



In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the following are Administrative Operational Procedures for Asthma.

DEFINITIONS

Definition of Asthma

According to the Ontario Lung Association (www.on.lung.ca), asthma is a very common chronic (long-term) lung disease making it difficult for a person to breathe. Persons with asthma have sensitive airways that react to triggers including but not limited to air quality, allergies, cold/flu, physical activities, and pollen. When the airways react to a trigger, they become narrow due to swelling and squeezing of the airways resulting in less air getting through to the lungs and less air getting out.

Symptoms of Asthma

Symptoms of asthma include acute episodes of coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. Symptoms can vary in severity, as they can be mild or moderate and affect activity levels, or they can be severe and life threatening.

It is the policy of the Niagara Catholic District School Board to provide a safe environment for students who are susceptible to allergens, but it is not possible to reduce the risk to zero. This is particularly the case with asthma triggers.

Students with asthma have sensitive airways that react to triggers. A trigger is something that can make asthma worse, such as, but not limited to: air quality, mold, dust or dust mites, pollen, viral infections, animal and pet dander, smoke, scented products and cold air. Triggers vary widely from individual to individual and are sometimes situation-specific. To the extent possible, school staff will identify and minimize asthma triggers and implement strategies to reduce the risk of exposures in classrooms, common school areas and in planning field trips.

Common Outdoor Triggers:

Cold air – susceptible students with asthma may need to use a scarf to cover their mouth and nose, especially prior to and during physical activity; when outdoor cold temperatures are extreme, a well-ventilated indoor site should be used for physical activity;

Air Quality, Smog – outdoor air quality and smog alerts can be monitored through local news/air quality sites; well-ventilated indoor sites can be chosen for physical activity on days when air quality is poor. www.airhealth.ca;

Pollen, Leaves, Trees – May through August, (or until first frost) grassy or densely treed activity sites should be avoided for physical activity.

Common Indoor Triggers:

Physical activities indoors (e.g., classroom, gymnasium) should be planned to eliminate or minimize common triggers that may cause asthma symptoms: strong smells (e.g., perfumes, strongly-scented markers or paints, cleaning products) dust, chalk, furry or feathered animals.

Asthma and Exercise:

While exercise can be an asthma trigger, exercise is important for everyone. Teachers and coaches should be prepared to accommodate and modify activities to promote participation of students with asthma.

Guidelines for supporting students with asthma include the following:

- Have the student warm-up 10 – 15 minutes prior to exercising and cool down afterward;
- Some students may need to use their inhaler prior to exercise, as advised by the physician;
- Be aware of environmental triggers (e.g., extreme temperature, air quality, high pollen count) and be prepared to relocate or reschedule as required;
- The student should not participate in physical activity if already experiencing asthma symptoms. If the student has asthma symptoms during exercise, they should stop until they feel better and use reliever inhaler as necessary;

Responding to Asthma Symptoms - Action:

- Have the student use reliever inhaler as prescribed (use a spacer if provided);
- Remove the student from the trigger;
- Have the student remain in an upright position;
- Have the student breathe slowly and deeply;
- Check symptoms. When all the student's symptoms have resolved, then the student can resume school activities, but should be monitored closely. The student may require additional reliever medication.
- If symptoms get worse or do not improve within 5 – 10 minutes, follow the steps for an emergency response.

Strategies to Assist Schools and Classrooms to Minimize Common Triggers:

If area rugs or carpets are used, choose ones with low nap or ones easily washed. Remove furry or feathered animals (birds, gerbils, mice, etc.). Where possible, use scent-free products.

Signs and Symptoms

Symptoms of asthma are variable and can include but are not limited to the following: coughing, wheezing, difficulty breathing, shortness of breath, chest tightness.

Medication

“Medication” refers to any medication prescribed by a health care provider and may be administered to a student or taken by the student during school hours or school related activities.

Emergency Medication and Administration of Medication

“Emergency Medication” refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation; i.e. reliever inhaler or stand-by-medication.

Employees of the Board may be preauthorized to administer medication or supervise a student while the student takes medication in response to an asthma exacerbation with the consent of the parent/ guardian or adult student.

If an employee of the Board has reason to believe that a student is experiencing an asthma exacerbation, the employee may administer asthma medication even if there is no authorization.

Emergency Response

It is an emergency situation if the student:

- Has used a reliever medication and it has not helped within 5-10 minutes;
 - Has difficulty speaking or is struggling for breath;
 - Is breathing rapidly with no improvement;
 - Appears pale, grey or is sweating;
 - Has greyish/blue lips or nail beds;
 - Nasal flaring
 - Has skin on neck or chest sucked in with each breath;
- OR
- You have any doubt about the student's condition:

Emergency Procedure:

- Have the student use, or assist the student in using, fast-acting reliever inhaler;
- If a staff member has reason to believe that a student is experiencing an asthma exacerbation, they can administer asthma medication to the student for the treatment of the exacerbation, even if there is no preauthorization to do so;
- Call 911. Notify office. Remain with the student;
- Have the student sit upright or with arms resting on a table or other support if possible. Continue to give the reliever inhaler every 5 - 10 minutes until the ambulance arrives;
- Contact the parent/guardian as soon as possible;
- Stay calm and reassure the student. Tell the student to breathe slowly and deeply. Note: Students are transported to hospital by ambulance only.

Immunity

The Act to Protect Pupils with Asthma states that “No action or other proceeding for damages shall be commenced against a Board 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.”

The procedures outlined will establish an appropriate response when a parent/guardian or adult student indicates to the principal, in writing, that a student/adult student has been diagnosed with asthma and that the student/adult student will require assistance or will have easy access to their prescribed reliever inhaler(s) medication at the first sign of an asthma attack with consent from the parent/guardian/student.

