



ADMINISTRATIVE PROCEDURE	
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<i>Contact Person/Department</i> Superintendent of Specialized Services	<i>Identification</i> OP-6512

ASTHMA SUPPORT AND RESPONSE IN SCHOOLS

1.0 PURPOSE

In accordance with *Ryan's Law – Ensuring Asthma Friendly Schools – 2015*, Trillium Lakelands District School Board will establish and maintain a safe setting for students with asthma. The safety of students with a medical condition such as asthma is a shared responsibility of the Board, school, family, health care provider and community partners.

This procedure outlines the Board's commitment to students with asthma.

2.0 REFERENCE AND RELATED DOCUMENTS

- 2.1. Ryan's Law, 2015 – *Ensuring Asthma Friendly Schools*
- 2.2. Sabrina's Law, 2005 – *Anaphylaxis*
- 2.3. Education Act s265- Duties of Principal
- 2.4. Regulation 298 s20 – Duties of Teachers
- 2.5. Municipal Freedom of Information and Protection of Privacy Act
- 2.6. BD-2031 TLDSB Freedom of Information and Protection of Privacy Procedure
- 2.7. ES-5016 TLDSB Field Trip Procedure
- 2.8. ES-5565 TLDSB Health Support Services Procedure
- 2.9. ES-5016 TLDSB Field Trip Procedure
- 2.10. OP-6601 TLDSB Authorization for Storage and Administration of Prescribed Medications Procedure
- 2.11. BU-3026 TLDSB Transportation Procedure
- 2.12. OP- 6216 TLDSB Bullying Prevention and Intervention Procedure
- 2.13. OP- 6021 TLDSB Code of Conduct
- 2.14. TLDSB SO-Memo- 0035 Imitation Peanut/Nut Spreads
- 2.15. OPHEA Report – management and response to prevalent medical conditions in publicly-funded Ontario schools

3.0 TERMS AND DEFINITIONS

3.1. RYAN'S LAW

Ryan's Law- Ensuring Asthma Friendly Schools, was passed as Bill 20 in the Ontario legislature in 2015 and requires all school boards to develop policies and procedures to support students with asthma, to create and maintain a safe school environment for students with asthma, and to allow students to carry their own inhalers with parent/guardian permission.

3.2. ASTHMA

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe. People with asthma have sensitive airways that react to triggers. There are many different types of triggers: for example poor air quality, mould, 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 sometimes can be life threatening.

3.3. MEDICATION

Medication refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours or school related activities.

3.4. IMMUNITY

The Act to Protect Pupils with Asthma states that “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.”

3.5. RELIEVER MEDICATION AND CONTROLLER MEDICATION

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler would also be used in emergency situations.

Controller medications are generally taken regularly every day to control asthma. Usually they are taken in the morning and at night and are slower-acting (not used in emergencies).

4.0 ADMINISTRATIVE PROCEDURE

4.1. PROMOTING AN ASTHMA SAFE SCHOOL AND CLASSROOM ENVIRONMENT

- 4.1.1. Each school has the duty to provide a safe environment for students, including students with asthma. This includes awareness and removal, where possible, of allergens or other aspects in the environment that may trigger asthma.
- 4.1.2. Trillium Lakelands DSB cannot reduce the risk of allergy exposure to zero, but commits to promoting awareness and making schools and classrooms as allergen-safe as possible.
- 4.1.3. Older students and staff may possess the necessary level of maturity and responsibility to monitor their own environment, health and well-being. However while an individual may know how/when to use an inhaler, he/she may not be capable of doing so during a severe reaction.
- 4.1.4. Vigilance is needed in all educational settings. Schools are encouraged to find innovative ways to minimize exposure to triggers without depriving the student of normal peer interactions or placing unreasonable restrictions on the activities of other students.
- 4.1.5. Circumstances may vary from school to school. The school's plans should consider the individual needs of students and staff. All students with a risk of an asthmatic reaction should be supported to recognize their signs and symptoms and know when and how to use their reliever inhaler.
- 4.1.6. Common asthma triggers may include:
 - a) Colds/flu/illness;
 - b) Chalk dust;
 - c) VOC markers;
 - d) pet allergens;
 - e) dust mites;
 - f) pollen;
 - g) mould;
 - h) physical activity;
 - i) cold air;
 - j) strong odours;
 - k) cleaners;
 - l) cigarette smoke;
 - m) air pollution;
 - n) food allergies;

- o) other.

