

MANAGING A STUDENT WITH MEDICAL ALERT/ANAPHYLAXIS CONDITIONS

Background

The District 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 Student Verification Form (generated by the SIS) and, where applicable, [Form 317-1: 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.

*Anaphylaxis is a sudden and severe allergic reaction which can be fatal and, therefore, requires that immediate medical emergency measures be taken.

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

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

Procedures

1. In the case of senior secondary students, some of the parent role detailed below may be assumed by the student him/herself. [Form 317-2: A Self Administration of Medication at School form](#) must be completed if a student will be self-administering medication at school.
2. Students may not update medical data if parents have registered conflicting information.
3. The parents, given that they have primary responsibility for the health and well-being of their child(ren) will:

- 3.1. Provide the Principal 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.
- 3.2. Review and update [Form 317-1: Medical Alert/Anaphylaxis Conditions Information form](#) and [Form 317-3: 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.
 - 3.2.1. Note on [Form 317-1: Medical Alert/Anaphylaxis Conditions Information form](#) if the student is a registered bus rider (eligible or courtesy).
- 3.3. Complete [Form 317-1: Medical Alert/Anaphylaxis Conditions Information form](#) in cases of life threatening conditions. Parents whose children require medication at school must complete [Form 316-1: Request for Administration of Medication for Students at School form](#). Consultation with the child's physician may be needed for the information form and is required for [Form 316-1: Request for Administration of Medication for Students at School form](#).
- 3.4. Meet with the physician to complete [Form 316-1: Request for Administration of Medication for Students at School](#) 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.
- 3.5. Arrange that the physician completes [Form 316-1: Request for Administration of Medication for Students 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.
 - 3.5.1. This is for new medical alert conditions or changes to medication. As in clause 3.4 a duplicate pharmacy label may be attached to the form in Section B in place of a signature from the physician.
- 3.6. Return the completed forms to the Principal at the beginning of each school year or provide written documentation that there is "no change" to either form from the previous year.
- 3.7. Consult with the Public Health Nurse, when necessary, on the training of appropriate school personnel once [Form 317-1: Medical Alert/Anaphylaxis Conditions Information form](#) has been returned by the parents. Anaphylaxis training is to be provided by a Public Health Nurse trained to teach anaphylaxis management or an individual(s) identified to the District by Public Health personnel.
- 3.8. Provide medication to the Principal in the original labeled container, with appropriate measuring spoon, and replace when outdated/expired.
 - 3.8.1. Anaphylaxis:
 - 3.8.1.1. Provide one non-expired, single dose single use auto-injectors (EpiPens®, Twinject™, Allerject™) for school use;
 - 3.8.1.2. Consult with Principal to determine where the primary and backup auto-injector will be located.
 - 3.8.2. Diabetes:

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

- 3.8.2.1. Clearly and consistently label all snacks and meals with the correct carbohydrate number; and
 - 3.8.2.2. If a student does not routinely consume an entire food item (such as a sandwich), the item is to be provided in divided portions with carbohydrates clearly labeled for each portion.
 - 3.9. 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:
 - 3.9.1. Asthma – Inhaler
 - 3.9.2. Diabetes – fast acting sugar (i.e. glucose) tablets
 - 3.9.3. Anaphylaxis – EpiPen®, Twinject™, Allerject™
 - 3.10. Remove medication(s) at the end of each school year from the school and pick up [Form 316-1: Request for Administration of Medication for Students at School](#) to be completed by the physician and delivered to the Principal in September of the following school year. If there are no changes, provide written notification as stated in clause 3.4 or provide a duplicate pharmacy label in place of physician's signature if medication is required.
 - 3.11. Encourage the student to inform close friends of their medical alert condition and location of their medication at school (in particular, parents of middle and secondary students).
 - 3.12. Ensure the student wears medical information.
4. The Principal will:
- 4.1. Communicate to the Director of Instruction, Student Services the name of the person at the school level who is responsible for overseeing the school's Medical Alert information.
 - 4.2. Collect demographic and health information about students with Medical Alert conditions at time of registration and place in the student's permanent record file.
 - 4.3. Upon registration or the identification of a medical alert condition, arrange that parents are given [Form 317-1: Medical Alert/Anaphylaxis Conditions Information form](#) and [Form 316-1: Request for Administration of Medication for Students at School form](#). When medical conditions are indicated on [Form 300-1 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) is also to be provided to the parents to assist them in understanding their own and others' roles.
 - 4.4. Provide annually the brochure entitled "For Parents of Students with Medical Alert/Anaphylaxis Conditions" for the District to all parents whose children have medical/anaphylaxis conditions.
 - 4.5. Ensure that [Form 317-1: Medical Alert/Anaphylaxis Conditions Information form](#) is reviewed by the parents 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.
 - 4.6. Keep records of communication with parents regarding [Form 317-1: 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.

