1. Preamble
   1.1 The following procedure is in compliance with Ryan’s Law. This procedure has been developed to ensure the safety of students who suffer from asthma; empower school administrators to respond to their needs; to develop consistent practices to support staff when responding; as well as recognize individual student differences.

   1.2 The information that follows discusses the nature of asthma and provides guidelines and expectations regarding managing asthma. This includes reducing the risk of asthmatic attacks, inhaler use, emergency plans and related roles and responsibilities.

2. Purpose
   2.1 To provide school personnel in the Waterloo Region District School Board with information that supports awareness regarding the nature and seriousness of asthma.

   2.2 To provide strategies to reduce the risk and identify symptoms of asthmatic attacks.

   2.3 To provide strategies for the management of students who have been identified as having asthma.

3. Definition
   3.1 Asthma is a common condition where symptoms vary widely from person to person and from situation to situation. Every year, about 250 Canadians die from asthma. Most of these deaths could have been prevented with proper education and management.

   3.2 Doctors define asthma as a “chronic inflammatory disease of the airway” that causes the following symptoms:
      ● Shortness of breath
      ● Chest tightness
      ● Coughing
      ● Wheezing
      ● Can be mild, moderate or severe
- Can vary from person to person
- Can flare up from time to time and then not appear for long periods

4. Plan of Care - Alert Form

4.1 It is essential that the school develops a Plan of Care for each student who suffers from asthma and that all staff are aware of how to implement it. Each plan should be developed in conjunction with the student’s parent(s)/caregiver(s) and summarized on the Plan of Care-Alert Form.

5. Roles and Responsibilities

5.1 Responsibilities of School Principals

The Principal will:

- 5.1.1 Each June obtain a list of asthmatic students and their allergies from all feeder schools.
- 5.1.2 Identify students who are asthmatic from school registration/health forms.
- 5.1.3 Generate a Plan of Care and ensure that parent(s)/caregiver(s) complete school medical forms.
- 5.1.4 Provide each teacher with a copy of the Plan of Care Alert Form for each student. The individual Plan of Care should be stored in a readily accessible location for teachers and occasional teachers.
- 5.1.5 Ensure that parent(s)/caregiver(s) provide a confirmation of diagnosis (letter from the physician or evidence of prescription).
- 5.1.6 Maintain a file for each asthmatic pupil. The file must contain a copy of all of the forms mentioned above.
- 5.1.7 Train the school Emergency Response Team to provide further support to the student in the event of an asthmatic reaction.
- 5.1.8 Post Plan of Care Alert Form in the staff room or workroom and office and ensure that all staff could identify these students. To maintain the student’s personal privacy, these forms must not be easily visible to students, parent(s)/caregiver(s), or volunteers.
- 5.1.9 Ensure adult supervision during nutrition or lunch breaks.

5.2 Responsibilities of Classroom Teacher

Classroom Teachers will:

- 5.2.1 Ensure there is a recent copy of the Plan of Care Alert Form
- 5.2.2 Speak to each asthmatic student and/or parent(s)/caregiver(s) to gain insight into the specific information and the history of the allergy.
- 5.2.3 Leave the Plan of Care Alert form regarding the asthmatic student in an organized, prominent and accessible format for occasional teachers or any other support staff.
- 5.2.4 Ensure that the inhaler or prescribed medication is taken on field trips.
- 5.2.5 Continually provide a safe environment for the asthmatic student, particularly during nutrition breaks, class trips and special activities.
5.3 Parent(s)/caregiver(s) or Student (over the age of 18)

Parent(s)/caregiver(s) will:

5.3.1 Provide a confirmation of diagnosis (letter from the physician or evidence of prescription), the allergy, its severity, and the medication to be taken by the student.
5.3.2 Collaborate with the school to complete the required WRDSB Individual Plan of Care.
5.3.3 Help your child develop coping skills to avoid an attack and recognize and communicate the symptoms to a staff member.

6. Resources

6.1 Ontario Lung Association
6.2 Ryan's Law - Ensuring Asthma Friendly Schools
6.3 Appendix A - School Asthma Emergency Response Plan
# SCHOOL ASTHMA EMERGENCY RESPONSE PLAN

## SIGNS & SYMPTOMS

<table>
<thead>
<tr>
<th>MILD</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Coughing (a constant cough may be the only warning sign and should be treated)</td>
<td>· Any of the following may be observed</td>
</tr>
<tr>
<td>· Breathing is difficult and fast</td>
<td>· Unable to catch their breath</td>
</tr>
<tr>
<td>· Complaining of chest tightness (child will describe this symptom in all sorts of ways)</td>
<td>· Breathing is difficult and fast (x25 inspirations/min)</td>
</tr>
<tr>
<td>· Wheezing (a high pitched musical sound when breathing)</td>
<td>· Ribs show during breathing (the skin between the neck and ribs is sucked in with each breath)</td>
</tr>
<tr>
<td>· Restlessness</td>
<td>· Not improving after taking reliever inhaler within 5-10 minutes</td>
</tr>
<tr>
<td>· Irritability</td>
<td>· Can only say 3-5 words before needing to take another breath</td>
</tr>
<tr>
<td>· Tiredness</td>
<td>· Lips or nail beds blue or grey</td>
</tr>
<tr>
<td>Any of the following may be observed</td>
<td>· You have ANY doubts about the child’s condition</td>
</tr>
<tr>
<td>· Unable to catch their breath</td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

## WHAT TO DO

1. Administer the reliever inhaler immediately
   · (the inhaler is usually blue in colour and opens the narrowed airway passages quickly)
2. Stay calm! Remain with and reassure the child
   · Asthma episodes are frightening...listen to what the child is saying
3. Tell the child to breathe slowly
   · Usually it is easier to sit up and lean slightly forward
   · Lying on their back is not recommended!
   · Do not have child breathe into a paper bag
4. Reliever inhaler should help within 5-10 minutes...if not: FOLLOW THE EMERGENCY INSTRUCTIONS FOR SEVERE EPISODES

## AFTER THE EPISODE

- Notify parent(s)/caregiver(s) about the episode.
- Minor asthma episodes should not
- Interrupt a child’s movement in school. As soon as the child feels better, s/he can return to normal activities.
- If the child requires the inhaler again in less than four hours or if you have any concerns about the child’s condition, medical attention should be sought.
- Record medication taken as per board policy.
- Record activities to assist student.

Information adapted from The Lung Association’s Poster “My Child is Having an Asthma Episode: What are the Signs?”