

HALTON ASTHMA PROTOCOL

For
School Administrators and
Teachers



2007

Recognition of Committee Members:

The following are thanked for their dedication and expertise in developing the Halton Asthma Protocol for the Public and Catholic elementary and secondary schools in the Halton Region.

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RESPONSIBILITY TO PROVIDE A SAFE ENVIRONMENT FOR PUPILS WITH ASTHMA:

DUTY OF CARE:

This Asthma Protocol for school administrators, teachers and employees has been developed to meet the requirements of:

Education Act:

265 (1) Duties of principals:

- j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils,

Education Act Regulations:

Reg. 298, s20 Duties of teachers:

- g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible,

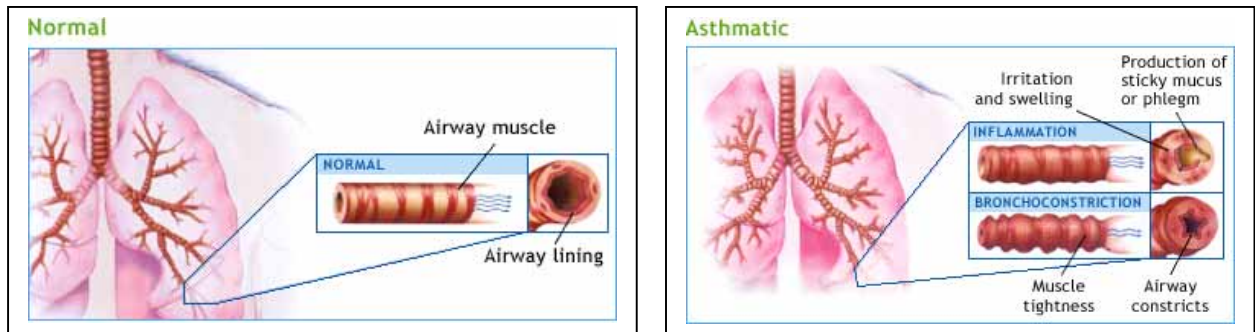
The Board's liability policy provides coverage for employees acting within the scope of their duties with the board. Thus, all school staff who administer first aid to a student who is suffering from a severe asthma attack within the school or during a school activity are covered.

Rationale for an Asthma Protocol

Asthma is growing in alarming rates. It is now estimated that 20% of children have asthma. It is the leading cause of school absenteeism and hospitalizations of children (Cicutto, L. et al. Chest 2005; 128:1928-1935). Uncontrolled asthma may limit children's learning opportunities and can cause many nights of interrupted sleep, several days of limited activity, and disruptions in normal activities of life. All of these factors influence how children behave and learn at school.

The condition is rarely fatal but should not be underestimated. Statistics show that 500 people in Canada die each year of asthma (Statistics Canada 2000). Eighty percent of these deaths could be prevented with proper education (Institute for Clinical Evaluative Sciences in Ontario, 1996). Older children (ages 11 to 17) have the lowest rate of emergency department visits, but the highest rate of death from asthma. The study suggests that although they are more independent than younger children, they still need close monitoring for signs that their asthma symptoms are worsening and they are in need of medical attention.

What is asthma?



Asthma is a chronic inflammatory condition that occurs in the smaller airways of the lungs.

What happens when asthma is triggered?

When people with asthma come into contact with one of their triggers, three things happen:

1. The lining of the airway starts to swell
2. Mucus is secreted
3. Muscles in the airway tighten or constrict.

These three effects combine to make the airways very narrow, which makes it hard to breathe.

Sudden narrowing of the airways produce what is often called an “attack of asthma”.

SYMPTOMS

- Difficulty breathing
- Shortness of breath
- Coughing
- Wheezing
- Chest tightness

These symptoms can be reversed with medication and by reducing exposure to environmental triggers. Not every person will experience all of the symptoms listed. **Often a cough may be the only symptom experienced.**

What is an asthma trigger?

For children who have asthma, inflammation in the airways causes the airways to become extra sensitive to a variety of triggers in the environment. An asthma trigger is anything in the environment that causes or provokes asthma symptoms (cough, wheeze, difficulty breathing). Common triggers include viral infections (common colds); allergies (furry animals, house dust mites, pollen, and moulds); fumes (paints, indelible markers, perfumes, cleaning products and glue); extremes of temperature (cold or hot and humid); exercise; and excitement or laughing. Most children with asthma have more than one trigger. However, the triggers and the degree of asthma symptoms differ for each person with asthma.

Asthma Medication

In general, asthma medications work in one of two ways to relieve symptoms. They either work by controlling or preventing the inflammation and mucous production or by relieving the muscle tightness around the airways.

Controller Medication (Flovent, Advair, Qvar, Pulmicort, etc.)

- Used daily, before and after school at home, to prevent asthma attacks.
 - Decreases and prevents swelling of the airways
 - Can take days to weeks of regular use to work effectively
- Various colours (orange, purple, brown, red)

Reliever Medication (Ventolin/Salbutamol, Bricanyl, etc.)

- Used to relieve symptoms of asthma.. Called the ‘rescue’ inhaler (usually blue in colour)
- Needs to be readily accessible at all times
- Provides relief quickly, within minutes
- Relaxes the muscles of the airways
- Taken only when needed or prior to exercise if indicated

To view how to use asthma medication devices go to web site:

http://www.calgaryhealthregion.ca/ican/movie_files/asthma_videos.htm#Devices%20&%20Demos

Anaphylaxis and Asthma

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, **epinephrine should be used first**. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen).

What is Exercise Induced Asthma (EIA)?

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 done in cold environments and during high pollen or pollution count days. However, students can experience EIA symptoms anywhere, including indoors. For more information about EIA visit www.lung.ca/asthma/exercise

Medication Prior to Activity:

Using the reliever inhaler 10-15 minutes prior to exercise may prevent EIA. Check with the student's parents if their child is a candidate to take their reliever medication prior to physical activity.

Asthma Symptoms prior to activity:

If the student is already experiencing asthma related symptoms such as, coughing or difficulty breathing, they should NOT participate in physical activity as this can lead to a severe asthma attack.

Warm up and cool downs:

A good warm up and cool down before and after physical activity may assist in preventing the development of asthma symptoms:

- Begin your activity with a progressive warm up. The purpose is to warm both the body and the airways in preparation for the activity (e.g. begin by light walking and progress gradually to a jog).
- The intensity of the activity should start at a low level and gradually increase to develop exercise tolerance.
- End your lesson with a cool down period. The purpose is to gradually bring the heart rate down slowly to a resting rate and reduce the chance of asthma symptoms occurring after the exercise.

Asthma symptoms occurring after physical activity begins:

If symptoms occur after physical activity begins, STOP the student until the student is fully recovered. A reliever inhaler may be needed.

A fully recovered student:

- will breathe at a normal rate.
- will not be wheezing/coughing.
- will be able to carry on a conversation without any breaks.

Identifying and Managing Triggers for Physical Activity

Outdoor Triggers

Cold Air

- Some students with asthma may require something to cover their mouth and nose (e.g. a scarf or neck warmer). This can help to add warmth and moisture to cold dry air and potentially reduce the chance of asthma symptoms occurring.
- Choose well ventilated indoor sites on days with extreme temperatures.

Air Quality, Smog

- Be aware of air quality and smog alerts for the area as reported on local weather forecasts. www.airqualityontario.com provides up to date information on daily forecasts.
- Choose well-ventilated indoor sites on days when the air quality is poor.

Pollen, Trees, Leaves

- Be aware of the pollen count. Reports can be found at www.weather.ca
- Avoid play areas with a lot of trees/grasses in May to August (or until first frost) OR select activity areas located on blacktop or sites away from trees and grasses, where possible.
- Participate in physical activity outdoors after 10 a.m. when pollen counts are lower, where possible.
- Choose well-ventilated indoor sites on days with high pollen counts.

Indoor Triggers (Classroom, Gymnasiums, and Multipurpose Rooms)

When activities take place indoors take precautions to minimize or eliminate the following triggers that may cause asthma symptoms: strong smells from markers, paints, cleaning products and perfumes; chalk, dust, and furry or feathered animals.

- If carpet is used, use a throw rug so that it can easily be washed, where possible.
- Report any mould concerns to your principal.
- Remove any furry or feathered pets, gerbils, mice, birds, etc.
- Consider a no-perfume policy in your work environment.
- Choose scent-free products when possible – i.e. unscented markers, art supplies, etc.
- Use dry-erase boards with scent-free markers more often.
- Keep windows closed during high pollen count days.