PROCEDURES

The Board shall:

- Ensure that all schools identify students with asthma as part of the registration process or following a diagnosis, to gather necessary asthma related information from parents/guardians and the student.

- Provide asthma education and training opportunities for all staff, employees and others, in direct contact with students on a regular basis, on recognizing and preventing asthma triggers, recognizing when symptoms are worsening, and managing asthma exacerbations. The Board will ensure that all administrative, teaching, support staff and others are familiar with the *Asthma Policy* and with students and staff who have asthma.
- Review the Board Asthma Policy as part of the Board’s regular policy review cycle.

SCHOOL STAFF TRAINING

All administrative, teaching, support staff and others at the school must familiarize themselves with students and staff members with asthma and the Board Asthma Policy.

Should staff change at any time throughout the year, it is the responsibility of the Principal to inform and provide training for new staff member(s), occasional teachers and support staff.

DIVISION OF RESPONSIBILITIES

RESPONSIBILITIES OF THE PARENTS/GUARDIANS OF A STUDENT WITH ASTHMA

- Be familiar with the Board *Asthma Policy*.
- Inform the Principal in writing that their student has been diagnosed with asthma and provide consent for the student to carry their asthma medication.
- Complete and authorize the *Student Asthma Management Plan of Care* (Appendix A) approved by the student’s physician. Any changes to the student’s medication will require a revised Student Asthma Management Plan (Appendix A) to be completed and authorized by the student’s physician and parent/guardian.
- Continually provide the required medication to the school with administration direction provided by the student’s physician/ health care provider.
- Ensure that any devices that are necessary for the administration of the prescribed medication are clean and free from defects.
- Annually review the *Student Asthma Management Plan of Care* and procedures with school personnel and others as required.
- Provide current emergency contact information to the school.
- Ensure that their student:
 - Recognizes early warning signs and symptoms of an asthma exacerbation;
 - Carries their prescribed reliever inhaler(s) medication and understands how to use the medication;
- At the end of each school year it is the responsibility of the parent/guardian to pick-up any unused medication. If unused medication is not picked-up, the Principal/Designate will take the medication to a local pharmacy for disposal.

RESPONSIBILITIES OF THE SCHOOL PRINCIPAL

With Parents/Guardians and students, the Principal shall:

- Ensure that, upon registration, parents/guardians or adult student shall be asked to supply information about the diagnosis of asthma.
- Develop a *Student Asthma Management Plan of Care* (Appendix A) for each student with asthma based on the recommendations of the student’s health care provider, including details about the

monitoring and avoidance strategies, appropriate treatment, a readily accessible emergency procedure for the student, and storage of the student's asthma medication.

- Inform school board personnel and others who are in direct contact on a regular basis with a student with asthma about the contents of the student's *Student Asthma Management Plan of Care* (Appendix A).
- Allow students to carry their own asthma medication with the consent of their parents/guardians. If the student is 16 years or older, they are not required to have parental consent.
- Require that all school staff ensure that all students have easy access to their prescribed reliever inhaler(s) medication at all times in the schools of the Board.
- Identify each student with asthma in the Student Management System.
- Maintain a file for each student with asthma, including current treatment plan and other information, a copy of the prescription and instructions from the student's physician, and a current emergency contact list.
- Inform the Executive Director, Niagara Student Transportation Services of any problems reported regarding busing and the safety of students with asthma.
- In conjunction with the Controller of Facilities Services and the Board's Facilities Services' Department, identify asthma triggers in the school to reduce the risk of exposure, and to set and monitor consistent standards for school maintenance, ventilation, indoor air quality, and dust control at all Board sites. In addition, Facilities Services will ensure that repairs, renovations and cleaning will be scheduled to avoid exposing students and staff to dust and other irritants, with major projects scheduled when schools are not in operation.

RESPONSIBILITIES OF THE CLASSROOM TEACHER AND SUPPORT STAFF

- Participate in the review of the *Student Asthma Management Plan of Care* (Appendix A) for each student with asthma in their classroom.
- Conduct spot checks to reinforce the student's responsibility to carry their prescribed reliever inhaler(s) medication.
- Participate in training on recognizing asthma symptoms and managing asthma exacerbations.
- Discuss signs and symptoms of asthma with the class in age-appropriate terms.
- Provide *Student Asthma Management Plans* (Appendix A) to occasional teachers, parent/guardian volunteers, or others who are in direct contact with the student when required.
- Plan for field trips by communicating with parents/guardians/students prior to the activity. Field trips are an extension of learning. The classroom teacher shall ensure that the student's *Asthma Management Plan of Care* (Appendix A) accompanies the student on the field trip and is available during the field trip.

RESPONSIBILITIES OF STUDENTS WITH ASTHMA

The student shall:

- Take age-appropriate responsibility for avoiding asthma triggers.
- Recognize early warning signs and symptoms of an asthma exacerbation.
- Carry their prescribed reliever inhaler(s) medication and understand how to take the medication with parental permission under the age of sixteen (16) years.

RESPONSIBILITY OF EXECUTIVE DIRECTOR, NIAGARA STUDENT TRANSPORTATION SERVICES

- Ensure that all bus drivers are familiar with the Board's *Asthma Policy* and provide training for bus drivers.

RESPONSIBILITIES OF PUBLIC HEALTH/SCHOOL NURSE

- Consult with and provide information to parents/guardians, students, and school personnel.
- Assist in developing the *Student Asthma Management Plan* (Appendix A) as required.
- Be available as a school resource.

[*APPENDIX A Student Asthma Management Plan pdf Version*](#)

[*APPENDIX A Student Asthma Management Plan word Version*](#)

[*APPENDIX B Creating Asthma Friendly Schools*](#)

[*APPENDIX C Ryan's Law*](#)

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