



## **REGULATION: Asthma and Inhalers - Student**

REFERENCE NO: R-AD-50

---

### **1.0 Information – Asthma and Inhalers**

Asthma is a chronic inflammatory lung and airway disease. Students, who have asthma, have difficulty breathing and can be known to cough. The lining of the airways become inflamed when presented with a trigger and mucous forms down the airway. The airway becomes sensitive causing it to narrow, making it difficult for air to move through. There is a high prevalence of students diagnosed with asthma, as early as students in JK. Asthma can be controlled by medication.

This regulation complies with the requirements as set out in *Ryan's Law* and PPM 161, "Supporting Children and Students with Prevalent Medical Conditions (*Anaphylaxis, Asthma, Diabetes and/or Epilepsy*) in Schools".

### **2.0 Roles and Responsibilities**

#### 2.1 School Board

School boards are expected to:

- communicate, on an annual basis, the regulations on supporting students with asthma to parents/guardians, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers);
- provide training in the use of the inhaler. In conjunction with the Windsor Essex County Health Unit, the board has established an in-house and on-line training component for our staff members. It is the responsibility of the staff members to complete yearly mandatory training;
- communicate expectations that students are allowed to carry their medication to support the management of their medical condition, as outlined in their Asthma Plan of Care; and,
- consider this regulation when entering into contracts with transportation, food service, and other providers or field trips.

#### 2.2 Principal

Identifying students with asthma can be more challenging in a secondary school setting. Although parents/guardians must still bear responsibility for reporting the condition to the school personnel, schools may wish to explore ways of encouraging and reminding

the parents/guardians to do so particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

The principal's responsibilities include:

- collect relevant medical data when students are registered at school. School registration forms require the parent/guardian to provide the principal with information about his/her child's medical condition;
- clearly communicate to parent/guardian and appropriate staff the process for parent/guardian to notify the school of their child's medical condition(s), as well as the expectation for parent/guardian to co-create, review, and update an Asthma Plan of Care with the principal or the principal's designate. The process should be communicated to parent/guardian, at a minimum:
  - during the time of registration;
  - each year during the first week of school;
  - when a child is diagnosed and/or returns to school following a diagnosis;
- once the parent/guardian identify his/her child with asthma and the need for medication, the principals will instruct the parent/guardian to have the prescribing physician complete the Request and Authorization for the Administration of Medication at School (Appendix 1);
- ensure that medications stored in the office will be handled appropriately in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event) (this process should also include considerations for occasional staff);
- provide annual training on recognizing and managing asthma for all employees who are in direct contact with students on a regular basis;
- establish and maintain a file with the Asthma Plan of Care (Appendix 2) for every student who has asthma. The file will contain current treatment plan and other information including a copy of any prescriptions and instructions from the student's physician and a current emergency contact list;
- meet with the parent/guardian to complete the Asthma Plan of Care and determine the following:
  - a. if the factors that trigger an asthmatic reaction have changed;
  - b. any changes in the student's condition from previous years or since last reported; and,
  - c. permission to post photographs and medical information in key locations easily accessible for staff for example, the staff room, office, etc.;
- encourage them to provide their child with a medic-alert bracelet which identifies specific risk factors and the risk for anaphylactic shock;
- may provide the parent/guardian with the Asthma Fact Sheet (Appendix 3);
- will ensure that all staff members who have direct contact with the student on a regular basis (teaching and non-teaching) are made aware that this student with asthma is attending the school either individually or at a staff meeting, at the beginning of each school year or when the student is enrolled;
- ensure the Asthma Plan of Care will accompany the asthma medication in an accessible area;
- will determine the location of the inhaler. Asthma medication should be kept in a covered and secure area, but unlocked for quick access;

- will develop a plan for reducing, as much as possible, triggers from areas within the school, where the student with asthma is likely to come into contact with triggers as one way to reduce risk to an acceptable level;
- will require that field trip procedures are in place
  - a. Require all supervisors, staff and parents, to be aware of the identity of the student, the triggers, symptoms and treatment.
  - b. If the risk factors are too great to control, the student with asthma may be unable to participate in the field trip. Parents/guardians should be involved in this decision with the principal and staff;
- any medication kept in the school should be returned to the parent/guardian at the end of the school year. If it is not picked up by the parent/guardian with sufficient notice, the unused/expired medication should be returned to the pharmacy by the principal or designate. A receipt is to be obtained and stapled to the student's Request and Authorization for the Administration of Prescription Medication at School;
- ensure that parents/guardians are aware that GECDSB staff DO NOT administer "*as needed*" (PRN – pro re nata) medications, other than the inhaler;
- Inform bus company that student has asthma and send completed AODA form (*hot link*); and,
- complete student log if emergency measures, i.e., 911 call, are taken.

