

Administrative Procedure 168

HEALTH EMERGENCIES IN SCHOOLS- PLANNING FOR PRE-EXISTING CONDITIONS

Background

There are many pre-existing health conditions for students and staff that may require various planned or emergent responses from school staff. These include students and staff with Medical Alert conditions or with recognized response plans for anaphylaxis. As well, there is occasionally a need to provide medication to students.

Medical Alert

There are students and staff in school who, as a result of pre-existing and reported conditions, may require emergency care interventions by school staff. These students and staff are commonly referred to as having a Medical Alert condition. These conditions are those that are physician diagnosed, potentially life threatening and include:

- diabetes,
- epilepsy,
- anaphylaxis (history of a severe allergic response which requires planned care and support inside as well as outside the school environment, such as field trips)
- severe asthma (history of episodes requiring immediate medical treatment or a history of requiring immediate medication administration to avert an emergency),
- blood clotting disorders such as haemophilia that require immediate medical care in the event of injury,
- serious heart conditions,
- adrenal insufficiencies,
- other conditions which may require emergency care as determined in consultation with parent/student/family physician, school staff, and Medical Health Officer.

Procedures

1. These procedures outline the responsibility, roles and process whereby any medical emergencies that occur during school hours may be handled in an optimal manner.
2. Target Population
 - 2.1. Students in Grades K - 12 with a Medical Alert Condition
 - 2.2. School staff with a Medical Alert Condition
3. Principles

- 3.1. Using the comprehensive school health model, the responsibility for the safety, health and well-being of students is a joint responsibility of the school staff, Public Health Nurses, Nursing Support Services, and the parents. However, each team member has different roles.
- 3.2. The Principal has paramount responsibility for ensuring the safety, health and well-being of students and staff during school hours. Students and staff with life-threatening medical conditions will be reasonably accommodated in accordance with this Administrative Procedure.
- 3.3. The Public Health Nurse will provide consultation during school hours to school staff and/or parent, on any of the Medical Alert Conditions and their management, including the development of care plans and training of school personnel.
- 3.4. Nursing Support Services assists parents and caregivers to help children with special healthcare needs lead active, healthy lives in their communities. NSS Coordinators facilitate safe, consistent care and appropriate health support in a variety of locations including homes, schools and childcare settings. Services include, but are not limited to:
 - 3.4.1. Providing information and consultation about health issues relating to the special need
 - 3.4.2. Planning of community care
 - 3.4.3. Training of and delegation of services to alternate caregivers
 - 3.4.4. At Home Program assessment which provides medical and respite benefits to those families who qualify
- 3.5. The parent provides the school with timely information re: the student's condition, care and any medication required. The parent works with the school staff to develop an appropriate care plan and train designated school personnel.

4. Obligations of Each Team Member
 - 4.1. The School Administrative Officer will:
 - 4.1.1. Collect demographic and health information about students with Medical Alert Conditions at time of registration
 - 4.1.2. Give parents a "Medical Alert Planning" form ([Form 168-1](#)), and "Request for Administration of Medication at School" form ([Form 168-2](#)) if necessary, with instructions for completion and return of form(s) to school. The parent will also be provided with a copy of these guidelines to assist them in understanding their own, and other, school staff responsibilities.
 - 4.1.3. Consult with the Public Health Nurse, if necessary, for clarification of which conditions may need Medical Alert procedures.
 - 4.1.4. Consult with the public health nurse on the training of appropriate school personnel once the Medical Alert plan has been returned by the parent. This training may be conducted by:
 - 4.1.4.1. Parent
 - 4.1.4.2. Parent/student with assistance of Public Health Nurse
 - 4.1.4.3. Public Health Nurse where parent/student unable to train, or where training for a number of students is needed (i.e., use of EpiPens).

- 4.1.4.4. Nursing Support Services in the delegation of glucagon injections, insulin management, manual hypodermic injections.
- 4.1.5. Ensure all staff members are aware of Medical Alert students twice a year and where the plan/medication forms for these students are stored.
- 4.1.6. Ensure that a safe and appropriate storage area for medication is provided. It is recognized that the medication may at times have to be immediately available (i.e., on field trips).
- 4.1.7. Ensure plans are reviewed particularly when they have been implemented and updated annually or on parent notification of changes in the child's condition.

