 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.
2. Where there has been no change in the child's condition or treatment strategy from the previous year, parents may authorize continuation of the Asthma Emergency Treatment Plan without proof of diagnosis - with initials below.)

There has been no change in condition or treatment strategy from previous year. Parent initial: _____



Lung Health Information Line: **1-888-344-LUNG (5864)**
Staffed by Certified Respiratory Educators
Email: info@on.lung.ca • www.on.lung.ca



www.ophea.net
www.asthmainschools.com

Adapted with permission from Ophea and The Lung Association [Individual Student Plan of Care form, September 2015]
The original publication is available in Accessibility for Ontarians with Disabilities Act (AODA) electronic format at www.on.lung.ca/resources.
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This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M-56 and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.
If you have any questions regarding your child's personal information, please contact the Principal of your child's school.

Signed Original (Student Plan of Care + Request and Consent for the Administration of Asthma Intervention Medications): Filed in School Office

Student Plan of Care: Copy to Teacher file

Student Plan of Care: Copy to Secondary Occasional Teacher file

[Identification and Emergency Treatment Plan: Posted in Classroom]

REQUEST AND CONSENT FOR THE ADMINISTRATION OF ASTHMA INTERVENTION(S) & MEDICATION(S)

Revised June 2019

This form is completed when the school agrees with the parental request to administer Asthma intervention(s) & medication(s). A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when interventions changes. Staff agreeing to administer Asthma intervention(s) & medication(s) will do so according to the information on this form only.

Student Name:	Date:
Teacher:	Grade:

STATEMENT OF UNDERSTANDING

Regarding Parent Requests to provide Asthma Intervention(s) & Medication(s) to Students by Employees of the Halton Catholic District School Board

As the parent(s)/guardian(s) of _____, I/we accept and endorse the following terms
(print name of student)

and/or conditions pertaining to my/our request for Halton Catholic District School Board employees to provide, under our own authority, my/our child with interventions listed on the Asthma Student Plan of Care. Specifically, I/we understand and accept that:

1. I/we are responsible for safely delivering to, and retrieving from school any, and all, Asthma medications to be provided to my/our child. This commitment addresses the importance of reducing the possible loss of medications that are potentially harmful to other students;
2. I/we are responsible for providing and maintaining a limited but adequate supply of the medications noted in the Asthma Student Plan of Care;
3. Medications supplied to the school will be in original, clearly labeled containers which display child's name & expiry date;
4. I/we are responsible for providing up-to-date information to the school regarding the medical condition or illnesses treated by the medicines noted in the Asthma Student Plan of Care;
5. I/we request that the medications listed in the Asthma Student Plan of Care be administered to my/our child according to the prescription information provided by the prescribing physician;
6. Board employees are not trained health professionals and, hence, may not recognize the symptoms of my/our child's illness or medical condition or know how to treat the illness or medical condition.

REQUEST AND CONSENT FOR THE ADMINISTRATION OF ASTHMA INTERVENTION(S) & MEDICATION(S)

Insofar as it concerns my child _____, I/We:

- I. agree to comply with the responsibilities described above;
- II. request that the intervention(s) & Medication(s) listed in the Asthma Student Plan of Care be administered to my/our child according to the information we have provided; and furthermore,
- III. acknowledge that I/we are aware and understand my/our child's medical condition and the risks associated with its care and emergency treatment, that the Halton Catholic District School Board and its staff and volunteers are acting in their role as educators and not health professionals, and that there is a risk of loss, damage, and injury to my child, including death, or to my property in the possession of my child, as a consequence of administering the interventions, failing to administer the interventions or failing to correctly administer the interventions identified.

Having read and understood the information conveyed in the "Statement of Understanding" and the "Request and Consent for the Administration of Asthma Intervention(s) & Medication(s)" form:

I/we agree to comply with the responsibilities described above.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

(18 years of age or older)

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.
If you have any questions regarding your child's personal information, please contact the Principal of your child's school.