

ASTHMA MANAGEMENT PROTOCOL

AS 16.0
2016 08 30

POLICY STATEMENT

The Nipissing-Parry Sound Catholic District School Board (NPSCDSB) is committed to creating stimulating and nurturing learning environments for all students. Our Catholic school community respects, builds upon, and indeed celebrates the uniqueness of the individual, who is created in God's image. In accordance with our Gospel values and Church's teachings and in accordance with *Ryan's Law*, it is the policy of the Nipissing-Parry Sound Catholic District School Board to establish and maintain a policy for students diagnosed 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 policy outlines the board's commitment to supporting students' well-being with asthma.

INTRODUCTION

The Asthma Management Protocol for the Nipissing-Parry Sound Catholic District School Board has been created to ensure compliance with *Ryan's Law*. In accordance with *Ryan's Law – Ensuring Asthma Friendly Schools, 2015*, the Board is committed to minimizing the risks to student with asthma while in attendance at school or a school related activity. This protocol has been guided by resources provided by the Ministry of Education, the *Creating Asthma Friendly Schools* manual created by OPHEA as well as resources from the Lung Association of Ontario.

DEFINITIONS

What is Asthma?

According to the Lung Association of Ontario, 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, 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 sometimes could be life threatening.

For the purposes of this document, the following words have the following definitions:

Emergency Medication

Refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation. For example, reliever inhaler or stand-by-medication.

ASTHMA MANAGEMENT PROTOCOL

**AS 16.0
2016 08 30**

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.

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.”

ADMINISTRATIVE PROCEDURE

1. Roles and Responsibilities

1.1. Role of Senior Administration

Senior Administration will:

- 1.1.1. Ensure students have easy access to their prescribed reliever inhaler(s) medications.
- 1.1.2. 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.
- 1.1.3. Identify asthma triggers in classrooms, common school areas and in planning field trips and implement strategies to reduce the risk of exposure.
- 1.1.4. Establish a communication plan to share information on asthma to parents/guardians, students, employees and include any other person who has direct contact with a student with asthma.
- 1.1.5. Review asthma policy as part of its regular policy review cycle.
- 1.1.6. Include the asthma policy in the board policies posted on the school and board web sites.

<p style="text-align: center;">ASTHMA MANAGEMENT PROTOCOL</p>	<p style="text-align: center;">AS 16.0 2016 08 30</p>
<p>1.2. Role of Principals and Vice-Principals/Designates:</p> <p>Principals, Vice-Principals/Designates will:</p> <p>1.2.1. Ensure that upon registration, parents, guardians and pupils are asked to supply information about asthma conditions.</p> <p>1.2.2. Complete an <i>Individual Student Asthma Management Plan (ISAMP)</i> for each student who has asthma based on the recommendation of the student’s health care provider. These plans shall include (See Appendix A):</p> <ul style="list-style-type: none"> ➤ personal identifying information, including a student photo ➤ emergency contact ➤ known asthma triggers ➤ symptoms which may indicate an asthma reaction ➤ name of medication(s) and dosage ➤ storage instructions ➤ if the student is under 16 years old, whether the student has his/her parent’s or guardian’s consent to carry his/her asthma medication ➤ monitoring strategies ➤ any additional information may be attached to the ISAMP. <p>1.2.3. Permit a student who is under 16 years of age, to carry his/her asthma medication provided parent/guardian consent has been provided.</p> <p>1.2.4. Provide teachers and staff with a copy of the ISAMP and ensure they are familiar with the students’ needs and plan.</p> <p>1.2.5. Work with staff, students and families to identify and minimize asthma triggers in the school setting.</p> <p>1.2.6. Inform students, parents/guardians, volunteers and coaches the importance of understanding asthma and know the triggers (Appendix B).</p> <p>1.2.7. Ensure a copy of the ISAMP is placed in the OSR.</p> <p>1.3. Role of Teachers</p> <p>The Classroom/Occasional Teacher will:</p> <p>1.3.1. Be familiar with and follow the Board’s <i>Asthma Management Protocol</i>.</p> <p>1.3.2. Be aware and follow the <i>Individual Student Asthma Management Protocol</i> for each student in their classroom who has asthma.</p>	

ASTHMA MANAGEMENT PROTOCOL

**AS 16.0
2016 08 30**

- 1.3.3. Follow directions from the school Principal for the sharing of information on asthma to parents/guardians, students, other staff members and volunteers.
- 1.3.4. Participate in asthma education and training opportunities on an annual basis provided by the board/school.
- 1.3.5. Maintain regular communication with parents and ask them about their child's asthma triggers. Each person with asthma will have his/her own set of triggers. As much as possible, remove asthma triggers from your classroom and work to minimize any risks when planning classroom activities, field trips or special events.

