



ASTHMA POLICY

As per Ryan's Law-May 2015, and it is the responsibility of the parent or guardian to inform the school of their child's Asthmatic medical condition and provide the medications required. They must have and keep MLCP abreast of any changes as they occur.

It is the responsibility of the administration to inform staff of all asthmatic children and ensure up-to-date inhaler administration and store inhalers in easily accessible safe location.

While students under the age of 16 are permitted to carry inhalers if they have permission from a parent or guardian, MLCP prefers to keep inhalers in the centrally located medication cabinet where all staff can access them easily, while students age 16 and older may carry an inhaler without such permission. School employees may be preauthorized by a parent or guardian to administer medication or supervise a student while he or she takes the medication. If an employee has reason to believe a student is experiencing an asthma attack the employee may administer asthma medication even if there is no preauthorization. A civil immunity provision protects anyone who acts in good faith in executing a duty or power under Ryan's Law.

MLCP endeavours to maintain an environment free of common allergens and to monitor physical activity in an effort to reduce the risk of exposure to asthma triggers in classrooms and common school areas. MLCP also endeavours to maintain emergency contact information on hand for emergency response use and ensure that staff is aware of:

- | | |
|---------------------------------------|--------------------------------------|
| ❖ Triggers | ❖ Provide medical attention -puffers |
| ❖ Symptoms | ❖ Call 911 |
| ❖ Emergency procedures for each child | ❖ Call parents |
| ❖ Administration of puffers | ❖ Make a note of replacements |
| ❖ Confirm the reaction | ❖ Document incident as required |

Should there be an asthmatic reaction the incident shall be reviewed with all involved parties. There should be identification of the exposure, evaluation of responses and plans for moving forward.



INDIVIDUALIZED STUDENT ASTHMA MANAGEMENT PLAN

Child's Full Name:	Class:	Teacher:
Date Asthma Plan Completed:	Age:	Date of Birth:

PARENT CONTACTS (list in priority of contact):

	Name	Relationship	Daytime Phone	Alternate Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

KNOWN ASTHMA TRIGGERS


Colds/flu/illness
 Physical activity/exercise
 Pet Dander
 Cigarette Smoke
 Strong smells
 Pollen
 Mould
 Dust
 Cold weather
 Other: _____
 Allergies: _____
 Anaphylaxis: _____
 Emergency asthma – affects everyday life
 Usually only during cold/flu, winter, sports, other: _____

Asthma trigger avoidance instructions:





Signs or symptoms:

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 as per the medication administration form.

Spacer (valved holding chamber) provided? Yes No 

Place a check mark beside the type of reliever inhaler that the student uses:

Salbutamol (eg Ventolin) 
 Airomir 
 Ventolin 
 Bricanyl 
 Other (specify): _____

Inhaler will be stored in class medication/emergency bags which follow the student throughout the day

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION

We agree that _____ (Student name)

can **carry** his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
 can **self-administer** his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
 requires assistance with administering his/her prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
 We will inform the school of any change in medication or delivery device. The medications **cannot** be administered beyond the expiration date.

PROCEDURE FOR ADMINISTRATION IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: *[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]:*



PROCEDURES TO FOLLOW DURING AN EVACUATION: (e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate).
Emergency Pouches (where stored) follow child off site

PROCEDURES TO FOLLOW DURING FIELD TRIPS: (e.g. How to plan for off-site excursion; how to assist and care for the child during a field trip).
Emergency Pouches (where stored) follow child off site

ADDITIONAL INFORMATION RELATED TO THE MEDICAL CONDITION: (if applicable)

The following individuals participated in the development of this individual plan:

Parent:		Date:
Parent:		Date:
Staff:	Position:	Date:
Contact Information:		

THIS PLAN WILL BE REVIEWED ANNUALLY OR AS NEEDED.

MEDICATION PERMISSION FORM

You may request to have prescribed medication administered by an assigned staff member to your child by school personnel during school hours. You must agree, by signature below, that the Montessori Learning Centre of Pickering ("MLCP"), its employees, including school administration, staff and volunteers, will not be held responsible for any illness or injury to your child relating to or resulting from the administration of the medication. You will assume all responsibility in this regard. You are aware that the school does not have health care professionals to administer the medication, and school staff are not medically trained for this purpose.

Child's Name:	Date:
Medication Name:	Reason For:
Directions:	Administer When:
Dosage:	Timing for Administering:
Parent/Guardian Signature:	
Medication Check - original container/student's name/medication name/dosage/storage instructions	Staff Initials:
Notes:	

Date Established: December 2015
Date Updated: August 2020