### 2.3 School Staff

School staff responsibilities include:

- reviewing the contents of the Asthma Plan of Care for any student with whom they have direct contact;
- participating in training;
- sharing information on a student's signs and symptoms with other students, if the parent/guardian gives consent to do so and as outlined in the Asthma Plan of Care and authorized by the principal in writing;
- reducing the risk of student exposure or triggers or causative activities;
- supporting student's daily or routine management as outlined in their Asthma Plan of Care, and responding to medical incidents and medical emergencies that occur during school;
- supporting inclusion by allowing students with asthma to perform daily or routine management activities in a school location (e.g. classroom) as outlined in their Asthma Plan of Care, while being aware of confidentiality and the dignity of the student;
- enabling students with asthma to participate in school to their full potential, as outlined in their Asthma Plan of Care;
- the student's classroom teacher and educational support staff will ensure that a copy of the Asthma Plan of Care is kept in a place where it will be highly visible and readily understood by occasional staff (for example, the teacher's day book, red and yellow folders);
- it is essential that staff members who have direct contact with students with asthma on a regular basis throughout the school day are aware of the issues

they face and are equipped to respond appropriately in the event of an emergency;

- knowing the emergency contact procedures (including which school personnel are responsible for contacting parent/guardian and/or emergency services);
- identifying the student with asthma to occasional teachers, on-call teachers and other appropriate individuals who may interact with that student and include relevant medical information in the red/yellow folders;
- identifying the student to all teachers, support staff, and volunteers who come into the classroom and reviewing the Asthma Plan of Care;
- posting the Asthma Plan of Care in the classroom if parent/guardian approval is received;
- developing open lines of communication, and encouraging the student to inform you when he/she feels a general feeling of 'unwellness'. Staff should discuss with student how he/she is to signal you that he/she is experiencing a reaction;
- if an employee has reason to believe that a student is experiencing asthma exacerbation, the staff member may administer asthma medication to the student for the treatment of the exacerbation, even if there is no preauthorization to do so under subsections;
- all staff members must know the location of asthma medication and the Asthma Plan of Care;
- all staff members are to be trained on asthma and provide certification to principal within the first 30 days of school; and,
- GECDSB staff DO NOT administer “*as needed*” (PRN – pro re nata) medications, other than the inhaler.

#### 2.4 Parents/Guardians

As primary caregivers of their child, parents/guardians are expected to be active participants in supporting the management of their child’s medical condition(s) while the child is in school. At a minimum, parents/guardians should:

- Upon registration, parents/guardians and student will be asked to supply information on asthma conditions;
- The appropriate medical form must be completed. The physician and parent/guardian must indicate on the medical form that the student is competent to carry and self-administer his/her own medication. See Request and Authorization for the Administration of Prescription Medication of School (Appendix 1);
- Parents/guardians are responsible to ensure that the inhaler is current in terms of expiry date to the conclusion of the school year;
- It is strongly recommended that parent/guardians provide a second inhaler to be kept at the school in the event the original is lost or damaged;
- Know that GECDSB staff DO NOT administer “*as needed*” (PRN – pro re nata) medications, other than the inhaler;
- It is the obligation of the parent/guardian and/or the student to ensure that the information in the student’s file is kept up-to-date. They are to ensure that the medication is submitted to the principal in the original container and be aware of the expiry dates and provide new medication as needed; and,

- If the risk factors are too great to control, the student with asthma may be unable to participate in the field trip. Parents/guardians should be involved in this decision with the principal and staff.

### 2.5 Students with Asthma

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Asthma Plan of Care. Students should:

- participate in the development of their Asthma Plan of Care;
- participate in meetings to review their Asthma Plan of Care;
- have a developmentally appropriate understanding of asthma;
- be expected to take increasing personal responsibility for avoidance of their specific allergens;
- promptly inform an adult when he/she have symptoms of asthma or when experiencing a general feeling of “unwell”; and,
- be expected to be properly instructed by the physician and/or parent/guardian in the use of inhaler and may carry their own personal medication on their person at all times. Many young students carry an inhaler in a fanny pack around their waist at all times.

### 3.0 Asthma Plan of Care

A Plan of Care is an electronic form that contains individualized information on a student with asthma that has been developed in consultation with health and education partners. (See Appendix 2)

The Asthma Plan of Care contains, at a minimum, the following elements:

- a current photograph of the student;
- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
- identification of schools staff who will have access to the Asthma Plan of Care;
- identification of routine or daily management activities that will be performed by the student, parent/guardian, or staff volunteer(s), or by an individual authorized by the parent/guardian;
- a copy of notes and instructions from the student’s health care professional, where applicable;
- information on daily or routine management accommodation needs of the student (e.g. space, access to food) (where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent/guardian indicate they prefer exclusion);

- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g. field trips, overnight excursions, board-sponsored sporting events);
- identification of symptoms (emergency and other) and response, should a medical incident occur;
- emergency contact information for the student;
- clear information on the school board's emergency policy and procedures;
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
  - parental/guardian permission for the student to carry medication and/or medical supplies,
  - location of spare medication and supplies stored in the school, where applicable, or
  - information on the safe disposal of medication and medical supplies;
- requirements for communication between the parent/guardian and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency; and,
- at the discretion and consent of the parent/guardian to share information on signs and symptoms with other students.