- 4.6.1. After three attempts to obtain [Form 317-1: Medical Alert/Anaphylaxis Conditions Information Form](#) from the parents (communication documented) and the form is not returned, the parents 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:
 - 4.6.1.1. Call 911; and
 - 4.6.1.2. Contact the child's parents;
- 4.7. At the end of each school year, provide parents with the current [Form 316-1: Request for Administration of Medication for Students at School](#) 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".
- 4.8. Consult with the Public Health Nurse for clarification of which conditions may need Medical Alert procedures.
- 4.9. Assemble the involved members of staff so that the Public Health Nurse, in consultation with parents, 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).
 - 4.9.1. Training is required for the following persons:
 - 4.9.1.1. Principals and vice principals
 - 4.9.1.2. Secretaries
 - 4.9.1.3. The staff member(s) who holds a current first-aid certificate at the school (at least one is designated at each school)
 - 4.9.1.4. Staff, including TTOC's and substitute EA's, reasonably expected to supervise or work with a medical alert student
 - 4.9.1.5. Any staff member who takes a class outdoors (insect allergies)
 - 4.9.2. 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 are to call the Transportation Supervisor if additional training is required for a registered bus rider.
- 4.10. 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.)
- 4.11. Provide one copy of [Form 317-1: Medical Alert/Anaphylaxis Conditions Information](#) for each student who is a registered rider to the Transportation Supervisor when first received and after each update. A copy of [Form 316-1: Request for Administration of Medication for Students at School](#) is also to be provided if the student carries an EpiPen®, Twinject™, Allerject™ and may require a bus driver to administer medication.
- 4.12. Ensure:
 - 4.12.1. (Elementary) 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.

- 4.12.2. (Middle/Secondary) 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.
- 4.12.3. Staff working with students with “Life Threatening Conditions” have access to and are 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.
- 4.13. 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 are to carry medication on their person at all times. Children at risk for anaphylaxis are also to 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 is to 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.
- 4.14. Work with the Public Health Nurse, parents, 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.
- 4.15. Inform all parents 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.
- 4.16. Assure that forms for Medical Alert students are appropriately stored in students’ files.
- 4.17. Cooperate with the parents 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 the BCSTA website for additional resources and anaphylactic awareness/avoidance strategies.
- 4.18. Return all remaining medication to parents at the end of each school year.
- 4.19. Inform parents that when their child transitions/transfers to another school, the parents must meet with the receiving Principal or Vice Principal to share pertinent medical alert information.
- 4.20. Monitor and report information about anaphylactic incidents to the Superintendent 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.
- 4.21. A debriefing session will be held to review an anaphylactic incident with regard to exposure, response and lessons learned.

5. The classroom teacher and other teachers who are in charge of students will:
 - 5.1. 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.
 - 5.2. Prepare appropriate information for any teachers teaching on call who work with Medical Alert students under his/her authority.
 - 5.3. Communicate to parents and students any change to the classroom environment that may create a health concern for a Medical Alert student.
 - 5.4. Refer to the BCSTA website for additional resources and anaphylactic awareness/avoidance strategies.
6. The Transportation Supervisor will:
 - 6.1. Provide an opportunity for an annual Medical Alert update for bus drivers to address anaphylaxis, diabetes and epilepsy.
 - 6.2. Ensure [Form 317-1: Medical Alert/Anaphylaxis Conditions Information](#) forms received from the principals are kept for quick reference within the operations department.
7. The public health nurse and/or nursing support services coordinator (NSSC) will:
 - 7.1. Meet with the Principal 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 [Form 317-1: Medical Alert/Anaphylaxis Conditions Information](#), and [Form 316-1: Request for Administration of Medication for Students at School](#).
 - 7.2. Refer new families/students with Medical Alert conditions to the Principal before the beginning of the school year when the child's condition is known to Public Health.
 - 7.3. Work with the parents and the students' physicians, as necessary, to determine the specific needs of students with health risks.
 - 7.4. Offer consultation to the Principal school personnel, to assure that an appropriate Medical Alert plan is communicated utilizing [Form 317-1: Medical Alert/Anaphylaxis Conditions Information](#) and developing and implementing procedures that will meet the needs of each student.
 - 7.5. As necessary, or at the request of school personnel, educate staff, students and parents regarding Medical Alert conditions within the school. This education might be done with the assistance of parents, students, and other medical experts.
 - 7.6. Provide appropriate training and monitoring to school personnel once [Form 317-1: Medical Alert/Anaphylaxis Conditions Information](#) or [Form 317-3: Diabetes Support Plan & Medical Alert Information](#) has been completed. This training may include information provided by parents. Parents are to be invited to attend training sessions.
 - 7.7. 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.
 - 7.8. 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.

8. Attachments

The following forms are relevant:

- 8.1. [Form 317-1](#): Medical Alert/Anaphylaxis Conditions Information is to be provided to those parents who indicate on [Form 300-1](#): Student Registration form that their child has a medical condition that may require immediate action. Display photo ID on information form in an area that respects confidentiality.
- 8.2. [Form 316-1](#): Request for Administration of Medication for Students at School is to be completed by the parents and the prescribing physician before school personnel can administer medication.
- 8.3. Brochure – “For Parents of Students with Medical Alert/Anaphylaxis Conditions”.
- 8.4. [Form 317-2](#): Self Administration of Medication at School
- 8.5. [Form 317-7](#): Anaphylaxis Incident Review form
- 8.6. [Form 317-3](#): Diabetes Support Plan & Medical Alert Information is to be completed by parents.
- 8.7. [Form 317-4](#): Diabetes Medication Administration is to be updated annually.
- 8.8. [Form 317-6](#): Medical Alert/Anaphylaxis Checklist for School Administrators
- 8.9. [Form 317-5](#): Nursing Support Services Diabetes Management Record

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act
School Regulation 265/89
Anaphylaxis Protection Order M232/07
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association
British Columbia Anaphylactic and Child Safety Framework

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