

## ASTHMA HEALTH CARE PLAN

### STUDENT INFORMATION

Date Created: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Photo  
(Optional)

### EMERGENCY PROCEDURES

#### IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

Student may also be restless, irritable and/or quiet.

#### TAKE ACTION:

**STEP 1:** Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

**STEP 2:** Only return to normal activity when all symptoms are gone.

If symptoms get worse or do not improve within \_\_\_\_\_ minutes, this is an **EMERGENCY!**  
Follow steps below.

#### IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath
- Other \_\_\_\_\_

#### **THIS IS AN EMERGENCY**

**STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER).**

**USE A SPACER IF PROVIDED.**

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.



**STEP 2:** If symptoms continue, use reliever inhaler every \_\_\_\_\_ minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**DAILY/ROUTINE ASTHMA MANAGEMENT**

**RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES**

A reliever inhaler is a fast-acting medication (usually blue in color) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

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, and wheezing).

Use reliever inhaler \_\_\_\_\_ in the dose of \_\_\_\_\_  
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided?  Yes  No

Student requires assistance to access reliever inhaler. Inhaler must be readily accessible.

Reliever inhaler is kept:

With: \_\_\_\_\_ Location: \_\_\_\_\_ Other Location: \_\_\_\_\_



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:

Pocket

Case/pouch

Backpack/fanny Pack

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: \_\_\_\_\_

### CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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: \_\_\_\_\_  
(Name of Medication)

Storage and location of spare medication and other supplies if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Disposal of unused medication and medical supplies if applicable (supply and disposal of unused medication and/or medical supplies are facilitated by the family):

\_\_\_\_\_  
\_\_\_\_\_

### KNOWN ASTHMA TRIGGERS

CHECK ALL THOSE THAT APPLY

Colds/Flu/Illness  Change In Weather  Pet Dander  Strong Smells  Dust

Smoke (e.g. Tobacco, Fire, cannabis, second-hand Smoke)  Mold  Cold Weather

Pollen  Physical Activity/Exercise  Other (Specify): \_\_\_\_\_

At Risk for Anaphylaxis (Specify Allergen): \_\_\_\_\_

Asthma Trigger Avoidance Instructions: \_\_\_\_\_

Any Other Medical Condition or Allergy? \_\_\_\_\_

### AUTHORIZATION/PLAN REVIEW



INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

School Staff

Other Individuals to be Contacted Regarding Plan of Care:

Before-School Program Yes No \_\_\_\_\_

After-School Program Yes No \_\_\_\_\_

School Bus Driver  Route #: \_\_\_\_\_

Other: \_\_\_\_\_

**This plan remains in effect for the 20 \_\_ - 20 \_\_ school year without change and will be reviewed on or before: \_\_\_\_\_ unless otherwise notified by parents of need to revisit the Plan.** It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.

I/We hereby request that the York Region District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The York Region District School Board employees are expected to support the 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.

Parent(s)/guardian(s) acknowledge that the employees of the York Region District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parent(s)/guardian(s) to ensure that clear instructions and current physician's orders are provided to the principal.

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Authorization for the collection of this information is in accordance with the *Education Act*, the *Municipal Freedom of Information and Protection of Privacy Act*, and the *Personal Health Information Protection Act*, as amended and applicable. The purpose is to collect and share medical information and to administer proper medical care in the event of an emergency or life-threatening situation. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.

Distribution: Original: Secure location accessible by school staff



Original: Scanned and uploaded to SSNET

Original: Scanned and sent to Student Transportation Services

Copy: Parent/Guardian

Copy: File in the OSR

**RETAIN: Current school year + 1 year**

Relevant Forms:

Medical Incident Record Form (accessed via SSNET)