



Administrative Procedures Memorandum

APH028

Asthma – Ryan's Law

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Memo To: All Staff

From: Director of Education

ACCESSIBILITY:

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PURPOSE:

- To provide school administrators, school staff and appropriate others (e.g., volunteers) with information, resources and strategies in developing a safe and inclusive environment for students with asthma (what it is, its causes, symptoms, and treatment), and their responsibilities to assist the student diagnosed with asthma in managing their life threatening allergy.

REFERENCES:

- [Ryan's Law, Bill 20 – Ensuring Asthma Friendly Schools \(2015\)](#)
- Policy/Program Memo 161 (PPM161)
- APH030: Medical Conditions
- [Creating Asthma Friendly Schools](#)
- [Safe Schools Online Training](#)

FORMS:

- APH004-01F: [Medical Administration Consent](#)
- APH030-01F: [Critical Medical Alert](#)
- APH030-03F: [Asthma Student Plan of Care](#)
- APH030-08F: [Identification and Emergency Treatment Plan](#)

REPORTS:

- APH030-09R: [At a Glance Identification](#)

APPENDICES:

- N/A.

COMMENTS AND GUIDELINES:

Principles

The goal of Asthma management is to:

1. Enable students with asthma to participate equitably and inclusively in all school activities as outlined in their Plan of Care.
2. Educate school personnel about asthma, its causes, symptoms, emergency treatments.
3. Outline responsibilities for the care and management of students with asthma.
4. Provide strategies on how to support the student in the management of their asthma in the school setting and at school sponsored activities off school site.
5. Minimize anxiety on the part of parents and school personnel by outlining appropriate steps to minimize risks and ensure the safety, health and success of students with asthma while they are under school supervision.

Responsibilities

All requirements from PPM 161 are to be followed, and include:

1. A communication plan for the dissemination of information on supporting students with a diabetes condition to parents, school board staff and others in the community who are in direct contact with students (transportation provider, food service provider, volunteers).
2. Training, at minimum annually and reviewed as appropriate, is to be provided for school staff who have direct contact with the student to ensure his/her safety and well-being of the student.

The scope of the training should include the following:

- a. Strategies for preventing risk of student exposure to triggers and causative agents
 - b. Strategies for supporting inclusion and participation in school
 - c. Recognition of symptoms of a medical incident and medical emergency
 - d. Information on school staff supports, in accordance with board policy
 - e. Medical incident response and medical emergency response
 - f. Documentation procedures
3. Every school Administrator/designate ensures that, upon registration, parents/guardians and pupils shall be asked to complete [Critical Medical Alert](#) (Form APH030-01F).
 4. Every school Administrator/designate will co-create, review or update the [Asthma Student Plan of Care](#) (APH030-03F) for a student, following Board approved procedures, in consultation with the parent(s), school staff (as appropriate) and with the student (as appropriate), along with any notes and instructions from the pupil's health care provider.
 5. Every school Administrator/designate inform employees and others who are in direct contact on a regular basis with a pupil who has medical condition(s) about the contents of the student's Plan of Care.
 6. Every school Administrator/designate maintain a file of current treatment and other information for each pupil, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list.

- [Asthma Student Plan of Care](#) (Form APH030-03F)
- [Medical Administration Consent](#) (Form APH004-01F)
- [Identification and Emergency Treatment Plan](#) (Form APH030-08F)
- [At a Glance Identification](#) (Form APH030-09F)

7. The school Administrator/designate shall work with staff and families to help ensure an Asthma friendly school environment exists that is safe and supportive for all students. The Ontario Physical and Health Education Association (Ophea) Manual – Creating Asthma Friendly Schools is a useful resource
8. Ensure that students with both **Asthma** and **Anaphylaxis** have their Anaphylaxis condition included on their Asthma Emergency Treatment and vice versa.
9. **Inform staff to communicate with child's parents/guardians if they observe the following indicators that the child's Asthma is not in control (e.g.)**
 - Reliever medication had to be taken for a second time (twice) within a 4-hour period and
 - Reliever medication had to be used more than 4 times in a week
10. Provide classroom teachers and others, who have students diagnosed with Asthma, with a copy of WCDSB Asthma – Ryan's Law (Policy APH028).
11. Inform students of the importance of carrying their reliever inhaler at all times; and encourage students to carry their reliever medication or have reliever close at hand.
12. **Triggers/Allergens:**
 - Be aware of asthma triggers in the school and reduce exposure to these triggers wherever possible.
13. Where Indoor Air Quality (IAQ) in the school, portable or port-a-pack becomes a concern, or is questioned by school staff, students, parent/guardians refer concern/inquiry to the school's Maintenance Supervisor and the WCDSB Health and Safety Officer.
14. Support the expectation that students with Asthma should be participating in physical activities (e.g., physical education classes, daily physical activities) and may go outside for breaks (e.g., recess). Most children with controlled Asthma can be outdoors like other children.

What is Asthma?



Asthma is a chronic inflammatory disease of the airways in the lungs. Inflammation in the airways makes the lungs more sensitive to things/substances in our environment termed “asthma triggers”.

When people with asthma are exposed to their triggers three things may happen that narrow the airways:

- Contraction (squeezing) of the airway muscles
- More airway inflammation, and extra mucus production
- Narrowing of the airways can cause difficulty breathing, coughing and wheezing (whistle sound)

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

Symptoms

1. Constant coughing
2. Trouble breathing
3. Chest tightness (like a tight band around the chest)

4. Wheezing (whistling sound in chest)
5. Student may also be restless, irritable and/or tired.

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?

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 animals, house dust mites, dust, pollen, and moulds); fumes (paints, indelible markers, perfumes, cleaning products and glue); extremes of temperature (cold or hot and humid); exercise; and crying 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 control asthma. They work either by controlling or preventing the inflammation and mucous production, or by relieving the muscle tightness around the airways.

- **Controller Medication** (e.g. Flovent, Advair, Qvar, Pulmicort, Alvesco, Zenhale, 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 daily use to work effectively
 - Various colours (orange, purple, brown, red)
- **Reliever Medication** (e.g. Ventolin/Salbutamol, Bricanyl, etc.)
 1. Used to relieve symptoms of asthma. Also called the 'rescue' inhaler (usually blue in colour)
 2. Needs to be quickly accessible at all times
 3. Provides relief quickly, within minutes
 4. Relaxes the muscles of the airways
 5. Taken only when needed

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, it is common to switch from breathing through the nose to mouth breathing and to breathe at a much faster rate. This can cause cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. EIA may present itself during, or after, physical activity. It is more common when activities are done in cold environments, during high pollen or pollution count days, or when the student has an underlying cold/chest infection. Most cases of EIA can be treated by taking medication as prescribed by a health care professional. A doctor should be consulted if reliever medication is needed before and/or after exercise. For more information about EIA visit www.lung.ca/asthma/exercise

Location of Inhaler Medication

1. Parent/guardian permission for student to carry their reliever inhaler is located on the [Asthma Student Plan of Care](#) (Form APH030-03F)

2. For students that require assistance with their inhaler(s) (i.e. identified on the Asthma Student Plan of Care) inform and train appropriate staff. Training can be done by parents/guardians of student, or request that parents contact the child's health care provider for a reference to CCAC.
3. Students up to 16 years of age who have parental permission and who are capable of doing so, are to carry their reliever inhaler at all times (e.g. to and from school, when moving classroom locations, breaks – recess and noon time, all field trips, evacuation procedures and lockdowns)
4. Students in Kindergarten: the classroom teacher is responsible for housing the reliever inhaler and developing a process for having it accessible for the student at all times
5. Where age, pupil capacity (intellectual/physical), activity, or location prevents safe carrying; the reliever inhaler must be located in proximity to the student for ready access e.g. physical activities (indoor/outdoor).
6. Where outdoor seasonal triggers are not present, or do not affect the student's asthma, the reliever inhaler, under parental permission as stated on the Asthma Student Plan of Care, does not have to be carried outside and can remain in the student's classroom.
7. Where student has a second or spare reliever inhaler at the school, ensure it is stored under proper conditions, as per the manufacturer's requirements, and inform teachers/staff who have direct contact with the student of its location and identify its location on the Asthma Student Plan of Care.

Activity and Students with Asthma

Medication Prior To Activity:

The Asthma Student Plan of Care must indicate if the student is to take the reliever medication prior to physical activity. Have student use reliever as per doctor's directions.

