



6.5 Medical Conditions and Medical Alerts

BACKGROUND

There may be students in school who may require emergency care interventions by school staff. These students will have a condition that is physician diagnosed, potentially life threatening and may include:

- diabetes
- epilepsy
- anaphylaxis (life-threatening severe allergic response)
- 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 hemophilia 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, BC Children's Hospital, psychiatrist, or pediatrician
- conditions that may require the use of assistance dogs or other service animals (Refer to [AP 1504 - Assistance Dogs](#))

PROCEDURES

These procedures outline the responsibility, roles, and process whereby any medical emergencies that occur during school hours may be handled in an optimal manner.

1. Target population:
 - 1.1. Students in Grades K - 12 with a medical condition.
2. Principles
 - 2.1. 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 (PHN), Nursing Support Services (NSS), and the parents. However, each team member has different roles.
 - 2.2. The principal has paramount responsibility for ensuring the safety, health, and well-being of students during school hours. Students with life-threatening medical conditions will be reasonably accommodated in accordance with this procedure.
 - 2.3. The PHN will provide consultation during school hours to school staff and/or parent/guardian, on any of the medical conditions and their management, including the development of care plans and training of school personnel.



- 2.4. NSS 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 aren't limited to:
 - 2.4.1. providing information and consultation about health issues relating to the special need;
 - 2.4.2. planning of community care;
 - 2.4.3. training of and delegation of services to alternate caregivers; and
 - 2.4.4. at-home program assessment which provides medical and respite benefits to those families who qualify.
 - 2.5. The parent/guardian provides the school with timely information regarding 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.
3. Obligations of Each Team Member
 - 3.1. The school principal will:
 - 3.1.1. Collect demographic and health information about students with medical alerts at time of registration.
 - 3.1.2. Direct parents to "Medical Alert Planning" form and "[Request for Medication at School](#)" form if necessary, with instructions for completion and return of form(s) to school. The parents will also be directed to these guidelines to assist them in understanding their own, and other, school staff responsibilities.
 - 3.1.3. Consult with the PHN, if necessary, for clarification of which conditions may need medical alert procedures.
 - 3.1.4. Consult with the PHN on the training of appropriate school personnel once the medical alert plan has been returned by the parent. Depending on the severity of the medical condition and whether or a Nursing Care Plan is in place, this training may be conducted by:
 - 3.1.4.1. Parent, or
 - 3.1.4.2. Parent/student with assistance of PHN, or
 - 3.1.4.3. PHN where parent/student is unable to train, or where training for a number of students is needed (i.e., use of EpiPens).
 - 3.1.4.4. NSS in the delegation of glucagon injections, insulin management, manual hypodermic injections.
 - 3.1.5. Ensure all staff members are aware of medical alert students at least twice a year and where the plan/medication forms for these students are stored.



- 3.1.6. 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).
 - 3.1.7. Ensure plans are reviewed particularly when they have been implemented and updated annually or on parent notification of changes in the child's condition.
 - 3.2. The PHN/NSS will:
 - 3.2.1. 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 PHN.
 - 3.2.2. Refer new families/students with medical alerts to the school before the beginning of the school year when child is previously known to public health.
 - 3.2.3. On request, advise the principal on which students actually have medical alerts based on parent information given at the time of registration. This may involve additional clarification with the parent or student's physician.
 - 3.2.4. Work jointly with school staff and parents to finalize the care plan if necessary and develop a training plan for appropriate school staff (see clause 4.1.4 above).
 - 3.2.5. Provide general information on medical conditions to school staff, parents, and students as required, including safety options (i.e., medical alert bracelets).
 - 3.3. NSS will:
 - 3.3.1. Meet with the IST 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 NSS.
 - 3.3.2. Respond to newly referred families/students with complex medical alerts.
 - 3.3.3. Work jointly with school staff and parents to finalize the care plan if necessary and develop a training plan for appropriate school staff (see clause 4.1.4 above).
 - 3.4. The parent/guardian will:
 - 3.4.1. Provide the school with accurate and timely information about their child's medical conditions, both at the time of registration and at any time there is a change in the student's condition or care.
 - 3.4.2. Complete the "Medical Alert Planning" form and the "[Request for Medication at School](#)" form, 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.



- 3.4.3. Work with the principal and PHN to ensure designated school staff are trained to assist the student if an emergency occurs. Depending on the severity of the medical condition and whether or a Nursing Care Plan is in place, this training may be conducted by:
 - 3.4.3.1. Parent, or
 - 3.4.3.2. Parent/student may provide the training with the assistance of the PHN, or
 - 3.4.3.3. PHN may train, or
 - 3.4.3.4. NSS may train.
- 3.4.4. Check the care plan annually at the beginning of the school year.
- 3.4.5. Complete a new [Request for Medication at School](#) form 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.
- 3.4.6. Ensure medication is available at the school in the original labelled container and is not outdated/expired.