4.1.7. Reducing asthma triggers in the school setting:

The strategies employed will vary from school to school based on student and staff specific triggers and may include (but are not limited to) some of the following:

- a) promoting a fragrance-free environment;
- b) encouraging regular and proper hand-washing practices to avoid the spread of germs;
- c) ensuring proper disinfection processes are being followed to reduce the spread of germs;
- d) ensuring proper cleaning practices are being followed, inclusive of cleaning areas prone to mould and dust;
- e) ensuring that cleaners and chemicals are used in accordance with proper practices and that student exposure to cleaners and chemicals is reduced/eliminated as possible;
- f) allowing for accommodations to physical education programs where required;
- g) keeping windows closed during allergy seasons and cold weather.

4.2. EMERGENCY RESPONSE PROCEDURES

- 4.2.1. While the risk of exposure to an allergen or asthma trigger can be significantly reduced, it can never be completely removed. An Individual Student Asthma Management Plan must be developed and kept in a readily accessible location for each student and staff who have self-identified as having asthma.
- 4.2.2. Individual response plans will vary according to student age, student maturity, personal characteristics and competencies, the severity of the asthma and self-supervision.
- 4.2.3. Individuals typically know when a reaction is taking place. School personnel and bus drivers should be encouraged to listen to the individual and not hesitate to implement the Individual Student Asthma Management Plan and/or Medical Care Plan.
- 4.2.4. If an employee has reason to believe that a pupil is experiencing asthma exacerbation, the employee may administer asthma medication to the pupil

for the treatment of the exacerbation, even if there is no pre-authorization to do so (*Ryan's Law, Section 4.(3)*).

4.2.5. Any combination of the following symptoms may signal the onset of a reaction or asthma exacerbation:

- a) coughing;
- b) wheezing;
- c) difficulty breathing;
- d) chest tightness;
- e) shortness of breath.

4.2.6. Any combination of the following may indicate an asthma-related emergency:

- a) breathing is difficult and fast;
- b) cannot speak in full sentences;
- c) lips or nail beds are blue or grey;
- d) skin on neck or chest sucks in with each breath.

Call 911 and follow the individual Medical Care Plan if these symptoms are witnessed.

4.3 STUDENT ASTHMA MANAGEMENT PLAN:

4.3.1 Every school principal must permit a student to carry his/her asthma medication if the student has his/her parent's or guardian's permission.

4.3.2 If a student is 16 years or older, the student does not require parent or guardian permission to carry his/her asthma medication.

4.3.3 Every student who has self-identified as having asthma must have an Individual Student Asthma Management Plan on file at the school.

4.3.4 Employees may be preauthorized to administer medication or to supervise a pupil while he/she takes medication in response to an asthma exacerbation, if the school has the consent of the parent, guardian or pupil, as applicable.

4.3.5 The Individual Student Asthma Management Plan will address both Controller Medication (slow-acting medication taken regularly as a

preventative strategy) and Reliever Medication (fast-acting medication taken in the event of an unexpected exacerbation).

4.3.6 The Individual Student Asthma Management Plan will be posted in the school in the same location as other student Medical Care Plans/ Medical Emergency Alert Protocols (for anaphylaxis and other medical needs).

4.3.7 The Individual Student Asthma Management Plan will include the following components:

- a) details informing employees and others who are in direct contact with the pupil on a regular basis of the monitoring and avoidance strategies and appropriate treatment;
- b) a readily accessible emergency procedure for the pupil, including emergency contact information;
- c) details relating to the storage of the pupil's asthma medication, including:
 - i. if the pupil is under 16 years old, whether the pupil has his or her parent's or guardian's permission to carry his or her asthma medication, and,
 - ii. whether any spare medication is kept in the school and, if so, where it is stored.

4.4 LOCATION OF INHALERS

4.4.1 Every school principal shall permit a pupil to carry his or her asthma medication if the pupil has his or her parent's or guardian's permission. If the pupil is 16 years or older, the pupil is not required to have his or her parent's permission to carry his or her asthma medication.

4.4.2 If a student requires assistance to access the reliever inhaler under the Individual Student Asthma Management Plan, in consultation with the school, student, parent/guardian and health care provider, inhalers may also be kept:

- a) with teacher/supervisor, or,
- b) in locker (with locker combination noted on the Individual Student Asthma Management Plan), or,
- c) in other agreed upon location.

4.4.3 If a student is able to self-administer a reliever inhaler and will be carrying it him/herself with parent/guardian permission as part of his/her Individual

Student Asthma Management Plan, the inhaler will be kept with the student in an agreed upon location which may include:

- a) in pocket, or
- b) in backpack/ fanny pack, or
- c) in case/pouch, or,
- d) other.

