POLICY: ASTHMA	# 1017
SECTION: 1000 : Safety	Page 1 of 4
APPROVAL/REVISION DATE: June 12th, 2023	EFFECTIVE DATE: June 12th, 2023
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CROSS REFERENCE:	Ryan's Law (Ensuring Asthma Friendly Schools), 2015 Education Act, s. 265: Duties of the Principal Reg. 298, s. 20 – Duties of Teachers Policy 1005: Administration of Oral Medication Asthma Protocol

A. **POLICY**

1. 1.1 In accordance with *Ryan's Law (Ensuring Asthma Friendly Schools), 2015* (the "Act"), it is the policy of the Thunder Bay Catholic District School Board to establish and maintain a policy for students diagnosed with asthma. 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.

1.2 The policy outlines the board's commitment to students with asthma. Consistent with Policy 1005: Administration of Oral Medication, the Board supports the voluntary participation of staff in the administration of emergency medication at school in accordance with this policy and the Act.

This policy must be interpreted in conjunction with the obligations set out in the Act. In the event that a provision within the Policy is incompatible with a provision in the Act, the Act shall prevail.

B: GUIDELINES

2. **DEFINITIONS**

2.1 **What is Asthma?**

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe.

People with asthma have sensitive airways that react to triggers. There are many different types of triggers for example poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. Symptoms of asthma are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and sometimes could be life threatening.

For the purposes of this document, the following terms are defined as:

2.2 **Emergency 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).

2.3 **Medication**

"Medication" refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours or school related activities.

2.4 **Immunity**

The Act states that "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."

2.5 **Health Care Provider** may include Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified respiratory Educator, or Certified Asthma Educator.

2.5 **Principal**

A Principal as defined in the *Education Act*.

2.6 **Parent**

A Parent in this policy refers to: a) parent(s); or guardian(s) with legal custody of a student; b) a student who is 18 years of age or older; or c) a student who is 16 or 17 years of age and has withdrawn from parental control).

2.7 **Student**

A Student in this policy refers to: a) a child under the age of 16; b) a child 16 or 17 years of age and has withdrawn from parental control; or c) a person 18 years or older.

3. GENERAL PRINCIPLES

3.1 It is the responsibility of the Principal, on an annual basis, to notify the Parent, Guardian, Student and staff within the school of their responsibilities under this policy.

3.2 Upon registration of students each school year, the Principal shall inform the Student or Parents of their responsibility to provide written notification to the school of their asthma or their child's asthma. Written notification must be provided as per policy 1005: Administration of Oral Medication and Appendix "A" -Prevalent Medical Condition – Asthma - Plan of Care which must be completed by the student's health care provider, parent or student.

3.3 It is the responsibility of the Student and Parents to notify the Principal of any changes in their or their child's asthmatic condition, recommended treatment and medication, by providing a new request and authorization for Plan of Care. Where a Parent has provided a request for Plan of Care and there are no changes for the following year, the Parent shall provide written confirmation that the authorization continues to be valid. The Principal shall place the written confirmation with the existing authorization form in the Ontario Student Record (the "OSR").

3.4 The Principal of a school will ensure that all students have easy access to their prescribed reliever inhaler(s) medications; identify asthma triggers in classrooms, common school areas and in planning field trips and implement strategies to reduce the risk of exposure.

3.5 The Board or the Principal of a school will establish a communication plan to share information on asthma to parents/guardians, students, employees and include any other person who has direct contact with a student with asthma.

3.6 The Board or the Principal of a school will review the asthma policy as part of its regular policy review cycle.

3.7 The Board or the Principal of a school will include the asthma policy in the board policies posted in the Board of Governance folder, on the school and Board web sites.

3.8 A copy of the Individual Plan of Care for each student with asthma, will be stored in the school office, the student's OSR, and in other accessible locations as outlined in the Individual Plan of Care. All staff will be notified of the locations. The classroom/homeroom teacher of an asthmatic student will also retain a copy of the Individual Plan of Care.

3.9 It is the responsibility of the teacher to educate their students regarding asthma and relevant components of an asthmatic classmate's Individual Plan of Care in case of an emergency.

3.10 The Principal is required to maintain a record of administering medication as per Policy 1005 whenever an asthmatic student is administered emergency medication at school or a school-related event. The staff person, school volunteer or student who administered the emergency medication is required to fill out the appropriate form.

3.11 The Principal, with the cooperation of Student Transportation Services Thunder Bay, will inform bus drivers of students with asthma and will provide a copy of the relevant components of the asthmatic students' Individual Plan of Care to bus drivers in case of an emergency. It is the responsibility of the bus companies to provide appropriate training for their employees.

4. **TRAINING**

4.1 The Principal will coordinate training for all staff. Training will be available to all individuals in the school, for example, but not limited to: administrators, teachers, coaches, lunch room supervisors, custodians, secretaries, student support staff, designated early childhood educators, supply teachers and parent/guardian volunteers. Training shall occur annually at or around the beginning of the school year.

5. **OUT-OF-CLASS/SCHOOL PREVENTION**

5.1 The Principal will provide a copy of the relevant components of each asthmatic student's individual Plan of Care and a completed Transportation Medical Form (see Asthma Protocol) to the appropriate bus drivers for excursions.

5.2 The Principal, in cooperation with the Student and Parents, will develop the necessary accommodations for when a student with asthma is expected to participate in excursions off school premises. The Principal shall ensure that all supervisors are fully aware of the Individual Plan of Care for all participating asthmatic students.

5.3 All individuals receiving emergency medication must call 911 and be immediately transported to a hospital.

5.4 When planning extended excursions, more than one Emergency Medication must be available. Hospital, police, fire or ambulance services must be accessible.

Appendices

- Appendix "A": Prevalent Medical Condition Asthma Plan of Care
- Appendix "B": Transportation Medical Form
- Appendix "C": Ryan's Law (Ensuring Asthma Friendly Schools)