The Asthma Plan of Care for a student with asthma should be co-created, reviewed, and/or updated by the parent/guardian in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year, and as appropriate, during the school year (e.g. when a student has been diagnosed).

Parents/guardians have the authority to designate who is provided access to the Asthma Plan of Care. With authorization from the parent/guardian, the principal or the principal's designate should share the Asthma Plan of Care with school staff who are in direct contact with students with asthma and, as appropriate, others who are in direct contact with students with asthma (e.g. food service providers, transportation providers, volunteers).

#### **4.0 Daily Management**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with asthma to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Asthma Plan of Care.

- Establish Field Trip / Excursions Procedures
  - a. The appropriate medication must be brought on the field trip and the student should be in the teacher's or own parent/guardian's group.
  - b. A copy of the Asthma Plan of Care must accompany the student with asthma.
  - c. Require all supervisors, staff and parents/guardians, to be aware of the identity of the student, the triggers, symptoms and treatment.

- d. If the risk factors are too great to control, the student with asthma may be unable to participate in the field trip. Parents/guardians should be involved in this decision with the principal and staff.

## **5.0 Emergency Response**

Each school will have an identified Medical Emergency Team (MET). This team will, at a minimum, include the principal or the principal's designate, trained first aid staff, secretary and other staff as designated annually. Please refer to the Board's Health and Safety Management Program BA-06. The MET should:

- have access to the stored Asthma Plan of Care documents (located in an identifiable location in the office, these documents are to be consulted in the event of medical incident/emergency);
- have access to the locked medication "box" which is identifiable in the office; and,
- identify the person who will be responsible to monitor/call Emergency Medical Services, when required.

### **5.1 Establish Emergency Plans**

Principals will ensure that every emergency plan includes procedures to:

- a. communicate the emergency rapidly to a staff person;
- b. administer the medication (NOTE: although most students with asthma learn to administer their own medication by about age 8, adult supervision is required; and,
- c. the reliever medication should be used at the first sign of symptoms and student should stay in an upright, seated position to help airflow.

Any student with asthma, who is experiencing a major medical incident or medical emergency, will not be left unattended.

An annual review of the Reporting of Medical Emergencies should be completed by Board Administration and at that time, it should be determined if a review of the "Emergency Response Regulation" needs to be completed.

Inhalers should be kept in covered and secure area but unlocked for quick access.

## **6.0 Training**

Training related to Inhaler Treatment of Asthma (*Ryan's Law, 2015*) should be done at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents;
- strategies for supporting inclusion and participation in school;
- recognition of symptoms of a medical incident and a medical emergency;
- information on school staff supports, in accordance with board policy;
- medical incident response and medical emergency response; and
- documentation procedures

The GECDSB has partnered with the Windsor-Essex County Health Unit for training. All staff are to complete the training within the first 30 days of school and provide the certificate of completion to their principal.

To support school board additional training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

Training for Transportation workers is the responsibility of their employers and not the responsibility of the School Board.

Training for and Before/After school care workers is the responsibility of their employers and not the responsibility of the School Board.

### **7.0 Safety Considerations**

The safety considerations are as follows:

- allow for students to carry their medication(s) and supplies, as outlined in the Asthma Plan of Care;
- determine the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies; and,
- support students with asthma in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event).

In accordance with the requirement of *the Child, Youth and Family Services Act, 2017 (CYFSA)* where board employees have reason to believe that a child may be in need of protection, board employees must call the Children's Aid Society and file a formal report. (Reference for Regulation)

### **8.0 Privacy and Confidentiality**

School boards must comply with the applicable privacy legislation and obtain parental/guardian consent in the individual Asthma Plan of Care prior to sharing student health information with school staff or other students. Parents/guardians and school staff should be informed of the measures to protect the confidentiality of students' medical records and information. Refer to Board Regulation on Privacy & Information, P-HR-14, R-HR-14.(to be hotlinked)

### **9.0 Reporting**



Subject to relevant privacy legislation, the GECD SB will, as per the ministry, request and develop a process to collect data regularly, including, but not limited to, data on the number of students with asthma at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. The data will be used as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the *Education Act*, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in the Policy/Program Memorandum #161, "Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools.

### **10.0 Liability**

In 2001, the Ontario government passed the *Good Samaritan Act* to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,  
...(b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

As well, *Sabrina's Law* and *Ryan's Law* each include provisions limiting the liability of individuals who respond to an emergency relating to Anaphylaxis or asthma, respectively, as cited below. Subsection 3(4) of *Sabrina's Law* states:

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

### **Appendices:**

Appendix 1 – Request and Authorization for the Administration of Prescription Medication at School

Appendix 2 – Asthma Plan of Care

Appendix 3 – Asthma Fact Sheets - Asthma- What is it?

- Asthma in the Classroom