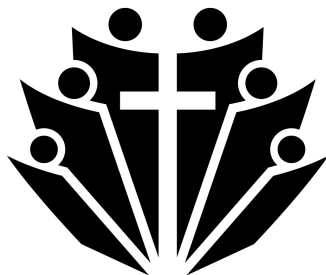


# HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD



*Believing, Achieving, Serving*

**ASTHMA**

**MANAGEMENT PLAN**

Revised  
**November 2021**



## 2.0 ROLES AND RESPONSIBILITIES

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### 2.1 Collective Responsibilities

The staff members of the Hamilton-Wentworth Catholic District School Board recognize that some students within the Board have been diagnosed with asthma and that without proper management the condition can be life threatening. Regardless of their age or their special needs, the Board has two primary objectives with respect to the management of asthma in schools:

- to support students who have been diagnosed with asthma to fully access school in a safe, accepting and healthy environment which enhances their physical, mental and spiritual well-being; and,
- to empower students, as confident and capable learners, to reach their full potential for self-management of their asthmatic condition, according to their Individual Asthma Plan of Care.

While the primary responsibility for asthma management rests with the family and the student, the school does play an important role in providing support as the student moves from dependence to independence, by creating an environment in which this transition can occur.

In order for the school to provide appropriate support, it is critical that the parent(s)/guardian(s)/ adult student keep the principal/designate fully informed about the student's asthmatic condition as well as the medication which has been prescribed by the physician or nurse practitioner to address the condition.

### 2.2 Role of the Parent/Guardian/Adult Student (as applicable)

As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. As adult students, there is an expectation to be active participants in supporting the management of their own medical condition(s) while at school. Failure to complete the forms described below prior to October 1<sup>st</sup> of the new school year could result in the student being excluded from school.

At a minimum and as applicable, parents/guardians/adult students should:

- guide and encourage their child to reach their full potential for self-management and self- advocacy;
- inform the school of the student's and/or their own medical condition(s) and co-create the Plan of Care for the student with the principal or the principal's designate;
- initiate and participate in annual meetings to review their child's and/or their own Plan of Care;
- confirm annually to the principal or the principal's designate that their child's/own medical status is unchanged;
- communicate changes to the Plan of Care, such as changes to the status of their child's/own medical condition(s) or changes to their child's/own ability to manage the medical condition(s), to the principal or the principal's designate;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates;
- inform a new school of their child's/own medical needs upon registration, if the student transfers to another school within the Board's jurisdiction;
- arrange to have their physician and/or nurse practitioner sign the Authorization for Administration of Medication for Asthma- Physician and/or Nurse Practitioner form (Appendix A) when the school is first informed about the student's medical condition, or if there are changes to the condition, and return the completed form to the school;
- complete the Authorization for Administration of Medication for Asthma- Parent/Guardian/Adult Student form (Appendix B) on an annual basis, and return the completed form to the school;
- provide a minimum of one (1) up-to-date Reliever Inhaler properly marked with their child's name and the medication's expiry date to be stored in the school's office, along with one (1) up-to-date Reliever Inhaler properly marked with the student's name and the medication expiry date to be kept on the student. If the parent(s)/guardian(s)/adult student chooses to waive this expectation, the Asthma Management Plan Waiver (Appendix K) must be requested by the parent(s)/guardian(s)/adult student from the principal of the school and submitted to the school;
- provide up-to-date emergency contact names and telephone numbers;
- provide current coloured photograph of the student;
- provide a Medic Alert™ bracelet or equivalent for their child (The form can be obtained by calling 1-800-668-1507) [www.medicalert.ca](http://www.medicalert.ca);
- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- in collaboration with their health care provider, teach their child to:
  - recognize symptoms of worsening asthma including those related to exercise;
  - communicate to an adult when experiencing asthma symptoms;
  - know how to access and use medication quickly and correctly;

- have 2 Reliever Inhalers handy at all times, one found on her/his person and one in the classroom, school office, or Special Education Resource Teachers room; and,
  - be prepared to manage asthma related issues associated with out-of-school learning experiences;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

### **2.3 Role of the School Board**

The school board shall:

- communicate, on an annual basis, the policies and procedures adopted to support students with asthma to parents, guardians, school board staff and all others in the school community who are in direct contact with students (e.g. transportation providers, food service providers);
- make its policies and procedures and its Individual Asthma Plan of Care templates available on its public website in the language of instruction;
- provide training and resources on asthma for staff on an annual basis;
- develop procedures for the safe storage and disposal of medication;
- ensure that students are allowed to carry their medication to support **the** management of their asthmatic condition, as outlined in their Individual Asthma Plan of Care;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g., immediate response, including use of emergency medication, and monitoring and/or calling Emergency Medical Services). The response should also align with the Individual Asthma Plan of Care established for the student; and,
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Individual Asthma Plan of Care.

### **2.4 Role of the Principal/Designate**

In addition to the responsibilities outlined in subsection 2.5, the principal has the responsibilities for the following procedures:

#### 2.4.1 Registration

Where the student at risk of an asthmatic attack is new to the school community, a meeting between the adult student and/or the student's parent(s)/guardian(s) and the school will be scheduled prior to the student's first day of attendance at the new school, at which time the details of the student's potentially life threatening condition will be reviewed and documented, including the triggers that may elicit an asthmatic attack and the emergency response to be taken.

Clearly communicate via school website/school newsletter to parent(s)/guardian(s)/adult student(s) and appropriate staff the process for parent(s)/guardian(s)/adult student(s) to notify the school of and confirm annually the student's medical condition(s).

Where a student has been identified as being at risk of having an asthmatic attack, an Individual Asthma Plan of Care shall be co-created and reviewed in consultation with the adult student/parent(s)/guardian(s), school staff (as appropriate) and student (as appropriate) within the first 30 days of every school year, and updated as appropriate, during the school year where required. This process should be communicated to adult student/parents/guardians, at a minimum:

- during the time of registration;
- each year during the first week of school; and,
- when a student is diagnosed and/or returns to school following a diagnosis.

At the time of the registration of each new student, the principal/designate shall note if the student has asthma and shall record that information in the medical information section on the Personal Screen of the Trillium Student Information Management System.

Each year during the first week of school, the principal/designate shall update the medical information of each student enrolled in the school to determine if new medical conditions have developed and/or if existing medical conditions have changed.

The principal/designate shall also provide relevant information from the student's Individual Asthma Plan of Care to school staff and others who are identified in the Plan of Care (e.g. food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan.

#### 2.4.2 Authorization

The principal/designate shall clearly communicate to parent(s)/guardian(s)/adult student and appropriate staff members the process for parent(s)/guardian(s)/adult student to notify the school of the student's asthmatic condition, as well as the expectation to assist in the co-creation, review and update (as necessary) of the Individual Asthma Plan of Care with the principal/designate. This should occur at a minimum:

- during the time of registration;
- each year during the first week of school; and,
- when a student is diagnosed and/or returns to school following a diagnosis.

When the principal/designate is informed by the parent/guardian/adult student that a student within the school has been diagnosed with asthma and may require the administration of asthma medication, the principal/designate shall:

- request that the parent/guardian/adult student arrange to complete the Authorization for Administration of Medication for Asthma- Physician and/or Nurse Practitioner form (Appendix A) when the school is first informed about their student's medical condition, and if there are changes to the condition, and return the completed form to the school;
- request the parent/guardian/adult student complete the Authorization for Administration of Medication for Asthma- **parent(s)/guardian(s)/adult student** form (Appendix B) on an annual basis, and return the completed form to the school.

With parent/guardian/adult student consent, the principal/designate shall provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, occasional staff, transportation providers, volunteers who have direct contact with the student), including any revisions that are made to the plan.

#### 2.4.3 Medication

If the physician and/or nurse practitioner authorization form indicates that the student requires the administration of the Reliever Inhaler during the school day, the principal/designate shall:

- obtain a minimum of one (1) Reliever Inhaler from the parent/guardian (adult student). If the **parent(s)/guardian(s)/adult student** chooses to waive this expectation, the Asthma Management Plan Waiver (Appendix K) must be **completed and** submitted to the school;
- require the student to have one Reliever/Inhaler on her/his person (e.g. in a fanny-pack) at all times. If the **parent(s)/guardian(s)/adult student**

chooses to waive this expectation, the Asthma Management Plan Waiver form (Appendix K) must be **completed and** submitted to the school. Medications carried in backpacks or kept in lockers are not accepted as they are not readily available in case of a reaction;

- ensure that the medication is labelled with the name of the student, the name of the medication, the administration dosage (ex. 2 puffs) and the expiry date;
- with parent/guardian informed written consent for students under 18 years of age or with the student's informed written consent if 18 years or older, arrange to have one (1) Reliever Inhaler on the student's person (e.g. in a fanny pack) at all times;
- if necessary, arrange to have a second Reliever Inhaler stored in a safe, secure location (e.g. main office) or if the student does not have the medication on her/his person, in the classroom; and,
- ensure that any medication which has reached its expiry date is returned to the parent/guardian (adult student) and replaced by up-to-date medication.

