IDENTIFYING AND MANAGING STUDENTS’ MEDICAL NEEDS

Background

In the context of the District’s Catholic Communities of Caring and Alberta Education’s Safe and Caring School Initiative, the District recognizes the importance of creating a welcoming, caring, respectful and safe learning environments for all individuals attending or employed within its schools or worksites. This includes proactive plans and strategies to support students who require a specific safety plan related to address potential medical need or prescribed medications during the school day to maintain their physical or mental well-being, or students and staff who may require emergency medication or response.

An important tool in responding to this need is the development of the individual student medical need or medication plan. The goal of these plans developed by schools, in collaboration with the parents/legal guardians and, where appropriate, health professionals, is to balance student safety with opportunities for the student to continue to participate fully in school activities and events. As much as possible, planning is to ensure students are safe while at school and to avoid depriving these students of normal peer interaction or imposing unreasonable restrictions on the student’s activities while at school.

In the context of this administrative procedure, reference is made primarily to students; however, it is important to recognize that the needs of staff with similar emergency medical conditions are to be considered, and that the same care and attention to address their needs be taken.

Procedures

1. In creating a safe and supportive environment for students and staff with medical conditions, the District develops appropriate processes, procedures, and plans to address medical needs. Planning may involve individual staff or students, student’s parents/legal guardians, and health care providers. Medical conditions that require medication include, but may not be limited to, diabetes, asthma, epilepsy, allergies and life-threatening allergies. When necessary, it is appropriate to seek clarification regarding these medical conditions from the school nurse or the regional health authority. This may also require the principal to facilitate a specific training session with the school nurse at the beginning of the year or when a new student with a medical condition is registered during the year.

2. Effective communication and strategic planning related to a student’s medical condition reduces concern and uncertainty while helping to manage the care of students in a safe, responsible and reasonable manner. To support this planning, advance communication by parents/legal guardians as early as possible following registration or at the beginning of each school year is a requirement.
3. Staff awareness, understanding and training of individual student’s needs and the processes related to each student’s medical plan and the expectations outlined in this administrative procedure, is an important component of effective planning and response. As a result, principals are expected to review this administrative procedure annually, and more often if necessary, with all staff. Principals must document that staff have received this information and must ensure the creation of the medical alert list which is generated through the Student Information System.

4. Medical information must also be updated by parents/legal guardians annually using the individual student’s demographic confirmation form, distributed by schools in the fall. It is the parents/legal guardians responsibility to ensure medical information for their child is updated whenever there is a change to the student’s previously reported medical status. It is also critical that parents/legal guardians advise their child’s school whenever contact information changes. When new students register after the demographic confirmation form date, schools must rely on the regular registration form to identify those who require a medical plan. At the same time, the principal must ensure staff are advised the medical alert lists revised and replaced. In the situation where a student is registered through the District’s Reception Centre or in internal transfer from another District school, the principal and/or office staff must ensure the medical alert list is updated and staff are advised and trained appropriately where necessary.

5. Parents/legal guardians communicating a medical condition or a need related to allergies for the first time must include the appropriate signed information required on the following forms. These forms are also required if no documentation exists or if the condition or the needs of the response plan have changed. In the case of a change, it is the parents/legal guardians responsibility to update the school. School staff are responsible for ensuring all of these forms are completed and on file.

5.1 Forms related to administering medications:
- Form 316-1 Authorization for Administering Medication
- Form 316-2 Administering Medication additional Clarification of Medical Direction Form
- Form 316-3 Release of Liability Form (District Employee/Agent)
- Form 316-4 Release of Liability Form (Other Individual-if applicable)

6. In the case of severe allergies, without using the individual student’s name, the principal is to inform the broader school community about a potentially life-threatening allergy and request their support for safety plan. If the specifics of an allergy raise unique concerns or extenuating circumstances, principals must consult with their area superintendent or director, the District Occupational Health and Safety Manager and health professionals as appropriate. A severe allergy alert sample letter is provided at Form 316-7.

7. Parents/legal guardians are required to provide up to date medication needed by their children. This may include two EpiPens, one to be kept on the student’s person and one emergency backup EpiPen in the office. When a parent/legal guardian does not provide a second EpiPen, the principal must write a letter to the parent/legal guardian (Form 316-8) to confirm that there has been a conversation about this need and that the parents/legal
guardians have declined to provide second EpiPen. The principal must file this completed letter in the student’s student record.

8. Copies of medical alert lists from PowerSchool and the severe allergy alert Forms 316-6 and allergy alert forms for all students must be posted in the office and staff room for easy access. In order to ensure availability of critical medical information in the case of an event requiring a 911 call from the classroom, each classroom/teaching space must have copies of the completed list and forms in a visible location, although, in the interest of privacy, they must have a cover. The original forms must be kept in the student records.

9. The sections that follow provide specific expectations and strategies related to addressing medical and emergency circumstances:
   
   Section 10: Administering Medications in Schools
   Section 11: Allergy Avoidance Strategies
   Section 12: Medical Response Plans
   Section 13: First Aid Training

10. Administering medications in schools

10.1 Students self-medicating:

10.1.1 In the case of a long-term or permanent medical condition, Forms 316-1, 316-2, 316-3, and 316-4 must be completed. Since student medication administration is best undertaken by parents/legal guardians in consultation with appropriate medical personnel, the preferred strategy is to arrange for a student to take his or her medication at home, or if medication is required on a shorter schedule during the day, for the student to self-administer the medication at school.

10.1.2 In circumstances where it is appropriate for students to self-medicate, the student is responsible for the management of the medication in terms of security and administration. Factors for consideration in relation to students self-medicating are to include, but may not be limited to, type of medication, student’s age and capacity.

10.1.3 Parents/legal guardians are to discuss the details of administering medication with their child to minimize disruption of teaching and learning and to ensure appropriate security measures. It is also appropriate for parents/legal guardians to share the plan for their child, in writing, with their child’s teacher and principal. This is particularly important in the case of a student at the elementary level. Annually, at the beginning of the school year, it is recommended that elementary school principals communicate this request to the school community. It is the parents/legal guardians responsibility to ensure that the medication sent is the appropriate one.

10.1.4 If the student is to self-administer medication he or she should be able to describe his or her medical condition, and depending on his or her age and capacity, medications may be kept on the student’s person. It is the parents/legal guardians responsibility to ensure the student knows how and when to take the medication. When appropriate, and depending on the
severity of the student’s condition, back up medication, which is clearly labelled with the student’s name and directions for self-administration of the medication, may also be stored in the office. Appropriate alternative arrangements to this strategy may be developed for individual students through consultation between the parents/legal guardians and the principal. School administration must keep staff informed about this alternative plan. If teachers are approached by parents/legal guardians or students in regard to self-administering medication, they will direct the parents/legal guardians to school administration.

10.1.5 As an alternative strategy, a parent/legal guardian, or a designated individual authorized in writing, may attend the school upon prior arrangement with the principal to administer medication to a student. Where an individual designated by a parent/legal guardian (other than District staff) is involved, the parent/legal guardian shall be responsible for all arrangements involving the handling and storage of the medication and the coordination of the administration of the medication with the school schedule.

Coordination shall be arranged through the principal in all cases. The parent/legal guardian shall provide a release of liability form (Form 316-4) before a designated individual (other than District staff) will be allowed to administer medication to a student. If the parent/legal guardian is the individual attending the school to administer the medication, no documentation is required; however, it is still important to coordinate the administration of the medication with the principal to minimize disruption.

10.1.6 In situations where the student’s medical condition/needs have not changed from year to year and where parents/legal guardians, in consultation with their physician, have determined that there has been no change to their child’s medical condition/needs, the principal may provide a waiver of annual medical condition form completed by parents/legal guardians (Form 316-5). In cases where parents/legal guardians provide replacement medical forms, administration of medication records shall be destroyed by the principal once the forms are replaced.