4.2. The Public Health Nurse will:

- 4.2.1. 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.
- 4.2.2. Refer new families/students with Medical Alert Conditions to the school before the beginning of the school year when child is previously known to public health.
- 4.2.3. On request, advise the Principal, on which students actually have Medical Alert Conditions based on parent information given at the time of registration. This may involve additional clarification with the parent or student's physician.
- 4.2.4. Work jointly with school staff and parent to finalize the care plan if necessary and develop a training plan for appropriate school staff (see clause 4.1.4 above).
- 4.2.5. Provide general information on Medical Alert Conditions to school staff, parents and students as required, including safety options (i.e., Medical Alert bracelets).

4.3. Nursing Support Services will:

- 4.3.1. Meet with the Student Services Teacher and Principal prior to, or at the beginning of, the school year to discuss/review the Care Plan and delegated medical services in the school, and the role of Nursing Support Services.
- 4.3.2. Respond to newly referred families/students with complex Medical Alert Conditions.
- 4.3.3. Work jointly with school staff and parent to finalize the care plan if necessary and develop a training plan for appropriate school staff (see clause 4.1.4 above).

4.4. The Parent will:

- 4.4.1. Provide the school with accurate and timely information about their child's Medical Alert Conditions, both at the time of registration and at any time there is a change in the student's condition or care.
- 4.4.2. Complete the "Medical Alert Planning" form ([Form 168-1](#)) and the "Request for Administration of Medication at School" form ([Form 168-2](#)), if the latter is required. Consultation with the child's physician may be needed for the Planning form and is required for the Medication form. Return completed forms to the Principal as soon as possible.
- 4.4.3. Work with the Principal and Public Health Nurse to ensure designated school staff are trained to assist the student if an emergency occurs. Options include:
 - 4.4.3.1. Parent

- 4.4.3.2. Parent/student may provide the training with the assistance of the Public Health Nurse
- 4.4.3.3. Public Health Nurse may train.
- 4.4.3.4. Nursing Support Services may train.
- 4.4.4. Check the care plan annually at the beginning of the school year.
- 4.4.5. Complete a new Request for Administration of Medication form ([Form 168-2](#)) annually, prior to school opening in September if medication is or may be needed by the student during school hours. Remember this requires a physician's signature so advance planning can save extra appointments.
- 4.4.6. Ensure medication is available at the school in the original labelled container and is not outdated/expired.

Administration of Prescription Medication

The District is aware that some students are under the medical supervision of a physician and may require prescription medication for non-life-threatening conditions.

It is the District's expectation that the administration of prescription medication in its schools is the responsibility of the parent. However, when the responsibility cannot be met, the District expects the parent to make alternate and mutually acceptable arrangements with the Principal.

Procedures

- 1. School staff will not administer any medication that is not prescribed by a physician or provide any medical services other than first aid.
- 2. The following conditions are necessary in order for an employee of the District to administer or supervise the self-administration of prescription medication to a student:
 - 2.1. The prescription medication is required while the child is attending school.
 - 2.2. The parent has requested, in writing, the school's assistance and has signed the Request for Administration of Medication at School form ([Form 168-2](#)).
 - 2.3. School staff will seek medical assistance if any doubt arises about the safety of the child. Such assistance may involve the child being sent to the hospital by ambulance.
 - 2.4. The Principal may complete the Medical Alert Planning Form ([Form 168-1](#)).
 - 2.5. The parent provides phone numbers where they or an alternate guardian can be contacted in case of emergency.
- 3. It is recognized that school staff have "duty of care" under common law.
 - 3.1. If, therefore, a teacher is aware that a medication must be administered while a child is in school, they are to take immediate steps to implement the above procedures.
 - 3.1.1. Until these can be arranged, medications are not to be administered by school staff for a few days.
 - 3.2. The parents are to be informed, if necessary, that the school cannot accept this responsibility, in the interests of the health and safety of the child, until proper

arrangements are made for whatever medical authorization, instructions, training, and supervision are required.

4. The Principal or assigned CUPE support staff will be responsible for the administration of medication.
5. Under the District/Teacher Collective Agreement the teacher shall not be responsible for regularly scheduled prescription medication, but it is realized that under a rare and emergent situation they may be required to deliver the prescribed medication.

Allergies and life-threatening allergies in school

The District is committed to the principle of providing a safe learning and teaching environment for its students and staff. This includes a safe environment for all those who have been identified as having the potential for an anaphylaxis event. Anaphylaxis is the term used to describe an acute, severe, life-threatening allergic reaction, which requires immediate medical treatment. While it is impossible to create a risk-free environment, school staff and parent(s) can take important steps to minimize potentially fatal anaphylactic reactions.

Description of Anaphylaxis

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

While the exact prevalence is unknown, it has been estimated that more than 600,000 or 1% to 2% of Canadians are at risk of anaphylaxis (from food and insect allergy), and that up to 6% of young children less than three years of age are at risk. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods.

