Greater Essex County District School Board

Title: Health - Student

Category: Policy

Responsibility: Superintendent of Student Well-Being (Safe Schools, Healthy Schools, Mental Health)

Effective Date: June 19, 2018

Review Date: June 19, 2018

Next Review Year: 2023

The Greater Essex County District School Board (GECDSB) believes that schools are to practice and provide safe and consistent measures to address the needs of our students' health. This includes, but is not limited to the administration of medication, prevalent medical conditions*, and concussions.

Our goals are:

- to support students with prevalent medical conditions* to fully access school in a safe, accepting, and healthy learning environment that supports well-being;
- to empower students with prevalent medical conditions* as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care;
- to support families in feeling confident that their child is safe at school and during school related activities;
- to administer consistent prescription medication by school staff or by a student who is under the care of a physician. Board employees generally should not be involved with administering consistent prescription medication to students unless it is a specific requirement of their job description or the principal designates the responsibility. For particular students there may be exceptions to this rule.

*As outlined in Policy/Program Memorandum No. 161 (February 28, 2018) *Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in Schools"* prevalent medical conditions are limited to asthma, diabetes, epilepsy, and anaphylaxis, as diagnosed by a medical doctor or a nurse practitioner.

Additionally, GECDSB is guided by legislative requirements as stipulated in but not limited to, Sabrina's Law (2005), Ryan's Law (2015), Rowan's Law (2016) and Ministry Policy/Program Memorandum No. 81 *Provision of Health Support Services in School Settings* (July 19, 1984).

Related Regulations:

Administration of Prescription Medication
Anaphylaxis and Epinephrine Injector
Inhaler for Treatment of Asthma
Diabetes Protocol *new*
Epilepsy *new*
Concussion

Regulation: Asthma and Inhalers – Students

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 inflammed 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 GECDSB 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 paragragh 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 (Sample)
Appendix 3 – Asthma Fact Sheets - Asthma- What is it?
- Asthma in the Classroom

Request and Authorization for the Administration of Prescription Medication at School

I request that _____ ensures that _____ _____
School Name of Student DOB

receives the medication prescribed by: _____ as attached.

Notes: 1. The medication provided must be provided in the **ORIGINAL** prescription container, labeled with the name of the medicine, the physician's name, the amount to be taken and the time(s) to be taken, and the student's name.

Prescription Number: _____

2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is disabled to such a degree as to be incapable to give consent, the next of kin may authorize the administration of medicine.

3. It is understood that every attempt will be made to administer the medication at the requested time.

On behalf of _____ and myself, I hereby **RELEASE THE BOARD,**
Name of Student

its agents, officers, officials and employees from any and all liability and from any and all actions, causes of actions, claims and demands of any nature arising out of or in any way related to the dispensing of the medication referred to herein by the said Board, its agents, officers, officials or employees.

Date: _____ Signed _____
(parent/guardian/student [if not a minor])

Personal information on this form is collected under the authority of Board policy and will be used by school staff for the purpose of distributing medication as directed above. Questions about this collection may be directed to Board at 519 255-3200.

TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

The following medication has been prescribed. **It is necessary for this medication to be administered during school hours** by personnel other than the parent/legal guardian:

Medication/Dosage/Method of Administration/Frequency: _____

Special Instructions: _____

Is student competent to use the medication independently? ☐ YES ☐ NO

Period of Authorization: From: _____ To: _____

Prescribing Physician's Name: _____

Address: _____ Telephone Number: _____

Date: _____ Signed _____
Prescribing Physician

Note: This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.

O.S.R.

Appendix 3

(to be completed electronically)

USE OF INHALER FOR TREATMENT OF ASTHMA
Plan of Care

STUDENT INFORMATION

Student Name Click or tap here to enter text.

Grade Click or tap here to enter text.

Teacher(s) Click or tap here to enter text.

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1. Click or tap here to enter text.	Click or tap here to enter text.		
2. Click or tap here to enter text.	Click or tap here to enter text.		
3. Click or tap here to enter text.	Click or tap here to enter text.		

SAMPLE

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

☐ Colds/Flu/Illness ☐ Change in Weather ☐ Pet Dander

☐ Strong Smells ☐ Mould ☐ Pollen

☐ Dust ☐ Cold Weather ☐ Smoke (tobacco, fire, cannabis, second-hand smoke)

☐ Physical Activities / Exercise

☐ Other: Click or tap here to enter text.