#### 2.4.4 Staff Training

When the principal/designate is informed by the parent/guardian/adult student that the student has asthma and that the authorization for the administration of the Reliever Inhaler has been received and that the parent/guardian/adult student has assisted in the development of the Individual Asthma Plan of Care, the principal/designate shall:

- support inclusion by allowing the student with a prevalent medical condition(s) to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- with written consent from the parent(s)/guardian(s)/adult student, identify the student to all staff members of the school as a student with asthma through the use of an alert system (e.g., Alert Board, Medial Alert Binder, etc);
- encourage the identification of staff who can support the daily or routine management needs of each student in the school with an asthmatic condition, while honouring the provisions within their collective agreements;
- provide written information about the student with asthma, including a copy of the Individual Asthma Plan of Care for staff members who have direct contact with the student;
- arrange for an annual asthma education session for appropriate staff members (including Principal, Vice-Principal(s), Assistant to the Principal, Principal Intern, Department Heads, Guidance Counsellors, Resource

Teachers, Classroom/Subject Teachers, Occasional Teachers, Educational Assistants, Occasional Educational Assistants, Early Childhood Educators, School Secretaries, special needs lunch supervisors and lunch room supervisors) with respect to asthma, the safe, effective use of the Reliever Inhaler, and a review of the Asthma Management Plan utilizing:

- educational materials provided by Ophea [www.ophea.net](http://www.ophea.net).
- Ministry of Education compiled resources found on [Edugains](#) [Prevalent Medical Conditions](#);
- request the parent/guardian/adult student to assist with the development of the Individual Asthma Plan of Care and sign the consent to implement the Plan of Care.

#### 2.4.5 Individual Asthma Plan of Care

Once the parent/guardian/adult student has informed the school of the student's asthma diagnosis, the principal/designate should **create and review** an Individual Asthma Plan of Care in consultation with the parent/guardian/adult student within the first 30 days of the school year. This plan shall be reviewed on an annual basis.

With parent(s)/guardian(s)/adult student written authorization, the Individual Asthma Plan of Care shall be posted in key locations around the school (e.g., staff room, main office, classroom).

A copy shall also be provided for the school bus driver and food service providers.

A binder of all Plans of Care will be maintained in the Main Office separate from the OSR.

The principal/designate shall also communicate with parent(s)/guardian(s) in medical emergencies, as outlined in the Individual Asthma Plan of Care.

#### 2.4.6 Student Medical File

After the Individual Asthma Plan of Care has been developed, the principal/designate shall establish a Student Medical File, which is stored in a separate file outside of the OSR and in the main office.

The file should contain:

- current information about the student's medical condition;
- a copy of the Authorization for Administration of Medication for Asthma- Physician and/or Nurse Practitioner form (Appendix A);
- a copy of the Authorization for Administration of Medication for Asthma- Parent/Guardian/Adult Student form (Appendix B);
- the Individual Asthma Plan of Care form(Appendix C); and,



- the Individual Student Log of Administered Medication form (Appendix F).

**\*Note, these documents should also be stored in the documentation file of the OSR.**

#### 2.4.7 Documentation

The principal/designates shall ensure that each time a staff person assists a student with the administration of the Reliever Inhaler the incident will be recorded on the Individual Student Log of Administered Medication form (Appendix F).

#### 2.4.8 Prevention

The principal/designate may take steps to create a supportive, safe environment for students with asthma, including:

- arranging general asthma awareness and education sessions for the entire school on an annual basis through activities such as workshops/seminars, presentations, school newsletter activities. Activity suggestions are available at [www.ophea.net](http://www.ophea.net);
- providing opportunities for regular staff education with regards to identifying and managing worsening asthma, proper use of inhalers and identifying and managing asthma triggers;
- displaying the poster “Managing Asthma Attacks” (Ontario Lung Association) (Appendix H) in high visibility areas for staff;
- identifying a staff member in the school to act as an Asthma Resource Person for the school community who would identify and review new asthma resources and help organize asthma-related activities;
- facilitating the use of asthma friendly school supplies and products such as scent free markers and cleaning products, dust free chalk, etc., whenever possible;
- scheduling extensive building repairs or cleaning at times that reduce the possibility of exposing students and staff to dust, fumes and other irritants;
- providing asthma resources for the school office and school library;
- creating and supporting the expectation that students with asthma should be participating in physical activities to the best of their abilities, including recess and physical education;
- monitoring for asthma triggers on an ongoing basis and taking action to reduce exposure to asthma triggers whenever possible:
  - refer to Health Canada’s Indoor Air Quality (IAQ) Tools for Schools;
  - [http://www.hc-sc.gc.ca/ewh-semt/pubs/air/tools\\_school-ouils\\_ecoles/index\\_e.html](http://www.hc-sc.gc.ca/ewh-semt/pubs/air/tools_school-ouils_ecoles/index_e.html) ; and,

- promoting scent free or scent reduced environments, smoke free school zones, idle free zones.

## 2.5 Role of the School Staff

All school personnel who have direct contact with a student diagnosed with asthma shall:

- review the Individual Asthma Plan of Care;
- participate in an on-line education session on asthma and the use of a reliever Inhaler, training should take place within the student's first thirty (30) days of school, where possible.

School Staff shall:

- be familiar with the Individual Asthma Plan of Care;
- share information regarding a student's signs and symptoms with other students, as outlined in the Individual Asthma Plan of Care when authorized by the parent(s)/guardian(s)/adult student and principal in writing;
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extra-curricular activities, in accordance with the student's Plan of Care;
  - remain vigilant concerning circumstances and/or events which may constitute an unsafe situation for students at risk to experience an asthmatic attack and shall report these to the principal/designate;
  - support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school;
  - support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student; and,
  - enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

When the principal/designate is informed by the parent(s)/guardian(s)/adult student that the student within the school has asthma and the parent(s)/guardian(s)/adult student has authorized the administration of a Reliever Inhaler for worsening asthma or during an asthmatic episode, **the relevant school staff shall participate in the staff education session whether the student does or does not require assistance from staff.** The school staff, includes the Principal, Vice-Principal(s), Assistant to the Principal, Principal Intern, **and in addition to staff who have direct contact with the student(s), may include** Department Heads, Guidance Counsellors, Resource Teachers, Classroom/Subject Teachers, Dedicated Early Childhood Educators, Occasional Teachers, Educational

Assistants, Occasional Educational Assistants, School Secretary(s), special needs lunch room supervisors and lunch room supervisor(s).

When a student experiences an asthmatic reaction, the staff member(s) who recognizes the asthma episode/asthma symptoms shall respond and ensure the Reliever Inhaler is administered immediately. If there is no improvement within 5-10 minutes after taking the Reliever Inhaler, the school secretary or adult designate shall call 911 and the student's parent/guardian. (Appendix D - A Child is Having an Asthma Episode: What are the signs? Ontario Lung Association).

After the medication has been administered, appropriate school personnel (e.g. Educational Assistants) shall record the incident on the Individual Student Log of Administered Medication form (Appendix F) and ensure an OSBIE report is completed.

## **2.6 Role of the Classroom/Subject Teacher**

In addition to the duties described in subsection 2.5, classroom/subject teachers are also expected to take the following steps:

- meet with parents/guardians/adult student to gather information related to the student's asthma, triggers and medication;
- share information regarding a student's signs and symptoms with other students, as outlined in the Plan of Care when authorized by the principal and parent(s)/guardian(s)/adult student in writing;
- assist the student with asthma to access their Reliever Inhaler when needed to relieve symptoms and/or before exercise, if indicated;
- ensure that the identified student is carrying a Reliever Inhaler on her/his person during all out-of-school learning experiences;
- ensure that an additional Reliever Inhaler and a cell phone are available during all out-of-school learning experiences;
- post the student's Individual Asthma Plan of Care in the classroom and the Occasional Teacher folder where parent(s)/guardian(s)/adult student approval has been obtained;
- review with all students the steps to take if someone is experiencing worsening asthma;
- monitor the presence of materials within the classroom setting which may trigger an asthmatic attack in the identified student;
- take action to reduce student's exposure to asthma triggers whenever possible e.g. chalk dust, freshly cut grass, furry animals, pollen, poor air quality, strong smelling markers, very cold or hot temperatures and viral infections. Frequent hand washing should be encouraged so as to decrease spread of infection;

- if it is indicated in the Individual Asthma Plan of Care that exercise is a trigger, use preventive measures to allow participation in exercise and/or physical activity (including a warm up period) and use of the Reliever Inhaler 10-15 minutes prior to the activity. [Asthma & Physical Activity – What Physical Educators & Coaches Need to Know (Ophea) [www.lung.ca/asthma/exercise](http://www.lung.ca/asthma/exercise)].

## 2.7 Role of the Educational Assistant

In addition to the duties described in subsection 2.5, the educational assistants who are **in direct contact with the** student diagnosed with asthma are expected to take the following steps:

- participate in the training on the use of the Reliever Inhaler; and,
- take appropriate action at the time of an asthmatic reaction, as outline in the Individual Asthma Plan of Care.

## 2.8 Role of the School Secretary

In addition to the duties described in subsection 2.5, the school secretary shall:

- record the presence of the student's health problem in the Trillium Student Registration System; and,
- follow the 911 Protocol Asthma checklist (Appendix E) at the time of an asthma emergency.

## 2.9 Role of School Bus Driver

In addition to the duties described in the school bus company's policy and procedures manuals, the school bus driver shall:

- ensure, to the extent possible, that the student(s) diagnosed with asthma is/are sitting at the front of the bus, near the driver;
- in the event of an asthmatic attack, the bus driver will contact dispatch, explain the issue, along with the name of the student experiencing an asthmatic attack, and state the geographic location prior to administering medication. This allows the dispatch **the opportunity** to contact 911 and look up the plan; and,
- the bus driver will not have a copy of the plan. The HWSTS staff fax/email plans to the individual carriers, which is kept on file.

*Of note, the HWSTS staff provide binders to the individual carries, containing all students with prevalent medical conditions, including students whom they do not transport.*

## 2.10 Role of the Student with Asthma

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

- wear a Medic Alert™ bracelet or equivalent, when provided by the parent(s)/guardian(s);
- carry a Reliever Inhaler on her/his person at all times;
- follow the instructions of her/his physician and/or nurse practitioner and parent(s)/guardian(s);
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stages of development and their capacity for self-management;
- participate in the development and review of their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s);
- communicate with their parent(s)/guardians(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- tell teachers, educational assistants, dedicated early childhood educators, principal and friends about their asthma;
- tell occasional personnel (i.e. occasional teachers, occasional educational assistants, occasional dedicated early childhood educators, lunch room monitors/supervisors, crossing guards, school bus drivers, volunteers) about their asthma;
- tell teachers, educational assistants, early childhood educators, and principal where to find their Reliever Inhaler;
- learn how and when to use asthma medication safely, including:
  - making sure their name is on the medication container;
  - not sharing medications with friends;
  - knowing when medication is empty;
  - telling parent(s)/guardian(s), teacher staff members every time medication is used;
  - telling a teacher/staff member if help is required to take medication;
- learn what triggers asthma and **what** makes it worse and have a plan for handling asthma triggers;
- use a buddy system;
- tell teachers or staff members when asthma is bothering them;

- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs;
- learn more about asthma by:
  - attending asthma education sessions/programs;
  - seeing their health care provider on a regular basis; and,
  - visiting **the** websites: [www.asthma-kids.com](http://www.asthma-kids.com) or [www.puffr.ca](http://www.puffr.ca).

If a student is not taking age appropriate responsibility for her/his asthma care, it may be due to other factors, such as behavioural issues, cognitive abilities, language, maturity level or psychological barriers. This calls for communication amongst parent(s)/guardian(s), school staff and possibly, other professionals.

### **2.11 Role of School Community Parents/Guardians and Volunteers**

All parent(s)/guardian(s) and volunteers within the wider school community have the responsibility to:

- be aware of and comply with the School Asthma Management Plan;
- participate in training concerning the management of Asthma which occurs during the orientation session for school volunteers; and,
- assist the principal and the staff of the school in disseminating information to all members of the community about asthma.