

Toronto District School Board

Operational Procedure PR714

Title: **ASTHMA MANAGEMENT**

Adopted: June 7, 2016
Effected: September 9, 2016
Revised: April 16, 2019; **December 14, 2021**
Reviewed: April 16, 2019; **December 14, 2021**
Authorization: Executive Council

1.0 RATIONALE

The Asthma Management Procedure (“the Procedure”) supports the implementation of the Student Health Support Policy (P092) related to the management of asthma in accordance with *Ryan’s Law, 2015*.

2.0 OBJECTIVE

To provide instructions for asthma management in schools.

3.0 DEFINITIONS

Anaphylaxis is a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

Asthma refers to a common, chronic (long term) lung disease that can make it hard to breathe. Asthma is a controllable disease and students with well-managed asthma should be able to participate in school events the same as anyone else. However, asthma can be fatal without proper management and access to medications.

Asthma Episodes are characterized by the inflammation and swelling of the inside walls of the airways of the lungs. In this instance, membranes in the airway linings may also secrete mucous in an asthma attack. During an asthma attack the narrowed airways make it harder to breathe and may cause coughing and wheezing.

Asthma 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 for school related activities. These medications are

prescribed, and typically involve a personalized asthma management plan. Asthma medications work in one of two ways to relieve symptoms: 1) to control or prevent the inflammation and mucous production or 2) to relieve the muscle tightness around the airways.

Controller Medication (e.g., Flovent, Advair, Qvar, Pulmicort) is used daily, before and after school at home, to prevent asthma attacks. It helps to and prevents swelling of the airways. It can take days to weeks of regular use to work effectively. This medication is administered through the use of an inhaler that comes in various colours (orange, purple, brown, red).

Emergency refers to a situation where a student is experiencing an asthma exacerbation (worsening of a condition).

Exercise Induced Asthma (EIA) may present itself during or after physical activity. It is more common when activities are done in cold environments and during high pollen or pollution count days. However, students can experience EIA symptoms anywhere, including indoors.

Individual Asthma Management Plan is developed for each student who has asthma in collaboration with the parent/guardian or student, as appropriate, taking into consideration any recommendations made by the student's healthcare provider and outlines specific information and actions related to the care of the student with asthma.

Reliever Inhaler Medication (e.g., Ventolin/Salbutamol, Bricanyl) is used to relieve the symptoms of asthma. It is called the 'rescue' inhaler (usually blue in colour).

Rescue inhalers:

- Need to be readily accessible at all times
- Provide relief quickly, within minutes
- Relax the muscles of the airways
- Are taken only when needed or prior to exercise if indicated

4.0 RESPONSIBILITY

Associate Director, Equity, Well-Being, and School Improvement.

5.0 APPLICATION AND SCOPE

This procedure applies to all school staff and others that have contact with students on a regular basis.

6.0 PROCEDURES

6.1. Special Considerations for Students with Additional Needs

In the event that a student is not able to be independent in his/her own care (e.g., a student may be too young, physically and/or developmentally challenged or in an asthma emergency situation) adult intervention will be required on the student's behalf to ensure his/her safety and well-being during the asthma episode.

If a student is not taking responsibility for his/her asthma management and care, because of factors such as language barriers, cognitive and/or physical ability, maturity, behavioural issues and psychosocial barriers. This will require communication between parents/guardians, teachers and other professional support staff as appropriate for a more direct intervention to ensure his/her safety.

A student with asthma who is also diagnosed with anaphylaxis (a severe systemic allergic reaction which can be fatal) is more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for a student with asthma to keep his/her asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first.

Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. A student with asthma at risk of anaphylaxis should carry his/her asthma medication (e.g. puffers/inhalers) with his/her epinephrine auto-injector (e.g., EpiPen or Allerject).

6.2. Roles and Responsibilities for Elementary and Secondary Schools

Ensuring the safety of students with asthma in a school depends on the cooperation of the entire school community to minimize risk and to ensure rapid response to any emergency. School staff, students and parents/guardians must all understand their roles and responsibilities.

School Staff:

- 1) School staff must be aware of all students with asthma and the information contained in each student's individual asthma management plan. School staff must be aware of the exact location of a student's back-up reliever inhaler.
- 2) School staff have a responsibility to participate in an education session

on asthma management, that includes information about Exercise Induced Asthma (EIA) and the use of medication inhalers;

- 3) School staff may administer reliever inhaler medication to students who have special considerations as outlined in the student's individual asthma management plan and must record this information on the Student Log of Administered Medication (Appendix B).
- 4) School staff may administer reliever inhaler medication in an emergency situation, as outlined in the student's individual management plan, and must record this information on the Student Log of Administered Medication, in the event that there is reason to believe that the student is experiencing worsening or asthma exacerbation, even when there is no preauthorized written consent from the parent/guardian or student, as appropriate.
- 5) School staff shall inform the parent/guardian in an emergency situation. If the student's asthma worsens, staff will call 911.

