



## YORK CATHOLIC DISTRICT SCHOOL BOARD

BOARD POLICY	
<i>Policy Section</i> <b>Students</b>	<i>Policy Number</i> <b>206</b>
<i>Former Policy #</i>	<i>Page</i> <b>1 of 8</b>
<i>Original Approved Date</i>	<i>Subsequent Approval Dates</i>
	<b>June 21, 2016</b>

**POLICY TITLE: SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: ASTHMA**

### SECTION A

#### 1. PURPOSE

The York Catholic District School Board recognizes that there are some students within the school system who have been diagnosed with asthma which could be life threatening. The York Catholic District School board also recognizes that asthma management is a shared responsibility that requires a team approach among students, Parent(s)/Guardian(s), caregivers, health care providers and the entire school community.

#### 2. POLICY STATEMENT

It is the policy of the York Catholic District School Board that all students be entitled to safe and healthy environments in our schools. In accordance with the *Act to Protect Pupils with Asthma [Ryan's Law (Ensuring Asthma Friendly Schools, 2015)]* the Board shall establish and maintain processes and procedures to address the health needs of students with asthma.

#### 3. PARAMETERS

- 3.1 Every school in the York Catholic District School Board shall implement and maintain procedures in accordance with the *Supporting Students with Prevalent Medical Conditions in Schools: Asthma* policy as outlined in the Ministry of Education's OPHEA Resource Document *Creating Asthma Friendly Schools* that addresses the following:
  - 3.1.1 Avoidance strategies to reduce the risk of exposure to asthma triggers in classrooms, common school areas and in the planning of excursions;
  - 3.1.2 An implementation plan and resources for the dissemination of information on asthma to Parent(s)/Guardian(s), students and employees; and,
  - 3.1.3 Annual training for all employees and others who are in direct contact with students on a regular basis.

- 3.2 Every Principal shall ensure that, upon registration or upon being informed of a student's a diagnosis, Parent(s)/Guardian(s) and students of 16 years of age or older supply information specific to their symptoms and the management of asthma episodes.
- 3.3 Every Principal shall ensure the development of an individual emergency plan for each student diagnosed with asthma.
- 3.4 Every Principal shall create and maintain a centrally accessible file containing all individual action plans (S40(a) for Elementary; S40(a1) for Secondary) for the current school year.
- 3.5 Students **shall be permitted** to carry oral prescribed asthma medication with them **only** if the office is made aware in accordance with Section 4.4.4.
- 3.6 No action or other proceedings 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 the *Act to Protect Pupils with Asthma [Ryan's Law (Ensuring Asthma Friendly Schools), 2015]*.

#### 4. RESPONSIBILITIES

##### 4.1 Director of Education

- 4.1.1 To oversee compliance with the Supporting Students with Prevalent Medical Conditions in Schools: Asthma policy.

##### 4.2 Human Resources

- 4.2.1 To ensure that all staff who have direct and regular contact with students are trained upon hiring and on an annual basis thereafter, on how to recognize symptoms of an asthma episode, on how to respond to the episode, and how to administer medication (e.g. inhaler).
- 4.2.2 To ensure that all Administrators, new to the role and on an annual basis thereafter, are trained on how to recognize symptoms of an asthma episode, on how to respond to the episode, and how to administer medication (e.g. reliever inhaler).

##### 4.3 Superintendents of Education

- 4.3.1 To support Principals with the implementation of and compliance with the Supporting Students with Prevalent Medical Conditions in Schools: Asthma policy.

##### 4.4 Principals

- 4.4.1 To implement and comply with the *Education Act, S. 265(1j)* as it relates to the care of students and property giving assiduous attention to the health and comfort of the students.
- 4.4.2 To participate in annual training with staff and others in direct contact with students to learn how to recognize the symptoms and the procedures to follow should a life-threatening reaction occur.
- 4.4.3 To inform Parent(s)/Guardian(s) at the time of registration or upon diagnosis, of the need to advise the school if their child has asthma.
- 4.4.4 To permit students with asthma to carry their medication with them when Parent(s)/Guardian(s) have provided consent to do so. Students who are 16 years old or older do not require prior parental consent.
- 4.4.5 To communicate with all staff and others who are in direct contact with students the name, grade and classroom teacher of students who could

- require the immediate administration of medication due to a diagnosis of asthma and where their individual action plan and medication are located.
- 4.4.6 To develop an “individual emergency plan” for each student who has asthma that includes details informing staff and others, who are in direct and regular contact with the student, outlining monitoring and avoidance strategies and appropriate treatment; a readily accessible emergency procedure for the student, including emergency contact information; and, and the location for the storage of medication.
  - 4.4.7 To create and maintain a central file for all students with asthma.
  - 4.4.8 To ensure that a copy of the central file is included in the school’s Emergency Response/Action Plan.
  - 4.4.9 To provide and communicate to all staff the designated location of medication for students with asthma.
  - 4.4.10 To provide the Student Transportation Services Department with the names of all students with a diagnosis of asthma and forward a copy of the completed S40(a) or S40(a1).
  - 4.4.11 To ensure that school volunteers who are in direct contact with students are aware of the *Supporting Students with Prevalent Medical Conditions in Schools: Asthma* policy.

#### **4.5 School Staff**

- 4.5.1 To participate in annual training on asthma to learn how to recognize the symptoms of an asthma episode and the procedures to follow should an episode occur.
- 4.5.2 To provide a copy of the S40(a) or S40(a1) form (which includes a photo of the student) to occasional teachers.
- 4.5.3 To discuss asthma with the class, in age appropriate terms outlining the potential triggers in the class, describing symptoms of an asthma episode and procedures to follow should an asthma episode occur.
- 4.5.4 To ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible.
- 4.5.5 To administer the student’s prescribed asthma medication, even if there is no pre-authorization to do so, if there is reason to believe that a student is experiencing an asthma episode.
- 4.5.6 To develop a communication system (i.e.: journal or agenda) to inform Parent(s)/Guardian(s) of any concern(s) or seek additional information related to the student’s asthma.

#### **4.6 Parent(s)/Guardian(s)**

- 4.6.1 To inform the Principal immediately upon registration and/or when in receipt of a diagnosis of asthma.
- 4.6.2 To provide the Principal with a completed copy of form S40(a) for Elementary students and S40(a1) for Secondary students:
  - 4.6.2.1 Prior to, or immediately after the start of the student’s Elementary career;
  - 4.6.2.2 Prior to, or immediately after the start of the student’s Secondary career;
  - 4.6.2.3 Or immediately after a diagnosis of asthma;
  - 4.6.2.4 Or immediately after a change in prescribed medication (i.e.: typed of inhaler and/or dosage).

- 4.6.3 To ensure that all medical information pertinent to the student's diagnosis of asthma is always current.
- 4.6.4 To provide the school with one (1)\* up-to-date inhaler, to be carried on the student's person, clearly marked with student's name and diagnosis or to be kept with a person in a position of authority, depending on the age and/or developmentally appropriate readiness of the student.
- 4.6.5 To provide your child with a MedicAlert® bracelet or other appropriate form of medical identification to be worn at all times.
- 4.6.6 To research field trip sites and overnight excursion sites for potential health/medical risks.
- 4.6.7 To provide education to their child about their medical condition, as well as the safe keeping and administration of their medication with support from their child's health care professional.

\*If the Parent(s)/Guardian(s) is not in agreement with providing the school with one (1) up-to-date application of the inhaler, to be carried on the student's person or kept with a person in a position of authority, then the Parent(s)/Guardian(s) will be required to indicate this on the S40(a) or S40(a1) form upon submission to the Principal, thereby acknowledging that they take full responsibility for their decision.

#### **4.7 Students with Asthma**

- 4.7.1 To practice asthma avoidance measures.
- 4.7.2 To learn to recognize symptoms of an asthma episode.
- 4.7.3 To promptly inform an adult as soon as asthma symptoms appear.
- 4.7.4 To take responsibility for advocating for their personal safety and well-being, as well as the safe keeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management.
- 4.7.5 To wear MedicAlert® bracelet or other appropriate medical identification at all times.

#### **4.9 Student Transportation Services**

- 4.9.1 To ensure the names of students with a diagnosis of asthma have been communicated to Transportation Service Providers.
- 4.9.2 To ensure that Policy 206 *Supporting Students with Prevalent Medical Conditions in Schools: Asthma* has been communicated with all Transportation Service Providers.
- 4.9.3 To ensure that the current form S40(a) or S40(a1) form received from the Principal is available on file:
  - i) in the Student Transportation Services office,
  - ii) in the appropriate service provider's dispatch office, and,
  - iii) in the appropriate school vehicle(s)
- 4.9.4 To require the service provider to ensure there has been adequate training of all regular drivers and substitute drivers that transport a student with asthma.
- 4.9.5 To work with the school Principal and service provider to assign a specific seat to a student with asthma, if required.