1.4. Role of Support Staff and Volunteers

School personnel, support staff and volunteers who are in direct contact with students on a regular basis will:

- 1.4.1. Be aware of the Board's *Asthma Management Protocol*.
- 1.4.2. Participate in regular training on managing asthma and identifying triggers.
- 1.4.3. Be aware of any *Individual Student Management Plan* for students in the school and of the *Managing Asthma Attacks* information (Appendix B).
- 1.4.4. Know who to contact in case on an emergency

1.5. Role of Parents/Guardians of Students with Asthma

Parent/Guardians have the responsibility to :

- 1.5.1. Inform the school Principal and teacher(s) of their child's asthma.
- 1.5.2. Meet with the Principal to establish the *Individual Student Asthma Management Plan* (Appendix A).
- 1.5.3. Meet with their child's teacher and school staff each September to:
 - explain your child's asthma triggers
 - show the school staff your child's asthma medication, how to use them properly, and that they are labelled appropriately
 - Ensure staff know which inhaler is the reliever medication in the case of an asthma emergency (usually a blue inhaler)
 - Ensure that their child has the prescribed medication at all times and that it is carried by their child, provided consent has been provided for students under 16 years of age.

<p style="text-align: center;">ASTHMA MANAGEMENT PROTOCOL</p>	<p style="text-align: center;">AS 16.0 2016 08 30</p>
<ul style="list-style-type: none"> ➤ Ensure their child’s Principal and teacher know what to do in an emergency and whom to contact (ensure all emergency numbers are up to date) ➤ Update the school on any changes to their child’s condition and support this with documentation from the family physician. <p>1.5.4. If possible, provide the school with a spare reliever inhaler, to be safely stored and used if needed.</p> <p>1.5.5. If possible, provide their child with MedicAlert bracelet.</p> <p>1.5.6. Review with their child (subject to developmental capabilities):</p> <ul style="list-style-type: none"> ➤ First symptoms of an asthma episode ➤ Where their asthma medication is kept and who can get it ➤ Communicate clearly when he/she feels an asthma attack starting ➤ Carry his/her reliever inhaler, if capable of self-administration and consent has been provided. <p>1.6. Role of the Student With Asthma</p> <p>Considering the developmental capabilities of each student with asthma, students have the responsibility to:</p> <p>1.6.1. Tell their teachers, educational assistant, Principals and friends about his/her asthma.</p> <p>1.6.2. If consent is provided, to carry a reliever inhaler on their person.</p> <p>1.6.3. Tell their teachers or any school staff when their asthma is bothering them.</p> <p>1.6.4. Follow the instructions of his/her <i>Individual Student Management Plan</i>.</p> <p>1.6.5. Know their triggers of asthma.</p> <p>1.6.6. Learn more about asthma through asthma education programs and by visiting www.asthma-kids.com.</p>	

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

ASTHMA MANAGEMENT PROTOCOL

AS 16.0
2016 08 30

REFERENCES

- Ryan's Law, 2015 – *Ensuring Asthma Friendly Schools*
- Education Act Section 265- Duties of Principal
- Regulation 298 s20 – Duties of Teachers
- Ontario Lung Association Resources www.on.lung.ca/resources
- Creating Asthma Friendly Schools, OPHEA, www.ophea.net
- Ministry of Education – <http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>
- Waterloo Catholic District School Board – Asthma Policy – Ryan's Law – APH028
- Superior North Catholic District School Board – AR Ryan's Law (Asthma) AR 16
- Upper Grand District School Board – Asthma Friendly Schools Procedures Manual 516 – A

Individual Student Asthma Management Plan Form

Student Name: _____
 Date of Birth: _____
 Ontario Education Number: _____
 Age: _____ Grade: _____
 Teacher: _____



Emergency Contacts (list in priority of contact):

	Name	Relationship	Daytime Phone	Alternate Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

KNOWN ASTHMA TRIGGERS

- Colds/flu/illness Physical activity/exercise Pet dander Cigarette smoke Pollen Mould Dust
- Cold weather Strong smells Allergies (specify): _____
- Anaphylaxis (specify allergy): _____ Other (specify): _____
- Asthma trigger avoidance instructions: _____

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 (e.g., trouble breathing, coughing, wheezing).
- Other (explain): _____

Use reliever inhaler _____ in the dose of _____
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? Yes No 

Place a check mark beside the type of reliever inhaler that the student uses:

Salbutamol  Airomir  Ventolin  Bricanyl  Other (specify): _____

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

Reliever inhaler is kept:

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

Student **will carry** his/her reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities, and field trips.

