Dream • Learn • Grow
Bloorview
SCHOOL AUTHORITY

Form # MM.01-02

Revised: September 2020

PREVALENT MEDICAL CONDITION — ASTHMA
Plan of Care

STUDENT INFORMATION

Student Name: _____ Date Of Birth:_____

OEN: # _____ Age: _____ Grade: _____ Weight: _____

Program: IET / RESOURCE Teacher(s):_____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

First contact must be a parent.

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

❒ Colds/Flu/Illness	❒ Change In Weather	❒ Pet Dander	❒ Strong Smells
❒ Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	❒ Mould	❒ Dust	❒ Cold Weather
❒ Pollen			
❒ Physical Activity/Exercise	❒ Other (Specify)_____		

❒ At Risk For Anaphylaxis (Specify Allergen) _____

❒ Asthma Trigger Avoidance Instructions:_____

_____

❒ Any Other Medical Condition Or Allergy? _____

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 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_____

❒ 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: _____

CONTROLLER MEDICATION USE AT SCHOOL AND 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.

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)

To administer prescribed medication, the following section must be completed by a physician.

Name of Medication	
Method of Administration (*Dosage, time of administration*)	
Additional Instructions	
Name of Physician *(please print)*	Phone #
Signature of Physician	Date

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)
- Student may also be restless, irritable and/or quiet

TAKE ACTION:

STEP 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get symptoms get worse or do not improve within 10 minutes, this is an **Emergency!** Follow steps below.

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath
- Student may also be anxious, restless, and/or quiet.)

THIS IS AN EMERGENCY

STEP 1: Call an HCN STAT ext. 5555 to assess

STEP 2: If symptoms continue call Code Blue ext. 5555

STEP 3: **Call 9-1-1**

STEP 4: Notify Parent/Guardian/Emergency Contact (see page 1)

AUTHORIZATION/PLAN REVIEW

I/we authorize the principal or principal designate to share the Plan of Care with school staff who are in direct contact with my child. For example the classroom teacher, educational assistants, therapy team, rotary teachers, occasional staff, appropriate Holland Bloorview staff such as Spiral Garden and pool, transportation providers and volunteers.

Other individuals to be contacted regarding Plan of Care:_____

This plan remains in effect for the completion of the school year and will be reviewed annually. It is the parent's responsibility to notify the principal if there is a need to change the Plan of Care during the school year.

I/we understand our child's personal health information will be disclosed between organizations to maximize the quality of education being provided to our child and this information will be held in confidence and maintained securely in accordance with Ontario's privacy law called the Personal Health Information Protection Act (PHIPA).

Parent(s)/Guardian(s): _____ Date: _____
Signature

Principal: _____ Date: _____