4.4.4 It is recommended that a spare inhaler be kept at the school in a location as agreed upon in the Individual Student Asthma Management Plan.

4.5 OUT-OF SCHOOL EMERGENCIES (Field Trips and Excursions)

4.5.1 A separate emergency plan should be developed for field trips, extracurricular activities and other out-of-school events during which reactions may occur. The plan should include but will not be limited to:

- a) a rapid communication strategy;
- b) access to inhalers;
- c) all accompanying employees trained in the Individual Student Asthma Management Plan and Medical Care Plan.

4.6 REVIEW PROCESS

4.6.1 Individual Student Asthma Management Plans and related Medical Care Plans should be reviewed regularly throughout the school year with staff and parents. Changes to the plan should be shared with all involved including the bus drivers and the transportation department.

4.6.2 The Individual Student Asthma Management Plan must be updated each year by the school & family and in the student management database.

4.6.3 In the event of emergency response, a post-evaluation of the procedure and student-specific plan should be undertaken.

4.7 THE SCHOOL COMMUNICATION PLAN

4.7.1 A school's communication strategy should include procedures for:

- a) initial notification to existing parents that students with asthma should have an Individual Student Asthma Management Plan, and, are able to carry their own inhalers with parental consent (see letter template in appendices);
- b) notification to all staff who work with students with asthma of the details of the Individual Student Asthma Management Plan and to post the plan in the school where appropriate;
- c) notification to all staff of strategies to be employed to reduce asthma triggers;
- d) requesting information about student asthma upon new student registration;
- e) information on where and how to locate the Individual Student Asthma Management Plans and Medical Care Plans.

4.7.2 Information should be distributed to the broader community regarding what allergies are present in the school and how to help to keep all students safe. Individual student and staff privacy needs to be respected. Letter templates are available in the appendices.

4.8 TRAINING STRATEGY

4.8.1 The school principal shall ensure that in-service is provided at least annually to school personnel and bus drivers who are in regular contact with students.

4.8.2 In-service is appropriate even in schools where no identified individuals are in attendance as understanding can lead to quicker and more appropriate responses in the event of the unexpected.

4.8.3 In-service should focus on:

- a) how to recognize an asthmatic reaction;
- b) strategies to protect individuals from exposure to allergens or triggers;
- c) school protocol for responding to emergencies.

4.8.4 The Ministry of Education has also created some resources and training materials which can be found at the link below:

<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>

4.9 ROLES AND RESPONSIBILITIES

4.9.1 The Board shall:

- a) ensure that parents, guardians and pupils are asked to supply information about medical conditions, including asthma, upon registration;
- b) provide guidance to schools about establishing a communication plan to share information on asthma with parents/guardians, students, employees and include any other person who has direct contact with a student with asthma;
- c) require that every school principal establish a process to identify students with asthma at the time of registration or following diagnosis and gather necessary asthma-related information from the parents/guardians and student;
- d) require that every school principal (or designate) develop an Individual Student Asthma Management Plan for each student diagnosed with asthma, based on the recommendation of the student's health care provider;
- e) require that every school principal (or designate) maintain a file for each student diagnosed with asthma. The file may contain personal medical information, treatment plans and/or other pertinent information about the student, if that information is obtained with the consent of the student or the parent/guardian, in accordance with applicable legislation, including relevant privacy legislation. This file shall also include current emergency contact information. This file should be stored in the student OSR with relevant flagging information logged into the electronic student management database by the school principal.
- f) require that every school principal inform school board personnel and others who are in direct contact on a regular basis with a student with asthma about the contents of the student's asthma management plan;
- g) review this asthma policy as part of its regular policy review cycle; and,
- h) include the asthma policy/procedure in the Board policies/procedures posted on the school and board web sites.

4.9.2 The school principal shall:

- a) ensure that all students have easy access to their prescribed reliever inhaler(s) medication;
 - b) identify asthma triggers in classrooms, common school areas and field trips and plan and implement strategies to reduce the risk of exposure;
 - c) follow the communication plan as outlined in this procedure to share information on asthma response and prevention with parents/guardians, students, employees and any other person who has direct contact with a student with asthma;
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- d) provide asthma education and regular training opportunities on recognizing and preventing asthma triggers, recognizing when symptoms are worsening and managing asthma exacerbations for all employees and others who are in direct contact with students on a regular basis;
- e) ensure every student who has been diagnosed with asthma has an Individual Student Asthma Management Plan completed and that the plan is posted for staff information;
- f) ensure all staff in the building are aware of which students have been diagnosed with asthma, where to locate their asthma management plan and have knowledge to recognize and prevent asthma exacerbations and student triggers and respond appropriately;
- g) ensure that every student who has been diagnosed with asthma be flagged as having medical needs in the student management database system;
- h) maintain a file on any student who has been diagnosed with asthma in their OSR which should include personal medical information, treatment plans and/or other pertinent information about the student.
- i) enforce school rules about bullying, teasing and threats and encourage respect for all students, in alignment with the TLDSB Code of Conduct and TLDSB Bullying Prevention and Intervention procedures.

4.9.3 The parent/guardian/student shall:

- a) inform the school principal of any asthma diagnosis;
- b) work with the school on the Individual Student Asthma Management Plan, including:
 - i. advising what the student's signs/symptoms of asthma are;
 - ii. identifying student triggers;
 - iii. establishing an agreed upon plan on where the student's reliever inhaler will be stored during the school day;
 - iv. advising of emergency response procedures;
 - v. providing written permission to the school for the student to carry their own inhaler (if desired)
- c) ensure that the student has a prescription inhaler (or relevant medication) that is up to date and knows how to use it;
- d) ensure that the student knows:
 - i. the substances that trigger reactions;
 - ii. the first symptoms of a reaction;
 - iii. where their medication is kept;
 - iv. to communicate when he/she feels a reaction coming;
 - v. to take as much responsibility as possible for his/her/their own safety;

- vi. to avoid known triggers.
 - e) inform the school if a student's medical condition or the required responses change;
 - f) ensure that the information in the student's file is kept up-to-date with the medication that the student is taking.
- 4.9.4 The classroom teacher shall:
- a) participate in the review of the Individual Student Asthma Management Plan;
 - b) leave information in an organized, prominent and accessible format for supply teachers or others who may have occasional contact with students with asthma;
 - c) discuss asthma with the class in age-appropriate terms;
 - d) encourage students not to share lunches or trade snacks;
 - e) advise the class as to any asthmatic triggers in the classroom and arrange for removal where possible;
 - f) plan appropriately for field trips;
 - g) enforce school rules about bullying, teasing and threats.
- 4.9.5 The transportation department shall:
- a) ensure that bus drivers are aware of any emergency response protocols and plans;
 - b) assist in developing procedures to minimize risk while travelling on the school bus;
 - c) assist in the development of plans and protocols that relate to bussing.
- 4.9.6 Bus drivers shall:
- a) carry copies of Medical Care Plans/ Protocols and Individual Student Asthma Management Plans;
 - b) carry out emergency response(s) as necessary.
- 4.9.7 All parents/ guardians in the school community shall:
- a) respond co-operatively to requests from the school to eliminate allergens and asthmatic triggers;
 - b) participate in parent information sessions where applicable;
 - c) encourage students to respect any individuals with medical or physical needs;
 - d) encourage students to respect school prevention plans.
- 4.9.8 All students in the school community shall:
-

- a) learn to recognize the symptoms of an asthmatic reaction;
- b) avoid sharing food;
- c) follow school rules about keeping allergens out of the classroom and about hand washing.

4.10 STUDENT FILES

4.10.1 Principals are required to maintain a file of current treatment and other information for each pupil with asthma, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list. Signed copies of student plans should also be added to the OSR and the electronic student database management system.

5.0 APPENDICES

- 5.1 Sample letter to parents
- 5.2 Individual Student Asthma Management Plan template
- 5.3 Medical Care Plan
- 5.4 Authorization for Storage and Administration of Prescribed Medication Part A and Part B
- 5.5 Lung Association "Managing Asthma Attacks" Poster

Sample Letter to Parents

School Letterhead

Date

Dear Parent/Guardian:

As you may be aware, *Ryan's Law, 2015*, was passed by the Ontario Legislature. This piece of legislation is an important step to support the well-being of students with asthma in Ontario schools.

If your child has asthma, we ask that you immediately contact the main office at your school to provide information about your child's asthma medication. With your collaboration we will create an Individual Student Asthma Management Plan, and with your permission your child will be allowed to carry their asthma medication.

As a best practice and to support your child, please let the school know if your child has *any* type of medical condition so that the school is aware and can keep this information on file.

In our school we are very aware of students with potentially life threatening allergies including students who have anaphylaxis or students whose asthma has certain triggers.

