



Asthma Alert and Emergency Action Plan

Urgent asthma management

FORM-HS-005

RESTRICTED

Notice of collection. The personal information collected on this form is collected by Grasslands Public Schools under the authority of POPA sections 4(a) and 4(c) and the *Education Act* SA 2012 sections 33(1)(d) and 33(1)(e), in support of recognising and responding to a severe asthma episode at school. This notice is provided in accordance with POPA section 5(2). The information is used to identify the student and their reliever medication, to guide staff through the emergency response the student's physician has endorsed, and to reach a parent, guardian, emergency contact or physician when an episode occurs. The completed plan is posted where supervising staff can reach it and is carried on field trips.

If you have any questions about the collection or use of this information, please contact the Access and Privacy Coordinator at privacy@grasslands.ab.ca or 403-793-6700.

Urgent asthma management for

STUDENT NAME

ROOM

GRADE

DATE OF BIRTH

YYYY-MM-DD

Signs of a severe asthma episode, and when to call 911

- Chest and neck are pulled in with breathing.
- Struggles to breathe.
- Trouble walking or talking (3-5 words/breath).
- Becomes quiet or withdrawn.
- Lips or fingernails are gray or blue.
- No improvement after 5-10 min of taking reliever inhaler.
- Any doubts about the child's condition.

Emergency action plan

Give the prescribed reliever medication right away. It should work in 5 to 10 minutes.

DRUG NAME

COLOUR

NUMBER OF PUFFS /
AMOUNT

HOW OFTEN

- Act immediately and do not leave the child alone.
- Stay calm and reassure the child.
- Have the child sit to rest; do not lie down.
- Listen to the child. Believe what the child is telling you.
- Remove the child from the environmental trigger if applicable.
- Call 911 if the child feels no improvement from the reliever inhaler after 5-10 minutes, or is having severe symptoms as listed above.
- Notify parents/guardians.
- Document medication use.
- As soon as they feel better, they can slowly return to normal activities.
- If the inhaler is required again in less than 4 hours, the parent should be notified that the child may need further medical attention.

Emergency contacts

PARENT OR GUARDIAN

HOME

WORK

CELL

PARENT OR GUARDIAN (IF APPLICABLE)

HOME

WORK

CELL

OTHER CONTACT

PHONE (DAY)

DOCTOR

PHONE

Consent

I consent to the emergency action plan and to supervision or administration of the prescribed medications as outlined above

☐ Yes ☐ No

I consent to have my child participate in asthma education activities as available

☐ Yes ☐ No

PARENT OR GUARDIAN NAME

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD

Physician's endorsement

The preceding information provided by the parent, legal guardian or independent student is correct

☐ Yes ☐ No

The assistance required of staff is within the competence of a person untrained in medical procedures

☐ Yes ☐ No

PHYSICIAN NAME

PHYSICIAN PHONE

LOCATION AND ADDRESS

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD

Principal's approval

PRINCIPAL NAME

SCHOOL

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD