

**PREVALENT MEDICAL CONDITION — ASTHMA**  
**Plan of Care**

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Ontario Ed. # \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Student Photo (optional)

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

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

**KNOWN ASTHMA TRIGGERS**

CHECK (✓) ALL THOSE THAT APPLY

<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"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	<input type="checkbox"/> Cold Weather
<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:

In 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)

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

## 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.

## 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: \_\_\_\_\_

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

If medication is prescribed and will be administered at school, it is necessary to complete the following document:

1) Form 314-A4: "Request and Authorization for the Administration of Reliever/Rescue Inhaler"

Is Form 314-A4 required for this student?  Yes  No

## TRANSPORTATION

### Plan for Student Transportation

Individual Student Boarding	Individual Student Securement	Individual Student De-Boarding

### Roles

School Staff	Parent/Guardian	Student	Transportation Provider	Operator/Driver
-Create and monitor this plan with parents/guardians, student, TriBoard, and school staff. -Advise TriBoard and parents/guardians of relevant issues while at school during the day.	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for completion of this plan.	-Follow the bus rules and strategies listed on this plan. -Advise the driver of any medical emergency, or health issues that they are experiencing while being transported.	-Ensure that all drivers and monitors staffed to transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are aware of the	-Ensure that the student is transported safely according to needs listed on this plan. -Follow TriBoard and School Board policies and procedures for transporting students with disabilities.

<p>-Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.</p>	<p>-Communicate any changes to any medical or other conditions that might affect transportation. -Communicate with the school and driver any tool or strategies that will help the driver deliver and monitor the needs of the student while transporting them.</p>	<p>-Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).</p>	<p>strategies listed in this plan. -Ensure that all temporary staff that transport the student are fully briefed on this plan. -Ensure that proper training of staff is in place regarding boarding, securing, and de-boarding practices to transport student.</p>	<p>-Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.</p>
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**AUTHORIZATION / USE OF INFORMATION /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: \_\_\_\_\_

I consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Limestone District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- classroom       other: \_\_\_\_\_  
 office

**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).

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

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

***Please Note: Checked box indicates that this student has an additional Plan of Care***