



Report to the Board of Trustees

Revised Policy Code: J 5.11 - Supporting Children and Students with Prevalent Medical Conditions - Asthma

Prepared By: Jacquie Davison, Superintendent of Business and Treasurer

Public:

Confidential:

Budget Implications:

Core Priority:

- Student Achievement and Well-Being
- Effective Stewardship of Board Resources
- Appropriate and Effective Faith-Based Programming
- Organizational and Capacity Building

Meeting Date: Sept. 24, 2018

Report Number: E.9.(k).18.

Action:

Information:

Follow Up Item:

Prev. Report #: *Prev Num*

Recommendation(s):

1. That the Board of Trustees give first reading to revised Policy Code: J 5.11 - Supporting Children and Students with Prevalent Medical Conditions – Asthma.
2. That revised Policy Code: J 5.11 - Supporting Children and Students with Prevalent Medical Conditions – Asthma be circulated to all schools, student cabinet, the District School Council/PIC and presidents of all employee union and professional groups for review and response by Friday, November 2, 2018 to Superintendent of Business and Treasurer, Jacquie Davison for presentation at the regular Board meeting on Monday, November 26, 2018.

Background and Purpose:

The Policy Committee of the Board, Chaired by Trustee Linda Steel, met on Tuesday, September 11th, 2018 and recommends that the Policy Code: J 5.11 - Supporting Children and Students with Prevalent Medical Conditions - Asthma be brought forward to the Board of Trustees for first reading.

Discussion:

Policy Code: J 5.11 - Supporting Children and Students with Prevalent Medical Conditions - Asthma was reviewed. It was suggested to add the related forms and emergency procedures in the policy or as an appendix.

Appendices:

Revised Policy Code: J 5.11 - Supporting Children and Students with Prevalent Medical Conditions - Asthma

**SUPPORTING CHILDREN AND STUDENTS WITH
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ENSURING ASTHMA FRIENDLY SCHOOLS – RYAN’S LAW**

POLICY

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Policy Statement:

The support of students with prevalent medical conditions is complex requiring a whole-school approach to promote student health and safety and to foster and maintain healthy and safe environments in which students can learn. A safe, accepting, and healthy learning environment empowers students to reach their full potential for self-management of their medical condition(s) according to their Plan of Care (a form that contains individualized information on a student with a prevalent medical condition).

In accordance with *Ryan’s Law – Ensuring Asthma Friendly Schools – 2015*, it is the policy of the London District Catholic School Board to establish and maintain a policy for students diagnosed with asthma as well as a framework to support procedures that provide direction to school staff to assist students with asthma. Ensuring the safety of students with medical conditions such as asthma is a shared responsibility of the London District Catholic School Board, school, family, health care provider and community partners.

Purpose:

The addition of *Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy)* further articulates the role and responsibilities of parents, guardians, and school staff in supporting students with prevalent medical condition(s). It also articulates the roles and responsibilities of the students themselves.

The purpose of the policy *Ensuring Asthma Friendly Schools – Ryan’s Law* is to provide framework for the development of strategies that reduce the risk to students suffering from asthma and to ensure school staff and others in contact with these students are prepared to handle an emergency situation.

Application and Scope:

To ensure that this purpose is realized the Board will ensure that the policy includes:

- Strategies that reduce the risk of exposure to asthma triggers in the classrooms, common school areas and during field trips
- A communication plan for the dissemination of information on asthma to parents, pupils and staff
- Training (during the instructional day) on recognizing and managing asthma for all staff and others who are in direct contact with students on a regular basis (e.g., volunteers). Training on prevalent medical conditions should be annually at a minimum

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- A requirement that every school principal develops a Plan of Care for each pupil with asthma, taking into consideration any recommendations by the student’s health care provider
- Allows for every pupil to carry his or her asthma medication if the pupil has parent’s or guardian’s permission, and physician’s approval
- Maintain a file of current treatment and other information for each pupil with asthma, including a copy of any notes and instructions from the pupil’s health care provider
- Maintain a current emergency contact list
- Expectation that parents/guardians are active participants in supporting the management of their child’s medical condition(s) while the child is in school
- 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

1.0 Definitions:

1.1 Prevalent medical conditions are limited to asthma, diabetes, epilepsy, and anaphylaxis, when diagnosed for a student by a medical doctor or a nurse practitioner.

1.2 Asthma: Per the Ontario Lung Association (www.on.lung.ca), asthma is a very chronic (long-term) lung disease making it difficult for a person to breathe.

People with asthma have sensitive airways that react to triggers including but not limited to air quality, allergies, cold/flu, physical activities, and pollen. Symptoms of asthma are variable and can include acute episodes of coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. Symptoms can vary in severity from moderate to severe and life-threatening.

1.3 Asthma Medication: “Medication” refers to any medication prescribed by a health care provider and may be administered to a student or taken by the student during school hours or school related activities.

1.4 Controller Medication: usually taken at home every day to control symptoms

1.5 Reliever Medication (usually in a blue puffer): refers to medication that is administered to a student at the time of an asthma exacerbation

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- 1.6 Administration of Medication: Employees of the Board may be preauthorized to administer medication or to supervise a student while the student takes medication in response to an asthma exacerbation with the consent of the parent/guardian or student. If an employee of the Board has reason to believe that a student is experiencing an asthma exacerbation, the employee may administer medication without authorization.
- 1.7 Immunity: *The Act to Protect Pupils with Asthma* states that “no action or other proceeding for damages shall be commenced against a Board 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”.
- 1.8 Triggers: Triggers are the things that can cause asthma symptoms. Each person has their own set of triggers. There are two types of asthma triggers – allergens and irritants.
- 1.9 Allergens: Allergens only affect if the individual is allergic to them. The most common allergens include:
- dust mites
 - pet allergens
 - pollen
 - mould
- 1.10 Irritants: Irritants are found both indoors and outdoor. The most common indoor irritants are:
- tobacco and wood smoke
 - strong odours
 - toxic chemicals.
- Outdoor irritants include:
- air pollution from vehicles, factories, power plants, etc.,
 - cold air,
 - hot, humid weather
- 1.11 Medical Incident: A medical incident is a circumstance that requires an immediate response and monitoring
- 1.12 Medical Emergency: The London District Catholic School Board Policy J 4.3 *Emergency Medical Treatment of Students* outlines the parameters for responding to medical emergencies involving students. Emergency medical treatment of students will comply with related Board Policies, Acts, and Ministry of Education Documents. Policy Code E 2.1 defines an emergency as any sudden, urgent, unusual, or unexpected event outside of normal learning or working conditions that requires immediate actions to protect the health and welfare of students, staff, visitors, and contractors

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1.13 Plan of Care: A form that contains individualized information on a student with a prevalent medical condition

2.0 Guiding Principles:

2.1 *The Ensuring Asthma Friendly Schools – Ryan’s Law* Policy and Procedures are intended to ensure school staff and others in contact with students who have asthma are prepared to handle an emergency.

2.2 Neither the Board or the school can guarantee an entirely trigger-free environment, but they are, with the cooperation of the parents or guardians, responsible for reducing risk and having a plan in place that allows the school community to react appropriately when an emergency occurs.

2.3 A Plan of Care for each student with asthma shall include:

- Details informing employees and others who are in direct contact with the pupil on a regular basis of the monitoring and avoidance strategies and appropriate treatment
- Information regarding medication that the pupil is taking is kept up-to-date by the pupil’s parent(s) or guardian(s) and/or the pupil
- A readily accessible emergency procedure for the pupil, including emergency contact information
- Details related to the storage of the pupil’s medication including whether the pupil is permitted to carry his or her medication and whether any spare medication is kept in the school and, if so, where it is stored

3.0 Roles and Responsibilities:

3.1 Parents of Children with Prevalent Medical Conditions – Asthma

3.1.1 As primary caregivers of their child parent(s)/guardian(s) are expected to be active participants in supporting the management of their child’s medical condition(s). At a minimum, parent(s)/guardian(s) should:

3.1.2 Educate their child about their medical condition(s) with support from their child’s health care professional as needed.

3.1.3 Guide and encourage their child to reach their full potential for self-management and self-advocacy

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- 3.1.4 Inform the school of their child’s asthma and co-create the Plan of Care for their child with the principal or the principal’s designate
- 3.1.5 Communicate, to the principal or the principal’s designate, changes to the Plan of Care, such as changes to the status of their child’s asthma or changes to their child’s ability to manage their medical condition(s)
- 3.1.6 Confirm annually to the principal or the principal’s designate that their child’s medical status is unchanged
- 3.1.7 Initiate and participate in annual meetings to review their child’s Plan of Care
- 3.1.8 Supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care.
- 3.1.9 Track expiration dates of all medication supplied
- 3.1.10 Seek medical advice from health care professional (medical doctor, nurse practitioner, or pharmacist)
- 3.2 Students with Prevalent Medical Conditions – Asthma
 - 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 should:
 - 3.2.1 Take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self management.
 - 3.2.2 Participate in the development of their Plan of Care and in meetings to review their Plan of Care
 - 3.2.3 Carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and their medical supplies; follow school board policies on disposal of medication and medical supplies
 - 3.2.4 Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional
 - 3.2.5 Communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school

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- 3.2.6 Wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate
- 3.2.7 If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- 3.3 School Staff
 - 3.3.1 Review the contents of the Plan of Care for any student with whom they have direct contact
 - 3.3.2 Annually, participate in training, during the instructional day, on prevalent medical conditions
 - 3.3.3 Share information on a student’s signs and symptoms, with other students, if the parent(s)/guardian(s) give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing
 - 3.3.4 Follow school board 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
 - 3.3.5 Support a student’s daily or routine management, and respond to medical incidents and medical emergencies
 - 3.3.6 Support inclusion by allowing student with asthma to perform daily or routine management activities in a school location and to enable students with prevalent medical conditions to participate in school to their full potential.
 - 3.3.7 Post the Plan of Care in the classroom and any other designated areas in the school as necessary
 - 3.3.8 Communicate with parent(s)/guardian(s) in advance regarding classroom celebrations, parties, or treat days.
 - 3.3.9 Communicate with parent(s)/guardian(s) after unplanned exercise or extra-curricular activity
 - 3.3.10 If student becomes unresponsive at any time or their condition requires medical judgement, immediately contact the office to call 911