10.1.7 In cases where parents/legal guardians opt to sign the waiver form, the original forms will be retained in the school files in addition to the waiver form.

10.2 School administration or staff administering medication:

10.2.1 Periodically, when students require prescribed medications during the school day, situations may arise where a student is unable to self-medicate, where a parent/legal guardian is unable to attend the school to administer the medication, or where there are no other viable alternatives. In these circumstances, under the direction of the principal and in consultation with parents/legal guardians, school staff may be requested to provide assistance as outlined in a well-defined plan. In these circumstances, any employee or agent of the District is covered by the district liability policy for actions arising while acting within the scope of the employee’s duties.

In these cases, the forms to be completed include:
Form 316-9  List of Students Administered Medication by School Staff  
Form 316-10 Record of Medication to Individual Student  
Form 316-11 List of Students Requiring Medication  

These forms are to be retained and filed appropriately on a regular basis.

10.2.1.1 Requests related to the administration of medication to students shall be made by the parent/legal guardian in writing to the principal of the school.

10.2.1.2 The principal shall require a signed request from the parent/legal guardian and the student's physician indicating the type of medication to be administered, the time and manner of administration, the required dosage, and the action to be taken in the event of possible hazards or side effects (Forms 316-1, 316-2, 316-3, and 316-4).

10.2.1.3 If in the judgment of the principal the request is reasonable, the principal shall make appropriate arrangements with the staff person(s) designated to administer the medication and to undertake its safekeeping at the school. The staff designated to administer the medication is accountable to ensure familiarity with the routines required. If the designated staff member requires additional direction over and above the written direction and instruction provided by the student's physician, the staff member may request an information meeting with the physician or other qualified medical staff to clarify the necessary procedure for administering the medication. Principals will make arrangements to provide this type of consultation. Such meeting shall be documented by completing Form 316-1.

10.2.1.4 Provision for direct contact with the physician may also form part of a planned emergency procedure. The authority for contacting the physician shall be provided in writing beforehand by the parent/legal guardian (Forms 316-3 and 316-4) and the parent/legal guardian shall request the physician to provide a written procedure to be followed in case of emergency. In this case, the principal or designate shall advise the parent/legal guardian when contact has been made with the physician or the physician's office.

10.2.1.5 It is the responsibility of the parent/legal guardian to ensure that the principal is provided with a supply of well-labelled medication which shall be delivered in person by the parent/legal guardian or their designate to the principal. Parents/legal guardians are required to ensure expired medication is replaced.

10.2.1.6 The principal shall ensure medication be kept in a secure and appropriate location (not locked up but with limited and easy access), refrigerated if necessary, in accordance with specific directions from the physician or parent/legal guardian.
Arrangements for the student to keep the medication on his or her person, when appropriate, may also be made.

10.2.1.7 It is the responsibility of the parent/legal guardian immediately to advise the principal, in writing, of any change in the medication dosage, directions for administering the medication or other relevant factors that may influence the process and/or the safety of the child.

10.2.1.8 Where arrangements are made through the principal for administration of medication to a student, records shall be maintained in the school office regarding action taken:

10.2.1.8.1 a current list of all students in the school for whom medication requests and instructions are available (Form 316-11);

10.2.1.8.2 a record of medication administered which signifies the drug administered, the duration of the prescription, the time of administration, the dosage administered, and the person administering the drug (Form 316-10);

10.2.1.8.3 In addition, the principal shall make available to supervising teachers and staff an updated list of students requiring medication to address a temporary medical need or for potential emergency response purposes;

10.2.1.8.4 Form 316-9, which is to be treated as confidential material and provided to only teachers and staff as necessary for the safety of the student, with permission from parents/legal guardians.

11. Allergy avoidance strategies

11.1 While school administrators and staff must work towards an allergy-safe environment, an “allergen-free” or “peanut free” milieu with zero risk cannot be reasonably guaranteed.

11.1.1 “No school board should ever assume responsibility for providing a completely allergen-free environment.” (Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association, p. 3)

11.2 With this in mind, the District endorses the following recommendations of The Canadian Society of Allergy and Clinical Immunology:

11.2.1 adults will supervise young children while they are eating;

11.2.2 individuals with food allergies will not be permitted to trade or share food, food utensils, or food containers;

11.2.3 school staff will work closely with food service personnel to ensure that food being served during lunch programs is appropriate;
11.2.4 the use of food in crafts and cooking classes must be modified or restricted depending on the allergies of children or staff;

11.2.5 ingredients of food brought in for special events must be reviewed in relation to student allergies and clearly identified;

11.2.6 all students are to be encouraged not to eat on school buses;

11.2.7 all students are to be encouraged to wash their hands before and after eating;

11.2.8 surfaces must be carefully cleaned of contaminating food; and

11.2.9 as much as possible, eating areas are to be restricted to locations inside the school building in order to allow for closer supervision.

12. Medical response plans

12.1 In the case of severe allergies when an allergen such as bee or wasp venom, certain foods or chemicals will provoke an allergic response, students must have immediate access to an injector containing a pre-measured dose of epinephrine or adrenaline (e.g., EpiPens) or other pre-loaded auto-injectors, as well as, medical attention.

12.2 Since allergic reactions can be life threatening, it is critical that parents/legal guardians and school staff collaborate to develop appropriate plans to support student safety.

12.3 Forms to complete as necessary:

Form 316-6 Severe Allergies Alert Form (develop annually)
Form 316-7 Severe Allergy Alert – Sample Letter to Parents/Legal Guardians
Form 316-8 Sample Letter to Parents/Legal Guardians Who Do Not Provide Two EpiPens
Form 316-12 School Medical Response Plan (to be developed annually for severe medical conditions other than allergies)

12.4 Posters/guides to display in every classroom and in the office area:

Appendix A Action Steps for Anaphylaxis Management
Appendix B EpiPen/Epinephrine Auto-Injector ‘How to use’
Appendix C The Basics of Asthma, Allergies, & Anaphylaxis

12.5 Principals, classroom teachers and lunchroom supervisors must review and complete the following checklists:

Form 316-13 Administering Medication – Checklist for Principals
Form 316-14 Administering Medication – Teachers/Student Checklist

12.6 Principals must ensure an individual student emergency response protocol is developed for each student with medical conditions that require medication taken at school or in cases where students have life-threatening allergies or conditions (Form 316-2 or Form 316-12).

12.7 This procedure will be developed in collaboration with the parents/legal guardians, the student’s physician and/or public health nurse when appropriate. District personnel
may also be involved. The response plan must include emergency contact information and measures to ensure rapid management of the situation. This response plan will be kept in a readily accessible location in the classroom, instructional areas and office.

12.8 The principal will provide an opportunity early in the school year, or as soon as necessary, to meet with the parents/legal guardians or the student to discuss the procedures to be followed in the event of a medical emergency. Medical personnel shall be involved when necessary and appropriate. It needs to be recognized that since each student has individual needs, a plan specific to each student is necessary.

12.9 In addition, parents/legal guardians of students with severe allergies are responsible to:

12.9.1 review expectations related to avoiding allergens as well as strategies related to medication and medical response with their child;
12.9.2 provide the principal with a recent photograph of the student;
12.9.3 provide the student with a medic alert bracelet or other suitable identification and ensure that it is kept current;
12.9.4 provide the student with a case containing at least one unexpired injector or other medication as prescribed by a physician and ensure that the student has the injector or medication readily available, while at school, on off-campus programs, at off-site activities or at other school events and activities as well as provide a back up injector in cases where this is considered appropriate;
12.9.5 check expiry dates of medication and injectors and replace them as necessary;
12.9.6 provide alternative snacks and lunches for the student;
12.9.7 assist the principal by supporting the provision of educational information about severe allergies to other parents and the school community, while keeping in mind that balance is important in order to avoid going beyond what other parents need to know in order to be aware; and
12.9.8 advise the school bus driver of the student’s severe allergies.