Instructions for Managing Asthma Symptoms

When asthma symptoms (i.e. coughing, wheezing, chest tightness, shortness of breath) present:

Action:

- remove student from the trigger
- have student use reliever inhaler as directed by medical doctor (refer to medication label)
- have student remain in an upright position
- have student breathe slowly and deeply
- do NOT have student breathe into a bag or lie down
- if student totally recovers, participation in activities may resume

If symptoms persist:

Action:

- wait 5-10 minutes to see if breathing difficulty is relieved
- if not, repeat the reliever medication
- if the student's breathing difficulty is relieved, he or she can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require additional reliever medication.

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- has used the reliever medication and it has not helped within 5-10 minutes
 - has difficulty speaking or is struggling for breath
 - appears pale, grey or is sweating
 - has greyish/blue lips or nail beds
 - requests a doctor or ambulance or asks to go to the hospital
- OR**
- you have any doubt about the student's condition

ACTION:

- call 911, wait for the ambulance, DO NOT drive the student
- continue to give the reliever inhaler every two to three minutes until help arrives
- contact parents/caregivers, as soon as possible

Halton Asthma Protocol: What has already been done

Public Health School Asthma Pilot Project in Halton

The Public Health School Asthma Pilot Project was part of Ontario's groundbreaking Asthma Plan of Action funded by the Ontario Ministry of Health and Long-Term Care and supported by the Ministry of Education. The project involved collaboration between community agencies, school boards, school personnel, University of Toronto, health care professionals, public health units, and children with asthma and their parents/guardians. The pilot project involved the five Ontario regions of Durham, Halton, Hamilton, Peel and Sudbury.

The overall aim of the pilot project was to optimize the control of asthma in children. This was accomplished through the provision of school-based asthma education to elementary school students affected by asthma as well as education to teaching staff, the general student population and the creation of asthma friendly schools.

Thirty-four schools from the Halton District and Halton Catholic District School Boards participated in the four-year study, evaluated by the University of Toronto. A needs assessment was conducted in 170 participating schools and the results revealed that schools often pose barriers to children successfully managing their asthma. Early research findings from the five participating regions showed that:

- majority of children do not have easy access to inhalers
- teachers do not feel confident in their ability to recognize or manage worsening asthma
- most schools do not have a comprehensive plan for handling worsening asthma
- majority of teachers do not receive information about asthma
- few schools have a process for identifying children with asthma and notifying teachers about these students

The Creating Asthma-Friendly Schools Resource Kit was developed by the Project Work Group in response to the results of the survey. It incorporates many recommendations, checklists and resources that help to support asthma friendly schools. A copy of this kit was distributed to each participating school and is also available on line at www.asthmainschools.com.

During the school year, children spend about 40% of their wakeful hours at school. Recognition of asthma and the impact it has on children in school is important. School personnel play an important role in helping students with asthma manage the condition at school.

Creating Asthma-Friendly Schools:

- establishes a supportive learning environment for students with asthma
- reduces school absenteeism
- reduces disruption in the classroom

- provides the necessary support in the event of worsening asthma or emergency
- achieves full participation in school related activities including physical activity
- improves communication between members of the school environment
- assists students to become life long successful managers of their asthma

Asthma-Friendly Schools allow students to maximize their potential and experience rewarding educational, social, and health benefits. Empowering students in a supportive environment helps students develop life-long skills for controlling their condition and improving their quality of life.

This protocol is modelled after the Creating Asthma-Friendly Schools Resource Kit in response to requests from administrators who felt that it was important to have a Board Protocol to help support schools and to ensure consistency throughout the region.

SCHOOL BOARD RESPONSIBILITIES

- Provide information and training to its school administrators and staff about how to identify, manage and accommodate students diagnosed with asthma (e.g. resource Halton Asthma Protocol 2007).
- Provide information to school sites on how to identify and reduce common asthma triggers.
- Where possible, facilitate the use of asthma-friendly school supplies and products:
 - Scent free markers, cleaning products, dust free chalk
 - Building inspections and maintenance on a regular basis
 - Cleaning at times that reduce the possibility of exposing students/staff to fumes, dust, mould, and other irritants.
- Review the Halton Asthma Protocol 2007 as per Board cycle or as needed.
- Post Halton Asthma Protocol 2007 on board website.

Elementary School Administrator Responsibilities

IDENTIFICATION:

Develop and Implement:

- a process where children with an asthma condition are identified by parent/guardian and requested to supply information on the asthma condition
 - Students presently registered at school (e.g. verification form)
 - Students during registration (e.g. question on registration form: *Indicate if your child has been diagnosed with asthma and list their allergens*).

- Provide parents with **Parent/Guardian Asthma Package** (Resource B):
 - ask parents to read the package and complete the following forms:
 - Authorization for Medication form
 - Individual Asthma Management Plan
 - inform parents that the completed forms are to be returned during the last week of August, the first day of attendance or as soon as possible after registration during the school year along with medication(s)

- Location of forms:
 - Individual Asthma Management Plan**
 - One copy given to classroom teacher
 - One copy placed in School Asthma file of Student Health binder (e.g. Asthma binder or OSR)
 - Authorization for Medication form**
 - One copy placed in the School Asthma file (e.g. Asthma binder or OSR)

- Provide staff who are in direct contact with students, at the beginning of the school year, a list of students who have asthma and/or use inhaler medications

- Ensure students presenting with both anaphylaxis and asthma have their asthma identified on the student's Anaphylaxis Emergency Treatment Plan.

- Develop a process where classroom teachers inform supply teachers and coaches of students they teach with asthma.

- Process in place (e.g. emergency health response binder) to identify students with asthma for field trips, overnight trips, team events as well as students in cooperative education/work experience placements.

MEDICATION:

- Establish a process that identifies those students who require assistance with their inhalers (e.g. Individual Asthma Management Plan) and inform and train appropriate staff. Training can be done by school staff using the prepared educational materials or CCAC.

- Inform parents and students that board *protocol* is for students to carry their own inhalers or have them easily accessible. Administrators must take into

consideration the following variables: consultation with the parent/guardian, age of the student, maturity of the student, and student capacity (intellectual, physical).

IN SERVICE INFORMATION AND TRAINING SESSION:

- Provide school staff with an information and training session covering the following topics at the beginning of each school year and reviewed when needed: (*Resource: Refer to ‘Asthma In Schools’ CD presentation*)
 - Identification of students with asthma and those students identified as having anaphylaxis and asthma.
 - Description of the condition of asthma.
 - Identification and managing of asthma triggers.
 - Symptoms of an asthma episode/attack.
 - Asthma medication – “Rescue inhalers’ used to relieve symptoms.
 - Various types of inhalers at school and how they are used
 - Location of inhalers (Where practical (based on age, maturity) students are to carry their inhalers or to have inhalers in close proximity at all times)

To view how to use asthma medication devices go to web site:

http://www.calgaryhealthregion.ca/ican/movie_files/asthma_videos.htm#Devices%20&%20Demos

- How to manage a minor to a severe asthma episode. (Refer to: Instructions for Managing Worsening Asthma, page 16)
- Provide classroom teachers, who have students diagnosed with asthma, with a copy of *‘Elementary Classroom Teacher Responsibility’*, p. 15, 16, 17.
- Provide teachers/coaches (other than classroom teacher) who will be providing physical activity (e.g. intramural, interschool activities) with a copy of: *‘Responsibilities /Checklist for Teachers/Coaches Providing Physical Activity’* , p. 23,24

PREVENTION/AWARENESS:

- Be aware of asthma triggers in the school and reduce exposure to these triggers wherever possible. *Refer to Asthma Trigger p. 6*
- Display poster, “A Child is Having an Asthma Episode – What are the Signs?” High visibility area for staff – e.g. staff room, health room.
- Support the expectation that students with asthma should be participating in physical activities (e.g. physical education classes, daily physical activities) and to go outside for nutrition breaks. Most children with controlled asthma can be outdoors like other children.
- Place information regarding asthma on school website and in school newsletters.

ELEMENTARY CLASSROOM TEACHER RESPONSIBILITIES

- Be able to identify students in your class with asthma and/or use an inhaler.
- Participate in the asthma information and training session provided by principal.
- Have a copy of the Individual Asthma Management Plan for those students with an asthma condition as identified by parent. Share the information on this form with all those who come in direct contact with the student(s) on a regular basis e.g. staff, occasional teachers, volunteers, etc.
- Meet with the child's parents (where applicable) to gather information related to the child's asthma, triggers and medication (inhalers). For children who need assistance with their inhaler, receive instructions from parents on how to administer inhaler properly and when needed.
- Meet with the student(s) identified with asthma and explain that:
 - You are aware of their asthma condition.
 - You are there to assist in case of an asthma episode.
 - You are there to listen when they are experiencing symptoms or feel hesitant to participate.
 - You are there to support and facilitate a successful activity/school day.
 - Discuss with student how he/she is to signal you that he/she is experiencing an asthma attack.
- Be aware of the student(s) asthma triggers and where possible minimize or eliminate the causative factors:

Examples:

 - Refrain from using strong smelling markers or wearing fragrances.
 - Refrain from having furry animals or birds in the classroom.
 - Use white boards in classrooms, where possible. Do not ask the student to clean chalkboards, or chalk filled brushes/rags.
 - Be aware of high pollen days as well as extremes in temperature and poor air quality (smog).
 - Viral infections are one of the most common asthma triggers so encourage frequent hand washing to decrease the spread of infection.
- Know the common symptoms of asthma:
 - Chronic coughing
 - Wheezing
 - Chest tightness
 - Shortness of breath
 - Difficulty breathing
- Know the emergency plan for handling an asthma episode:

Instructions for Managing Worsening Asthma

When asthma symptoms (e.g. coughing, wheezing, chest tightness, shortness of breath) present:

ACTION:

- Have student STOP their activity.
- Remove student from the trigger (where possible).
- Have student use reliever/inhaler as directed by physician (refer to medication label).
- Have student remain in an upright position.
- Have student breathe slowly and deeply.

When symptoms subside participation in regular activities may resume.

It is an emergency situation if:

- The inhaler/reliever has not helped within 5-10 minutes
- The student has difficulty speaking or is struggling for breath
- The student appears pale, grey, or is sweating
- The student has greyish/blue lips or nail beds
- OR you have any doubt about the student's condition

ACTION:

- Call 911, wait for ambulance, DO NOT drive student
 - Continue to give the reliever inhaler every 2-3 minutes until help arrives.
 - Contact parents/guardians as soon as possible
- Encourage students to carry their own inhaler medication with them at all times.
- For those students who are not carrying their inhalers (e.g. age, maturity, parental preference), the inhaler medication should be kept in a readily accessible but secure location (e.g. classroom).
- Instruct classmates not to use or play with another student's inhaler.
- Identify the student(s) diagnosed with asthma to the supply teacher:
- *Locate the student's Individual Asthma Management Plan in the Health folder on teacher's desk.*
- Inform parents when student shows signs of worsening asthma at school:
- Child is experiencing frequent symptoms of asthma at school.
 - Child is using reliever inhaler (usually blue) more than 4 times/week, (not counting the times prior to activity).
- Encourage students with asthma to participate in all school activities to the best of their abilities, e.g.:
- When planning outdoor activities try to avoid freshly cut grass, extreme temperatures (cold, hot or humid) and poor air quality.
 - Notify parents/guardians well in advance of school trips and identify activities involved.

- Ensure that reliever inhalers are easily accessible on field trips, that a suitable means of communication is accessible and you are knowledgeable of how to handle worsening asthma.

□ Asthma and Physical Activity:

It is important that children with asthma participate in physical activity (asthma should not be used as an excuse to avoid activity).

- For students identified with Exercise Induced Asthma (EIA) have them administer their reliever inhaler 10-15 minutes prior to exercise.
- Ensure students have immediate access to their inhaler at all times in the gymnasium, outdoors and during off site activities and games.
- Do NOT have a student begin activity if they are already experiencing asthmatic symptoms (e.g. chronic coughing, wheezing, difficulty breathing).
- If symptoms occur after exercise begins, STOP the student from being active, where possible, remove from trigger(s) and have the student take their reliever medication.

A fully recovered student:

- will breathe at a normal rate.
- will not be wheezing/coughing.
- will be able to carry on a conversation without any breaks.
- Warm up prior to physical activity should be progressive. For example, walking and other low to moderate level activities are appropriate prior to more vigorous physical activity.
- The intensity of the physical activity should start at a low level and gradually increase to develop exercise tolerance.
- Where environmental triggers are present, (e.g. extreme temperature, air quality (smog), high pollen count) provide, where possible, an indoor site. *Resource: Asthma Protocol – Identifying and Managing Triggers for Physical Activity p.7*
- Provide a cool down after physical activity for 5-10 minutes. The purpose is to gradually bring the heart rate down slowly to a resting rate and reduce the chance of asthma symptoms occurring after the activity.
- Resource: “*Asthma & Physical Education ‘What Physical Educators and Coaches Need to Know’*”, available from Ophea

□ Provide opportunities for students to learn about asthma.

- Discuss with the class (in age appropriate terms) what asthma is.
- Outline ways the students can be a helpful friend.
- See resources (books/videos) from the Ontario Lung Association, available at www.on.lung.ca.

Elementary Parent/Guardian Responsibilities

The following content for Parent/Guardians can be found in the 'Asthma Package (Elementary) for Parents/Guardians – September 2007.

In order for the schools to provide a safe and nurturing learning environment and to act in the best interest of your child during an asthma episode, we invite and welcome your cooperation and support by implementing the following:

- Read the content of the Parent/Guardian Package and review the Student Responsibilities with your child.
- Inform the school administrator that your child has an asthma condition and keep the school administrator/teacher up to date on any changes to your child's condition or original diagnosis.
- FORMS:**
Complete the following forms and adhere strictly to the guidelines for submission. Completed forms should be submitted during the last week of August or as soon as possible after registration or diagnosis.
 - INDIVIDUAL ASTHMA MANAGEMENT PLAN
 - AUTHORIZATION FOR MEDICATION FORM
- COMMUNICATE WITH PRINCIPAL AND CHILD'S TEACHER:**
They need to know about your child's:
 - Triggers – what makes their asthma worse.
 - Management plan – e.g. if your child has exercise induced asthma and requires inhaler prior to activity.
 - Ability to use their inhaler:
 - if your child is capable of using his/her own inhaler,
 - if your child requires assistance to take their medication, provide instructions to the school staff regarding proper use of inhaler.
 - Review the Instructions for Managing an Asthma Episode and how it applies to your child.
 - For off school site activities (e.g. field trips, athletic activities) inform supervising teacher/coach of required accommodations.
- RELIEVER MEDICATION – INHALER**
 - Instruct your child on the proper administration of their reliever inhaler.
 - Ensure your child's medication has their name on it.
 - Support best practices for location of medication by instructing your child to carry their inhaler medication at all times OR to make sure their inhaler is readily accessible at all times.
 - Inform your child that their inhaler is not to be played with or shared with any other student.
 - Encourage your child to inform you if they are using their reliever medication more than 4 times per week (other than before exercise) at school.

- Instruct your child to take their reliever medication with them on all off site activities (e.g. field trips, athletic activities).
- ☐ Consider providing a MedicAlert bracelet or necklace for your child. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

**If you have a question about asthma, you can talk to an Asthma Educator by calling:
1-800-668-7682**

Elementary Student with Asthma - Responsibilities

The following content for Elementary Students can be found in 'Asthma Package (Elementary) for Parents/Guardians – September 2007.

- Take home and return to school all forms related to asthma.

- RELIEVER MEDICATION – INHALER:**
 - Know how to administer your inhaler medication (age appropriate).
 - If you feel uncomfortable with taking your own medication or need assistance in administering inhaler inform your teacher/adult as soon as you feel the need to do so.
 - Carry your inhaler with you at all times OR make sure your inhaler is located in a readily accessible location at all times.
 - Make sure you take your inhaler with you on all off school site activities (e.g. field trips, athletic activities).
 - Do not share your medication with anyone.
 - Talk to your friends about your asthma and tell them how they can help.
 - Tell your parents and teacher each time you take your medication. When you take your medication more than 4 times per week (other than prior to exercise), inform your parents.

- Know what triggers your asthma (what makes your asthma worse) and inform your teacher that your asthma is bothering you because of the trigger.

