

Topic:	Supporting Students with Asthma
Effective:	April 2018
Review Date:	April 2024
Cross Reference:	Human Rights Code, RSO 1990, c.H.19 Education Act, RSO 1990, c.E.2, s. 265(1)(j) Regulation 298 made under the Education Act, S. 11(1) and 20(g) Good Samaritan Act, 2001, SO 2001, c 2 Health Care Consent Act, 1996, SO 1996, c 2, Sch A Health Promotion and Protection Act, RSO 1990, c H.7. Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M56 Personal Health Information Protection Act, 2004, SO 2004, c3, Sch A Regulated Health Professions Act, SO 1991, SO 1991, c 18 PPM 81, Provision of Health Support Services in School Settings PPM 149 Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professions and Paraprofessionals PPM 150 Collaborative Professionalism PPM 161 Supporting Children and Students with Prevalent Medical Conditions in Schools Ryan’s Law (Ensuring Asthma Friendly Schools), 2015, SO 2015, c3 HDSB Administrative Procedures: “Administration of Prescribed and Emergency Medication – Elementary and Secondary”; “Day Field Trips and In-School Presentations; Student Excursions
Responsibility:	Superintendent of Education, Student Health

INTENDED PURPOSE:

The Halton District School Board is committed to providing direction to school administrators, staff, students and parents / guardians about the appropriate response on both a school-wide and individual level to minimize the inherent risks to students and others who are identified as being asthmatic.

Asthma is a chronic, inflammatory disease of the airways in the lungs, which can make it hard to breathe, may be fatal and may require an emergency response. Students with asthma have sensitive airways that can react to triggers, such as poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. Symptoms of asthma are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and can sometimes be life threatening.

PROCEDURE:**1. Roles & Responsibilities****a. Parents / Guardians of Children with Asthma**

As primary caregivers of their child, parents / guardians are expected to be active participants in supporting the management of their child’s asthma while the child is at school. Parents / Guardians are expected to:

- i. Inform the Principal that their child has asthma.
- ii. Meet with the principal prior to the child’s first day of school and provide information related to their child’s asthma.

- iii. Participate in the co-creation, review and updating of the student's Asthma Plan of Care and other required forms within the first 30 days each school year or upon registration, and following any changes or new diagnosis.
- iv. Provide the school with two reliever inhalers and spacers, if required, labelled with the child's name and prescription details, as prescribed by their health care practitioner and as outlined in the Plan of Care, and replenish as necessary, tracking use and expiration dates.
- v. Support best practices for the location of one of the reliever medications, either carried on the student or accessible at all times.
- vi. Collect expired medication for appropriate disposal.
- vii. Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities, and co-operative education placements.
- viii. Encourage their child to wear a medical alert identification.
- ix. Seek medical advice from a medical doctor, nurse practitioner or pharmacist to contribute to the Asthma Plan of Care, as appropriate, and to set goals for self-management.
- x. Educate their child about asthma, the Asthma Plan of Care, and support them to reach their full potential for self-management and self-advocacy.
- xi. 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.

b. 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 are expected to:

- i. Carry on self or have accessible at all times their reliever inhaler.
- ii. Wear medical alert identification at all times.
- iii. Set goals for increased self-management, in conjunction with parents / guardians and health care professionals.
- iv. Participate in the development and review of the Asthma Plan of Care to promote an understanding of the plan and develop their potential for self-advocacy and self-management.
- v. Promptly seek support from an adult in the event of the onset of symptoms of asthma or any challenges they may be facing related to asthma.

c. 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:

- i. Meet with the student and parents / guardians within the first 30 day of school to review the Asthma Plan of Care and gather information related to the triggers, past incidents of asthmatic responses and other health concerns.
- ii. Review and implement the Asthma Plan of Care for any student with whom they have direct contact, and for staff on the School Care Team, receive student-specific training as required.
- iii. Participate in annual asthma training, as required by the school board.
- iv. Promote education for all students about the seriousness of asthma, triggers and signs of an asthma attack, and students' role in contributing to a safe and inclusive environment.
- v. Inform occasional staff of the students with asthma through the online absence reporting portal and the absent educator's supply plans, and ensure that the Plan of Care is available and in an organized, prominent and accessible format for occasional teachers and occasional support staff, as authorized by a parent/guardian.
- vi. With parent/guardian authorization, ensure classroom volunteers are informed about the presence of a student with asthma and their Plan of Care.
- vii. Monitor the students to ensure that they are carrying their inhalers.

- viii. Support and encourage student self-advocacy and self-management, including access to personal devices to communicate with parents independently, as needed.
- ix. Support inclusion by allowing students with asthma to perform routine management activities in a school location (e.g., classroom), as outlined in their Asthma Plan of Care, while respecting the confidentiality and dignity of the student.
- x. Implement school and board strategies that reduce the risk of student exposure to environmental triggers of asthma.
- xi. Ensure the student's Asthma Plan of Care is carried and followed, along with required materials (e.g., reliever inhaler), and the risk of exposure to environmental triggers are identified and minimized on school trips, excursions, co-curricular and co-operative education placements.
- xii. Support a student's daily or routine management of their condition, and respond to medical emergencies that occur during school, in accordance with Board policies and procedures.

