



**POLICY SECTION:** Schools

**SUB-SECTION:** Miscellaneous

**POLICY NAME:** Asthma

**POLICY NO:** S. M. 16

<b>Date Approved:</b> (on interim basis) August 27, 2015	<b>Date of Next Review:</b> 2018	<b>Dates of Amendments:</b>
<b>Cross References:</b>  Ryan's Law, 2015 – Ensuring Asthma Friendly Schools Education Act, Sec 265 (Duties of a Principal) Education Act, Sec 298 (Duties of Teachers) TCDSB Policy S. M. 15 Anaphylaxis TCDSB Policy B.B. 04 Smoke Free Space		
<b>Appendix A – Operational Procedures TBD</b>		

## Purpose

All students of the TCDSB are children of God and as a board we value and prioritize their care. Under the auspices of Ryan's Law, school boards are obligated to develop and maintain policy to support and intervene for students suffering from asthma.

## Scope and Responsibility

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. The Director of Education is responsible for this policy.



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### **Alignment with MYSP:**

Fostering Student Achievement and Well-Being  
Strengthening Public Confidence

### **Financial Impact:**

There is generally no financial impact connected with the implementation of this policy. Lapses in the appropriate standard of caution and care outlined in the policy and procedure may result in some financial impact connected to legal liability.

### **Legal Impact:**

The Board has an obligation to provide an appropriate standard of care to all students. Adherence to the directives provided within this policy and the corresponding operational procedures will ensure that this standard of care will be maintained and that there is no liability to the Board.

### **Policy**

In accordance with Ryan's Law- Ensuring Asthma Friendly Schools – 2015, the Toronto Catholic District School Board will maintain a policy for students diagnosed with asthma. This policy outlines the board's commitment to students with asthma.

### **Regulations**

1. The Board shall ensure that all students have easy access to their prescribed reliever inhaler medications.



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2. All schools will review school grounds and identify asthma triggers in classrooms, common school areas and in planning field trips, and implement strategies to reduce the risk of exposure.
3. School Principals will establish a communication plan to share information on asthma to parents/guardians, students, employees and include any other person who has direct contact with a student with asthma.
4. The Superintendent of Special Services will provide annual training reminders to all staff regarding the requirement for asthma education and provide regular training opportunities on recognizing and preventing asthma triggers, recognizing when symptoms are worsening and managing asthma exacerbations for all employees and others who are in direct contact with students on a regular basis.
5. All school principals will establish a process to identify students with asthma at the time of registration or following diagnosis and gather the necessary asthma related information from the parents/guardians and student.
6. All school principals will develop an individual student asthma management plan for each student diagnosed with asthma, based on the recommendation of the student's health care provider.
7. All school principals will maintain a file for each student diagnosed with asthma. The file main contain personal medical information, treatment plans and/or other pertinent information about the student, if that information is obtained with the consent of the student or the parent/guardian, in accordance with applicable legislation, including relevant privacy legislation. This file shall also include current emergency contact information.
8. All school principals will inform school board personnel and others who are in direct contact on a regular basis regarding a student with asthma about the contents of the student's asthma management plan.



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### **Definitions:**

#### **Asthma:**

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe.

People with asthma have sensitive airways that react to triggers. There are many different types of triggers for example poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. Symptoms of asthma are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and sometimes could be life threatening.

#### **Emergency Medication:**

“Emergency Medication” refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation - for example - reliever inhaler or stand-by-medication.

#### **Medication:**

“Medication” refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours or school related activities.

#### **Immunity:**

*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.”



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### **Metrics**

1. All school principals will review local data related to the number of incidents involving asthma attacks to ensure that proper precautions were taken in terms of the learning environment and that responses to the asthma attack were appropriate. In short, that all preventative and reactive measures were reasonable and responsible.