☐ At Risk for Anaphylaxis (Specify Allergen) Click or tap here to enter text.

☐ Any other Medical Condition or Allergy: Click or tap here to enter text.

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): Click or tap here to enter text.

Use reliever inhaler Click or tap here to enter text. in the dose of Click or tap here to enter text.
(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) Click or tap here to enter text.

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

Reliever inhaler is kept:

- ☐ With: Click or tap here to enter text. Location: Click or tap here to enter text.
- ☐ In locker #: Click or tap here to enter text. Locker combination: Click or tap here to enter text.

☐ 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): Click or tap here to enter text.

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

☐ Student spare reliever inhaler is kept:

- ☐ In main office: Click or tap here to enter text. Other location: Click or tap here to enter text.
  (Specify location) (Specify location)
- ☐ In locker #: Click or tap here to enter text. Locker combination: Click or tap here to enter text.

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: Click or tap here to enter text. in the dose of: Click or tap here to enter text. at the following times: Click or tap here to enter text.

Use/administer: Click or tap here to enter text. in the dose of: Click or tap here to enter text. at the following times: Click or tap here to enter text.

Use/administer: Click or tap here to enter text. in the dose of: Click or tap here to enter text. at the following times: Click or tap here to enter text.

SAMPLE

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

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

(*Student may also been 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 ever 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on 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/guardian or emergency contact.

SAMPLE

AUTHORIZATION / PLAN REVIEW

Individuals with whom Use of Inhaler for Treatment of Asthma Plan of Care is to be shared with:

1. _____ 2. _____

3. _____ 4. _____

Other individuals to be contacted regarding Use of Inhaler for Treatment of Asthma Plan of Care:

☐ Before School Program Click or tap here to enter text.

☐ After School Program Click or tap here to enter text.

☐ School Bus Driver / Route # (if applicable) Click or tap here to enter text.

☐ Other: Click or tap here to enter text.

This plan remains in effect for the Click or tap here to enter text. school year without change and will be renewed on or before: Click or tap here to enter text.

(It is the responsibility of the parent/guardian to notify the principal if there is a need to change the Use of Inhaler for Treatment of Asthma Plan of Care during the school year.

SAMPLE

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

_____ _____
Principal Signature Date

Asthma

What is it?

Asthma is a chronic (long-term) disease in which a person's airways are inflamed, making it difficult to breathe. The airways become more inflamed when "triggers" are inhaled, which can cause them to produce more mucous and may also cause the muscles around the airway to tighten. These two factors together make it harder to breathe as the airway becomes smaller.

How common is it?

Asthma affects around three million Canadians.

Who can get it?

Anyone can get asthma. It is not contagious and causes are still unknown. Research has found there can be genetic (inherited) and environmental factors linked to asthma, but they are not always a cause. Environmental factors can include exposure to second-hand smoke and other air pollutants for a prolonged length of time.

What are the signs and symptoms?

The signs and symptoms of asthma can vary from minor to severe for every person and between people. For example, some people with asthma may only experience symptoms in certain situations (e.g., when exercising), while some may have symptoms all the time.

Common signs and symptoms include:

- Shortness of breath
- Tightness in the chest or chest pains
- Whistling, wheezing sound when exhaling (especially in children)
- Coughing or wheezing attacks which get worse when you have a cold or the flu

Signs that your asthma is getting worse:

- Your symptoms are more frequent and more severe
- It has become harder to breathe
- You need to use your quick-relief inhaler more often

Certain situations or environments may cause your symptoms to get worse such as:

Exercise-induced asthma – Being active, especially in cold, dry, or humid conditions, can make symptoms flare up.

Occupational asthma – Asthma can be triggered by irritants at your workplace (e.g., chemical fumes, gas, dust).

Allergy-induced asthma – Symptoms can get worse when you're exposed to things you're allergic to (e.g., pet dander, pollen).

How is it diagnosed?

Symptoms of asthma may come and go. Persistent coughing is a common sign of lung disease, but can easily be mistaken for a chest infection or basic cough with a cold virus. If the coughing reaches the point that it regularly causes vomiting (especially in children), talk to your family healthcare provider about testing for asthma.

Only a doctor can diagnose asthma. They will rule out other medical conditions, allergies, and family history. Let them know when your symptoms get worse (e.g., when being active, when around pets, certain times of year) and how quickly they improve. Tests such as spirometry will be done to measure your air flow.

How is it treated?

Two kinds of medication are often used – one to control daily symptoms, and one to treat sudden attacks. Both medications come in the form of inhalers, devices containing medication which you breathe in. There are a variety of different inhalers and medication types; you and your doctor may need to try a few before finding the one which works best for you. These are only available through a doctor's prescription.

Daily treatment - Controllers

Controllers, or "preventers", are used daily to help reduce inflammation in the airways. Over time, you will have fewer symptoms as you gain control over your asthma. It is important to take the controller medication as directed by your doctor and to follow the plan, even if you feel like your asthma is under control. If you stop, your airways may become inflamed again, causing symptoms to return.

Symptom treatment - Relievers

Relievers are used to treat symptoms immediately, such as during an asthma attack. While these medications help with on-the-spot treatment, they do not replace your controller medication. Consider these a short-term, emergency solution only. It is important to monitor how often you need to use your reliever medication because it could mean your controller medication is not working properly, or your asthma is getting worse.

What are common triggers?

A trigger is a thing or condition that causes your asthma symptoms. Triggers will vary from person to person and can be grouped into two different categories: inflammatory and symptom.

Inflammatory triggers are allergens. These triggers will only affect people who have an allergy to them. Examples include:

- Dust mites
- Pet dander
- Pollens

- Moulds

Symptom triggers are non-allergic and can affect anyone with asthma. Examples include:

- Smoke
- Exercise
- Chemical fumes
- Air pollutants
- Cold, dry, or humid air

Knowing and avoiding your triggers is a good way to avoid asthma attacks and keep inflammation as low as possible.

References:

The Asthma Society of Canada. (2017.) *Asthma.* Retrieved from https://asthma.ca/asthmabasics [1]

The Lung Association. (2017). *Asthma.* Retrieved from [2]https://www.lung.ca/asthma [2]

For more information:
Public Health Agency of Canada – Asthma [3]
The Lung Association - Asthma [2]

Related Content:

Asthma [4]

Source URL (modified on 2018-09-06 15:40): https://www.wechu.org/z-health-topics/asthma
Links
[1] https://asthma.ca/asthmabasics
[2] https://www.lung.ca/asthma
[3] http://www.phac-aspc.gc.ca/cd-mc/crd-mrc/asthma-asthme-eng.php
[4] https://www.wechu.org/tags/asthma

© Windsor-Essex County Health Unit, 2019. All Rights Reserved.

1005 Ouellette Avenue, Windsor, Ontario N9A 4J8 - 519-258-2146

Asthma in the Classroom

The following information will provide an overview of key facts about asthma, and will outline helpful tips for managing students in the classroom with an asthma diagnosis. The following sections will discuss:

- *Ryan's Law, 2015*
- *Your Role as an Educator: Managing Asthma in the Classroom*
- Asthma Basics (what it is, symptoms, medications, triggers, etc.)
- Useful Resources

New for 2018/2019

Windsor Essex County Health Unit provides Ryan's Law: Asthma in the School E-Training [1] for all school staff.

Ryan's Law – Ensuring Asthma Friendly Schools

To create a safe learning environment which promotes student health, *Ryan's Law, 2015* addresses the right of every asthmatic student, with the permission of their parent or guardian, to carry their asthma medication with them at school (Note that for students 16 years of age or older, a parent or guardian's permission is not needed).

All school boards in Ontario are now required to have an up-to-date policy to address asthma in the school setting; *Ryan's Law* ensures that all schools will provide:

- Strategies to reduce risk of exposure to asthma triggers
- A communication plan for the dissemination of information on asthma
- Regular training on recognizing and managing asthma

A requirement that every school principal develop an individual plan for each pupil who has asthma, known as an *Asthma Action Plan*.

Ryan's Law and the Role of School Board Employees:

- With consent of the student, parent, or guardian, employees of a school board may be preauthorized to administer medication or supervise a student while taking medication in response to an asthma exacerbation (attack).
- If a school employee has reason to believe that a student is experiencing an asthma exacerbation, the employee may administer asthma medication, even if there is no preauthorization to do so.

Your Role as an Educator

Students spend a large portion of their day under teacher supervision; therefore it is important for all teachers to be aware of their role in helping to manage asthma in the classroom and school environment.

