

POLICY

POLICY #325 Managing a Student with Medical Alert/Anaphylaxis Conditions

RATIONALE

The Board of Education has an obligation to provide for students who may require emergency care while at school. These students are commonly referred to as students with Medical Alert conditions – conditions that are physician diagnosed and potentially life threatening. Students may require planned care and support inside as well as outside the school building (e.g. field trips) which includes Medical information collected on registration forms and, where applicable, the “Medical Alert/Anaphylaxis Conditions Information” form. Reported medical conditions may include:

- Diabetes
- Epilepsy
- Anaphylaxis and/or history of severe allergic response*
- Severe Asthma – immediate medical treatment required
- Blood clotting disorders such as hemophilia that require immediate medical care in the event of injury
- Serious heart conditions
- Other conditions which may require emergency care as determined in consultation with parent/student/family physician, school, and Medical Health Officer or designate.

***ANAPHYLAXIS IS A SUDDEN AND SEVERE ALLERGIC REACTION WHICH CAN BE FATAL AND, THEREFORE, REQUIRES THAT IMMEDIATE MEDICAL EMERGENCY MEASURES BE TAKEN.**

POLICY

The responsibility for the safety, health and well-being of students is a shared responsibility of parents/guardians, school personnel, students and Public Health Nurses. Each, however, has different roles and responsibilities.

The Board of Education cannot guarantee an allergen-free environment; however, the Board of Education will take all reasonable steps to provide an allergy-safe and allergy-aware environment for a student at risk for anaphylaxis.

The specific guidelines for the management and overseeing of this policy are detailed in the following regulations.

ADOPTED: November 10, 2008

Reviewed/Revised: December 8, 2014

Statutory Reference:

REGULATIONS AND PROCEDURES

POLICY #325 Managing Students with Medical Alert/Anaphylaxis Conditions

ROLES AND RESPONSIBILITIES

1. The parents/guardians, given that they have primary responsibility for the health and well-being of their child(ren) will:

NOTE:

- In the case of **senior secondary students**, some of the parents/guardians role may be assumed by the student him/herself. A "Self Administration of Medication at School" form must be completed if a student will be self-administering medication at school.
 - Students may not update medical data if parents have registered conflicting information.
- a) Provide the school with accurate and timely information about their child's Medical Alert condition, both at the time of registration and at any time there is a change in the student's condition or care.
- b) Review and update the "Medical Alert/Anaphylaxis Conditions Information" form and "Diabetes Support Plan and Medical Alert Information" form, if applicable, at minimum annually at the beginning of the school year, upon registration, or if the Medical Alert condition changes at any time throughout the school year.

Note on the "Medical Alert/Anaphylaxis Conditions Information" form if the student is a registered bus rider (eligible or courtesy).

- c) Complete the "Medical Alert/Anaphylaxis Conditions Information" form in cases of life threatening conditions. Parents/guardians whose children require medication at school must complete the "Request for Administration of Medication at School" form. Consultation with the child's physician may be needed for the information form and is required for the "Request for Administration of Medication at School" form.
- d) Meet with the physician to complete a "Request for Administration of Medication at School" form for new prescriptions or if a prescription is changed. If medication is or may be needed by the student and administered by school personnel during school hours, a duplicate pharmacy label may be attached to the form in Section B in place of a signature from the physician for medication that has been previously prescribed and for which there are no changes in the prescription.
- e) Arrange that the physician completes the "Request for Administration of Medication at School" form annually in preparation for school opening in September if medication that requires school personnel administration is or may be needed by the student during school hours. **NOTE: This is for new medical alert conditions or changes to medication. As in (d) a duplicate pharmacy label may be attached to the form in Section B in place of a signature from the physician.**
- f) Return the completed forms to the school at the beginning of each school year or provide written documentation that there is "no change" to either form from the previous year.

- g) Consult with the Public Health Nurse, when necessary, on the training of appropriate school personnel once the “Medical Alert/Anaphylaxis Conditions Information” form has been returned by the parents/guardians. Anaphylaxis training should be provided by a Public Health Nurse trained to teach anaphylaxis management or an individual(s) identified to School District No. 67 by Public Health.
- h) Provide medication to the school in the original labeled container, with appropriate measuring spoon, and is replaced when outdated/expired.
 - i. Anaphylaxis:
 - Provide two non-expired, single dose single use auto-injectors (EpiPens®, Twinject™, Allerject™) for school use;
 - Consult with school to determine where the primary and backup auto-injector will be located.
 - ii. Diabetes:

For students using an intensive insulin regime who require assistance with carbohydrate counting:

 - Clearly and consistently label all snacks and meals with the correct carbohydrate number; and
 - If a student does not routinely consume an entire food item (such as a sandwich), the item should be provided in divided portions with carbohydrates clearly labeled for each portion.
- i) Provide the necessary equipment in those situations where it is recommended that students carry emergency supplies (on their person, i.e. a fanny pack) containing:
 - i. Asthma – Inhaler
 - ii. Diabetes – fast acting sugar (i.e. glucose) tablets
 - iii. Anaphylaxis – EpiPen®, Twinject™, Allerject™
- j) Remove medication(s) at the end of each school year from the school and pick up a “Request for Administration of Medication at School” form to be completed by the physician and delivered to the school in September of the following school year. If there are no changes, provide written notification or as stated in (d) or provide a duplicate pharmacy label in place of physician’s signature if medication is required.
- k) Encourage your child to inform close friends of their medical alert condition and location of their medication at school (in particular, parents/guardians of middle and secondary students).
- l) Ensure the student wears medical information.

2. The Principal or Delegate will:

- a) Communicate to the Director of Instruction (Student Services) or designate the name of the person at the school level who is responsible for overseeing the school’s Medical Alert information.
- b) Collect demographic and health information about students with Medical Alert conditions at time of registration and place in the student’s permanent record file.
- c) Upon registration or the identification of a medical alert condition, arrange that parents/guardians are given a “Medical Alert/Anaphylaxis Conditions Information” form

and a “Request for Administration of Medication at School” form. When medical conditions are indicated on the student registration form, ensure that instructions are given for the completion and return of the forms to the school. A summary of these guidelines (parent brochure which includes a resource list) should also be provided to the parents/guardians to assist them in understanding their own and others’ roles.

- d) Provide annually the brochure entitled “For Parents/Guardians of Students with Medical Alert/Anaphylaxis Conditions” for School District No. 67 to all parents/guardians whose children have medical/anaphylaxis conditions.
- e) Ensure that the “Medical Alert/Anaphylaxis Conditions Information” form is reviewed by the parents/guardians in September of each year and/or accept parental written notification with date and signature to indicate “no change” or “change” to the Medical Alert plan.
- f) Keep records of communication with parents/guardians regarding the “Medical Alert/Anaphylaxis Conditions Information” form. Document each date of communication or date when communication was initiated. If there was no verbal contact, indicate that a message was left on the answering machine or e-mail.

NOTE: After three attempts to obtain the “Medical Alert/Anaphylaxis Conditions Information” from the parents/guardians (communication documented) and the form is not returned, the parents/guardians must be notified that the Standard Procedure of Care for emergency medical care will then be in place. The Standard Procedure of Care for an anaphylactic or diabetes episode is:

1. Call 911; and
2. Contact the child’s parents/guardians;

- g) At the end of each school year, provide parents/guardians with the current “Request for Administration of Medication at School” form and a blank form so that they can arrange that the physician completes a new form for the school by September (or a new duplicate pharmacy label is attached) or accept the original form with attached parent letter to indicate “no change”.
- h) Consult with the Public Health Nurse for clarification of which conditions may need Medical Alert procedures.
- i) Assemble the involved members of staff so that the Public Health Nurse, in consultation with parents/guardians, can provide school personnel and associations with appropriate training related to a Medical Alert plan (EpiPens®, Twinject™, Allerject™) and/or glucagon administration for a student. This may require training sessions at least once per year as determined by the needs of the student(s).

NOTE: Training is required for the following persons:

- Principals and vice principals
- Secretaries
- The staff member(s) who holds a current first-aid certificate at your school (at least one is designated at each school)
- Staff, including TTOC’s and substitute EA’s, reasonably expected to supervise or work with a medical alert student
- Any staff member who takes a class outdoors (insect allergies)

Training may also be required for employees such as bus drivers, custodians, noon-hour supervisors, etc. who work directly with medical alert students. Training in anaphylaxis, diabetes, and epilepsy will be scheduled once a year by the transportation supervisor.

Principals should call the transportation supervisor if additional training is required for a registered bus rider.

- j) Provide information to all staff members so they are visually familiar with Medical Alert students; and where plans/medication forms and medications for these students are stored. (Students may carry medication so it is immediately available, i.e. fanny packs.)
- k) Provide one copy of the “Medical Alert/Anaphylaxis Conditions Information” form for each student who is a registered rider to the transportation supervisor when first received and after each update. A copy of the “Request for Administration of Medication as School” form should also be provided if the student carries an EpiPen®, Twinject™, Allerject™ and may require a bus driver to administer medication.
- l) **(Elementary)** Ensure that photo ID of a Medical Alert student(s) is displayed in an appropriate place where the members of staff will see it, while the confidentiality of the students is protected from people not involved with them.

(Middle/Secondary) Ensure that a hard copy of Medical Alert student name(s) and Photo ID are available for all first aid officials within the school in areas such as the school office, counselling centre, gym and the medical health room. Teachers of students, caregivers, coaches, etc. must be informed of children with special care concerns.

Staff working with students with “Life Threatening Conditions” must have access to and be aware of the location of “Emergency Standard or Individual Care Plans”. Details of other conditions **must** be on a need to know basis. Confidentiality of the students must be protected from people not directly involved with them.

