

Appendix 1:

ASTHMA PLAN of CARE

The collection, use and disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, (RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

Please ensure that this form is filled out legibly and kept up-to-date

School Name: _____

Student Name: _____

Student Number _____ Grade: _____

Parent(s)/Guardians _____

Civic Address

Home Phone Number _____ Cell Phone Number _____

I/we authorize this ASTHMA PLAN OF CARE to be shared with school staff, occasional staff, volunteers, and disclosed to bus contractors, bus drivers and Student Transportation of Eastern Ontario (STEO), for the purpose of implementing my child's Plan of Care. I agree that the school may post my child's picture and implement emergency measures as outlined.

Parent's/Guardian's Signature _____ Date: _____

- I consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.

Parent's/Guardian's Signature _____ Date: _____

- I do NOT consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.

Parent's/Guardian's Signature _____ Date: _____

Implementation of Plan of Care:

A copy of the Plan of Care can be located in the School Office. Emergency Protocols for the Plan of Care shall be posted:

- school office
- staff room
- gymnasium hallway
- classroom/homeroom
- cafeteria

Consultation and a review of the Plan of Care took place with the parent/guardian and student (as appropriate) on [insert date]: _____

Review of the Plan of Care took place with the homeroom/classroom teacher school, staff, and volunteers on [insert date]: _____

Review of the Plan of Care took place with and transportation provider on [insert date]: _____

Plan of Care must be reviewed on or before [insert date]: _____

Principal's Signature _____ Date _____

Appendix 1:

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STUDENT: _____

CLASSROOM/HOMEROOM TEACHER : _____

Possible triggers and inducers for Asthma:

****More likely when activity changes (field trip or track meet etc).**

Check those that apply:

<input type="checkbox"/> Colds / Flu / Bacterial Infection	<input type="checkbox"/> Change in weather	<input type="checkbox"/> Pet dander	<input type="checkbox"/> Smoke (tobacco, cannabis, fire)
<input type="checkbox"/> Strong smells	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	Physical activity: <input type="checkbox"/> running <input type="checkbox"/> swimming <input type="checkbox"/> hiking <input type="checkbox"/> climbing
<input type="checkbox"/> Pollen	<input type="checkbox"/> Foods [identify]	<input type="checkbox"/> Air quality (smog) <input type="checkbox"/> Cold air	

ROUTINE	MANAGEMENT
<p>1. CONTROLLER MEDICATION</p> <p><input type="checkbox"/> My child can independently take controller medication</p> <p><input type="checkbox"/> My child needs supervision to take controller medication</p>	<p>Parent please check appropriate time to administer <i>routine</i> controller medication:</p> <p>Balanced Day: Regular Day:</p> <p>Before 1st nutritional break <input type="checkbox"/> Before morning break <input type="checkbox"/> Before 2nd nutritional break <input type="checkbox"/> Before lunch <input type="checkbox"/> Before afternoon break <input type="checkbox"/></p> <p>Name of Medication: _____</p> <p>Dosage: _____</p> <p>Medication shall be stored:</p> <ul style="list-style-type: none"> • Backpack/fanny pack • School Office
<p>2. RELIEF INHALER</p> <p><input type="checkbox"/> My child can independently administer relief inhaler with supervision</p> <p><input type="checkbox"/> My child requires assistance to administer relief inhaler</p>	<ul style="list-style-type: none"> • Student can independently carry and access relief inhaler • Student requires assistance to carry and access relief inhaler <p>Shall be stored:</p> <ul style="list-style-type: none"> • backpack/fanny pack • classroom/teacher pouch <p>Spare relief inhaler shall be stored</p> <ul style="list-style-type: none"> • In locker # _____ Combination _____ • School Office <p>Relief Inhaler type:</p> <ul style="list-style-type: none"> • Airomir • Ventolin • Bricanyl • Other _____
<p>3. SYMPTOMS FOR ADMINISTRATION OF RELIEF INHALER</p>	<p>If the student is experiencing any of the following symptoms administration of relief inhaler is required:</p> <ul style="list-style-type: none"> ➢ Trouble breathing ➢ Coughing ➢ Wheezing ➢ Shortness of Breath ➢ Chest Tightness

<p>4. ADMINISTRATION OF RELIEF INHALER</p>	<p>The relief inhaler is required:</p> <ul style="list-style-type: none"> • Before exercise • Before outdoor activities in the cold <p>The dosage of the relief inhaler to be administered are: [number of puffs] _____</p>
<p>5. LOCATION OF POSTING</p>	<p>Plan of Care in classroom(s) _____</p> <p>EMERGENCY PROTOCOL shall be posted _____</p>
<p>6. STUDENT FILE</p>	<p>Location of student's Asthma Plan of Care and supporting documents shall be located in the office area and accessible to the principal/designated. Once student is no longer attending the School, the file shall be confidentially disposed.</p>

Parent/Guardian/Emergency Contacts (Prioritize calls #1, #2, #3, ...)

	First Name	Last Name	Relationship	Home	Work	Cell #
1						
2						
3						

**EMERGENCY PROTOCOL ASTHMA PLAN OF CARE
ASTHMA EMERGENCY**

Insert Student
Photo here

Student Name: _____
Last Name
First Name

Classroom/Homeroom Teacher(s) _____

Child Wears Medical Bracelet: YES NO

Possible Triggers and Inducers for Asthma for Student **Check those below that apply:**
****More likely when activity changes (field trip or track meet etc.)**

Colds/Flu/Bacterial Infection	Change in Weather	Smoke (tobacco, cannabis, fire)	Physical Activity <input type="checkbox"/> Running <input type="checkbox"/> Swimming <input type="checkbox"/> Hiking <input type="checkbox"/> Climbing
Strong Smells	Mould	Air Quality (Smog)	
Pollen	Cold Air	Pet Dander	Dust
Foods (Identify):		Other	Other

Relief Inhaler Information (check or highlight area that applies)

Student can independently administer relief inhaler

Student requires assistance to administer relief inhaler

Relief inhaler is stored in student's: Backpack/Fanny Pack Desk Coat Locker

Relief inhaler is stored in classroom: Teacher's Desk Other (specify):

SIGNS AND SYMPTOMS ASTHMA EMERGENCY:

WHEN TO CALL 911

If the student exhibits any of these symptoms

Breathing is difficult and fast	Cannot speak in full sentences	Lips and/or nail beds are blue or grey
Skin or neck or chest sucked in with each breath		Anxiety, restlessness and/or quiet
Other (Please specify):		

Immediately use any Fast Acting Relief (usually blue) Inhaler and Spacer if Provided

Call 911

If symptoms continue, use Relief Inhaler every 5-15 minutes until emergency medical services arrive

- ✓ **Have student sit with arms resting on table (do not have student lie down unless also having anaphylaxis reaction)**
- ✓ **Reassure the student**
- ✓ **Notify parent/guardian or emergency contact**
- X **Do NOT have student breathe into a bag**

Date: _____ **Parent/Guardian Signature:** _____

Appendix 2: **TRANSPORTATION GUIDELINES for ASTHMA PLAN OF CARE**

The Upper Canada District School Board (UCDSB) and the Student Transportation of Eastern Ontario (STEO) recognizes the possible need for assistance by school bus drivers to identified students living with asthma:

1. When a student has been identified as having asthma, schools/principals shall:
 - a. Submit three (3) copies of STEO Life Threatening Emergency Medical Form, for those students being transported by the Student Transportation of Eastern Ontario (STEO), to the Student Transportation of Eastern Ontario within ten school days from the start of each school year; and
 - b. Resubmit three (3) copies of STEO Life Threatening Emergency Medical Form if there is a change in the student's bus route number.
2. At the beginning of each school year bus drivers will be invited and encouraged to attend the staff training sessions on asthma.
3. The General Manager (or designate) of the Student Transportation of Eastern Ontario (STEO) will annually identify, by bus route number and school, students with asthma.
4. If a replacement driver operates a route carrying an identified student with asthma, or any other life-threatening medical condition that has been documented on a STEO Life-Threatening Emergency Medical Form, the dispatcher must ensure that the replacement driver is aware of the student.
5. If an identified student living with asthma appears to be experiencing symptoms of an asthma attack:
 - a) The school bus driver should:
 - a. Secure the vehicle
 - b. Secure the passengers
 - c. Assist the student living with asthma to administer emergency relief inhaler.
 - d. Notify the dispatcher of the need for additional assistance;
 - e. Monitor student and await the arrival of emergency response personnel;
 - f. Complete and submit a report to Student Transportation of Eastern Ontario detailing the incident.
 - b) The dispatcher should:
 - a. Confirm with the school bus driver the location and time of the incident
 - b. Advise Emergency 911, the school principal and the General Manager (or designate) of Student Transportation of Eastern Ontario (STEO) of the incident;
 - c. Remain in constant contact with Emergency 911 personnel and the school bus driver.
 - c) The school principal/designate should:
 - a. Contact the student's parent/guardian/emergency contact

Appendix 3: **CREATING SAFE & HEALTHY SCHOOLS FOR STUDENTS LIVING WITH ASTHMA**

Parents, guardians and school staff have the responsibility for creating a safe and caring learning environment for students with asthma.

Asthma is a chronic disease that makes a person's lungs very sensitive and can make it hard to breathe. With treatment and preventative steps, students with asthma can lead normal, active lives. For students living with asthma, the sensitive airways can become swollen and filled with mucus, making the airways narrower, so it is hard for air to pass through and/or airways can become twitchy and squeeze together and tighten, making passages narrower and hard for air to pass through.

Students should attempt to reduce and avoid asthma triggers and inducers. Asthma triggers and inducers can work in combination.

Asthma Triggers:

Exercise is a trigger for many people who don't have good asthma control.

- Make sure the student has good asthma control before exercising
- Warm up slowly before you exercise and do gentle cooling down exercises afterwards.
- Keep the relief inhaler available at all times.
- Follow the student's Plan of Care – if the relief inhaler is required before, during or after exercise, monitor the student to ensure appropriate use

Cold air can be a trigger for some students.

- During recess and outdoor activities, ensure students have access to a scarf that can be draped across nose and mouth
- Remind the student to breathe through his/her/their nose
- Follow the student's Plan of Care - if the relief inhaler is required before outdoor time, ensure a dose of the relief inhaler is available before the student goes outside

Smog is a trigger most common in warmer months (May – September) might be immediate or noticed later (next day)

- Monitor air quality levels
- Ensure students have access to their relief inhaler at all times
- Where necessary, ensure student has access to clean, air conditioned environment

Wood smoke from bonfires, grills, can cause asthma symptoms right away and make asthma worse over time

- Students should avoid bonfires, open burning stoves (i.e. camping and sugar shack excursions)

Scents chemicals from perfume and cologne, fabric softener, air fresheners and personal hygiene products can make asthma worse

- Schools are encouraged to communicate with students, parents and staff to reduce scents in the school
- Schools should utilize scent free soap and cleaning products
- scents

Emotions can increase asthma

- Anxiety
- Laughing and crying

Food may be triggers for some students, particularly if they contain:

- Sulphites,
- Chemicals used to preserve some food
- MSG (monosodium glutamate), a flavour enhancer use in food
- Aspirin

Some students with asthma also have food allergies that causes anaphylaxis. These students must also have an **Anaphylaxis Plan of Care.**

Asthma Inducers

Asthma can be controlled by avoiding asthma inducers, which are individual to a student.

Common asthma inducers include:

- viruses: viral infections like colds and flu
- bacterial infections: like pneumonia
- allergies

Ensure students:

- Wash your hands properly and follow other germ-fighting tips
- Avoid causes of allergic reaction

Asthma inducers can give symptoms that:

- may come on slowly

- may take a while to treat
- can be treated with asthma preventer medicines

The Upper Canada District School Board also supports teaching students about prevalent medical conditions and the signs of emergency for a particular student (with parental/student consent). Learning about prevalent medical conditions destigmatizes conditions and assists in emergency response.

When a student has been identified as having asthma, schools/principals should create a safer school environment by:

- ✓ Ensuring that instructions from the student's parents/guardians are collected, updated, received, reviewed and discussed annually and/or as required, with parents/guardians, teachers and support staff of the student living with asthma and that specific instructions regarding action in case emergency;
- ✓ Working in co-operation with the students and parents/guardians to ensure that emergency inhalers are kept accessible in locations known to the student and staff, and are replaced prior to expiration or as soon as they have been depleted.
- ✓ Generating annually, a list of identified students living with asthma and reviewing with all school staff, especially homeroom, physical education and occasional staff. This list should be posted with a picture of the students, in appropriate staff areas.
- ✓ Forwarding appropriate information pertaining to identified students living with asthma transported by school bus to the Student Transportation of Eastern Ontario (STEO) (to be shared with the school bus carriers; and
- ✓ Ensuring, where possible, in consultation with the parents/guardians of the student living with asthma and the student, that staff and students (with consent) receive training in the following:
 - Students living with asthma and the impact on the learning environment
 - General information on asthma;
 - The need to alert parents/guardians of class activities and schedule changes well in advance
 - The need to ensure occasional staff are made aware of the student's needs;
 - Actions to be taken when asthma symptoms arise
 - Post incident review (possible cause of symptoms)
- ✓ Training sessions will be held annually, as early as possible in the school year or where students living with asthma become diagnosed or register after the start of the school year, if will be given as soon as possible. Principals should contact local health care providers to provide staff training.

Create safer classrooms where:

- ✓ Homeroom teacher makes the class aware of asthma and how to help students living with asthma
- ✓ Teacher day-books provide clear information for occasional staff
- ✓ Information and instructions are clearly posted in the classroom
- ✓ there is appropriate information/training for all students/ volunteers who may assist in supervision of students

Create safer conditions outside the classroom where:

- ✓ Plans are in place to ensure safe field trips or co-instructional activities. For example, a cellular phone, emergency supplies on field trips.
- ✓ Plans are in place to ensure appropriate supervision during recess. For example, all yard staff will carry radios or another reliable communication device
- ✓ Plans, protocols and concerns relative to the student living with asthma are reviewed with all supervisors, staff and parents/guardians before a field trip or excursion. Parents/guardians are urged to volunteer or designate a knowledgeable volunteer to assist/monitor the student living with asthma, particularly on extended field trips.
- ✓ Permission forms for off-site activities include information on needs of the student
- ✓ Arrangements are made for a buddy system during recess, on the school bus and on field trips.

General Recommendations

School staff should be encouraged to listen to the student. Many students living with asthma are often aware of symptoms of potential problems. Early awareness of the signs, symptoms and treatment for a potential asthma attack can prevent more serious symptoms from occurring. Immediate action is essential.

- ✓ It is strongly recommended that a meeting between parent/guardian and teacher occur prior to the first day of school
- ✓ It is strongly recommended that the student living with asthma learn to take responsibility for his or her own well-being, and communicate his or her needs to the school staff. The level of the student's awareness of asthma signs, symptoms and treatment should be reviewed

with the parent/guardian and student, and where necessary, steps should be taken to further develop the child's awareness and understanding of the condition.

- ✓ It is recommended that parents/guardians be urged to comply with the "Responsibilities of Parents/Guardians and Students" as outlined below.
- ✓ It is recommended that a compatible relationship is created between the parent(s), principal and teachers so that concerns can be dealt with as they arise.

General Recommendations for Intermediate and Secondary Schools:

School staff, parents/guardians and students are responsible for creating safe and healthy learning environments within the limits created by legislation, schools organizations and available staff. School staff, parents/guardians and students can take important precautions to attempt to minimize the issues created by asthma. School staff can communicate their willingness to help while respecting the student's privacy.

The combination of the adolescents' desire to be like everyone else and the belief that they are invincible increases the risk. It should be emphasized that speaking up immediately will enable staff to adjust to the needs of the student. Staff should recommend that the student select a classmate who will be advised if a reaction is occurring and get help if necessary. ***A student who is showing signs and symptoms of an asthma attack should never be left alone.***

Students living with asthma need to know they have the support of the school staff. All concerns should be taken seriously. Even though a few students may use their condition as an excuse to get out of schoolwork it is best assumed that students living with asthma will not tell staff of imagined symptoms. Staff should err on the side of safety. When a student living with asthma, it should be ensured that at least one staff member has training with regard to the needs of students living with asthma. The parents/guardians of the student should be involved if possible so that any insight can be gained about any special concerns.

When a student has been identified as having asthma, schools/principals should:

- ✓ Remind students and parents/guardians early in the school year about the need to provide the office with updated information about asthma triggers inducers for the student;
- ✓ Generate annually a list of identified students with asthma and review with school staff and parents/guardians to ensure accuracy of information;
- ✓ Forward appropriate information pertaining to identified students living with asthma transported by school bus to the Student Transportation of Eastern Ontario (STEO) to be shared with the school bus carrier(s);
- ✓ In consultations with student and parent/guardians, ensure that all staff, including office and custodial staff members, receive appropriate training which includes:
 - An understanding of asthma
 - Recognition of causes, signs and symptoms of asthma attack
 - Emergency plan
 - Post-incident review plan.

Responsibilities of Parents/Guardians of a Student Living with Asthma

- ✓ Inform the principal and teacher that the student is living with asthma;
- ✓ Provide all necessary documentation and/or forms;
- ✓ Encourage the student to wear asthma identification (e.g. Medic Alert) at all times;
- ✓ Provide support to the school and teachers as requested (e.g. accompany student on field trips)
- ✓ Assist in communication plans for school activities
- ✓ Teach the student:
 - To recognize the first symptoms of an asthma attack,
 - To communicate clearly to a responsible adult when the student feels an asthma attack beginning
 - Depending on the child's age and ability, and the parent/guardian's input, to take appropriate levels of responsibility for his/her own safety;
- ✓ Take responsibility for making treatment decisions;
- ✓ Inform the schools of the extent of child's involvement in and responsibility for their own asthma management (including recognition of signs and symptoms, self-monitoring, and treatment decisions);
- ✓ Provide clear guidelines for the treatment of signs;
- ✓ Review emergency protocols annually and as needed with school personnel;
- ✓ Provide an extra relief inhaler, and replenished when used or expired

Responsibilities of Students Living with Asthma

- ✓ Depending on the age and ability of the student and parent/guardian input, the student should take as much responsibility as possible to monitor and treat the signs and symptoms of asthma;
- ✓ Learn to recognize the signs and symptoms of an asthma attack and inform/seek assistance of staff immediately
- ✓ Wear a MedicAlert bracelet to identify condition to others.

Appendix 4



Consent to Obtain and/or Release Information

The collection, use and disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

Student Name: _____	D.O.B. (mm/dd/yy): ____/____/____
School: _____	Student ID: _____

I, _____, give my consent for the following person/agency:

Name of Person/Agency: _____
Street Address: _____
City/Prov./Postal Code: _____
Phone Number: _____

To obtain (specify information) _____
FROM:
Name of Person/Agency: _____
Street Address: _____
City/Prov./Postal Code: _____
Phone Number: _____

To release (specify information) _____
TO:
Name of Person/Agency: _____
Street Address: _____
City/Prov./Postal Code: _____
Phone Number: _____

- I understand:
- a. the period of consent will terminate one year from the date it was granted as indicated below;
 - b. the nature and purpose for which this information is being obtained/released/exchanged;
 - c. this information will be used for the planning and provision of educational services;
 - d. that I may revoke my consent at any time;
 - e. this information will be treated confidentiality;
 - f. that a copy of all information will be made for the confidential files at the UCDSB regional office.
 - g. this information will be placed in the OSR. My initials here _____ indicate that consent for this is NOT given.**

Signature: _____ Relationship to Student: _____

Phone #: _____ Date: _____