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3.4 Principal

In addition to the responsibilities outlined under “School Staff”, the principal should:

- 3.4.1 Clearly communicate to parents and appropriate staff the process for parent(s)/guardian(s) to notify the school of their child’s medical condition(s) as well as the expectation for parent(s)/guardian(s) to co-create, review, and update a Plan of Care. This process should be communicated to parent(s)/guardians(s) during the time of registration, each year during the first week of school, and when a child is diagnosed and/or returns to school
- 3.4.2 Co-create, review, or update the Plan of Care for a student with a prevalent medical condition – Asthma - with the parent(s)/guardian(s), in consultation with the appropriate school staff and with the student when appropriate
- 3.4.3 Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition – Asthma - including current treatment, student’s name and picture, parent(s)/guardian(s) contact information
- 3.4.4 Provide relevant information from the student’s Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with student), including any revisions that are made to the plan
- 3.4.5 Communicate with parent(s)/guardian(s) in medical emergencies as outlined in the Plan of Care
- 3.4.6 Identify staff who can support the daily or routine management needs of students in the school with Asthma
- 3.4.7 Ensure that the Plan of Care for each student with a prevalent medical condition is posted in the classroom, staff room, office area, health room, attendance, and storage area for medications
- 3.4.8 Establish procedures for informing occasional staff of students with Asthma
- 3.4.9 Invite health related experts to address/inform classes generally on prevalent medical conditions

4.0 Safety Considerations:

- 4.1 The London District Catholic School Board policy code: J 5.11 – Supporting Children and Students with prevalent medical conditions – Asthma:

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- 4.1.1 Allows students to care their medication(s) and supplies, as outlined in the Plan of Care
- 4.1.2 Sets expectations for supporting the storage (according to the item’s recommended storage conditions) and safe disposal of medication and medical supplies
- 4.1.3 Includes a process and appropriate resources to support students with Asthma in the event of a school emergency or for activities off school property
- 4.1.4 Comply with applicable privacy legislation and obtain parental/guardian consent in the Plan of Care to share student health information with school staff or other students

5.0 Liability

- 5.1 The Good Samaritan Act (2001) passed in the Ontario Legislature protects individuals from liability with respect to voluntary emergency medical or first-aid services. Subsection 2(1)(2) states the following about individuals.

2(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person’s negligence in acting or failing to act while providing services, unless it is established that the damages were caused by the gross negligence of the person.

2(2) Subsection 1 applies to, (b) an individual who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides assistance at the immediate scene of the accident or emergency.

- 5.2 Subsection 4(4) of Ryan’s Law states:
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.

6.0 Expected Outcomes:

- 6.1 *The Supporting Students with Prevalent Medical Conditions – Ensuring Asthma Friendly Schools* policy establishes principles and responsibilities that will enhance the safety and well-being of students suffering from asthma while they are at school or off campus participating in school activities

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- 6.2 The school board communicates, annually, the policy on supporting students with prevalent medical conditions to parents, school board staff, and others in the community who in direct contact with students
- 6.3 All administrative, teaching, support staff, and others working directly with students with asthma will be familiar with the Board’s Asthma policy and be knowledgeable about the student’s Plan of Care
- 6.4 All administrative, teaching, support staff and others working directly with students will participate in annual training including strategies that assist in the management of asthma and will be familiar with support strategies and/or ways to accommodate students, so they can participate to their full potential in school activities
- 6.5 Expectations for schools to support the safe storage and disposal of medication and medical supplies will be established and implemented
- 6.6 Students can carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care
- 6.7 The plan of care for a student with a prevalent medical condition is co-created, reviewed, and/or updated by the parents in consultation with the principal or the principal’s designate, designated staff, and the student during the first thirty school days of every school year and, as appropriate, during the school year

Related Policies

- Policy Code: J 4.1 – Administering Medications to Students
- Policy Code: E 2.1 – Emergency Management Planning
- Policy Code: J 4.3 – Emergency Medical Treatment of Students
- Policy Code: J 4.02 – Health Support Services in School Settings
- Policy Code: J 5.9 – Supporting Children and Students with Prevalent Medical Conditions: Student Safety and Welfare – Diabetes Management in Schools
- Policy Code: J 5.8 – Supporting Children and Students with Prevalent Medical Conditions: Student Safety and Welfare – Protection of Anaphylactic Students
- Policy Code: - Supporting Children and Students with Prevalent Medical Conditions - Epilepsy

Related Acts and Ministry of Education Documents

- Education Act Section 265, Duties of Principal
- Regulation 298, s.20 Duties of Teachers
- PPM 81: Provision of Health Supports in School Settings

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- PPM 161: *Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)*
- Bill 20, Ryan’s Law (Ensuring Asthma Friendly Schools), 2015
- Municipal Freedom of Information and Protection of Privacy Act

Resources

- <http://lungontario.ca/disease/asthma/asthma-facts/>
- Wellington Catholic District School Board

Adopted: October 23, 2017

Revised: