



BOARD ADMINISTRATIVE PROCEDURE

ADMINISTRATIVE PROCEDURE

706 – Asthma: Reducing the Risks (Ryan’s Law)

DIRECTIONAL POLICY

700 – Healthy Schools and Workplaces

Title of Administrative Procedure:

Asthma: Reducing the Risks (Ryan’s Law)

Date Approved:

October 2023

Projected Review Date:

October 2028

Directional Policy Alignment:

The Administrative Procedure aligns with the Healthy Schools and Workplaces Directional Policy 700. The Board recognizes that the health and well-being of our students and staff are foundational to their success. A healthy environment involves being respectful of one another’s social, emotional, spiritual, and physical well-being. We all, board, school, family, students, health care providers, and community partners have a collective responsibility to support creating healthy work environments to keep our students and staff safe.

Alignment with Multi-Year Strategic Plan:

The “Asthma: Reducing the Risks Administrative Procedure” supports our CDSBEO Vision of cultivating the heart, mind, body, and soul of our students and staff. The Board is committed to the safety and well-being of our staff and students and will ensure that Board employees are aware of the CDSBEO’s policy and procedures. This vision calls the Board to these Strategic Priorities:

[CDSBEO Strategic Plan 2020-2025](#)

Purpose

In accordance with *Ryan’s Law – Ensuring Asthma Friendly Schools – 2015*, it is the policy of the Catholic District School Board of Eastern Ontario to establish and maintain a policy for students diagnosed with asthma.

The safety of students with a medical condition such as asthma is a shared responsibility of the board, school, family, health care provider, and community partners.

Action Required

In accordance with *Ryan’s Law, Ensuring Asthma Friendly Schools - 2015* and *Policy Program Memorandum 161 - 2018*, in respecting the dignity and worth of all people and in keeping with the Gospel values, Catholic Social Teachings, and the Catholic Graduate Expectations - the CDSBEO believes that the safety of students with a prevalent medical condition such as asthma is a shared responsibility of the board, school, family, health care provider, and community partners. PPM 161: Supporting Children and Students with Prevalent Medical Conditions in Schools states that any policy developed to support students with life-threatening allergies should have as its goals:

- To support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being.
- To empower students as confident and capable learners to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

This Administrative Procedure outlines the Board’s commitment to students with asthma.

The Board believes that:

- 1) All students have the right to be educated in an environment that is as safe as possible and that students who have asthma have access to their medication as needed.
- 2) Current and up-to-date information shared by parents, guardians, and students is critical to developing a student-specific Plan of Care and emergency response to an asthma emergency.
- 3) Parents and school staff must work together by communicating regularly and at least annually to review the medical needs of students, which includes but is not limited to, how asthma medication is to be accessed and administered in the event of an asthma exacerbation.

Responsibilities

The Board of Trustees is responsible for:

- Reviewing this Administrative Procedure to ensure its alignment with the Healthy Schools and Workplace Directional Policy.
- Reviewing the “Asthma: Reducing the Risks (Ryan’s Law)” administrative procedure as part of its regular Policy and Procedures review cycle.

The Director of Education is responsible for:

- Ensuring the implementation of and compliance with this Administrative Procedure.
- Providing leadership and designating resources to ensure the implementation of and compliance with this Administrative Procedure.

Superintendents of School Effectiveness are responsible for:

- Overseeing implantation of the Asthma: Reducing the Risks (Ryan’s Law) Administrative Procedure
- Supporting principals and other employees for whom they have supervisory responsibility with the implementation and compliance with the procedures and requirements under this administrative procedure.
- Ensuring that asthma education and training opportunities about recognizing and preventing asthma triggers, recognizing when symptoms are worsening, and managing asthma exacerbations, are available for all employees and others who are in direct contact with students on a regular basis.

Principals and Vice-Principals are responsible for:

- Maintaining this administrative procedure in accordance with the parameters outlined.
- Providing leadership and support for staff in their knowledge, understanding, and implementation of this administrative procedure.
- Communicating to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal’s designate. This process should be communicated to parents, at a minimum:
 - During the time of registration.
 - Each year during the first week of school.
 - When a child is diagnosed and/or returns to school following a diagnosis.
- Identifying students with asthma at the time of registration, during the first week of school or following diagnosis and gathering necessary asthma related information from the parents/guardians and students.
- Co-creating, reviewing, or updating an individual student Plan of Care for asthma management for each student diagnosed with asthma, based on the recommendation of the student’s health care provider (**see Appendix C**).
- Maintaining a Plan of Care for each student diagnosed with asthma. The document may contain personal medical information, treatment plans, and/or other pertinent information about the student. That information must be obtained with the consent

of the student or the parent/guardian, in accordance with applicable legislation, including relevant privacy legislation. This document shall also include current emergency contact information.

- Ensuring that all students have access to their prescribed reliever inhaler(s) medications which we strongly recommend is on their person.
- Identifying asthma triggers in classrooms, common school areas and in planning field trips and implementing strategies to reduce risk of exposure.
- Identifying all students diagnosed with asthma and making them known to staff as necessary while giving due consideration to the issue of privacy.
- Informing school board personnel and others who are in direct contact with a student with asthma about the contents of the student’s Plan of Care including occasional staff and other board personnel with access to individual Plans of Care of students for whom they will have direct contact.
- Maintaining an individual Plan of Care for each student known to have a diagnosis of asthma and ensure that the plan contains, but is not limited to:
 - A current emergency contact list.
 - Up-to-date medical information including a list of current required medication and appropriate puffer devices.
 - Pre-authorization to administer medications.
 - Parental permission for the student to carry medication and/or medical supplies on their person.
 - An emergency response plan that includes contingencies for school excursions and activities.
 - Parent/Guardian or adult student consent to disclose.
 - Log of interventions and/or administration of medication (**see Appendix B**).
 - A current photograph of the student.
 - Complete the allergy alert information in Aspen.
 - Review the individual student Plan of Care at least yearly prior to the commencement of classes and periodically thereafter as needed.
 - Arrange training for the school staff on how to administer asthma medication.
 - Identify a consistent, safe, accessible, unlocked storage place known to all applicable staff for asthma medication.
 - Annually send a letter to parents/guardians requesting that they inform the school immediately if their child(ren) have been diagnosed with asthma and accompanying medical/medication information.
- Establishing a communication plan to share information about asthma with

parents/guardians, students, employees and include any other person who has direct contact with a student with asthma.

- Ensuring that asthma education and training opportunities about recognizing and preventing asthma triggers, recognizing when symptoms are worsening, and managing asthma exacerbations, are provided for all staff who are or may be in direct contact with students.
- Providing relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., transportation providers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan.
- Communicating with parents/guardians in medical emergencies, as outlined in the Plan of Care.

Staff are responsible for:

- Ensuring they are knowledgeable about the requirements and parameters outlined in this Administrative Procedure as well as the Prevalent Medical Conditions Administrative Procedure.
- Becoming familiar with all students in their care who have been diagnosed with asthma.
- Reviewing Plans of Care for any student with whom they have direct contact and knowing where to access the individual Plans of Care for all students during a medical emergency.
- Providing occasional staff replacing them with access to individual Plans of Care for students for whom they will have direct contact.
- Following strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care.
- Enabling students with Asthma to participate in school to their full potential, as outlined in their Plan of Care.
- In the case of an emergency, assist with administering asthma medication to students in their care.
- Calling 911, or, if appropriate, notifying the principal or designate to call 911, in the case of a medical emergency.
- Communicating with parents/guardians in their class who have a child diagnosed with asthma for any updates related to the child’s medical care or condition.
- Reporting to the principal or designate of any student who has experienced an asthmatic exacerbation immediately or as soon as possible.
- Taking reasonable steps to safeguard the well-being of students while at school and during school athletic events, field trips, etc.

- Responding appropriately to care for students, when an exacerbation, injury or illness occurs.

Students are responsible for:

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students are expected to:

- Carry on their person or have accessible at all times their reliever inhaler.
- Wear medical alert identification.
- Promptly seek support from an adult in the event of the onset of symptoms of asthma or any challenges they may be facing related to asthma.
- Participate in the development and review of the Plan of Care to promote an understanding of the plan and develop their potential for self-advocacy and self-management.
- Set goals for increased self-management, in conjunction with parents/guardians and health care providers.

Parents are responsible for:

- Informing school officials about any diagnosis of asthma (or known triggers).
- Ensuring that the information on their child, including but not limited to the medication that the student is taking, is up to date (**see Appendix D**).
- Collaborating with a health care provider and the Principal to create a Plan of Care for their child.
- Providing the school and/or child with sufficient quantities of (non-expired) medication and supplies in their original, clearly labeled containers, as directed by a medical doctor, and as outlined in the Plan of Care.
- Ensuring that written consent has been given for their child to carry their asthma medication (if student is 16 or older - parental/guardian consent not required), if the parent deems it appropriate that the medication be carried on the child’s person (**see Appendix A**).
- Pre-authorizing the administration of medication in response to an asthma exacerbation, provided that the school has up-to-date treatment medication, the administration of Medication Form signed by a health care provider and on file at the school, a completed Plan of Care, and any applicable consent signed from the parent or guardian.
- Co-operating with school staff when requests are made for information related to storage of medication, administration of medication and updated medical information.

- Communicating and collaborating with school staff about arrangements and considerations for field trips, excursions, co-curricular activities, and cooperative education placements, etc.

Progress Indicators

All students who are diagnosed with asthma have an individual Plan of Care at the school, outlining monitoring and avoidance strategies, as well as appropriate treatment, of which all school staff are aware.

Definitions

- **Asthma:** A chronic condition where the airways that comprise the lungs become swollen and fill with mucus in response to an asthma trigger. The symptoms (coughing, wheezing, chest tightness, and shortness of breath) are reversible but can be potentially life threatening if not promptly and adequately treated. There are many different types of triggers such as exercise, poor air quality, mold, dust, pollen, viral infections, animals, smoke, and cold air.
- **Health Care Provider:** A medical doctor or nurse practitioner that can administer prescription medication.
- **Emergency Medication:** For this administrative procedure refers to medication that is prescribed by a medical practitioner and administered by a staff member to a student at the time of an asthma exacerbation, for example, a reliever inhaler or stand-by medication.
- **Immunity:** In relation to The Act to Protect Pupils with Asthma states that “No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.”
- **Plan of Care:** Is a form that contains individualized information on a student with a prevalent medical condition. The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parents/guardians in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with or changes to a prevalent medical condition). This plan may also be signed by the student’s health care provider.

Related Documents

- [Appendix A – Authorization for Administration of Medication for Asthma Form](#)
- [Appendix B – Individual Student Record of Administered Medication](#)

- [Appendix C – Prevalent Medical Condition & Plan of Care Form](#)
- Appendix D – [Prevalent Medical Conditions: Letter to Parents/Guardians](#)

References

- [CDSBEO Prevalent Medical Conditions Administrative Procedure B1:17](#)
- [CDSBEO Administration of Medication Administrative Procedure B1:1](#)
- [Ryan’s Law, 2015 – Ensuring Asthma Friendly Schools](#)
- [Policy Program Memorandum 161 - 2018](#)
- [Education Act – Duties of Principal](#)
- [Education Act – Duties of Teachers](#)
- [Asthma in Schools](#)
- [Creating Asthma Friendly Schools \(ophea.net\)](#)