## 5. DEFINITIONS

### 5.1 Age and/or Developmentally Appropriate Readiness

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capability to understand their condition. Students with special education needs may require additional assistance and avocation by school or central staff and Parent(s)/Guardian(s).

### 5.2 Asthma

A chronic inflammatory disease of the airway that may cause one or more of the following symptoms:

- Shortness of breath;
- Tightness in the chest;
- Coughing; and/or,
- Wheezing.

Symptoms can:

- Range from mild to severe and sometimes can be life threatening;
- Vary from person to person;
- Flare up from time to time and then not appear for long periods; and/or,
- Vary from one episode to the next.

The cause of asthma is not known, and currently there is no cure. A high percentage of asthma patients also have seasonal allergies that are known to trigger an asthma episode.

#### 5.2.1 Exercise-Induced Asthma

When students participate in physical activity, they commonly breathe through their mouths at a rapid rate, which causes cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. Exercise-induced asthma may present itself during or after physical activity. It is more common when activities are conducted in cold environments and during high pollen or pollution count days. However, students can experience exercise-induced asthma anywhere, including indoors.

### 5.3 Asthma Medication

Most people with asthma take two kinds of medication. Each asthma medication treats only one aspect of the condition and are defined as follows:

**5.3.1 Controllers**, also called 'preventers', reduce inflammation in the airways. Controllers are taken every day.

**5.3.2 Relievers**, generally known as 'inhalers', are very good at helping to alleviate symptoms immediately, such as coughing or wheezing. However, reliever medications do nothing for the underlying problem of inflammation. Relievers are only a short-term solution to breathing problems and indicate that there is underlying inflammation present that requires a controller medication.

## 5.4 Asthma Triggers

Any condition or thing in the environment that causes inflammation in the airways, which then causes or provokes asthma symptoms. There are two broad categories of triggers as defined below:

**5.4.1 Inflammatory (allergic) triggers** can cause inflammation of the lungs' airways or tightening of the airways' muscles. Inflammatory triggers include:

- 5.4.1.1 Dust mites
- 5.4.1.2 Furry animals
- 5.4.1.3 Moulds
- 5.4.1.4 Pollens, trees, leaves
- 5.4.1.5 Viral infections
- 5.4.1.6 Certain air pollutants
- 5.4.1.7 Carpets

**5.4.2 Symptom (non-allergic) triggers** generally do not cause inflammation, but may for some students as identified by the parent/guardian and confirmed by the physician and/or licensed health care provider. Symptom (non-allergic) triggers can provoke the feeling of "constricted" airways, especially if they are already inflamed. Symptom triggers include:

- 5.4.2.1 Smoke
- 5.4.2.2 Exercise
- 5.4.2.3 Extremes of temperatures (cold or hot and humid)
- 5.4.2.4 Air quality (smog)
- 5.4.2.5 Chemical fumes and other strong-smelling substances like perfumes, cleaning chemicals, indelible markers, glue
- 5.4.2.6 Certain food additives like sulfites
- 5.4.2.7 Certain air pollutants
- 5.4.2.8 Intense emotions

## 5.5 Person in a Position of Authority

A person employed by the Board to perform services with respect to a student or students.

## 5.6 School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

## 6. CROSS REFERENCES

YCDSB Student Transportation Procedures Manual

[YCDSB Third Party Protocol](#)

[\*An Act to Protect Pupils with Asthma \[Ryan's Law \(Ensuring Asthma Friendly Schools\), 2015, Statutes of Ontario\]\*](#)  
[\*Education Act\*](#)

Ministry of Education OPHEA Resource Guide: [Creating Asthma Friendly Schools](#)

**7. RELATED FORMS**

S40 Administration of Medication to Students with Asthma

S40(a) Elementary Administration of Prescription Medication for Asthma

S40(a1) Secondary Administration of Prescription Medication for Asthma

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CONDITIONS IN SCHOOLS: ASTHMA**

**SECTION B: GUIDELINES**

The Ministry of Education: OPHEA (Ontario Physical Health Education Association) “[Creating Asthma Friendly Schools](#)” resource guide provided to each school will be used for training purposes as it provides more detailed information related to:

1. Overview of Asthma
  - a. Why Schools Need to Know about Asthma
  - b. What is Asthma?
  - c. What is an Asthma Trigger?
  - d. Asthma Control is Key
  - e. Asthma Medications
  - f. Common Asthma Situations
2. Creating Asthma Friendly Schools
  - a. Asthma and Student Success
  - b. How to Create Asthma Friendly and Supportive Schools
  - c. Staff Education and Training
3. Implementation Supports and Resources for Schools