d. The Principal

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

- i. Ensure there is a process in place to collate and share with staff the information on students with asthma collected through the Registration Form or the annual Verification Form.
- ii. Ensure that parents/guardians are aware of their duty to notify the school of their child's diagnosis, and any changes to their child's condition.
- iii. Encourage the identification of staff who can support the daily or routine management needs of students in the school with asthma, while honouring the provisions of the collective agreement.
- iv. Ensure an Asthma Plan of Care is co-created, reviewed or updated by the parent, in consultation with the student and school staff, within the first 30 days of the school year or, for new, upon registration, or following a new diagnosis, as soon as possible.
- v. Maintain a Student Medical File for each student with asthma and include information such as the Asthma Plan of Care, a copy of any prescriptions, the signed Request for School Personnel to Administer Prescribed and Emergency Medication and/or Authorization for Self-Administration of Prescribed Medication by Student Form, the Annual Review of Medical Information – No Changes Form, the Asthma Plan of Care, Medical Emergency Record Form and any completed OSBIE Student Incident Reports.
- vi. Share the Asthma Plan of Care with all parties identified in the plan, as authorized by the parent.
- vii. Ensure that students with both asthma and anaphylaxis have both conditions included on their respective Plans of Care.
- viii. Collect from the parent two reliever inhalers and spacers, as needed, with the student's name and prescription details. One inhaler and spacer is to be stored in a secure but unlocked, accessible location (i.e., the office) and the second on or in close proximity to the child.
- ix. Ensure there is a process in place to support students with asthma on field trips, excursions and co-curricular activities, and include their Asthma Plans of Care with all other materials required for these events (e.g., reliever inhaler).
- x. Ensure that staff complete the necessary training, annually and as otherwise required by the school board.
- xi. Communicate to staff their roles and responsibilities to support a student with asthma and review the child's Asthma Plan of Care, as well as identify and provide student-specific training for the School Care Team. The School Care Team must be comprised of a minimum of two staff members.
- xii. Coordinate support from the Local Health Integration Unit (LHIN) and/or the parent to provide student-specific training for the School Care Team, as deemed necessary.

- xiii. Ensure that a process is in place by which all relevant occasional staff are informed of the presence of a child with asthma and provided a copy of the student's Asthma Plan of Care, as authorized by a parent/guardian.
- xiv. Provide ongoing communication to the school community regarding the school's support for students with asthma (i.e., newsletter, website, poster) with reminders about environmental triggers.
- xv. Implement strategies that reduce the risk of exposure to environmental triggers that cause an attack of asthma.
- xvi. Develop a plan to respond to an asthmatic emergency during a school emergency (e.g., evacuation, hold and secure, lockdown).
- xvii. Document on the Medical Emergency Record and communicate with parents / guardians as outlined in the students Asthma Plan of Care, the repeated use of inhalers during an asthmatic emergency. Document an asthmatic emergency involving Emergency Medical Services by filing an OSBIE Student Incident Report online and a copy in the Student Medical File.
- xviii. Debrief an asthma emergency with staff, as appropriate, to review the Plan of Care.
- xix. Ensure that medication and medical supplies are safely stored by the student and / or staff.
- xx. Ensure that personal health information is safely and confidentially stored and destroyed as necessary.
- xxi. Communicate with parents in medical emergencies, as outlined in the Plan of Care.

e. School Board

The Halton District School Board will:

- i. Post the Supporting Students with Asthma Administrative Procedure, and related forms and resources, on the HDSB public website and myHDSB employee site.
- ii. Provide annual online staff training on asthma within the first 30 days of the school year.
- iii. Develop strategies for schools that reduce the risk of student exposure to environmental triggers.
- iv. Consider the Supporting Students with Asthma Administrative Procedure when entering into contracts for tendered items for schools (e.g. scent free consumable products, cleaning products, dust free chalk).
- v. Develop expectations for schools to support the safe storage and disposal of medication and medical supplies.
- vi. Ensure that students' personal health information is safely and confidentially stored and destroyed as necessary.
- vii. Raise awareness of their policies and procedures relating to student health needs.

2. Asthma Plan of Care

The Asthma Plan of Care is a form that 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 Plan of Care shall be co-created, reviewed or updated by the parents / guardians 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, with a minimum of two staff, will be identified on the Asthma Plan of Care. 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 Plan of Care.

Parents / Guardians have the authority to designate who is provided access to the Asthma Plan of Care. With authorization from parents / guardians, the Asthma Plan of Care 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 indicated

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 Administrative Procedure "Administration of Prescribed and Emergency Medication – Elementary and Secondary".

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

- a. Generally, in the event of an asthmatic emergency, staff shall:
 - i. Remove student from the trigger.
 - ii. Have student use reliever inhaler as directed in the Asthma Plan of Care.
 - iii. Have student remain in an upright position.
 - iv. Have student breathe slowly and deeply.
 - v. If 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 Plan of Care.
- iii. If the student's breathing difficulty is relieved, he or she can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require additional reliever medication.
- iv. Contact parents / guardians 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.
 - iv. Transport the student to the hospital by ambulance.
 - v. Complete an OSBIE Student Incident Report and track in the Medical Emergency Record.

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. Documentation

The principal shall maintain the following for each student with asthma:

- i. An Asthma Plan of Care that is co-created with the parents / guardians and student, and reviewed and/or updated each year.
- ii. A signed Request for School Personnel to Administer Prescribed and Emergency Medication Form or Authorization for Self-Administration of Prescribed medication by Student Form.
- iii. A signed Annual Review of Medical Information – No Changes Form, as applicable.
- iv. Accurate data entry in the student information system that flags the student with a life-threatening condition -- medical peril -- asthma.
- v. Medical Emergency Record is completed whenever non-routine medication is required under the supervision of staff. In the event that Emergency Medical Services are required, an OSBIE Student Incident Report is filed online and a copy placed in the Student Medical File.
- vi. A Student Medical File for each student with asthma, containing all relevant documentation.

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.