



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE: 206B SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: Asthma

Addendum to:

**Policy 206 Supporting Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**

Effective: June 21, 2023
Revised: June 20, 2023

The York Catholic District School Board recognizes that there are some students within the school system who have been diagnosed with asthma which could be life threatening. The York Catholic District School board also recognizes that asthma management is a shared responsibility that requires a team approach among students, Parent(s)/Guardian(s)/Caregiver(s), health care providers and the entire school community.

1. Roles & Responsibilities

1.1 Parent(s)/Guardian(s) of Children with Asthma

As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's asthma while the child is at school and at school related activities. Parent(s)/Guardian(s) are expected to:

- Inform the Principal immediately upon registration and/or when in receipt of a diagnosis of asthma.
- Provide the Principal with a completed copy of form S40(a) for Elementary students and S40(a1) for Secondary students:
 - Prior to, or immediately after the start of the student's Elementary career;
 - Prior to, or immediately after the start of the student's Secondary career;
 - Or immediately after a diagnosis of asthma;
 - Or immediately after a change in prescribed medication (i.e.: types of inhaler and/or dosage).
- Participate in the co-creation, review and updating of the Asthma Health Management Plan and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis
- Ensure that all medical information pertinent to the student's diagnosis of asthma is always current.
- Provide the school with one (1)* up-to-date inhaler, to be carried on the student's person, clearly marked with student's name and diagnosis or to be kept with a person in a position of authority, depending on the age and/or developmentally appropriate readiness of the student.
- Provide your child with a MedicAlert® bracelet or other appropriate form of medical identification to be worn at all times.
- Research field trip sites and overnight excursion sites for potential health/medical risks.
- Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities, and co-operative education placements.
- Provide education to their child about their medical condition, as well as the safekeeping and administration of their medication with support from their child's health care professional.
- Educate their child about asthma, the Asthma Health Management Plan, and support them to reach their full potential for self-management and self-advocacy.
- Immediately inform school administration regarding any changes to their child's health, lifestyle, needs, management, and emergency contact information, and confirm for the Principal no less than annually that their child's medical status is unchanged.

*If the Parent(s)/Guardian(s)/Caregiver(s) is not in agreement with providing the school with one (1) up-to-date application of the inhaler, to be carried on the student's person or kept with a person in a position of authority, then the Parent(s)/Guardian(s)/Caregiver(s) will be required to indicate this on the S40(a) or S40(a1) form upon submission to the Principal, thereby acknowledging that they take full responsibility for their decision.

1.2 Students with Asthma

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

- Practice asthma avoidance measures.
- Learn to recognize symptoms of an asthma episode.
- Promptly inform an adult as soon as asthma symptoms appear.
- Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management.
- Wear a MedicAlert® bracelet or other appropriate medical identification at all times.
- Set goals for increased self-management, in conjunction with parent(s)/guardian(s) and health care professionals.

1.3 School Staff

School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

- Participate in annual training on asthma to learn how to recognize the symptoms of an asthma episode and the procedures to follow should an episode occur.
- Provide a copy of the S40(a) or S40(a1) form (which includes a photo of the student) to occasional teachers and support staff
- Discuss asthma with the class, in age appropriate terms outlining the potential triggers in the class, describing symptoms of an asthma episode and procedures to follow should an asthma episode occur.
- Ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible.
- Administer the student's prescribed asthma medication, even if there is no pre-authorization to do so, if there is reason to believe that a student is experiencing an asthma episode.
- Develop a communication system (i.e.: journal or agenda) to inform Parent(s)/Guardian(s)/Caregiver(s) of any concern(s) or seek additional information related to the student's asthma.

1.4 Principal

In addition to the responsibilities outlined above under "School Staff", the principal (or designate) will:

- Implement and comply with the Education Act, S. 265(1j) as it relates to the care of students and property giving assiduous attention to the health and comfort of the students
- Participate in annual training with staff and others in direct contact with students to learn how to recognize the symptoms and the procedures to follow should a life-threatening reaction occur
- Inform Parent(s)/Guardian(s)/Caregiver(s) at the time of registration or upon diagnosis, of the need to advise the school if their child has asthma
- Develop and co-create with parent(s)/guardian(s) a Health Management Plan for each student who has asthma that includes details informing staff and others, who are in direct and regular contact with the student, outlining monitoring and avoidance

- strategies and appropriate treatment; a readily accessible emergency procedure for the student, including emergency contact information; and, and the location for the storage of medication.
- Permit students with asthma to carry their medication with them when Parent(s)/Guardian(s)/Caregiver(s) have provided consent to do so. Students who are 16 years old or older do not require prior parental consent.
- Communicate with all staff and others who are in direct contact with students the name, grade and classroom teacher of students who could require the immediate administration of medication due to a diagnosis of asthma and where their Health Management Plan and medication are located.
- Create and maintain a central file for all students with asthma.
- Ensure that a copy of the central file is included in the school's Emergency Response/Health Management Plan.
- Provide and communicate to all staff the designated location of medication for students with asthma.
- Provide the Student Transportation Services Department with the names of all students with a diagnosis of asthma and forward a copy of the completed S40(a) or S40(a1).
- Ensure that school volunteers who are in direct contact with students are aware of Policy 206: *Supporting Students with Prevalent Medical Conditions in Schools*.

1.5 Student Transportation Services

- Ensure the names of students with a diagnosis of asthma have been communicated to Transportation Service Providers.
- Ensure that Policy 206: *Supporting Students with Prevalent Medical Conditions in Schools* has been communicated with all Transportation Service Providers.
- Ensure that the current form S40(a) or S40(a1) form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- Require the service provider to ensure there has been adequate training of all regular drivers and substitute drivers that transport a student with asthma.
- Work with the school Principal and service provider to assign a specific seat to a student with asthma, if required.

2. Asthma Health Management Plan

The Asthma Health Management Plan contains individualized information on the student's asthma, School Care Team of staff, preventative strategies to reduce risk, symptoms of an asthma attack and emergency medical responses.

The Asthma Health Management Plan shall be co-created, reviewed or updated by the parent(s) / guardian(s) in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

A School Care Team will be identified on the Asthma Health Management Plan. Specific responsibilities of the School Care Team in supporting, monitoring and responding to an asthmatic emergency will be delineated. The School Care Team will receive student-specific training by the principal, healthcare practitioner and/or parent on the implementation of the Asthma Health Management Plan.

Parent(s)/Guardian(s) have the authority to designate who is provided access to the Asthma Health Management Plan. With authorization from parent(s)/guardian(s), the Asthma Health Management Plan will be:

- i. Shared with appropriate school staff and others who are in direct contact with students with asthma (e.g. transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.
- iii. Located in the educator's daybook and/or occasional staff plans.

3. Facilitating and Supporting Daily or Routine Management

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

- i. Controller Medication (Flovent, Advair, Qvar, Pulmicort, 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 regular use to work effectively
- ii. Reliever Medication (Ventolin/Salbutamol, Bricanyl, etc.)
 - Used to relieve symptoms of asthma
 - Called the 'rescue' inhaler (usually blue in colour)
 - Needs to be readily accessible at all times
 - Provides relief quickly, within minutes
 - Relaxes the muscles of the airways
 - Taken only when needed or prior to exercise, if indicates Students shall carry or have accessible at all times their reliever medication and spacer, if required.

Students 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. Students with asthma who are at risk of anaphylaxis should carry their asthma medication with their epinephrine auto-injector.

In addition to being carried by the student, asthma medications, with the original pharmacist label and container, may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*.

4. Emergency Response

"Emergency" is defined by the Health Care Consent Act, 1996 to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency response to an asthma attack. The individualized response to a student's asthma emergency shall be detailed in their Health Management Plan.

Staff who are in direct contact with the student, and those identified on the School Care Team, shall review and be trained on the Health Management Plan.