- m) Provide a central, easily accessible, safe, unlocked storage area for medication within the school and make provisions for medication for Medical Alert students when they are on school authorized field trips. Students who have demonstrated maturity should carry medication on their person at all times. Children at risk for anaphylaxis should also have a back-up auto-injector stored at the school in a central location. For each student who requires assistance, an established medical administration process that includes a medication record should be followed. A record of all medication administered must be recorded by name, date, time of day, amount of medication administered by whom, and initials of the person who assisted with medications.
- n) Work with the Public Health Nurse, parents/guardians, and the classroom teacher to develop support structures for Medical Alert students during class time, during recess and lunch breaks and other times when the student is under the school’s authority.
- o) Inform all parents/guardians when the environment of the school is changed by actions of district employees such as when pesticides are sprayed, weeds are sprayed, or major school repairs such as painting, roofing, tarring, redoing carpets, or when any substances with strong fumes are used.
- p) Assure that forms for Medical Alert students are appropriately stored in students’ files.
- q) Cooperate with the parents/guardians of children with anaphylaxis to maintain an allergy aware environment. This may include establishing restrictions in the classroom for life threatening allergies such as food products and animals. **Refer to www.BCSTA.org/anaphylaxis for additional resources and anaphylactic awareness/avoidance strategies.**
- r) Return all remaining medication to parents/guardians at the end of each school year.

- s) Inform parents/guardians that when their child transitions/transfers to another school, the parents/guardians must meet with the receiving school principal or vice principal to share pertinent medical alert information.
- t) Monitor and report information about anaphylactic incidents to the superintendent or designate in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form directed by the superintendent.
- u) A debriefing session will be held to review an anaphylactic incident with regard to exposure, response and lessons learned.

3. The classroom teacher and other teachers who are in charge of students will:

- a) Attend training sessions provided by the Public Health Nurse in conjunction with appropriate personnel and implement this training to support a healthy environment for Medical Alert students under his/her authority.
- b) Prepare appropriate information for any teachers teaching on call who work with Medical Alert students under his/her authority.
- c) Communicate to parents/guardians and students any change to the classroom environment that may create a health concern for a Medical Alert student.
- d) Refer to www.BCSTA.org/anaphylaxis for additional resources and anaphylactic awareness/avoidance strategies.

4. The transportation supervisor will:

- a) Provide an opportunity for an annual Medical Alert update for bus drivers to address anaphylaxis, diabetes and epilepsy.
- b) Ensure “Medical Alert/Anaphylaxis Conditions Information” forms received from the schools are kept for quick reference within the operations department.

5. The public health nurse and/or nursing support services co-ordinator (NSSC) will:

- a) Meet with the principal or designate prior to, or at the beginning of, the school year to discuss/review the Medical Alert procedures in the school, and the role of the Public Health Nurse, i.e. consultation for “Medical Alert/Anaphylaxis Conditions Information” forms, and “Request for Administration of Medication at School” forms.
- b) Refer new families/students with Medical Alert conditions to the school before the beginning of the school year when the child’s condition is known to Public Health.
- c) Work with the parents/guardians and the students’ physicians, as necessary, to determine the specific needs of students with health risks.
- d) Offer consultation to the principal or designated school personnel, to assure that an appropriate Medical Alert plan is communicated utilizing the “Medical Alert/Anaphylaxis Conditions Information” form and developing and implementing procedures that will meet the needs of each student.
- e) As necessary, or at the request of school personnel, educate staff, students and parents/guardians regarding Medical Alert conditions within the school. This education might be done with the assistance of parents/guardians, students, and other medical experts.

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- f) Provide appropriate training and monitoring to school personnel once the “Medical Alert/Anaphylaxis Conditions Information” or “Diabetes Support Plan & Medical Alert Information” form has been completed. This training may include information provided by parents/guardians. Parents/guardians should be invited to attend training sessions.
- g) For students not able to perform the task of blood glucose monitoring, NSS coordinators are available to delegate to school staff the task of blood glucose monitoring or the supervision of the student.
- h) Assist the classroom teacher in establishing support structures for Medical Alert students by providing training to persons involved in structures such as buddy systems and designated staff liaison systems.

Attachments:

The following forms are attached:

- **Medical Alert/Anaphylaxis Conditions Information” form** – This form is to be provided to those parents/guardians who indicate on the “Student Registration” form that their child has a medical condition that may require immediate action.
- **Request for Administration of Medication at School form** – This form is to be completed by the parents/guardians and the prescribing physician before school personnel can administer medication.
- **Brochure – “For Parents/Guardians of Students with Medical Alert/Anaphylaxis Conditions”.**
- **Medical Alert Photo I.D. form** – for display in an appropriate place while ensuring confidentiality.
- **Self Administration of Medication at School**
- **Anaphylaxis Incident Review form**
- **Diabetes Support Plan & Medical Alert Information** – This form is to be completed by parents.
- **Diabetes Medication Administration Form** – This form is to be updated annually.
- **Medical Alert/Anaphylaxis Checklist for School Administrators**
- **Nursing Support Services Diabetes Management Record**

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Statutory Reference: