



ASTHMA PACKAGE

FOR

PARENTS/GUARDIANS

ELEMENTARY/SECONDARY

Revised June 2016

CONTENTS

PARENT/GUARDIAN INFORMATION AND RESPONSIBILTIES - ASTHMA PROTOCOL 3

 ACCESS TO THE HCSDS ASTHMA PROTOCOL 2013: 3

 ROLE OF SCHOOLS UNDER THE ASTHMA PROTOCOL:..... 3

Elementary Schools: 4

Secondary school students: 4

ROLE OF PARENTS/GUARDIANS:..... 4

STUDENT WITH ASTHMA - RESPONSIBILTIES: 6

PARENT/GUARDIAN INFORMATION AND RESPONSIBILITIES - ASTHMA PROTOCOL

A collaborative effort of the Halton Regional Health Department the Halton Catholic District School Board and the Halton District School Board has developed an Asthma Protocol for school sites to manage and accommodate students diagnosed with asthma.

ACCESS TO THE HCDSB ASTHMA PROTOCOL 2013:

www.hcdsb.org + PARENTS + Safe, Healthy and Inclusive Schools + Medical Conditions + Asthma
(Also available: Asthma Package for Parent/Guardian and Video: Managing Asthma in Our Schools)

**If you have a question about asthma, you can talk to an Asthma Educator by calling:
1-800-344-5864**

ROLE OF SCHOOLS UNDER THE ASTHMA PROTOCOL:

- Providing information and training to school staff on asthma, such as:
 - Definition of asthma
 - Identification of triggers and how to minimize (where possible)
 - Identification of asthma symptoms
 - Medication – reliever inhalers
 - How to manage a mild to severe asthma attack

- **Implement legislative requirement of Bill 20, Ryan's Law (Ensuring Asthma Friendly Schools), 2015 - Pupils permitted to carry asthma medication:**
 - Provide parents with opportunity to provide permission. Refer to Student Asthma Management Plan.
 - Outline the implementation of the legislation and accommodations to be made for students in the location of their asthma medication:
 - Students (grade 1-12) are to carry their reliever inhaler at all times (e.g. to and from school, when moving classroom locations, physical activities (indoor/outdoor) breaks – recess and noon time, all field trips, evacuation procedures, lockdowns.)
 - Accommodations where (age, pupil capacity (intellectual/physical), activity or location) prevents safe carrying the reliever inhaler must be located in proximity to the student for ready access.
 - Accommodations for the age of students in JK/SK: the classroom teacher is responsible for housing the reliever inhaler and develop a process for having it accessible for the student at all times.
 - Where outdoor seasonal triggers are not present or do not affect the student's asthma the reliever inhaler, under parental permission as stated on the Students Asthma Management Plan, does not have to be carried outside and can remain in the student's classroom.

- The Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012 has outlined the following indicators when the child's asthma is not in control and parent/guardians are to be informed.
 - reliever medication had to be taken for a second time in a 4-hour period
 - reliever medication had to be used more than 4 times in a week

ELEMENTARY SCHOOLS:

- When elementary school staff observe either one or both of the indicators that the child's asthma is not in control school staff are to inform parent/guardians.

SECONDARY SCHOOL STUDENTS:

- Due to the nature of secondary school programs the same teacher is not with the student during the whole day to observe indicators. It is the student's responsibility to inform parents of when their reliever inhaler is used. When/if a teacher does observe the indicators the teacher will remind the student to inform their parent/guardian.

ROLE OF PARENTS/GUARDIANS:

In order for the schools to provide a safe and nurturing learning environment for your child and to act in the best interest of your child during an asthma attack we invite and welcome your cooperation and support by implementing the following:

- Read the content of the Parent/Guardian Package and review the Student Responsibilities with your child.
- Inform your child of the following indicators that their asthma is not in control and the importance of them informing you as soon as possible when:
 - reliever medication had to be taken for a second time (twice) in a 4-hour period
 - reliever medication had to be used more than 4 times in a week
- Recommendation for parents from the Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012 when informed of indicators that your child's asthma may not be in control is to:
 - Follow up the incident(s) with your child.
 - Where applicable parent/guardian to communicate with child's physician.
- Provide your child with a reliever/rescue inhaler for use at school and offsite trips.
- Instruct your child to carry their inhaler with them at all times OR when carrying the inhaler is not possible to make sure the inhaler is readily accessible at all times e.g. to and from school when moving classroom locations, physical activities (indoor/outdoor) breaks – recess and noon items (outside), all field trips, during evacuation procedures and lockdowns.
- Review the Instructions for Managing an Asthma Attack and how it applies to your child.
- FORMS TO BE COMPLETED:**
STUDENT ASTHMA MANAGEMENT PLAN (see attached).
Complete the attached Student Asthma Management form and submit to the school administrator/designate during the last week of August or on the date as requested by school administrator.
Note: Complete the Permission to Carry Asthma Medication with your signature.
- If your child has both ASTHMA and ANAPHYLAXIS** access the PARENT/GUARDIAN PACKAGE for ANAPHYLAXIS and complete the required ANAPHYLAXIS FORMS. Check to make sure you have indicated your child also has asthma.

If there is any reason to believe that your child has come into contact with his/her anaphylactic trigger, the event will be managed as outlined in the HCDSB anaphylaxis protocol/policy.

- If your child requires assistance to take his/her reliever asthma medication and/or child's doctor has requested that school personnel assist your child to use his/her inhaler, complete and send the Authorization for Medication during the last week of August or the date requested by the school administrator.

COMMUNICATE WITH PRINCIPAL AND CHILD'S TEACHER:

School staff need to know about your child's:

- Triggers – what causes and makes their asthma worse
- Management plan – when your child needs to use his/her reliever inhaler.
e.g. if your child has exercise induced asthma and requires inhaler prior to activity.
- Student's ability to use their inhaler:
 - if your child is capable of using his/her own inhaler,
 - if your child requires assistance to take their medication, provide instructions to the school staff regarding proper use of inhaler.
- For off school site activities (e.g. field trips, athletic activities) inform supervising teacher/coach of required accommodations.

- Parents are responsible to keep school up to date with changes to contact information, medication or medical condition diagnosis as soon as reasonably possible.**

Procedures:

Changes to contact information e.g. contact person and/or contact number:

- Provide school administrator/designate in writing the name(s) of person along with contact number.

Changes to medication:

- Provide school administrator/designate the completed HCDSB Request and Consent for the Administration of Prescribed Medication. Form can be accessed through school administrator.

Changes to medical diagnosis:

- Provide school administrator/designate a completed copy of the HCDSB Change of Medical Diagnosis Form. Form can be accessed through school administrator.
Note: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

Parents/guardians with a child graduating to secondary school:

You will receive from your elementary school, in June, a recent copy of your child's Student Asthma Management Plan. You are requested to update the form with recent medical and contact information and to provide the completed form to the secondary school administrator/designate during the last week of August.

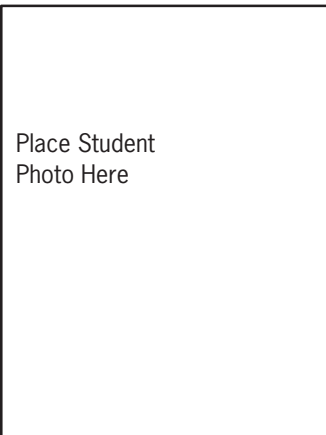
- Consider providing a MedicAlert bracelet or necklace for your child. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

STUDENT WITH ASTHMA - RESPONSIBILITIES:

Parents are requested to review the following student responsibilities with their child:

- Bring home and return to school all information and forms related to your asthma medical condition.
- RELIEVER MEDICATION – INHALER:**
 - Know when and how to use your asthma inhaler-(age appropriate).
 - If you feel uncomfortable taking your asthma inhaler or need help taking the inhaler let your teacher/adult know as soon as you feel the need to do so.
 - **Carry your inhaler with you at all times OR when carrying your inhaler is not possible make sure your inhaler is located in an easy to get to place at all times** e.g. to and from school when moving classroom locations, physical activities (indoor/outdoor), breaks – recess and noon items (outside), all field trips, during evacuation procedures and lockdowns.
 - Do not share your inhaler with anyone.
 - Talk to your friends about your asthma and let them know how they can help you.
 - **Tell your parents (teacher – elementary) when you use your inhaler more than 4 times per week AND/OR more than twice in a 4-hour period.**
- Know what triggers your asthma (what makes your asthma worse) and if your asthma is bothering you because on an asthma trigger tell your teacher.
- When under the supervision of a supply/substitute teacher or adult on a field trip, let him/her know about your asthma and where your reliever inhaler is located.
- When you are having an asthma attack, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are having trouble breathing and need help.
- If you have questions or would like to learn more about asthma you can do so by:
 - Talking with your parents and/or family doctor/allergist
 - Checking out: www.KidsAsthma.ca

INDIVIDUAL STUDENT ASTHMA MANAGEMENT PLAN



(PLEASE PRINT)

Student Name _____ Date of Birth _____
 Grade _____ Teacher _____

Emergency Contacts (list in priority of contact) (please print):

| | 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 (e.g. Ventolin)
 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: _____
 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): _____
- 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: _____

(please print) Parent/Guardian Phone #: _____

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

Parent/Guardian Signature: _____ Student Signature: _____ Date: _____



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.asthainschools.com

Adapted with permission from Ophea and The Lung Association [Individual Student Asthma Management Plan form, September 2015]
The original publication is available in Accessibility for Ontarians with Disabilities Act (AODA) electronic format at www.on.lung.ca/resources.

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This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.
If you have any questions regarding your child's personal information, please contact the Principal of your child's school.

HALTON CATHOLIC DISTRICT SCHOOL BOARD
REQUEST AND CONSENT FOR THE ADMINISTRATION OF
PRESCRIBED MEDICATION

DATE (yy/mm/dd): _____

This form is completed when the school agrees with the parental request to administer oral medication. A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when medication changes. Staff agreeing to administer medication will do so according to the information in this form only.

To Be Completed by the Parent/Guardian (please print)

A. Student Information

| | | | | | |
|--|-------|---|-----------------------|----------------------|---|
| STUDENT NAME: | | | ADDRESS/ POSTAL CODE: | | |
| Date of Birth (dd/mm/yy) | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | Student #: | | Medic Alert I.D.? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Grade: | Room: | Teacher: | | | |
| Name of Father: | | Home Tel.# | Bus. Tel. # | Cell Tel. # | |
| Name of Mother: | | Home Tel.# | Bus. Tel. # | Cell Tel. # | |
| Name of Guardian: | | Home Tel.# | Bus. Tel. # | Cell Tel. # | |
| Emergency Contact: | | Home Tel.# | Bus. Tel. # | Cell Tel. # | |
| Physician Contact: (please include names and numbers for all supervising physicians) | | Name: Bus. Tel. # | Name: Bus. Tel. # | Name: Bus. Tel. # | |

B. Indicate Oral Medications That Must Be Taken During School Hours or School-Sponsored Events. (please print)

| MEDICATION | DOSE | PROVIDE @ (TIME) | REASON | PHYSICIAN'S NAME |
|------------|------|------------------|--------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

| MEDICATION | PRESCRIPTION | | IMPACT OF MISSED DOSE? | OBSERVABLE SIDE EFFECTS AND RESPONSE |
|------------|--------------|----------|------------------------|--------------------------------------|
| | Start Date | End Date | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Additional instructions as needed:

C. Statement of Understanding and Consent (signature required)

Statement of Understanding and Consent

REGARDING PARENT REQUESTS TO PROVIDE PRESCRIBED MEDICATION TO STUDENTS BY EMPLOYEES OF THE HALTON CATHOLIC DISTRICT SCHOOL BOARD.

Insofar as it concerns my/our child (print child's full name) _____

a student attending (Print school name) _____, I/We:

accept and endorse the following terms and/or conditions pertaining to my (our) request for Halton Catholic District School Board employees to provide my (our) child with the medications listed in Part B of this form and prescribed under the authority and supervision of the doctor also named in Part B of this form. Specifically, I/we understand and accept that:

1. I/we are responsible for safely delivering to and retrieving from school, any and all prescription and non-prescription medications to be provided to my child. This commitment addresses the importance of reducing the possible loss of medications that are potentially harmful to other students;
2. Board employees are not trained health professionals and, hence, may not recognize the symptoms of my (our) child's illness or medical condition or know how to treat the illness or medical condition;
3. I/we are responsible for providing and maintaining a limited but adequate supply of the medications noted in Part B;
4. Medications supplied to the school will be in original, clearly labeled containers which display:
 - a) the proper dosage; b) time of administration; c) the name of the prescribing doctor; and
 - d) the duration of the prescription.
5. I/we are responsible for providing up-to-date information to the school regarding the medical condition or illnesses treated by the medicines noted in Part B, as well as changes in the prescription or administration routine.
6. I/we request that the medications listed in Part B of this form be administered to my child according to the prescription information provided by the prescribing physician; and furthermore,
7. I/we release the Halton Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering, failing to administer correctly, or failing to administer at all, the medications named in Part B above.

Having read and understand the information conveyed in this "Request and Consent for the Administration of Prescribed Medication" form;

I/we agree to comply with the responsibilities described above.

Signature of Parent/Guardian: _____ Date: _____

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