

Asthma Management and Emergency Care Plan

I d e n t i f i c a t i o n	Child's Name <input type="text" value="Click here to enter text."/>	Date of Birth: <input type="text" value="Click here to enter text."/>	Health Card Number: <input type="text" value="Click here to enter text."/>	MediAlert® Number: <input type="text" value="Click here to enter text."/>
	Does your child carry an Emergency Health Services (EHS) Special Patient Protocol card with them? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Allergies: <input type="text" value="Click here to enter text."/>	Medical Diagnosis(es): <input type="text" value="Click here to enter text."/>	<div style="border: 1px solid #ccc; width: 100%; height: 150px; margin: 0 auto;"></div> <p>Place Photo Here</p>	
	Is your child aware of their diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Does your child experience fears and/or anxiety related to their health care needs/medical diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, please describe helpful coaching/support/management strategies: <input type="text" value="Click here to enter text."/>			
	Medications required during school hours: N/A <input type="checkbox"/> 1. <input type="text" value="Click here to enter text."/> 2. <input type="text" value="Click here to enter text."/> 3. <input type="text" value="Click here to enter text."/>		Location where medication is stored at the school (refer to Board policy) 1. <input type="text" value="Click here to enter text."/> 2. <input type="text" value="Click here to enter text."/> 3. <input type="text" value="Click here to enter text."/>	
	Bus Driver(s) and Bus numbers(s) (if applicable):			
Morning Bus: <input type="text" value="Click here to enter text."/>		Afternoon Bus: <input type="text" value="Click here to enter text."/>		

Identification

This plan has been shared with bus operators, and /or other school designated person(s) providing transportation

Yes ☐ N/A ☐

Does your child have any activity restrictions while at school?

Yes ☐ No ☐

If yes, please describe:

[Click here to enter text.](#)

Emergency Contacts: Please prioritize 1,2,3, in the order the calls are to be placed:

Name	Relationship	Home Phone Number	Work Phone Number	Cell Phone Number	E-Mail
1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>	1. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>	2. <input type="text"/>	2. <input type="text"/>	2. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	3. <input type="text"/>	3. <input type="text"/>	3. <input type="text"/>	3. <input type="text"/>	3. <input type="text"/>

Identify the preferred method of communication, for non-emergency situations

- ☐ Phone call
☐ Text
☐ Email
☐ Communication book/agenda
☐ Other; please specify: [Click here to enter text.](#)

Additional Information:

[Click here to enter text.](#)

Designated school staff with asthma training: (to be completed by school staff)

- | | |
|--|--|
| 1. Click here to enter text. | 4. Click here to enter text. |
| 2. Click here to enter text. | 5. Click here to enter text. |
| 3. Click here to enter text. | 6. Click here to enter text. |

Definition	<p><i>Asthma is a chronic (long-term) disease affecting the airways (breathing passages) in the lungs. People with asthma have extra sensitive airways, and various things can trigger their airways to become red, swollen, constricted and/or filled with mucous, making it difficult to breathe.</i></p>
Communication	<p>Notify parent/guardian if (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms persist 5-10 minutes after receiving one dose of reliever medicine (e.g. Ventolin ®/Salbutamol) <input type="checkbox"/> Each time the reliever medicine (e.g. Ventolin ®/Salbutamol) is administered in school <input type="checkbox"/> Other; please specify Click here to enter text.
Triggers	<p>Identify <u>asthma triggers</u> for your child as they apply to school:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Colds/viral infections <input type="checkbox"/> Exercise/physical activity <input type="checkbox"/> Weather/temperature changes/seasonal <input type="checkbox"/> Scents <input type="checkbox"/> Anxiety/stress <input type="checkbox"/> Allergies; please specify Click here to enter text. <input type="checkbox"/> Other; please specify: Click here to enter text. <p>Describe strategies to manage triggers at school:</p> <p>Click here to enter text.</p>

<div>Exercise Procedure</div>	<p>If exercise/physical activity triggers your child’s asthma, list steps in order your child should follow prior to gym class, recess, or other physical activity. Please include if the reliever medication is required prior to the activity:</p> <p>Click here to enter text.</p>
<div>Emotional Support</div>	<p>Describe strategies that help your child stay calm in the event of an asthma flare-up:</p> <p>Click here to enter text.</p>

