



# Medical Plan Asthma Manual

April 2020

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## Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by Medical Plans for each prevalent medical condition.

### Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

### Asthma – What is It?

Asthma is a serious chronic condition characterized by recurrent attacks of difficult or laboured breathing. Grand Erie recognizes that some students within the school system have been diagnosed with asthma and without proper management this condition can be life threatening.

While it cannot guarantee an environment free of agents that can trigger asthma, Grand Erie school staff shall make every reasonable effort to:

- reduce the risk of exposure to asthma triggers in classrooms and common school areas;
- ensure access to necessary asthma medications (i.e. student will carry medication);
- with parent/guardian consent, ensure that school personnel are aware of which students within the school population have been diagnosed with this condition; and
- outline the procedures necessary to intervene and respond in the event of an asthma emergency.

In order for school personnel to respond appropriately, it is crucial for the parent/guardian (adult student) to keep the school principal/designate fully informed of the student's asthma and the medication(s) which have been prescribed to address the condition

### Ryan's Law – Ensuring Asthma Friendly Schools

In accordance with Ryan's Law – Ensuring Asthma Friendly Schools, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with asthma, as well as provide training for all staff on asthma management. 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.

With respect to the administration of emergency medication at the time of an asthma emergency, "*Ryan's Law – Ensuring Asthma Friendly Schools*" is very clear:

- "If an employee has reason to believe that a pupil is experiencing an asthma exacerbation, the employee may administer asthma medication to the pupil for the treatment of the exacerbation, even if there is no preauthorization to do so under subsection (1): 2013, s. 3 (3)
- "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" 2013, s. 3 (4).

## Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

## Avoidance

Grand Erie's goal is to provide a safe environment for children with asthma, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

## Steps to Prevention

The school principal/designate shall take steps to protect students with asthma, which may include the following:

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of asthma and asthmatic reactions
- Provide a comprehensive awareness workshop for students in the class of the student who is asthmatic
- Communicate general information about asthma to student/staff and parents/guardians on a yearly basis
- Share the schools Asthma Emergency Response Plan with all persons who may be in regular contact with students at risks
- If possible, ensure that the student at risk has a reliever inhaler with them and whenever possible that supervising staff have a second reliever inhaler kept in a readily accessible location as well as a cell phone to be used in emergency situation
- Ensure that the student has their reliever inhaler with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Document the strategies which are adopted by the school to prevent an asthma attack from occurring in the Medical Plan

## Roles and Responsibilities

A whole school approach is needed to support students with asthma, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

### Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete Administration of Medication Verification Form and return it to school
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in

- the Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the Medical Plan
- Communicate changes to the Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in meetings to review their child's Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

### **Responsibilities of STUDENTS with Asthma**

Students are expected to actively support the development and implementation of their Medical Plan, depending on their cognitive, emotional, social and physical stage of development and their capacity for self-management. Students should:

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents

### **Responsibilities of SCHOOL STAFF**

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their Medical Plan while also maintaining confidentiality and dignity of the student

- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Medical Plan

### **Responsibilities of the SCHOOL PRINCIPAL**

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the Medical Plan with the principal or designate
- Co-create, review and update the Medical Plan with parent/guardian at a minimum at the following times
  - during the time of registration for new students
  - each year before the end of June for existing students
  - when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Asthma Verification Form has been completed in LITE
- Ensure that an Asthma Medical Plan has been completed in LITE
- Ensure that parent/guardian has completed the Administration of Medication Verification Form
- Ensure that there is an Administration of Medication Form completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

### **Responsibilities of the SCHOOL BOARD**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students will carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration

of Medication, in Schools when entering into contracts with transportation, food service and other providers

## **Board Expectations for Providing Supports to Students with Asthma in Order to Facilitate and Support Daily Routines and Management Activities at School**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including asthma, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the Medical Plan

## **Asthma Management Training for School Staff**

All school staff will complete annual online health and safety training in asthma management. Training will be completed within the first term or first semester of the current school year.

## **Emergency Response**

Even when precautions are taken, an asthmatic student may experience an asthma attack while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Medical Plan will be developed for each asthmatic child, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Asthma Emergency Response Plan (Appendix A).