12.10 Students with severe allergies must:

12.10.1 eat only foods brought from home unless authorized by the parents/legal guardians in writing;
12.10.2 wash their hands before eating;
12.10.3 learn to recognize symptoms of a severe allergic reaction;
12.10.4 promptly inform a teacher or an adult as soon as accidental ingestion or exposure to an allergen occurs, or if symptoms of a severe allergic reaction appear; and
12.10.5 keep an injector or medication handy at all times and, when age appropriate, know how to use an injector or take medication.
13. First aid training

13.1 The need for regular and comprehensive first aid training is an important component of every school’s planning process. The following first aid standards became effective September 2006, with regard to EpiPens, medications and defibrillators.

13.2 There are only four medications that a qualified first aider can assist in providing to a person (e.g., the first aider can get the medication for the person, open the medication and hand it to the person, but only the person having the issue can administer the medication to him or herself):

13.2.1 EpiPen;
13.2.2 Ventolin or other asthma medication;
13.2.3 Nitro;
13.2.4 Aspirin (if the person feels he or she is having a heart attack).

13.3 Medications can be provided to students only when parental/legal guardian consent has been given. If there is no consent, District personnel cannot administer medications. All employees of the District will follow previously agreed upon plans developed in consultation with parents/legal guardians and medical personnel when necessary.

13.4 In the case of an emergency situation, there is implied consent that a person qualified can administer first aid to a student if their parents/legal guardians are not present.

13.5 It is recommended that a source of fast acting sugar be included in each of the Occupational Health and Safety comfort kits.

14. EpiPens:

14.1 Ordinarily, a person with first aid training will administer an EpiPen. However, if no one with first aid training is available, any responsible adult is to administer the EpiPen in an emergency situation. Adults in the school setting must use their best judgment and recognize that it is always better to err on the side of caution.

14.2 Any responsible person can administer an EpiPen under the following circumstances:

14.2.1 the person requiring the EpiPen is experiencing typical anaphylaxis symptoms such as itchiness or hives and is unable to self-administer the EpiPen;

14.2.2 the 5 “Rights” of Medication exist:

14.2.2.1 Right person – person’s name on the EpiPen matches the person about to receive the EpiPen (standard first aid rules state that a person cannot use an EpiPen that belongs to someone else);
14.2.2.2 Right time – person expressed a need for their EpiPen;
14.2.2.3 Right medication – the pen states that it is an EpiPen;
14.2.4 Right amount – the dose is printed on the outside of the EpiPen; and
14.2.5 Right place – the EpiPen is administered to the outside of the leg.

14.3 The following sequence is to take place once the decision is made that an EpiPen is required:
14.3.1 Call 911 and administer the EpiPen;
14.3.2 Inform the parents/legal guardian.

15. Defibrillators:
15.1 According to first aid standards and Occupational Health and Safety Code, defibrillators are not mandatory in all public locations.

16. Severe medical conditions:
16.1 From time to time, students with severe medical conditions are identified for whom extensive, well-articulated response plans are required. In these cases, this may involve a “Do Not Resuscitate Order” (DNR). In these cases, principals must not discuss the situation with the parents/legal guardians but must contact the Superintendent, Instructional Services, who will involve the appropriate personnel. In these cases, a copy of the final school based response plan must be submitted to the Superintendent, Instructional services as well as to the Manager, Business Services. Principals must also advise their area superintendent or director immediately in situations where DNR is in place.

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Reference:
- Education Act, SA 2012, c E-0.3
- Freedom of Information and Protection of Privacy Act, RSA 2000, c F-25
- Occupational Health and Safety Act, SA 2017, c O-2.1
- Alberta Health Services: Guidelines for Child/Student Focused Medication Management (CSFMM) In Preschool and School Settings
- Canadian Society of Allergy and Clinical Immunology: Anaphylaxis in Schools & Other Settings
- Food Allergy Canada