- When under the supervision of a supply/substitute teacher or adult on a field trip, inform them about your asthma and the location of your reliever inhaler.

- When experiencing an asthma attack, never remove yourself to a secluded area (e.g. washroom). Inform a teacher or classmate. First aid or medical assistance will not be available to assist you if the asthma attack gets worse and no one knows where you are.

If you have questions or would like to learn more about asthma you can do so by:

- Talking with your parents and/or family doctor/allergist
- Checking out: www.asthma-kids.com OR www.puffr.ca
- Calling and Asthma Educator: 1 800 668 7682

Secondary School Administrator Responsibilities

IDENTIFICATION:

- Have a process in place that will identify students with asthma (e.g. students registration, verification form) along with their allergens (triggers).

PREVENTION:

- Be aware of asthma triggers to reduce exposure to student contact wherever possible.

AWARENESS:

- Make parent/guardians aware of the school asthma protocol by providing a copy of the 'Asthma – Secondary School Communication with Parent/Guardian Letter (Resource A - page 25)
 - At Grade 8 parent/guardian night
 - During registration of new students
 - On school website

- Provide Health and Physical Education teachers and coaches with a copy of: *'Responsibilities/Checklists for Teachers/Coaches Providing Physical Activity'* p. 23

IN SERVICE INFORMATION AND TRAINING SESSION:

- Provide school staff with an information and training session covering the following topics:
(Resource: Refer to Teacher Asthma In Service Package – ppt presentation)
 - Description of the condition of asthma
 - Identification and managing of asthma triggers
 - Symptoms of an asthma episode/attack
 - Asthma medication:
 - Types of inhalers at the school and how they are used
 - Location of inhalers (students to carry inhalers or to have in close proximity)
 - How to manage a minor to severe asthma attack. (Instructions for Managing Worsening Asthma p. 9)
http://www.calgaryhealthregion.ca/ican/movie_files/asthma_videos.htm#Devices%20&%20Demos

Secondary Classroom Teacher Responsibilities

- Know the identity of students in your class who have asthma (e.g. ask students - Who has asthma?) Encourage students to have their reliever inhaler with them or in close proximity.
- Attend the information and training session provided by school administration.
- Identify the symptoms of asthma:
 - Chronic coughing
 - Wheezing
 - Difficulty breathing, shortness of breath
 - Chest tightness.
- Identify and reduce student exposure to asthma triggers, whenever possible (e.g. inform classmates to not wear fragrances, use dustless chalk)
- Encourage students to carry their inhalers or to have them in close proximity at all times e.g. on field trips
- Know the emergency plan for handling an asthma episode:

Instructions for Managing Worsening Asthma

When asthma symptoms (e.g. coughing, wheezing, chest tightness, shortness of breath) presents itself:

ACTION:

- Have student STOP their activity.
- Remove student from the trigger (where possible).
- Have student use reliever/inhaler as directed by physician (refer to medication label).
- Have student remain in an upright position.
- Have student breathe slowly and deeply.

When symptoms subside participation in regular activities may resume..

It is an emergency situation if the student:

- has used the inhaler/reliever and it has not helped within 5-10 minutes.
- has difficulty speaking or is struggling for breath.
- appears pale, grey, or is sweating.
- has greyish/blue lips or nail beds.

OR

- You have any doubt about the student's condition.

ACTION:

- Call 911, wait for ambulance, DO NOT drive student.
- Continue to give the reliever inhaler every 2-3 minutes until help arrives.
- Contact parents/guardians as soon as possible.

RESPONSIBILITIES/CHECKLIST FOR TEACHERS/COACHES PROVIDING PHYSICAL ACTIVITY

The teacher of physical education is often the first to recognize students who have problems with asthma.

- Have a process of identifying students participating in physical activities who are diagnosed with asthma and require asthma medication (e.g. ask the students/athletes if they have been diagnosed with asthma and take an inhaler)
- For students identified with Exercise Induced Asthma (EIA) have them administer their reliever inhaler 10-15 minutes prior to exercise/activity.
- Ensure students have immediate access to their inhalers at all times for activities in the gymnasium, outdoors and during off site activities and games.
- Do NOT have a student begin activity if they are already experiencing asthmatic symptoms (e.g. chronic coughing, wheezing or difficulty breathing).
- Where environmental triggers are present, (e.g. extreme temperature, air quality (smog), high pollen count) provide, where possible, an indoor site. *Resource: Asthma Protocol – Identifying and Managing Triggers for Physical Activity p.7*
- If symptoms occur after exercise begins, STOP the student from being active, where possible, remove from trigger(s) and have the student take their reliever medication.
A fully recovered student:
 - will breathe at a normal rate.
 - will not be wheezing/coughing.
 - will be able to carry on a conversation without any breaks.
- Warm up prior to physical activity should be progressive. For example, walking and other low to moderate level activities are appropriate prior to more vigorous physical activity.
- The intensity of the physical activity should start at a low level and gradually increase to develop exercise tolerance.
- Interval training is usually preferred over endurance training.
- Provide a cool down after physical activity for 5-10 minutes. The purpose is to gradually bring the heart rate down slowly to a resting rate and reduce the chance of asthma symptoms occurring after the activity.
- For a mild to severe asthma episode apply the Instructions for Managing Asthma Symptoms Protocol (pg. 24).

INSTRUCTIONS FOR MANAGING ASTHMA SYMPTOMS

- ☐ When asthma symptoms (e.g. coughing, wheezing, chest tightness, shortness of breath) present:

ACTION:

- STOP the student from participating in the activity.
- Remove student from the trigger (where possible).
- Have student use reliever/inhaler as directed by physician (refer to medication label).
- Have student remain in an upright position.
- Have student breathe slowly and deeply.

When symptoms subside participation in regular activities may resume.

It is an emergency situation if the student:

- has used the inhaler/reliever medication and it has not helped within 5-10 minutes.
- has difficulty speaking or is struggling for breath.
- appears pale, grey, or is sweating.
- has greyish/blue lips or nail beds.
- requests a doctor or ambulance or asks to go to the hospital.

OR

- You have any doubt about the student's condition.

ACTION:

- Call 911, wait for ambulance, DO NOT drive student.
- Continue to give the reliever inhaler every 2-3 minutes until help arrives.
- Contact parents/guardians as soon as possible.

At the secondary level students are at a stage (physical and intellectual conditions permitting) where they are to take on more personal responsibility for their asthma condition. Please go over the following student responsibilities with your son/daughter.

ASTHMA SECONDARY SCHOOL COMMUNICATION WITH PARENTS/GUARDIANS

Dear Parents/Guardians:

This is to inform you that the Halton District School Board and the Halton Catholic District School boards in collaboration with the Halton Regional Health Department has developed an Asthma Protocol for school sites to manage and accommodate students diagnosed with asthma.

Some of the initiatives of the Asthma protocol that we are implementing are as follows:

- Providing information and training on asthma to school staff (e.g. asthma symptoms, triggers and instructions for managing worsening asthma).
- Facilitating the use of asthma friendly school supplies and products.
- Inspecting and maintaining buildings to minimize exposure to allergens.

In order for the schools to provide a safe and nurturing learning environment for our students and to act in the best interest of your son or daughter during an asthma episode we invite and welcome your cooperation and support by providing the following:

- Inform the school if your son/daughter has asthma and their triggers.
- Encourage your son/daughter to carry their inhaler with them at all times or to have their inhaler in close proximity at all times (e.g. field trips).
- Ensure your son/daughter knows how and when to use their reliever medication properly prior to coming to school.
- Consider providing your son/daughter with a medic alert identification.
- To carry or have in close proximity their inhaler medication at all times (e.g at school, during physical activity, off site on field trips),
- To know how and when to use their reliever medication safely.
- To know the triggers to their asthma, and avoid where possible,
- To inform relevant teachers/coaches/supervisors that they have asthma, especially if they have exercise induced asthma or they are experiencing asthma symptoms.
- To tell their friends about their asthma and how they can help.
- To never to remove themselves to a secluded spot (e.g. washroom) when they are experience asthma symptoms. Inform a teacher/staff member or responsible adult.
- To Inform their parents if they are using the reliever inhaler more than 4 times per week (other than before exercise).

Resources:

If you have a question about asthma, you can talk to an asthma educator by calling: 1-800-668-7682
www.teenasthma.ca

For more information on Exercise Induced Asthma: www.lung.ca/asthma/exercise