## **Reporting**

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

## APPENDIX A – School Asthma Emergency Response Plan

SIGNS & SYMPTOMS	
MILD	SEVERE
<ul style="list-style-type: none"> <li>• Coughing (a constant cough may be the only warning sign and should be treated)</li> <li>• Breathing is difficult and fast</li> <li>• Complaining of chest tightness (child will describe this symptom in all sorts of ways)</li> <li>• Wheezing (a high-pitched musical sound when breathing)</li> <li>• Restlessness</li> <li>• Irritability</li> <li>• Tiredness</li> </ul>	<p><b>Any of the following may be observed</b></p> <ul style="list-style-type: none"> <li>• Unable to catch their breath</li> <li>• Breathing is difficult and fast (x25 inspirations/min)</li> <li>• Ribs show during breathing (the skin between the neck and ribs is sucked in with each breath)</li> <li>• Not improving after taking reliever inhaler within 5-10 minutes</li> <li>• Can only say 3-5 words before needing to take another breath</li> <li>• Lips or nail beds blue or grey</li> <li>• You have ANY doubts about the child's condition</li> </ul>
WHAT TO DO	
<ol style="list-style-type: none"> <li>1 <b>Administer the reliever inhaler immediately</b> <ul style="list-style-type: none"> <li>• (the inhaler is usually blue in colour and opens the narrowed airway passages quickly)</li> </ul> </li> <li>2 <b>Stay calm! Remain with and reassure the child</b> <ul style="list-style-type: none"> <li>• Asthma episodes are frightening... listen to what the child is saying</li> </ul> </li> <li>3 <b>Tell the child to breathe slowly</b> <ul style="list-style-type: none"> <li>• Usually it is easier to sit up and lean slightly forward.</li> <li>• Lying on their back is not recommended!</li> <li>• <u>Do not</u> have child breathe into a paper bag.</li> </ul> </li> <li>4 <b>Reliever inhaler should help within 5-10 minutes...if not: FOLLOW THE EMERGENCY INSTRUCTIONS FOR SEVERE EPISODES</b></li> </ol>	<ol style="list-style-type: none"> <li>1 <b>This is an emergency</b> <b>CALL 911</b></li> <li>2 <b>Give reliever inhaler immediately.</b></li> <li>3 <b>Notify Parent / Guardian.</b></li> <li>4 <b>Continue to give the reliever inhaler every few minutes until help arrives.</b></li> <li>5 A <b>student</b> should always be taken to the hospital in an <b>ambulance</b>. School Staff should not take the student in their car as the student's condition may deteriorate quickly.</li> </ol> <p><i>Information adapted from The Lung Association's Poster "My Child is Having an Asthma Episode: What are the Signs?"</i></p>
AFTER THE EPISODE	
<ul style="list-style-type: none"> <li>• Notify parent/guardian about the episode.</li> <li>• Minor asthma episodes should not interrupt a child's activity in school. As soon as the child feels better, s/he can return to normal activities.</li> <li>• <b>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.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Record medication taken as per board policy.</li> <li>• Record activities to assist student.</li> </ul>



## APPENDIX B – Asthma Verification Form Template

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**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Asthma Plan of Care Alert

Asthma Plan of Care Alert - Draft			
<b>Student Name</b>	<div style="border: 1px solid red; height: 20px; width: 100%;"></div>		
<b>DOB</b>	<div style="border: 1px solid red; height: 20px; width: 100%;"></div>		
<b>Gender</b>	<div style="border: 1px solid red; height: 20px; width: 100%;"></div>		
<b>KNOWN ASTHMA TRIGGERS</b>			
<input type="checkbox"/> Colds/Flu/Illness	<b>Asthma Trigger Avoidance Instructions</b> <div style="border: 1px solid red; height: 30px; width: 100%;"></div> <b>Any Other Medical Condition Or Allergy?</b> <div style="border: 1px solid red; height: 30px; width: 100%;"></div>		
<input type="checkbox"/> Change In Weather			
<input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen)			
<input type="checkbox"/> Physical Activity/Exercise			
<input type="checkbox"/> Other (Specify)			
<b>DAILY/ ROUTINE ASTHMA MANAGEMENT</b>			
<b>RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES</b>			
<p>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:</p> <input type="checkbox"/> When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing) Other (explain): <div style="border: 1px solid red; height: 20px; width: 100%;"></div>			
Use reliever inhaler	<div style="border: 1px solid red; width: 150px; height: 20px;"></div> (Name of Medication)	in the dose of	<div style="border: 1px solid red; width: 100px; height: 20px;"></div> (Number of Puffs)
<input type="checkbox"/> Airomir	<input type="checkbox"/> Ventolin	<input type="checkbox"/> Bricanyl	<input type="checkbox"/> Other (Specify) <div style="border: 1px solid red; height: 20px; width: 150px;"></div>
Spacer (valved holding chamber) provided? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<input type="checkbox"/> Student requires assistance to access reliever inhaler. Inhaler must be readily accessible.			
Reliever inhaler is kept with: <input checked="" type="checkbox"/> <div style="border: 1px solid red; width: 150px; height: 20px;"></div> Location: <div style="border: 1px solid red; width: 150px; height: 20px;"></div>			
<input type="checkbox"/> Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.			
Reliever inhaler is kept in the student's:			
<input type="checkbox"/> Pocket	<input type="checkbox"/> Backpack/Fanny Pack	<input type="checkbox"/> Case/Pouch	<input type="checkbox"/> Other (Specify) <div style="border: 1px solid red; height: 20px; width: 150px;"></div>
Does student require assistance to administer reliever inhaler? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Student's spare reliever inhaler is kept: <input checked="" type="checkbox"/> <div style="border: 1px solid red; width: 150px; height: 20px;"></div> Location: <div style="border: 1px solid red; width: 150px; height: 20px;"></div>			
<b>CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES</b>			
Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).			
Use/administer	<div style="border: 1px solid red; width: 120px; height: 20px;"></div>	In the dose of	<div style="border: 1px solid red; width: 120px; height: 20px;"></div>
	<div style="border: 1px solid red; width: 120px; height: 20px;"></div>		<div style="border: 1px solid red; width: 120px; height: 20px;"></div>
	<div style="border: 1px solid red; width: 120px; height: 20px;"></div>		<div style="border: 1px solid red; width: 120px; height: 20px;"></div>

## Appendix B: Asthma Verification Form Template (Page 2 of 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Asthma Plan of Care Alert

Use/administer	<input style="width: 90%;" type="text"/>	In the dose of	<input style="width: 90%;" type="text"/>	At the following times:	<input style="width: 90%;" type="text"/>
<b>Other Individuals To Be Contacted Regarding Plan Of Care:</b>					
Before-School Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Transported by GEDSB: <input style="width: 150px;" type="text"/>		
After-School Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>					
Parent(s)/Guardian(s)/Student 18+:	_____ Signature		_____ Date		
Student Over 16:	_____ Signature		_____ Date		
Principal:	_____ Signature		_____ Date		
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>					

## APPENDIX C – Asthma Medical Plan Template

(Page 1 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name

Health Management Plan			
<b>Name</b>	<b>OEN</b>	<b>Board Id #</b>	<b>Grade</b>
<b>School</b>	<b>Family</b>	<b>DOB</b>	<b>Gender</b>
<b>Additional Contact Information</b>			
<b>Teachers:</b>			
<b>Created By:</b>	<b>on:</b>	<b>Last Edit by</b>	<b>on:</b>
<b>Emergency Contacts</b>			
<b>Name</b>	<b>Relationship</b>	<b>Daytime Phone</b>	<b>Alt. Phone</b>
<b>Prevalent Medical Conditions</b>			
<b>POC Type</b> <input type="checkbox"/> Anaphylaxis <input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Diabetic <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Other <input type="checkbox"/> Administration of Medication <input type="checkbox"/> Personal	<b>Plan Date</b>	<b>Status</b> Draft Draft	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; line-height: 100px;">Picture</div>

## Appendix C – Asthma Medical Plan Template (Page 2 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Last Name, First Name**  
**Asthma Plan of Care Alert**

Asthma Plan of Care Alert - Draft			
Name School Additional Contact Information	OEN Family	Board Id # DOB	Grade Gender
Created By: _____ on: _____ Last Edit by: _____ on: _____ Status: Draft Finalized on: _____			
<b>KNOWN ASTHMA TRIGGERS</b>			
<input type="checkbox"/> Colds/Flu/Illness <input type="checkbox"/> Change In Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____ <input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify) _____		<b>Asthma Trigger Avoidance Instructions</b> <b>Any Other Medical Condition Or Allergy?</b>	
<b>DAILY/ ROUTINE ASTHMA MANAGEMENT</b>			
<b>RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES</b>			
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:			
<input type="checkbox"/> 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)			
<input type="checkbox"/> Alomir <input type="checkbox"/> Ventolin <input type="checkbox"/> Bricanyl <input type="checkbox"/> Other (Specify) _____			
Spacer (valved holding chamber) provided? Yes <input type="radio"/> No <input type="radio"/>			
<input type="checkbox"/> Student requires assistance to access reliever inhaler. Inhaler must be <b>readily accessible</b> .			
Reliever inhaler is kept with: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="radio"/> _____ Location: _____</span> <span><input type="radio"/> Other Location: _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="radio"/> Locker #: _____</span> <span><input type="radio"/> Locker Combination: _____</span> </div>			
<input type="checkbox"/> Student <b>will carry</b> their reliever inhaler <b>at all times</b> including during recess, gym, outdoor and off-site activities.			
Reliever inhaler is kept in the student's: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Pocket</span> <span><input type="checkbox"/> Backpack/Fanny Pack</span> <span><input type="checkbox"/> Case/Pouch</span> <span><input type="checkbox"/> Other (Specify) _____</span> </div>			
Does student require assistance to <b>administer</b> reliever inhaler? Yes <input type="radio"/> No <input type="radio"/>			
Student's <b>spare</b> reliever inhaler is kept: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="radio"/> _____ Location: _____</span> <span><input type="radio"/> Other Location: _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="radio"/> Locker #: _____</span> <span><input type="radio"/> Locker Combination: _____</span> </div>			
<b>CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES</b>			
Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).			
Use/administer _____		In the dose of _____	
		At the following times: _____	
Use/administer _____		In the dose of _____	
		At the following times: _____	
Use/administer _____		In the dose of _____	
		At the following times: _____	

## Appendix C – Asthma Medical Plan Template (Page 3 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Last Name, First Name**  
**Asthma Plan of Care Alert**

AUTHORIZATION/PLAN REVIEW			
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED		
<p style="text-align: center; margin: 0;"><b>Other Individuals To Be Contacted Regarding Plan Of Care:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Before-School Program    Yes <input type="radio"/> No <input type="radio"/> _____</p> <p>After-School Program    Yes <input type="radio"/> No <input type="radio"/> _____</p> </div> <div style="width: 35%;"> <p>Transported by GEDSB _____</p> <p>Other: _____</p> </div> </div>			
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p>			
<p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p>			
<p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>			
<b>Parent(s)/Guardian(s)/Student 18+:</b>	_____ Signature	_____ Date	
<b>Student Over 16:</b>	_____ Signature	_____ Date	
<b>Principal:</b>	_____ Signature	_____ Date	
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>			

## APPENDIX D – Administration of Medication Verification Form



## APPENDIX D - Administration of Medication Verification Form

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Name**  
Administration of Medication

Administration of Medication - Open																																							
<b>Student Name</b>																																							
<b>DOB</b>																																							
<b>Gender</b>																																							
<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>																																							
<b>Name of Dispensing Pharmacy:</b>																																							
<b>Pharmacy Address:</b>			<b>Phone:</b>																																				
<b>Name of Physician:</b>																																							
<b>Physician Address:</b>			<b>Phone:</b>																																				
<b>MEDICATION INFORMATION: To be filled in by Parent/Guardian</b>																																							
<b>Reason for Medication:</b>																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Medication Prescribed</th> <th style="width: 10%;">Dosage</th> <th style="width: 15%;">Time of Administration</th> <th style="width: 25%;">Possible side effects (if any)</th> <th style="width: 30%;">Duration of continuing medication</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication																														
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication																																			
<b>Parent/Guardian Signature:</b> _____			<b>Date:</b> _____																																				

## APPENDIX E – Administration of Medication Form



## APPENDIX E - Administration of Medication Form

**Student Name**  
Administration of Medication

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By: _____ on: 2019.09.11		Last Edit by on: 2019.09.11		Status: Open Finalized on: 2019.09.11
<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>				
Name of Dispensing Pharmacy: _____				
Pharmacy Address: _____			Phone: _____	
Name of Physician: _____			Phone: _____	
Physician Address: _____			Phone: _____	
<b>MEDICATION INFORMATION: To be filled in by Parent/ Guardian</b>				
Reason for Medication:				
<b>MEDICATION INFORMATION: To be filled in by Parent/ Guardian</b>				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
Parent/Guardian Signature: _____ <div style="float: right; margin-top: 20px;">Date: _____</div>				

## APPENDIX F – 9-1-1 Asthma Script Protocol

## TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having an asthma emergency. We have administered a Reliever Inhaler. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.



## APPENDIX G – Prevalent Medical Conditions - Student Information Form

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. With your consent, we will inform staff members about these conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: \_\_\_\_\_

MEDICAL CONDITION	This student HAS experienced an attack/reaction in the past	This student carries medication for this condition	Notes/Other: (type of medication, where stored)
Anaphylaxis (Sabrina's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Student 18+ years

\_\_\_\_\_  
Date

*NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.*

Filed in OSR


Retention: E + 10 years (E = Retirement of Student)

## APPENDIX H – Steps to Identify an Asthmatic Student in the Student Information Systems

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	( )
Critical Medical Condition Alert	( )
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	( )
Critical Medical Notes	
Other Medical Notes	

4. Check "Anaphylactic Shock Condition Alert"
5. Check "Critical Medical Condition Alert"
6. Check "Student has suffered a concussion...", if applicable.
7. Enter student's medical / health information in the "Critical Medical Notes" field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol will appear next to student's name.
10. A Concussion Alert symbol  will appear next to the student's name if this field was indicated as applicable.

Entering information in the "Other Medical Notes" field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>