Asthma Symptoms Prior To Activity:

If the student is already experiencing asthma symptoms such as, coughing or difficulty breathing, they should NOT participate in physical activity as this can lead to a severe asthma attack. A reliever /rescue inhaler should be used to relieve the symptoms.

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:

- before vigorous physical activity, begin the 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 the activity 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, have the student stop the activity. A reliever inhaler may be needed to fully relieve symptoms. Once the student is fully recovered, s/he may resume normal school activity, including physical activity.

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**
 - Air quality and smog alerts can be accessed by checking local weather forecasts. www.airqualityontario.com provides up to date information on daily air quality forecasts.
 - Choose well-ventilated indoor sites on days when the air quality is poor.
- **Pollen, Trees, Leaves**
 - pollen count reports can be found on local weather channels (<https://www.theweathernetwork.com/ca>)
 - if possible, try to avoid playing on freshly cut grass
 - participate in physical activity outdoors after 10 a.m. when pollen counts are lower

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 animals.

1. if carpet is used, use a throw rug so that it can easily be washed
2. report any mould concerns to your principal
3. remove any animals from classroom
4. ensure a no-perfume policy is in place in your work environment
5. choose scent-free products when possible – i.e. unscented markers, art supplies, etc.
6. use dry-erase boards with scent-free markers more often
7. keep windows closed during high pollen count days

Indicators that Asthma is Not in Control

- **Communication To Parent/Guardians Of Students with asthma**
Following the Canadian Thoracic Society – Canadian Respiratory Guidelines for the Management of Asthma 2012.

- **Elementary School Students**

If Elementary school staff observe either one or both of the following indicators that the child's asthma is not in control school staff are to inform parent/guardians.

Indicators that asthma is not in control:

- reliever medication had to be taken for a second time (twice) in a 4-hour period
- reliever medication had to be used more than 4 times in a week

- **Secondary School Students**

Due to the nature of secondary school programs, the same teacher is not with the student during the whole day to observe indicators. It is the student's responsibility to inform parents of when their reliever inhaler is used. When/if a teacher does observe the indicators the teacher will remind the student to inform their parent/guardian.

Instructions for Managing Asthma Attacks

Milder Symptoms:

If **any** of the following **symptoms** occur:

1. Constant coughing
2. Trouble breathing
3. Chest tightness (like a tight band around the chest)
4. Wheezing (whistling in chest)
5. Chest tightness (like a tight band around the chest)
6. Wheezing (whistling in chest)

Action:

1. Immediately have the student use/administer reliever inhaler as directed by medical doctor (refer to medication label).
2. If there is an identifiable trigger, remove the student from the trigger.
3. Have the student in an upright position e.g. sit up with arms resting on a table.
4. Advise the student to breathe slowly and deeply.
5. Do NOT have student breathe into a bag or lie down

If student fully recovers, participation in activities may resume.

Asthma Emergency:

If mild symptoms get worse or do not improve within 5-10 minutes

If any of the **symptoms** occur:

1. Breathing is difficult and fast
2. Cannot speak more than 5 words between breaths
3. Lips or nail beds are blue or gray
4. Skin on neck or chest sucked in with each breath.
5. Requests a doctor or ambulance or asks to go to the hospital.
6. **OR**
7. You have any doubt about the student's condition.

Action:

Step 1: Call 911 for an ambulance.

Follow 911 communication protocol with emergency responders.

Step 2: Immediately use reliever inhaler

Continue to use reliever inhaler every 5-15 minutes until

medical help arrives. While waiting for medical help to arrive:

- Have the person sit up with arms resting on a table (do not have person lie down unless it is a life threatening allergic event)
- Stay calm, reassure the person and stay by their side.

Contact parents/caregivers, as soon as possible

Note: School administrators should consider simulating an asthma emergency, with all staff, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.

Parent/Guardian Responsibilities with Their Child

Communicate the following information and responsibilities to your child in managing their asthma. Review with your child when appropriate.

1. Provide age appropriate information on the causes (triggers), identification, prevention and treatment of asthma.
2. Provide instruction on when and how to use their asthma inhaler (age appropriate).
3. If they need assistance in taking the inhaler or facing challenges related to their asthma they need to inform their teacher or a coach.
4. Do not share their inhaler with anyone.
5. Inform your child of the importance of carrying their inhaler with them at all times; or when carrying the inhaler is not possible to make sure they know where the inhaler is located in a readily accessible location.
6. Inform your child of the following indicators that their asthma is not in control and the importance of them informing you/teacher as soon as possible when:
 - Reliever medication had to be taken for a second time (twice) in a 4-hour period
 - Reliever medication had to be used more than 4 times in a week
7. Guide and encourage your child to self-management and self-advocacy.
8. Inform child that when they are having an Asthma Attack to never remove themselves to a secluded area or go off to be by themselves (e.g. washroom). Tell a teacher or classmate when feeling a reaction or when feeling unwell.
9. To talk to their friends about their Asthma and let them know how they can help them.
10. Communicate with parents/school staff if they are facing challenges related to their Anaphylaxis, including any and all teasing, bullying, threats or any other concerns they have.
11. Consider providing a MedicAlert bracelet or necklace for your child and discuss the importance of wearing it. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

Responsibilities of Students (Elementary and Secondary)

1. Where appropriate participate in the development and review of your Plan of Care.
2. Know what triggers your asthma (what makes your asthma worse), how to manage an asthma attack and how to minimize/prevent an asthma reaction from occurring.
3. Carry out daily or routine self-management of your asthma as described in the Plan of Care.
4. Advocate for your personal safety and wellbeing.
5. **RELIEVER MEDICATION – INHALER:**
 - a. Know when and how to use your asthma inhaler-(age appropriate).
 - b. If you feel uncomfortable taking your asthma inhaler or need help taking the inhaler let your teacher/adult know as soon as you feel the need to do so.
 - c. **Carry your inhaler with you at all times OR when carrying your inhaler is not possible make sure your inhaler is located in an easy to get to place at all.**
 - d. Do not share your inhaler with anyone.
 - e. **Tell your parents/teacher when you use your inhaler more than 4 times per week AND/OR more than twice in a 4-hour period.**
6. Talk to your friends about your asthma and let them know how they can help you.
7. When under the supervision of a supply/substitute teacher or adult on a field trip, let him/her know about your asthma and where your reliever inhaler is located.
8. When you are having an asthma attack, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are having trouble breathing and need help.
9. 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.KidsAsthma.ca
10. Wear/carry their medical alert identification where parent/guardian deems appropriate.
11. Communicate with parents/school staff if you are facing challenges related to your Asthma, including any and all teasing, bullying, threats or any other concerns you have.

Field Trips and Students with Asthma (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs)

1. **Process in place to identify students with asthma** participating on the trip along with their asthma triggers and required medication.
2. **In order to participate** on a field trip **a student diagnosed with asthma must carry their reliever inhaler at all times** or during physical activities **have the inhaler immediately accessible.**
3. **Trip site and activities are to be checked to identify potential allergens.** Prior to the trip organizers should review the activities and location for potential asthma triggers. Common triggers to think about include exposure to animals, mould, strong smells, extremes of heat and cold and strenuous activity.
4. **Communicate with the child's parents /guardians** during the initial planning stages of the trip informing them of the destination, mode of travel and activities students are to participate in. This will allow parent/guardian to potentially identify or anticipate problems and provide input accordingly. By knowing the trip activities, expectations and accommodations parents will be able to provide an informed decision as to their child's participation.
5. For overnight, extensive or exchange programs **parents are to be informed** that they must:
 - Provide adequate supply of medications (controller and reliever) and additional required equipment. They may want to include back up (or second) inhalers, in the case of loss.
 - Provide detailed instructions regarding the use of the medications that include the dose and time of day or indications for the use of medication.

6. **Tour operator and/or activity provider needs to be informed** by the trip supervisor of **the number and identity of students with asthma, their triggers and possibility of special accommodations**. The tour operator/or activity provider must guarantee they can accommodate the student's requirements for safe participation.
7. **An emergency action plan for an asthma attack** on the trip must be prepared by the trip supervisor and communicated to all staff and volunteers on the trip.
8. **Student forms on the trip** – copies of the student's Asthma Student Plan of Care are to be taken on the trip. The student's chaperone/staff member should have a copy in addition to the trip organizer.
9. **Grouping of student(s)**: students with asthma are to be assigned to a group with a staff member who is knowledgeable about managing an asthma attack.
10. **Buddy system**: In situations where the teacher/supervisor is providing 'in the area supervision' teacher is to assign a knowledgeable 'buddy' to the student. The student and buddy are to be informed of warning signs of trouble and that if they exist, the buddy is to contact the teacher/supervisor/chaperone. If the student with asthma is carrying his/her reliever inhaler and has symptoms of an attack, the reliever inhaler should be used.
11. **Ensure a means of communication** (e.g. cell phone and/or other mode of communication) is to be taken on the trip in case of an emergency. Check ahead of visit what types of communication the visiting site presently has available.
12. **Trip supervisor is to meet students with asthma and provide the following information:**
Students agree to tell trip supervisor:
 - a. What triggers their asthma
 - b. If they anticipate having trouble with their asthma on the trip
 - c. When their asthma is bothering them
 - d. If they have used their inhaler more than twice in a four-hour period
 - e. Inhalers must be labelled with the student's name
 - f. Inform trip supervisor/teacher supervisor when you use your inhaler more than twice in a 4-hour period.
 - g. Stress to students that if they have an asthma attack, do not (never) go off alone or remove yourself to a secluded area, like the washroom. Tell a supervising teacher, volunteer or classmate that you are having trouble breathing and need help. In order to help you, people need to know where you are and that you need help.

School Board Responsibilities

1. Provide information, instruction and training to its school administrators and staff on how to identify, manage and accommodate students diagnosed with asthma resources: WCDSB Asthma Protocol, Parent Guardian Package and Custodian Checklist.
2. Provide standardized school registration forms that specifically ask whether, or not, the student has asthma or uses asthma inhalers and identifies triggers.
3. Provide information to school sites on how to identify and reduce common asthma triggers.
4. Provide asthma information to the following Board personnel that do not have access to school in-services: Occasional Teachers
5. 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 will reduce the possibility of exposing students/staff to fumes, dust, mould, and other irritants
6. Review the Asthma Protocol on a yearly basis with a full review as per Board cycle.
7. Indoor Air Quality of school, portable, port-a-packs: (reference WCDSB Procedure VI-79).
8. Where indoor air quality in the school, portable or port-a-pack becomes a concern or is questioned by school staff, students, parent/guardians refer concern/inquiry to the WCDSB Health and Safety Officer.

9. Facility Management Services will provide its custodians with information and in service on implementation of avoidance strategies (Indoor Air Quality).
 - WCDSB Custodian Asthma Avoidance Strategies for Classrooms and Common School Areas.

Procedures for Obtaining Changes to Contact Information, Medication and Medical Information from Parents

1. Changes To Contact Information (e.g., contact person and/or contact number)

Parent/guardian is requested to provide in writing, the name of the person(s) with change of contact number to the school Administrator.

2. Changes To Medication (e.g., new medication or a change in medication)

- School Administrator/designate to provide parent/guardian with a copy of the WCDSB [Medication Administration Consent](#) (Form APH004-01F) to be completed and returned. Form provided by the school Administrator.
- Provide changes to medications information to staff responsible for providing medications to the child/youth.
- Make changes to the Student Plan of Care, where appropriate.
- Note: File the copy of the most recent WCDSB [Medication Administration Consent](#) (Form APH004-01F) in the student's OSR.

3. Changes To Medical Diagnosis

- Changes to the child/youth's medical diagnosis must be accompanied by a note/letter from the child/youth's physician indicating the change.
- Make changes to the student's Plan of Care, where appropriate.

Duty Of Care

Ryan's Law (Ensuring Asthma Friendly Schools), 2015

<https://www.ontario.ca/laws/statute/15r03>

Ryan's Law requires every school board, in Ontario, to establish and maintain an asthma policy, which must include, among other things, strategies to reduce risk of exposure to asthma triggers, a communication plan for the dissemination of information on asthma, regular training on recognizing asthma symptoms and managing asthma exacerbations. A Plan of Care for each pupil who has asthma is to be developed, and maintained, through regular consultation with the parent/guardian and student.

Education Act 265 (1): Duties of Principals

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

Common Law Duties Owed by Teachers:

To assist or allow a student to seek medical attention as a 'careful parent' would. 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 an asthma attack within the school or during a school activity, are covered.