

**ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD  
POLICIES AND PROCEDURES  
SECTION C: STUDENTS**

Appendix F

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

**STUDENT INFORMATION**

Student Name _____	Date Of Birth _____	
Ontario Ed. # _____	Age _____	
Grade _____	Teacher(s) _____	

**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? _____			

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**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).

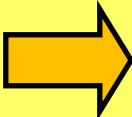
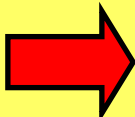
Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times: \_\_\_\_\_  
(Name of Medication)

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)

# ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD POLICIES AND PROCEDURES SECTION C: STUDENTS

## MANAGING ASTHMA ATTACKS

<b>MILD ASTHMA ATTACK</b>	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> <li>Continuous coughing</li> <li>Trouble breathing</li> <li>Chest tightness</li> <li>Wheezing (whistling sound in chest)</li> </ul> <p>Student may also be restless, irritable and/or very tired</p> <div style="text-align: right; margin-top: 10px;"></div>	<p>Step 1: <b>Immediately</b> use fast-acting reliever inhaler (usually blue inhaler)</p> <hr/> <p>Step 2: Check symptoms. Only return to normal activity when all symptoms are gone.</p> <p style="margin-top: 20px;">If symptoms get worse or do not improve within 10 minutes, this is an <b>emergency</b> – follow steps below.</p>
<b>ASTHMA EMERGENCY</b>	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> <li>Breathing is difficult and fast</li> <li>Cannot speak in full sentences</li> <li>Lips or nail beds are blue or grey</li> <li>Skin on neck or chest sucked in with each breath</li> </ul> <p>Student may also be anxious, restless and/or very tired</p> <div style="text-align: right; margin-top: 10px;"></div>	<p>Step 1: <b>Immediately</b> use fast-acting reliever inhaler (usually blue inhaler)</p> <p style="margin-top: 10px;"><b><u>CALL 911 (9-911)</u></b> for an ambulance. If possible, stay with person.</p> <hr/> <p>Step 2: If symptoms continue, use reliever inhaler every 5 to 15 minutes until medical help arrives.</p>
<p><b>While waiting for medical help to arrive:</b></p> <ul style="list-style-type: none"> <li>✓ Have student sit up with arms resting on table (do not have student lie down unless it is an anaphylactic reaction)</li> <li>✓ Stay Calm, reassure the student and stay by his/her side</li> <li>✓ Notify parent/guardian or emergency contact</li> </ul>	