- a. Generally, in the event of an asthmatic emergency, staff shall:
 - i. Remove the student from the trigger.
 - ii. Have the student use a reliever inhaler as directed in the Asthma Health Management Plan.
 - iii. Have a student remain in an upright position.
 - iv. Have a student breathe slowly and deeply.
 - v. If a student totally recovers, participation in activities may resume.

If symptoms persist:

- i. Wait 5-10 minutes to see if breathing difficulty is relieved.
 - ii. If not, repeat the reliever inhaler as directed in the Asthma Health Management Plan.
 - iii. If the student's breathing difficulty is relieved, they can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require additional reliever medication.
 - iv. Contact parent(s)/ guardian(s) to inform and track on the Medical Emergency Record.
- b. If symptoms persist or worsen (i.e., difficulty speaking or is struggling for breath, appears pale or grey, sweating, greyish/blue lips or nail beds), staff shall:
- i. Call 9-1-1. Tell them someone is having an asthmatic emergency.
 - ii. Continue to give the reliever inhaler every 5-15 minutes until paramedics arrive.
 - iii. Call, or direct another adult to call, the emergency contact person.

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.

5. Raising Awareness

Where possible, school staff should raise awareness of Asthma and other prevalent medical conditions that affect students. They can do so through curriculum content in classroom instruction, related learning experiences and classroom leadership opportunities. Awareness is especially important at times of transition (e.g. the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes.

6. Liability

The Good Samaritan Act, passed in 2001, protects 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 action 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) and individual... who provides emergency first aid 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.

In addition, Ryan's Law (2015) includes provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 4(4) of Ryan's Law: No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

7. Definitions

Age and/or Developmentally Appropriate Readiness

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s)/Caregiver(s). The responsibilities that a student can assume will be assessed based on the student's age and capability to understand their condition. Students with special education needs may require additional assistance by school or central staff and Parent(s)/Guardian(s)/Caregiver(s).

Asthma

A chronic inflammatory disease of the airway that may cause one or more of the following symptoms:

- Shortness of breath;
- Tightness in the chest;
- Coughing; and/or,
- Wheezing.

Symptoms can:

- Range from mild to severe and sometimes can be life threatening;
- Vary from person to person;
- Flare up from time to time and then not appear for long periods; and/or,
- Vary from one episode to the next.

The cause of asthma is not known, and currently there is no cure. A high percentage of asthma patients also have seasonal allergies that are known to trigger an asthma episode.

Exercise-Induced Asthma

When students participate in physical activity, they commonly breathe through their mouths at a rapid rate, which causes cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. Exercise-induced asthma may present itself during or after physical activity. It is more common when activities are conducted in cold environments and during high pollen or pollution count days. However, students can experience exercise-induced asthma anywhere, including indoors.

Asthma Medication

Most people with asthma take two kinds of medication. Each asthma medication treats only one aspect of the condition and are defined as follows:

- **Controllers**, also called 'preventers', reduce inflammation in the airways. Controllers are taken every day.
- **Relievers**, generally known as 'inhalers', are very good at helping to alleviate symptoms immediately, such as coughing or wheezing. However, reliever medications do nothing for the underlying problem of inflammation. Relievers are only a short-term solution to breathing problems and indicate that there is underlying inflammation present that requires a controller medication.

Asthma Triggers

Things in your environment that cause worsening of asthma symptoms or asthma attacks. There are two types of asthma triggers:

1. **Inflammatory (allergic) triggers** can cause inflammation of the lungs' airways or tightening of the airways' muscles. Inflammatory triggers include:
 - Dust mites
 - Animals/Pet Allergens (i.e., dander)

- Moulds
- Pollen
- Food Allergies/Additives (i.e., sulphites)
- Cockroaches
- Other Allergens

2. **Symptom (non-allergic) triggers** generally do not cause inflammation, but may for some students as identified by the parent/guardian/caregiver and confirmed by the physician and/or licensed health care provider. Symptom (non-allergic) triggers can provoke the feeling of “constricted” airways, especially if they are already inflamed. Symptom triggers include:

- Air Pollutants (i.e., Smoke/Smog)
- Exercise
- Cold air/weather changes
- Viral Infections
- Chemical fumes, scented products (perfumes, detergents, etc.)
- Intense emotions

Person in a Position of Authority

A person employed by the Board to perform services with respect to a student or students.