Symptoms	<p>Asthma Flare-up symptoms include (but are not limited to):</p> <ul style="list-style-type: none"> • Frequent cough especially after or during exercise. • Wheezing (a high pitched musical sound when breathing), which may get worse with exertion. • Chest tightness. • Faster, harder breathing. • Persistent cough after coming from playing outside or with temperature change. <p>Severe Asthma Flare-up/ "Asthma Attack" symptoms include (but are not limited to):</p> <ul style="list-style-type: none"> • Indrawing (the skin is "sucked in" with each breath at the neck and/or around the collar bone) • Shortness of breath at rest or when talking (can only say three to five words between breaths). • Tripod stance (leaning over hands on wall, knees or table) • Worsening of symptoms despite medication use.
	<p>Typical symptoms for your child- check those that apply:</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Wheeze</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Chest tightness</p> <p><input type="checkbox"/> Other, as it applies to your child; please specify: Click here to enter text.</p>
Reliever Medication Information	<p>Identify the prescribed reliever medication (medication used during a flare-up)</p> <p><input type="checkbox"/> Ventolin ®/ Salbutamol</p> <p><input type="checkbox"/> Bricanyl ®</p> <p><input type="checkbox"/> Other; please specify: Click here to enter text.</p>
	<p>Identify the device to be used with the reliever medication, if applicable:</p> <p><input type="checkbox"/> Spacer with a facemask</p> <p><input type="checkbox"/> Spacer with a mouthpiece</p> <p><input type="checkbox"/> Aerosol compressor</p> <p><input type="checkbox"/> Diskus</p> <p><input type="checkbox"/> Turbuhaler</p> <p><i>Note: Attach step by step instructions for use if staff are to administer the medication, or support your child while they self-administer.</i></p>
	<p>Location of the reliever medication in the school:</p>

Click here to enter text.

Note: Reliever medications are considered emergency medications and therefore must be stored in safe, unlocked, and accessible locations. (Refer to your School Board's policy)

Onset of Asthma Symptoms

- Have the student sit down and rest. DO NOT lay the student down.
- Speak calmly and do not panic. Keep student calm by using techniques specified by the parent/guardian in the plan.

Administer a dose of the prescribed Reliever Medication

- Stay with the student.
- Remind the student to take slow breaths in through the nose and exhale out through their mouth.

Improvement of symptoms
(within 5-10 mins)

No change
(within 5-10 mins)

Symptoms worsen
(within 5-10 mins)

Able to resume activity as
tolerated

Administer 2nd Dose of
Reliever Medication

Improvement in symptoms
(within 5-10 mins)

Notify parent/guardian as
directed

No change or
symptoms worsen

Emergency
Action
Plan

	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; padding: 10px;"> <p>Do not resume activity!</p> <ul style="list-style-type: none"> ● Stay with student ● Phone parent/guardian and follow their direction </div> <div style="width: 45%; border: 1px solid black; padding: 10px;"> <p>Phone 911</p> <ul style="list-style-type: none"> ● Call or notify parent/ guardian ● Administer the prescribed reliever medication as needed until paramedics and/ or parent/guardian arrives. ● Stay with student until paramedics and/or parent/guardian arrives. </div> </div>
Consent & Authorization	<div style="background-color: #f2f2f2; padding: 5px; text-align: center;"> Parent/Guardian/Student (if appropriate) Authorization Re: Consent to Release Information of the Health and/or Emergency Care Plan </div> <p>I authorize and hereby consent for school staff to use and/or share information found on this form for purposes related to the education, health, and safety of my child. This may include but is not limited to:</p> <ol style="list-style-type: none"> 1. Display of my child's photograph in hard copy or electronic format so that staff, volunteers, and school visitors will be aware of his/her medical condition. 2. Place a copy of this plan in appropriate locations in the school including storing an electronic copy in my child's confidential record. 3. Communication with school bus operators, or other school designated person(s) providing transportation. 4. Any other circumstances that may be necessary to protect the health and safety of my child. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p><i>Date</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p><i>Parent/Guardian Signature</i></p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p><i>Date</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p><i>Student (if appropriate)</i></p> </div> </div> <div style="background-color: #f2f2f2; padding: 5px; text-align: center; margin-top: 10px;"> Parent/Guardian/Student (if appropriate) Authorization Re: Consent for Implementation of the Health and/or Emergency Care Plan </div> <p>I have provided the information above and agree with the identified health care needs, interventions and/or the emergency responses outlined in this plan. I am aware that school staff are not medical professionals and will perform all aspects of the plan to the best of their ability and in good faith.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p><i>Date</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p><i>Parent/Guardian Signature</i></p> </div> </div>



Annapolis Valley
Regional School Board



CAPE BRETON-VICTORIA
Regional School Board



Halifax Regional
School Board



Tri-County Regional School Board
Students First



South Shore
Regional School Board



Strait Regional School Board
Excellence in Lifelong Learning



IWK Health Centre



nova scotia
health authority

	<hr/> <i>Date</i>	<hr/> <i>Student (if appropriate)</i>
<p><i>Note: It is the parent(s)/guardian(s)' responsibility to notify the principal if there is a need to change the Health and/or Emergency Care Plan throughout the school year. This authorization may be cancelled upon receipt of written notification to the principal.</i></p>		
<p><u>Authorizations</u></p>		
	<hr/> <i>Date</i>	<hr/> <i>Regulated Health Care Professional Signature and Designation</i>
		<hr/> <i>Print Name</i>
	<hr/> <i>Date</i>	<hr/> <i>Principal</i>
		<hr/> <i>Print Name</i>
<p>Plan is effective on: (insert date) _____</p>		
<p><i>NOTE: Plans need to be reviewed, updated, and signed annually.</i></p>		