In order to help support all students, we are asking that you and your child(ren) adhere to the following (*examples only listed below; to be altered based on school needs*)

- ensure that products with nuts are not brought to school;
- ensure students do not share lunches and adhere to proper hand-washing and hygiene policies;
- respect that our school is a fragrance free environment; this means strong perfumes, deodorants and body sprays are not to be worn.

The Ministry of Education website has resources on asthma and anaphylaxis that can be found at: <http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

Principal

INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN

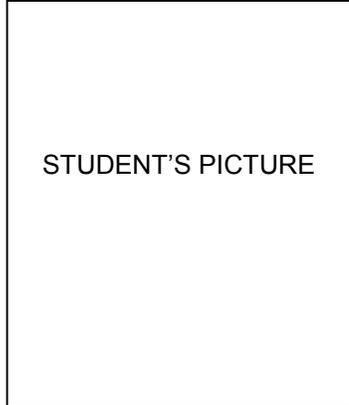
*Information to be entered into student management database

NAME: _____

GRADE: _____ **ROOM:** _____ **BUS#** _____

TEACHER _____

TYPE OF MEDICAL CONDITION: _____



CONTACTS:

Guardian: _____ **Home** _____ **Work** _____

Guardian: _____ **Home** _____ **Work** _____

Emergency Contact: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

KNOWN ASTHMA TRIGGERS

- Cold/Flu/Illness
- Cigarette Smoke
- Dust
- Allergies (specify): _____
- Anaphylaxis (specify): _____
- Other (specify): _____
- Physical Activity/ Exercise
- Pollen
- Cold Weather
- Pet Dander
- Mould
- Strong Smells

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** (trouble breathing, cough, wheezing)
- Other (explain):** _____

User reliever inhaler (name of medication) _____
in the dose of (#of puffs) _____ number of repeats _____

Spacer (valved holding chamber) provided? YES NO
What type of reliever inhaler does the student use?

- Salbutamol
- Airomir
- Ventolin
- Bricanyl
- Other (specify) _____

Student requires assistance to **access** a reliever inhaler. Inhaler must be **readily accessible** by a teacher/supervisor. Inhaler is kept:

- With teacher/supervisor (specify location) _____
- In locker # _____ Locker combination: _____
- Other location (specify) _____

OR

Student **will carry** his/her reliever inhaler **at all times** including during recess, gym, outdoor and offside activities, and field trips. Reliever inhaler will be kept:

- In Pocket
- Backpack/Fannypack
- Case/pouch
- Other (specify) _____

Does student require assistance to **administer** reliever inhaler YES NO

Student's **spare** reliever inhaler will be kept:

- In main office (specify location) _____
- In locker # _____ Locker combination: _____
- Other location (please specify) _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL ACTIVITIES

Controller medications are usually taken regularly every day to control asthma. Usually they are taken in the morning and at night, so generally not taken to school (unless student will be participating in an overnight activity or as prescribed by a medical professional)

Use/administer (name of med) _____ in the dose of _____ at (time): _____

Use/administer (name of med) _____ in the dose of _____ at (time): _____
Use/administer (name of med) _____ in the dose of _____ at (time): _____

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION

We agree that (student name) _____

- can **carry** his/her prescriber medications and delivery devices to manage asthma while at school and during school-related activities
- can **self-administer** his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities
- requires assistance** with administering his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities

As the parent/guardian we agree that:

- We will inform the school of any change in medication or delivery device
- We will ensure that medications/spare medications are not beyond their expiry date

Parent/Guardian Name: _____

Parent/Guardian #: Day: _____ Eve: _____ Cell: _____

Parent/Guardian Signature: _____

Student Signature: _____ Date: _____

Principal Name: _____ Principal Signature: _____

PLAN REVIEW

Optional review by health-care provider (e.g. Pharmacist, Respiratory Therapist, Certified Asthma or Respiratory Educator, Nurse, Medical Doctor or Other)

Health Care Provider's Name: _____ Profession: _____

Signature: _____ Date: _____

MEDICAL CARE PLAN

*Information to be entered into student management database

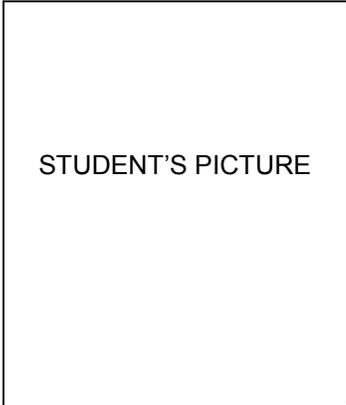
*Signed original kept in OSR

NAME: _____

GRADE: _____ **ROOM:** _____ **BUS#** _____

TEACHER _____

TYPE OF MEDICAL CONDITION: _____



CONTACTS:

Guardian: _____ **Home** _____ **Work** _____

Guardian: _____ **Home** _____ **Work** _____

Emergency Contact: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

SYMPTOMS:

ON THE BUS	AT SCHOOL

**Complete the above information with consultation with your Family Doctor.
Physician's signature:**

I/We agree with the information above.

Signature of Parent/Guardian

Date

Signature of Principal

Date

PARENT'S/GUARDIAN'S APPROVAL

I hereby request and give permission to the School Principal to make arrangements for administration of Health Support as specified herein to my child named above. It is understood that school staff will administer special services on my behalf and not as health professionals. Any changes to the information provided above shall be immediately reported by the Parent/Guardian to the School Principal or designate. **NOTE: A new Medical Care Form must be submitted each school year and whenever the health support services are modified.**

AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED MEDICATION

PART A

To be completed by attending Physician / Health Care Practitioner

Student's Name: _____ **Date of Birth:** _____

Address: _____ **School:** _____

1.
a) Medication Prescribed:
b) Method of Administration:
c) Dosage:
d) Time(s):
2. Must medication be taken during school hours?
3. Possible side effects of medication:
4. Action to be taken should a reaction occur:
5. Allergies which should be noted:
6. Additional instructions (e.g. storage of medication, etc.)
7. Expected date of discontinuation of medication:

Physician / Health Care Practitioner: _____ Telephone: _____

Address: _____

Physician's / Health Care Practitioner's Signature: _____ Date: _____

To be placed in Documentation file of O.S.R.



AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED MEDICATION

PART B

To be completed by Parents / Guardians

This is to authorize the administration of the medication(s) prescribed as mentioned by the attending physician / health care practitioner for:

Student's Name: _____ Date of Birth: _____

School: _____

Medic Alert I.D. Yes No

I/we hereby release Trillium Lakelands District School Board, its employees and agents from all actions, causes of action, suits, losses, damages or injuries howsoever caused, by negligence or otherwise, arising out of the administration or failure to administer medication as provided herein. I/we also agree to indemnify the Board, its employees or agents for any losses or damages sustained by them as a result of any such actions, or proceedings being commenced against them.

Parents / Guardians Signature: _____ Date: _____

Note:
Parents / Guardians are requested to PLACE MEDICATION IN INDIVIDUAL CONTAINERS (those in which the medication was supplied from the Pharmacist / Physician / Health Care Practitioner). The containers should be PROPERLY LABELLED indicating the STUDENT'S NAME AND ADMINISTRATION / STORAGE DIRECTIONS.

The medication will be delivered by a parent or guardian, according to an agreed schedule and amount to the Principal or designated person for safe keeping, unless otherwise determined.

In case of **EMERGENCY**, the contact person is:

Name: _____ Telephone: _____

Relationship: _____

To be placed in Documentation file of O.S.R.

Managing Asthma Attacks

TAKE ACTION	
<p>If any of the following occur:</p> <ul style="list-style-type: none"> • Continuous coughing • Trouble breathing • Chest tightness • Wheezing (whistling sound in chest) <p>Student may also be restless, irritable and/or very tired.</p>	<p style="text-align: center;"></p> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <hr/> <p>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.</p>
EMERGENCY	
<p>If any of the following occur:</p> <ul style="list-style-type: none"> • Breathing is difficult and fast • Cannot speak in full sentences • Lips or nail beds are blue or gray • Skin on neck or chest sucked in with each breath <p>Student may also be anxious, restless and/or very tired.</p>	<p style="text-align: center;"></p> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <p> Call 911 for an ambulance. Follow 911 communication protocol with emergency responders. </p> <hr/> <p>Step 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives.</p>
<p>While waiting for medical help to arrive:</p> <ul style="list-style-type: none"> ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction). ✓ Do not have student breathe into a bag. ✓ Stay calm, reassure the student, and stay by his/her side. ✓ Notify parent/guardian or emergency contact. 	

This publication is available in Accessibility for Ontarians with Disabilities Act (AODA) electronic format at www.on.lung.ca/resources/

To learn about asthma call The Lung Association Lung Health Information Line at 1-888-344-LUNG (5864) or visit www.on.lung.ca