School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

8. Cross References

Legislation

Ryan’s Law, Ensuring Asthma Friendly Schools, 2015, Statutes of Ontario, Education Act
Ministry of Education OPHEA Resource Guide: Creating Asthma Friendly Schools

YCDSB Policies

Policy 206: Supporting Students with Prevalent Medical Conditions

Policy 207: The Administration of Oral Medication to Elementary and Secondary Students

YCDSB Student Transportation Procedures Manual

YCDSB Third Party Protocol

Related Forms

S40 Administration of Medication to Students with Asthma

S40(a) Elementary Administration of Prescription Medication for Asthma

S40(a1) Secondary Administration of Prescription Medication for Asthma



York Catholic District School Board

Administration of Medication to Students with Asthma

Parent Letter Template

School Letterhead

Date

Dear Parent/Guardian;

As we update our school records related to the administration of medication for students with asthma, I am requesting that you sign and return the attached Form S40 (Acknowledgement and Consent) and carefully review the current S40(a) for Elementary Students, or S40(a1) for Secondary Students as soon as possible. This information is necessary for the safety and protection of your child.

As per Policy 206 Supporting Students with Prevalent Medical Conditions: Anaphylaxis, Asthma, Diabetes and/or Epilepsy, section 4.6.5 To confirm annually to the Principal or their designate that their child's medical status is unchanged.

If revisions to the medical information outlined on the attached Form S40(a) or Form S40(a1) are necessary for students who have a previous *Administration of Medication for Asthma* form on file, you will be required to complete a new form and secure an updated physician signature.

If no revisions are necessary, please return the "new" signed Form S40 along with the current S40(a) or S40(a1) and an updated picture of your child as soon as possible.

Please contact the school office if you have any questions and/or concerns.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for asthma management in our school.

Sincerely,

Principal Name



York Catholic District School Board

ADMINISTRATION OF MEDICATION to STUDENTS with ASTHMA Acknowledgement and Consent (*Students Under 18 Years of Age*)

It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. inhaler or other prescription medication as prescribed by a physician or licensed health care provider) and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the Board forms S40(a) Elementary, or S40(a1) Secondary, in order to ensure the safety and security of each student.

If you choose to request school staff to administer prescription medication to your child, please note the following from the *Act*:

An Act to Protect Pupils with Asthma [Ryan's Law (Ensuring Asthma Friendly Schools)], 2015 states:

No action or other proceedings for damages shall be commenced against any board employee for an act or omission, done or omitted by the employee in good faith.

In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription medications, including the identification of possible side effects as identified, on the Board S40(a) and S40(a1), by a physician or licensed health care provider. A one-time signature from a physician or licensed health care provider is now required; both at the elementary panel and a one-time signature from a physician or licensed health care provider at the secondary panel.

The York Catholic District School Board does not provide medical expense insurance on behalf of its students who require assistance in the administration of prescription medication.

It is your legal obligation to ensure that the information in your child's file is kept up to date with the medication that your child is taking.

ACKNOWLEDGEMENT and CONSENT

WE HAVE READ AND ACKNOWLEDGE THE ABOVE, AND HEREBY CONSENT TO THE ADMINISTRATION OF PRESCRIPTION MEDICATION TO _____ BY SCHOOL STAFF. (name of student)

Signature of Parent/Guardian: _____ Date: _____

I have reviewed the existing S40(a) form signed by the physician or licensed health care provider, and verify that there are no revisions to the medical information at this time.

Signature of Parent/Guardian: _____ Date: _____

Parents/Guardians may request a copy of his/her Acknowledgement and Consent Form from the Principal. Questions about this form should be addressed to the Principal.



ELEMENTARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ASTHMA

THE FOLLOWING REQUEST(S) WILL EXPIRE WHEN THE ELEMENTARY STUDENT ENTERS SECONDARY SCHOOL.