Reliever inhaler is kept in the student's:

- Pocket Backpack/fanny pack
- Case/pouch Other (specify): _____

Does student require assistance to **administer** reliever inhaler? Yes No

Student's **spare** reliever inhaler is kept:

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

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED 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 the student will be participating in an overnight activity).

Use/administer _____ in the dose of _____ at the following times: _____
(Name of Medication)

Use/administer _____ in the dose of _____ at the following times: _____
(Name of Medication)

Use/administer _____ in the dose of _____ at the following times: _____
(Name of Medication)

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION

We agree that _____:
(Student Name)

- can **carry** his/her prescribed 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.
- We will inform the school of any change in medication or delivery device. The medications **cannot** be beyond the expiration date.

Parent/Guardian Name: _____

Parent/Guardian Phone #:

Daytime: _____ Evening: _____ Cell: _____ Alternate: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

PLAN REVIEW

Optional review by health-care provider (e.g., Pharmacist, Respiratory Therapist, Certified Asthma Educator, Certified Respiratory Educator, Nurse, Medical Doctor, or other clinician working within their scope of practice):

Attach prescription labels here

Health-Care Provider's Name: _____ Profession: _____

Signature: _____ Date: _____

Names of staff with first aid training

1. _____ 2. _____ 3. _____

Principal's Name: _____ Signature: _____ Date: _____

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



Funded by the Government of Ontario

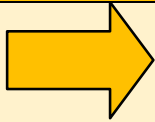

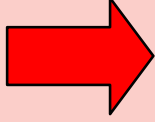





Lung Health Information Line: **1-888-344-LUNG (5864)**
Staffed by Certified Respiratory Educators
Email: info@on.lung.ca • www.on.lung.ca



www.ophea.net
www.asthmainschools.com

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>Step 1: Immediately use fast-acting relief 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.</p> <p>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>Step 1: Immediately use fast-acting relief 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 style="text-align: center;">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

Childhood Asthma



Asthma is the most common chronic disease in children. As a parent or a caregiver, you need to know about asthma. You need to be aware of triggers, symptoms, prescribed medicines and how to use them effectively and safely in order to control your child's asthma.

What is asthma?

Asthma is a lung disease that at times can make breathing difficult.

- Asthma is a chronic lung disease meaning it doesn't go away. However, it can be controlled.
- Asthma affects the airways or breathing tubes that carry air in and out of the lungs.
- With asthma, the muscles that surround the breathing tubes are sensitive and twitchy and the insides of the breathing tubes are slightly inflamed (swollen).
- When asthma worsens, the swelling/inflammation will increase, the muscles will tighten and breathing will be difficult.
- Follow the action plan provided by your child's health-care provider. If you don't have an action plan, ask for one so you know what to do when your child's asthma worsens.

Triggers can cause asthma to worsen. What triggers asthma symptoms is different for each person with asthma. Help keep your child's asthma under control by identifying and avoiding these triggers as much as possible.

Have any questions?

Call **The Lung Association Lung Health Information Line** at **1-888-344-LUNG (5864)** to speak to a Certified Respiratory Educator, email us at info@on.lung.ca or visit www.on.lung.ca.

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

FACT Sheet

What are the symptoms of asthma?

- Coughing
- Shortness of breath
- Wheezing
- Chest tightness

What is a "trigger"?

Triggers can cause asthma symptoms to appear or worsen and may include (but not limited to) the following:

- Colds, viruses
- Animal allergens
- Cigarette smoke
- Plants and pollen (grass, trees, ragweed)
- Moulds
- Strong odours (paints, perfumes, cleansers)
- Dust mites
- Weather changes (poor air quality)
- Exercise
- Cockroaches (usually the feces)

What does Asthma Control mean?

Your child:

- Should sleep well at night without waking because of asthma.
- Should have little need to use the reliever puffer including for exercise - (not more than 4 or more times per week).
- Should be able to exercise as long as other children with little (if any) coughing, wheezing, chest tightness or breathing trouble.
- Should handle colds as well as other children.

Childhood Asthma

Medicines

Read directions that come with your medicines and speak to your health-care provider. Watch videos on how to use your inhalers at www.on.lung.ca/inhalationdevicevideos.

Medicines (most of them are available as a puffer) for asthma can keep your child's lungs healthy and keep your child's asthma from getting worse. The main types of inhaled medicines that your child may take for asthma are called controllers and relievers. A controller is a medicine that stops the lining in the airways from swelling. Your child will have less swelling and mucus when he or she uses a controller every day. Note that steroid controllers can cause yeast infections in the mouth. Be sure your child rinses after every use. Also ensure your child has an age appropriate valved-holding chamber, also called a spacer (e.g. AeroChamber®).

A reliever relaxes the muscle that goes around the airway. When the muscle relaxes, the airway opens. A reliever helps treat the signs of asthma such as a cough or wheeze. Your child should use a reliever when he or she is having problems with asthma. Your child should have a reliever available at all times. If you have a school aged child, make sure the school has information about your child's asthma and your permission to allow them to carry their reliever inhaler.



Have any questions?

Call The Lung Association Lung Health Information Line at 1-888-344-LUNG (5864) to speak to a Certified Respiratory Educator, email us at info@on.lung.ca or visit www.on.lung.ca.

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

FACT Sheet

How will I know if my child's asthma is getting worse?

Early warning signs that asthma is getting worse:

- Continuous coughing
- Difficulty breathing
- Chest tightness (like a tight band around the chest)
- Wheezing (whistling in the chest)

Take Action:

Step 1: *Immediately* use reliever inhaler (usually **blue**). Only return to normal activity when all the asthma symptoms are gone.

Step 2: If there is no improvement in 5 to 10 minutes or if symptoms get worse, this is **an emergency** - call 911.

Teach your child to watch for early warning signs and to communicate whenever he or she experiences these signs.

Emergency:

- Breathing is difficult and fast
- Lips or nail beds are blue or gray
- Skin on neck or chest is sucked in with each breath
- Cannot speak in full sentences

Note: May also be anxious, restless and/or very tired

My child is having an attack.

What do I do?

If you notice some of the above signs and think that your child is having an attack, here are the steps you should take:

Step 1: *Immediately* use fast-acting reliever inhaler (usually a **blue** inhaler). Use spacer if possible.

Call 911 for an ambulance.

Step 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives.

- Wait for the ambulance - do not drive to hospital
- Have the person sit up with arms resting on a table
- Stay calm and reassure your child - stay by their side

September 2016

Dear Parent/Guardian:

We would like to inform you that the Nipissing-Parry Sound Catholic District School Board has developed an Asthma Management Protocol for school sites to accommodate students diagnosed with asthma. This protocol supports the passing of Ryan's Law which was passed by the Ontario Legislature in 2015 and is an important measure to support with well-being of students with asthma in Ontario schools. The NPSC Asthma Management Protocol can be found on our website at www.npsc.ca

In order for the school to provide a safe, secure and nurturing learning environment for your child, we invite you and welcome your support in providing the following:

- Inform the school **immediately** if your son/daughter has asthma in order to establish the Individual Student Asthma Management Plan at the school (template is provided by the school).
- Verify your consent if you choose to have your son/daughter (under 16 years of age) to carry their inhaler with them at all times or to have their inhaler in close proximity at all times.
- Ensure school staff (including principal, teachers, support staff and coaches) know your child's asthma triggers.
- Ensure your child knows how and when to use their reliever medication properly prior to coming to school.
- To share with their friends about their asthma and how they can help.
- To ensure that your child understands to tell a teacher or staff member if they are experiencing symptoms and never to remove themselves to a secluded spot (ie: washroom).

As a best practice and to support your child, please let the school know if your child has a medical condition or if there has been any changes to their current condition or medication so that the school is aware and can keep this information on file.

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

We appreciate your support and assistance to creating asthma friendly schools.

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

Sincerely,

Principal

INDIVIDUAL STUDENT LOG OF ADULT ADMINISTERED MEDICATION

Name of Student: _____ Birthdate: _____
Month Day Year

Address: _____ Telephone: _____

Schools: _____ Principal: _____

Medication	Description of Medication (pill, liquid, colour, <i>inhaler</i> , etc.)	Method of Administration (mixed with food, spoon, <i>inhaled</i> , etc.)	Dosage	Date	Time	Comments	Signature/Initials of Person Administering