Communicating with the school's principal and administrative staff is necessary to identify any students with an asthma diagnosis. All school boards have a policy in place which requires the principal to keep an up-to-date file on each asthmatic student containing their medical information and treatment plans. This individualized *Asthma Action Plan* will outline the steps to take when a student's asthma is not under control and they need medical attention.

As an educator in the school system, teachers now have the right to administer a student's asthma medication if the student is experiencing an asthma attack, even if there's no preauthorization to do so. Secondly, the parent or guardian must ensure the information in the student's *Asthma Action Plan* is kept up to date with their medications, known triggers, and recent attacks.

For Physical Educators

It's important to note that if a student's asthma is well-controlled, exercise is safe and participation in regular physical activity is recommended for health benefits. Physical education teachers should be prepared to adapt activities for students with asthma and allow them to stop participating if their asthma is bothering them.

During exercise, we tend to breathe through our mouths, taking in more air which may be cold or dry, triggering asthma symptoms. It is recommended that teachers instruct students to warm up slowly, cool down gradually, and make sure the student's reliever medication is close by.

Asthma 101

Asthma is a chronic disease in which the airways can become inflamed, making it difficult to breathe. Symptoms can vary from mild to severe, may flare up when the student is exposed to certain triggers, and can vary from one attack to the next.

Asthma can be diagnosed at any age, but is most commonly diagnosed during childhood. Approximately 13% of Canadian children are living with asthma (The Lung Association, 2014).

Common symptoms of asthma include:

- Shortness of breath
- Weakness when exercising
- Frequent coughing
- Tightness in the chest
- Wheezing or whistling in the chest
- Wheezing or coughing after exercise

Controlling Asthma in the Classroom

To manage asthma, a student may have two forms of medications: a preventer and a reliever. These medications are most commonly found as an inhaler, which delivers the medication directly to the lungs.

- *Preventers* are used every day, even if symptoms are not occurring. They help prevent swelling and mucus build-up, and with regular long-term use will help minimize symptoms.
- *Relievers* are used only when needed, such as before exercising, if breathing becomes difficult, or during an asthma attack. This medication quickly relaxes the bands of muscle around the airway to reduce symptoms on the spot.

Asthma Attacks at School

During an asthma attack, the muscles around the bronchi tubes tighten, causing the airway to become narrower. Also, mucus is produced which blocks airflow. Triggers can cause these reactions immediately or can be delayed for up to a few hours. For this reason, it's important for the student to always have their reliever medication with them.

If a student experiences an asthma attack, keep them calm. Follow the steps laid out in their individualized *Asthma Action Plan* and ensure they stay in an upright, seated position to help airflow and the delivery of reliever medication to their lungs. If there's no improvement, have them continue taking the reliever medication as prescribed and call 9-1-1.

Asthma Triggers

It's important to be aware of known triggers for students. There are two categories of triggers: allergen and irritants. *Allergens* only affect people who are allergic to them while irritants can affect anyone. Common allergens are dust mites, pet fur or dander, and pollen. *Irritants* can consist of strongly scented products, tobacco smoke, and cold, dry air or hot, humid air.

Many triggers can easily be found in classrooms. Teachers can help educate students with asthma about their known triggers and remove or minimize them from the classroom. For example, avoid keeping a class pet which has hair or fur, on high pollen count days keep windows closed, and request that other students refrain from using heavily scented products. Teachers should keep triggers in mind when planning field trips or outdoor activities, as well. By minimizing the exposure to triggers, teachers can help prevent an attack.

If you require more information, please speak to your school's principal.

For more information

Please visit the following websites, and search for "asthma":

- Windsor-Essex Catholic District [2]
- OPHEA [3]

Related Content:

Asthma [4] **Educators** [5] **School Health** [6]

Source URL (modified on 2019-08-22 11:33): https://www.wechu.org/z-health-topics/asthma-classroom

Links

[1] https://learn.wechu.org/
[2] http://www.wecdsb.on.ca
[3] http://www.ophea.net
[4] https://www.wechu.org/tags/asthma
[5] https://www.wechu.org/tags/educators
[6] https://www.wechu.org/tags/school-health

© Windsor-Essex County Health Unit, 2019. All Rights Reserved.

1005 Ouellette Avenue, Windsor, Ontario N9A 4J8 - 519-258-2146