

PREVALENT MEDICAL CONDITION ASTHMA
Plan of Care

STUDENT INFORMATION

Student Name:	Date of Birth:	Age:	Student Photo (Optional)
SIS #:	Teacher:	Grade:	

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN ASTHMA TRIGGERS (CHECK ALL THOSE THAT APPLY)

- Colds/Flu/Illness Change in weather Pet Dander Strong Smells Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)
 Mould Dust Cold weather Pollen Physical Activity/Exercise
 Other(Specify) _____ At Risk for Anaphylaxis (Specify Allergen) _____
 Asthma Trigger Avoidance Instructions: _____
 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 Other (explain): _____
 (e.g., trouble breathing, coughing, wheezing).

Use reliever inhaler _____ in the dose of _____ Spacer (valved holding chamber) provided? Yes No
 (Name of Medication) (# of Puffs)

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

- Airomir Ventolin Bricanyl Other (Specify) _____

Student should take responsibility for keeping an inhaler with them at all times (with parental permission if the student is under 16.)

If 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 Backpack/fanny Pack Case/pouch 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: _____

In locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITES

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)

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____ Profession/Role: _____

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.

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 Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before: _____ (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 Peel District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The Peel 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)/guardians and students acknowledge that the employees of the Peel District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parents to ensure that clear instructions and current physician's orders are provided to the principal.

Authorization for the collection of this information is in the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, as amended and as applicable. This form will be kept for a minimum period of one calendar year. The contact person concerning this collection is the school principal.

Parent(s)/Guardian(s)Signature: _____ Date: _____

Student Signature: _____ Date: _____

Principal Signature: _____ Date: _____

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 5-15 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.