



**Prevalent Medical Conditions: Student Asthma Plan of Care**

Student Information		
Student Name:	Date of Birth:	STUDENT PICTURE HERE 2 " X 3"
Address:		
Ontario Ed. #:	Age:	
Grade:	Teacher(s):	

Emergency contacts (List in Priority)			
Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			

Known Asthma Triggers (check the appropriate boxes)			
<input type="checkbox"/> Colds/Flu/Illness	<input type="checkbox"/> Change in Weather	<input type="checkbox"/> Pet Dander	
<input type="checkbox"/> Strong Smells		<input type="checkbox"/> Dust	<input type="checkbox"/> Mould
<input type="checkbox"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Cold weather	<input type="checkbox"/> Pollen	<input type="checkbox"/> Physical Activity/Exercise
<input type="checkbox"/> Other (Specify):			
<input type="checkbox"/> At Risk for Anaphylaxis (Specify Allergen):			
<input type="checkbox"/> Asthma Trigger Avoidance Instructions:			
<input type="checkbox"/> Any Other Medical Condition or Allergy?			



**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 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:

☐ Airomir ☐ Ventolin ☐ Bricanyl ☐ Other (Specify):

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

Reliever Inhaler is kept:

☐ With \_\_\_\_\_ location: \_\_\_\_\_ Other location: \_\_\_\_\_

☐ In locker # \_\_\_\_\_ locker combination: \_\_\_\_\_

☐ 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 ☐ Backpack/fanny pack

☐ Case/Pouch ☐ Other (specify): \_\_\_\_\_

Does student require assistance to **administer** reliever inhaler? ☐ YES ☐ NO

Student's spare reliever inhaler is kept:

☐ Main Office (specify location): \_\_\_\_\_ Other location: \_\_\_\_\_

☐ In locker # \_\_\_\_\_ locker combination: \_\_\_\_\_

**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)

Use/administer: \_\_\_\_\_ In the dose of: \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of medication)

Note: If an employee has reason to believe a student is experiencing an asthma exacerbation, the employee may administer asthma medication to the student for the treatment of the exacerbation. See the acknowledgement for the Administration of Medication for Asthma in this Plan of Care.



### 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:** Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 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

(★ Student may also be anxious, restless and/or quiet.)

**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 5 to 15 minutes until medical attention arrives.

While waiting for medical assistance 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. Ensure school administration is informed.

### ADMINISTRATION OF MEDICATION FOR ASTHMA

**Acknowledgement:**

I acknowledge that the staff of the Brant Haldimand Norfolk Catholic District School Board are not trained medical personnel. However, I authorize the administration of a Reliever Inhaler, as prescribed by a physician/health practitioner, in the event that my child (full name) \_\_\_\_\_ experiences an asthma episode on school property or during a school or school board sponsored event.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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

**Special Instructions/Notes/Prescription Labels:**

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies and possible side effects. ★ This information may remain on file if there are no changes to the student's medical condition. NOTE: Please refer to the Medical Administration Log.



Healthcare Provider Information (Optional)	
<b>Healthcare provider may include:</b> Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator or Certified Asthma Educator.	
Healthcare Provider's Name:	
Profession/Role:	
Signature:	Date:
Special Instructions/Notes/Prescription Labels:	
If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies and possible side effects. <b>**</b> This information may remain on file if there are no changes to the student's medical condition.	

Authorization/Plan Review		
Individuals with whom this Plan of Care is to be shared		
1.	2.	3.
4.	5.	6.
Other individuals to be contacted regarding plan of care:		
Before-School program	<input type="checkbox"/> YES <input type="checkbox"/> NO	
After-School program	<input type="checkbox"/> YES <input type="checkbox"/> NO	
School Bus Driver/Route # (if applicable)		
Food services (if applicable)		
<b>This plan remains in effect for the 20YY – 20YY school year without change and will be reviewed on or before: [Enter Date].</b> (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).		

Parent/Guardian: \_\_\_\_\_  
Signature

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

Student (if 18 years or older): \_\_\_\_\_  
Signature

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

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

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

**Information Collection Authorization**

*Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)*