Principal/Designate:

The Principal/designate shall take steps to create a supportive, safe environment for students with asthma and the staff supporting them. The Principal/designate will:

- 1) Review the Asthma Management operational procedure with the entire staff each year in September and throughout the school year as required;
- 2) Ensure upon registration that parents/guardians and students provide the necessary information about asthma including medications (see Appendix C: Form 536F Sample Letter to Parents/Guardians for Administration of Prescribed Medication to Students; Appendix D: Form 536A Administration of Prescribed Medications);
- 3) Ensure that all students are permitted to carry their prescribed reliever inhaler(s) medications if they have their parents/guardians permission. Students who are 16 years or older, do not require the permission of their parents/guardians to carry their asthma medication;
- 4) Ensure that a back-up reliever inhaler is available at all times and that the exact location of a student's back-up reliever inhaler is communicated to school staff and others that have contact with the student on a regular basis.

- 5) Develop an individual management plan for each student who has asthma, in collaboration with the parent/guardian and the student as appropriate, taking into consideration any recommendations made by the student's health care provider (see Appendix A Individual Student Asthma Management Plan; Appendix B Student Log of Administered Medication; Appendix E Managing Asthma Attacks);
- 6) *Consent and Parental Involvement*
 - (i) Ensures that upon registration, parents, guardians, caregiver and students are asked to supply information on life-threatening allergies and any other prevalent medical conditions.
 - (ii) Obtains informed consent from parent/guardian/student prior to displaying and sharing emergency intervention practices information with staff and other approved individuals who are in direct contact on a regular basis with a student's prevalent medical condition (e.g. lunchroom supervisors, bus drivers, etc). This information is to be posted in a non-public area of the school (e.g. staff room and/or school office in a sealed non-descriptive envelope, etc.) in accordance with applicable privacy legislation.
 - (iii) Maintain a file for each student that is stored in a secure location in the school office that contains the student's Individual Student Asthma Management Plan, including a copy of any notes and instructions from the student's health care provider, in accordance with applicable legislation, including relevant privacy legislation. This file should include all current emergency contact information;
 - (iv) Obtains consent to administer medication and complete Form 536A, Administration of Prescribed Medication and Form 536B, Management of Emergency Medical Concerns.
- 7) Establish a communication plan to share information on asthma with staff, students, parents/guardians and any other person who has direct contact with a student with asthma;
- 8) Ensure asthma education and regular training is provided for all school staff and others who are in direct contact with a student with asthma. This training will include how to recognize and prevent asthma triggers and Exercise Induced Asthma (EIA); how to

recognize when symptoms are worsening; how to manage an asthma attack; and how to use asthma medication;

- 9) Identify and monitor asthma triggers in classrooms, common school areas and in planning field trips and implement strategies to reduce the risk of exposure;
- 10) Create and support the expectation that students with asthma should be participating in physical activities to the best of their abilities, including recess and physical education; and
- 11) Ensure that students with asthma participating in excursions, sporting events and other off school-site learning experiences have their reliever inhaler on their person and that the supervising teacher has a back-up reliever inhaler and a cell phone to be used in emergency situations.

Parents/Guardians:

- 1) Parents will provide school staff with up-to-date information about their child's asthma. Information should be provided to the school at the start of each school year. The school must be informed of any changes to the student's asthma situation that may affect their school routine and/or performance or ability to participate in activities;
- 2) Develop in collaboration with school staff and health care professionals, if necessary, the student's individual asthma management plan.
- 3) Complete and return all medication(s) and the administration of the medication(s) forms.
- 4) Work with the school to create an asthma friendly environment for their child.

6.3. Creating a Positive Environment for Students with Asthma

All school staff can support students with asthma by learning about the disease and by having frequent, open communication with parents/guardians and students. Open communication will support students' participation in all school activities, including excursions and sporting events and build a positive attitude toward students' participating fully in school life. This will also help to reduce apprehension and anxiety for everyone involved.

When a student's asthma is well managed, he/she is able to function and achieve successfully. Teachers have the same expectations for all students, in terms of academic performance, physical activity, behaviour and attendance at school.

7.0 EVALUATION

This procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: Individual Student Asthma Management Plan

Appendix B: Student Log of Administered Medication

Appendix C: PR536F Sample Letter to Parents

Appendix D: PR536A Administration of Prescribed Medication Form

Appendix E: Managing Asthma Attacks – Poster/Reference Sheet

9.0 REFERENCE DOCUMENTS

Policies:

- Student Health Support Policy (P092)

Other Documents:

- *Ryan's Law (Ensuring Asthma Friendly Schools Act), 2015*