STUDENT'S NAME: _____ STUDENT'S DOB: _____
 SCHOOL NAME: _____ ROUTE/BUS# _____
 (IF APPLICABLE)

| | | |
|--|---|--|
| <p>Address _____ _____ Phone # _____ Physician's or Licensed Health Care Provider's Name _____ Phone # _____</p> <p>I give permission for the Principal to contact the physician or licensed health care provider relating to my child's medical condition, if necessary, for the purpose of the development of the individual action plan [S40(a) or S40(a1)].</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p> | <p>MEDICATION KEPT:</p> <p>With Student at all times* <input type="checkbox"/></p> <p>If not with student at all times, specify location:</p> <p>In Office <input type="checkbox"/></p> <p>Other (i.e., with person in a position of authority): _____</p> <p><i>The inhaler or other prescribed medication will be returned to the student at the end of each school year.</i></p> |
|--|---|--|

THIS STUDENT HAS ASTHMA & MAY REACT TO THE FOLLOWING TRIGGERS (PLEASE INDICATE):

D DUST MITES
D ANIMALS
D MOULDS
D POLLENS
D VIRAL INFECTIONS
D AIR POLLUTANTS
D SMOKE
D EXERCISE
D COLD AIR
D CHEMICAL FUMES/STRONG SMELLING SUBSTANCES
D SPECIFIC FOOD ADDITIVES (PLEASE LIST) _____

D INTENSE EMOTIONS _____
D OTHER: _____

I have provided an inhaler for my child to carry on their person at all times

I have provided a MedicAlert® Bracelet or other appropriate medical identification to my son/daughter to wear at all times.

*I have **not** provided an inhaler for my child to carry at all times on their person and take full responsibility for this decision.

I have provided an inhaler to the office.

We recommend that you provide your child with an inhaler, to be carried on their person at all times, to use in the event of an emergency. Having the inhaler on their person, and immediately available to your child, will enable us to treat him or her as rapidly as possible.

Parent/Guardian Signature: _____ Date: _____
 Physician/Licensed Health Care Provider Signature: _____ Date: _____

NAME OF MEDICATION(S) and DOSAGE: _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE *EDUCATION ACT* AND THE *MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.
 c.c. Student Transportation Services
 Office File

Cont'd. on reverse

ACTION – INDIVIDUAL EMERGENCY PLAN:

- Remove student from the trigger if possible in order to reduce the severity of the symptom(s)
- Use inhaler immediately or administer prescribed medication as indicated on this form and try to keep student calm
- Have student remain in an upright position (**DO NOT** have student lie down)
- Encourage student to breathe slowly and deeply (**DO NOT** have student breathe into a bag)

D If student totally recovers, participation in activities may resume

IF SYMPTOMS PERSIST:

D Wait 5-10 minutes to see if breathing difficulty is relieved and student's breathing returns to normal

- If not, repeat the administration of the reliever medication (inhaler)
- If the student's breathing difficulty is relieved and student's breathing returns to normal, the student can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require the administration of additional reliever medication

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

D Has used the reliever medication and it has not helped within 5-10 minutes

- Has difficulty speaking or is struggling for breath
- Appears pale, grey or is sweating
- Has greyish/blue lips or nail beds

OR

D There is doubt or concern about the student's condition

ACTION:

D CALL 911 and advise the dispatcher that a student is having an asthma exacerbation (describe the observable symptoms), wait for ambulance, **DO NOT** drive student

- Continue to administer the reliever medication every two to three (2-3) minutes until medical assistance arrives
- Call Parent or Guardian and/or Caregivers as soon as possible
- The student must be taken to a hospital immediately, even if symptoms subside entirely.

POSSIBLE ASTHMA SYMPTOMS:

- Shortness of breath
- Tightness in chest
- Coughing
- Wheezing

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

Empty box for listing additional symptoms.

PARENT INPUT ON EMERGENCY PLAN:

STRATEGIES (LIST AVOIDANCE/SAFETY RULES FOR YOUR CHILD, IF ANY):



York Catholic District School Board

**SECONDARY SCHOOL
ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ASTHMA**

STUDENT'S NAME: _____ **STUDENT'S DOB:** _____
SCHOOL NAME: _____ **ROUTE/BUS#** _____
(IF APPLICABLE)

| | | |
|---|---|--|
| <p>Address _____</p> <p>Phone # _____</p> <p>Physician's or Licensed Health Care Provider's Name _____</p> <p>Phone # _____</p> <p>I give permission for the Principal to contact the physician or licensed health care provider relating to my child's medical condition, if necessary, for the purpose of the development of the individual action plan [S40(a) or S40(a1)].</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p> | <p>MEDICATION KEPT:</p> <p>With Student at all times* <input type="checkbox"/></p> <p>If not with student at all times, specify location:</p> <p>In Office <input type="checkbox"/></p> <p>Other (i.e., with person in a position of authority): _____</p> <p><i>The inhaler or other prescribed medication will be returned to the student at the end of each school year.</i></p> |
|---|---|--|

THIS STUDENT HAS ASTHMA & MAY REACT TO THE FOLLOWING TRIGGERS (PLEASE INDICATE):

- DUST MITES
- ANIMALS
- MOULDS
- POLLENS
- VIRAL INFECTIONS
- AIR POLLUTANTS
- SMOKE
- EXERCISE
- COLD AIR
- CHEMICAL FUMES/STRONG SMELLING SUBSTANCES
- SPECIFIC FOOD ADDITIVES (PLEASE LIST) _____
- INTENSE EMOTIONS _____
- OTHER: _____

- I have provided an inhaler for my child to carry on their person at all times
- I have provided a MedicAlert® Bracelet or other appropriate medical identification to my son/daughter to wear at all times.
- *I have **not** provided an inhaler for my child to carry at all times on their person and take full responsibility for this decision.
- I have provided an inhaler to the office.

We recommend that you provide your child with an inhaler, to be carried on their person at all times, to use in the event of an emergency. Having the inhaler on their person, and immediately available to your child, will enable us to treat him or her as rapidly as possible.

Parent/Guardian Signature: _____ Date: _____

Physician/Licensed Health Care Provider Signature: _____ Date: _____

NAME OF MEDICATION(S) and DOSAGE: _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE *EDUCATION ACT* AND THE *MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.
c.c. Student Transportation Services
Office File

Cont'd. on reverse

ACTION – INDIVIDUAL EMERGENCY PLAN:

- Remove student from the trigger if possible in order to reduce the severity of the symptom(s)
- Use inhaler immediately or administer prescribed medication as indicated on this form and try to keep student calm
- Have student remain in an upright position (**DO NOT** have student lie down)
- Encourage student to breathe slowly and deeply (**DO NOT** have student breathe into a bag)
- If student totally recovers, participation in activities may resume

IF SYMPTOMS PERSIST:

- Wait 5-10 minutes to see if breathing difficulty is relieved and student’s breathing returns to normal
- If not, repeat the administration of the reliever medication (inhaler)
- If the student’s breathing difficulty is relieved and student’s breathing returns to normal, the student can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require the administration of additional reliever medication

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- Has used the reliever medication and it has not helped within 5-10 minutes
- Has difficulty speaking or is struggling for breath
- Appears pale, grey or is sweating
- Has greyish/blue lips or nail beds

OR

- There is doubt or concern about the student’s condition

ACTION:

- CALL 911** and advise the dispatcher that a student is having an asthma exacerbation (describe the observable symptoms), wait for ambulance, **DO NOT** drive student
- Continue to administer the reliever medication every two to three (2-3) minutes until medical assistance arrives
- Call Parent or Guardian and/or Caregivers as soon as possible
- The student must be taken to a hospital immediately, even if symptoms subside entirely.

POSSIBLE ASTHMA SYMPTOMS:

- Shortness of breath
- Tightness in chest
- Coughing
- Wheezing

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

| | |
|--|--|
| | |
|--|--|

PARENT INPUT ON EMERGENCY PLAN:

STRATEGIES (LIST AVOIDANCE/SAFETY RULES FOR YOUR CHILD, IF ANY):

