



ASTHMA PLAN OF CARE

for

Student Photo

Student Name _____ GRADE/CLASS _____

Teacher(s): _____

School Care Team (min 2 staff): _____

KNOWN TRIGGER(S):

Anaphylaxis. Specify allergen: _____. **Student is at greater risk.** If student is having an anaphylactic reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy? _____

Reliever inhaler to be used when (list symptoms and /or activity): _____

Dosage: _____ Spacer: Yes No

Assistance required to administer: Yes No

SAFE STORAGE:

Student will carry the reliever inhaler at all times. The reliever inhaler is kept in the student's:

Pocket Hip / Back pack Other: _____

Student's spare reliever inhaler is located: _____

SCHOOL CARE TEAM (to be completed by the school)		
WHO	DUTIES	WHEN (if appropriate)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE

EMERGENCY PROCEDURES

In the event of an asthmatic incident, staff shall:

- Remove student from the trigger.
- Have student use reliever inhaler as directed in the Asthma Plan of Care.
- Have student remain in an upright position.
- Have student breathe slowly and deeply.
- If student totally recovers, participation in activities may resume.

If symptoms persist:

- Wait 5-10 minutes to see if breathing difficulty is relieved.
- If not, repeat the reliever inhaler as directed in the Asthma Plan of Care.
- 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.
- Contact parents to inform and track on the Medical Incident Record.

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):

- Call 9-1-1. Tell them someone is having an asthmatic emergency.
- Continue to give the reliever inhaler every 5-15 minutes until paramedics arrive.
- Call, or direct another adult to call, the emergency contact person.
- Transport the student to the hospital by ambulance.
- Complete an OSBIE Student Incident Report and track on the Medical Incident 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.

AUTHORIZATION / PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

(Please select any that apply or with whom the plan is **MAY** be shared)

school staff	classmates	transportation provider
lunchroom supervisor	relevant occasional staff	relevant volunteers
before and/or after care	post copy	
food service provider(secondary only)		
other _____		

Request for School Personnel to Administer Prescribed & Emergency Medication Form is completed.

Authorization for Self-Administration Prescribed Medication by Student Form is completed.

This plan remains in effect for the 20 — 20 school year without change and will be reviewed on or before: _____ . (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

I/we further hereby release the Halton District School Board, its employees and agents from any liability for loss, damage, illness or injury, howsoever caused to my/our child's person or property, or to me/us as a consequence, arising from the administration or a failure to administer, correctly or at all, the actions detailed in this Plan of Care.

Parent / Guardian: _____	Student: _____
SIGNATURE*	SIGNATURE

Principal or designate: _____	Date: _____
SIGNATURE	

*If the student is 18 years and over, a parent signature may not be required.