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- Skin: hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue color, weak pulse, passing out, dizzy/light-headed, shock
- Other: anxiety, feeling of “impending doom,” headache, uterine cramps in females

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

Procedures

1. If an allergic student or staff expresses any concern that a reaction might be starting, it is to always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student's or staff's Anaphylaxis Emergency Action Plan ([Form 168-3](#)). The cause of the reaction can be investigated later.
 - 1.1. The following symptoms may lead to death if untreated:
 - 1.1.1. Breathing difficulties caused by swelling of the airways; and/or
 - 1.1.2. A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.
2. The Principal of the school is responsible for developing an individual school plan that creates and maintains as safe and healthy an environment as is reasonably possible for students or staff who may experience anaphylaxis, a severe, life-threatening allergic reaction. The parent(s) of the student is/are a partner in this process and shall receive a copy of this Administrative Procedure and individual school plan.
3. To realize the District's responsibility for securing students or staff of the District who have anaphylactic reactions a reasonable level of safety and well-being, the following are to be followed:
 - 3.1. The District will clearly identify Epi Pen locations, first aid locations and first aid personnel in each school
 - 3.2. At the time of registration, parent(s) will be asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis, and will be asked to complete the "Request for Administration of Medication" form ([Form 168-2](#)) if medication is required. The information must be reviewed annually, and the form updated when there are changes to medication or dosages of medication.
 - 3.3. The anaphylactic student's parent(s) must meet with the Principal prior to the student's first day in a school or any time there is a change in the medical condition. A meeting with the student's teacher(s) will be arranged as soon as possible.
 - 3.4. The public health nurse will be informed of the student's condition.
 - 3.5. The parent(s) of students with anaphylactic condition will be encouraged to use the Medic-Alert identification program.
 - 3.6. Following discussion with students with anaphylaxis and their parent(s), other students and parents in the class may be given information of the student's condition.
 - 3.7. The Principal will ensure, on an annual basis, that all staff shall receive education about anaphylaxis. Identified staff will receive training which will include instruction on the administration of the child specific medical alert plan and may include training for use of the epinephrine auto-injector.
 - 3.8. The District Health and Safety Officer, on an annual basis, will ensure that all bus drivers receive education about anaphylaxis. Identified staff will receive training which will include instruction on the administration of the child specific medical alert plan and may include training for use of the epinephrine auto-injector.
 - 3.9. The District will provide an annual in-service for all TTOC's.

3.10. It is vital that students with anaphylaxis be easily identified. The child's specific medical alert information must include a description of the allergy as well as the emergency treatment plan. The emergency protocols shall include:

- 3.10.1. Administering an epinephrine auto-injector
- 3.10.2. Calling emergency medical care (911)
- 3.10.3. Calling the student's parents
- 3.10.4. Administering a second dose within 5 to 15 minutes if symptoms have not improved
- 3.10.5. Transportation to the hospital (arranging for ambulance)

This information must be in the school medical alert binder. The medical alert information (with an up-to-date photograph of the student) may be posted at various locations such as the student's classroom, medical room and any other room used on a regular basis by the student. In addition, all buses will maintain an up-to-date medical alert binder.

- 3.11. The student's anaphylactic record and emergency plan will form part of the student's permanent record, as defined in the Permanent Student Record Order. The student is to carry an epinephrine auto-injector with them at all times. The epinephrine auto-injector must be clearly identified with the student's name. If possible, the parent(s) are to provide the school with a second epinephrine auto-injector which will be stored in a safe, accessible location. This location will be made known to all staff.
- 3.12. The Principal will develop guidelines to reflect the circumstances (i.e., peanut aware zones, storage of the injectors, etc.) of the school. The guidelines will include procedures and avoidance strategies to be followed by staff and students. (Refer to the most recent edition of [Anaphylaxis: A Handbook for School Boards](#), a publication of the Canadian School Boards Association).
- 3.13. The Principal will maintain a current inventory of individual student emergency plans, including a plan to ensure that any medications are kept up to date and have not expired.
- 3.14. The Principal will submit all anaphylactic incidents to the District Health and Safety Officer as soon as possible after the occurrence. The District Health and Safety Officer will maintain a record of all incidents.
- 3.15. The Principal will place the used injector back into carrying case and give to emergency personnel.
- 3.16. All overnight outdoor field trips will include an epinephrine auto-injector in their First Aid Kit.

Reference: Reference: Sections 7, 8, 17, 20, 22, 65, 84, 85, 95 School Act
Good Samaritan 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
[Canadian Society of Allergy and Clinical Immunology](#)

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