

## **REGULATION #9610.1**

### **TREATMENT OF STUDENTS WITH MEDICAL ALERT CONDITIONS INCLUDING ANAPHYLAXIS AND LIFE THREATENING ALLERGIES**

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If a student having a Medical Alert condition that requires, or might require emergency treatment is to be enrolled in school, a signed statement by the student's parent/guardian stating any recommendations, is to be made available. If necessary, the level of supervision and possible treatment is to be determined at a meeting attended by the parent or guardian, the principal of the school, the Medical Health Officer (or nominee) and (if applicable) any other member of the school staff who would be actively involved with the student.

A Medical Alert condition is defined as a physician diagnosed, potentially life threatening condition such as:

- Diabetes.
- Epilepsy.
- Anaphylaxis (history of a severe allergic response which requires planned support inside as well as outside the school environment).
- Severe asthma (history of episodes requiring immediate medical treatment or a history of requiring immediate medication).
- 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 and/or the administration of medication as determined in consultation with parents/student/family physician, school and Medical Health Officer or designate.

Where required, staff will be offered formal training to ensure adequate supervision and treatment. If formal training is deemed necessary, this can be requested by referral to the Provincial Nursing Support Services (NSS) centralized intake office. The teaching of the administration of emergency medications is available upon request from the Public Health Nurse/school nurse through the local Public Health Unit.

In order to provide for a level of supervision and care that secures the safety and well-being of students with medical problems the following procedures will be observed:

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#### **1. REGISTRATION PROCEDURES**

Uniformly accurate medical information and completion of the medical alert will be performed at the time of registration and diligently updated by the parent. This is of extreme importance to the individual student as well as to the well-being of the general student population.

- 1.1. The parent/guardian is responsible to complete the *Medication Administration Protocol* form as per the instruction on the Student Information Form and revise as necessary to keep the information current.
- 1.2. The principal should ensure that the parent/guardian of a student with a completed *Medication Administration Protocol* form is made aware of this policy and regulation.

#### **2. SCHOOL BASED PROCEDURES**

- 2.1. At the principal's discretion, a case conference will be convened involving the appropriate stakeholders to determine the daily care of the student and any steps to be taken should an emergency arise.
- 2.2. With parent/guardian consent, by way of a physician referral to the Provincial Nursing Support Services centralized intake office, NSS is available to consult with school staff and/or parents/guardians' physician when there are concerns or questions about the condition and treatment of the student.
- 2.3. Under normal circumstances, medication will not be administered by school personnel. However, if absolutely necessary, arrangements will be made at the school to allow for the administration of medication by school personnel.
- 2.4. Where medication is to be administered by school personnel, the principal should ensure that:
  - a) Relevant medical information is provided to the school by way of the completion of *Medication Administration Protocol* form.
  - b) If medication is required it is supplied to the school in accordance with *Medication Administration Protocol* form.

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- c) The *Medication Administration Protocol* form has been completed and is maintained in the location where medication is stored.
  - d) Staff working with the student (including Teachers on Call and spareboard Education Assistants) are informed of the student's medical condition(s), and any associated medication administration protocol.
  - e) The EA/ABA Sub Book and Teacher-On-Call Sub Books are kept up to date with medication information including references made to the *Administration of Medication Protocol* and the *Administration of Medication Record Sheet*.
  - f) The parent/guardian is informed of the need to update the *Medication Administration Protocol* form in September of each year or as changes are made during the school year.
- 2.5. If a school is required to store medication, this will be done in accordance with the [Medication Administration and Storage of Medication](#) in School Regulation.

In the event that the supply of medication stored at the school is used up or expired, it is the responsibility of the parent/guardian to renew the supply. Any unused or expired medication shall be returned to the parent/guardian.

- 2.6. Except where students self-administer:
- Inhaled medications (e.g. Ventolin®)
  - Emergency/rescue medications (e.g., Ativan, Midazolam, Lorazepam)
  - Insulin (which will be with the student)

Only authorized school personnel shall have access to medication. Authorized school personnel is defined as the individual noted on the *Medication Administration Protocol*.

- 2.7. Upon written request by the parent and physician, a teacher will observe and report any change in a student's behaviour while on medication. Such a report shall not be unreasonable in length or detail.

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2.8. The principal will ensure that:

- A master list of students with *Medication Administration Protocols* on file be kept in a prominent place in the office and other school locations as deemed appropriate.
- *Medication Administration Protocol* Forms are filed in a prominent place in the office.
- Copies of *Medication Administration Protocol* Forms are filed in the appropriate student file.
- Copies of *Medication Administration Protocol* Forms be provided to staff members, including Teachers on Call and spareboard Education Assistants, who work with students having medical alert conditions.

2.9. In emergency situations, a parent/guardian (or the emergency contact if the parent/guardian cannot be contacted) shall be contacted and the student taken to a hospital/medical clinic.

### **3. STUDENTS WITH SPECIAL NEEDS**

Some students with special needs may require specialized services to facilitate inclusion into the school system. The Ministry of Education and the Ministry of Health have agreed to protocols regarding the provision of such services. Principals will ensure that the protocols are followed.

#### **3.1. Protocols**

The protocols identify three levels of care for the provision of in-school support for students with special needs.

**Level 1 Care:** Personal care service provided by Education Assistants

Procedures (illustrative)

- Routine oral hygiene
- Routine cleanliness of hands and face;
- Dressing
- Toileting
- Diapering

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- Assisting with walking
- Assisting with operation of wheelchair
- Assisting with oral feeding
- Assisting with transfers (e.g. chair to toilet)
- Positioning of student
- Assisting student who is experiencing symptoms of common illness (e.g., vomiting)

**Responsibility:** School District Education Assistants provide Level 1 service. The principal will ensure that a plan is in place to deliver the service. The plan is developed at the school by school personnel in consultation with occupational therapists (OT), physical therapists (PT), medical professionals etc. and is included in the Individual Education Plan (IEP). OT/PTs instruct EAs in positioning, toileting, etc., however, they do not perform the tasks.

**Level 2 Care:** Specialized health service provided by qualified Education Assistants as delegated by Nursing Support Services.

Procedures (illustrative)

- Administration of insulin
- Administration of medications by nebulizer
- Caring for urinary drainage bags
- Caring for an ostomy appliance
- Condom application for urinary drainage
- Bladder catheterization using clean technique
- Monitoring students doing self-catheterization
- Management of frequent and severe seizures
- Administration of medication if a student has other level 2 care requirements
- Gastrostomy/tube feeding
- Blood glucose monitoring
- Oral suctioning
- Child specific conditions in which ongoing monitoring, and documentation from an Education Assistant are required. Decision to become involved is based on consultation with Nursing Support Services.

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**Responsibility:** Nursing Support Services train and certify school district Education Assistants to provide these services. The principal will ensure that school personnel be part of the consultative process as appropriate, and that a Delegated Care Plan is developed and included in the Individual Education Plan for the student.

**Level 3 Care:** Specialized health service provided by nurses licensed to practice in British Columbia

When a student's medical/health needs are such that NSS is unable to delegate care to an EA, a nurse may accompany the student at the school. This occurs when:

- The expertise and judgement of a registered or licensed practical nurse is required.
- The child's complex care requires an understanding of many aspects of the student's health condition and/or health technology (e.g., tracheostomy, ventilator, pharyngeal suctioning etc.).
- Assessment skills and discretionary judgements are required competencies.
- A student requires a combination of level 2 health care procedures at school, which may involve deterioration of a vital body system; or a student requires appropriate and timely interventions to prevent a compromised health status or death.

**Responsibility:** Nursing Support Services Coordinators, through referral to NSS Provincial office, arrange and provide these services.

The principal will ensure that school personnel be part of the consultative process as appropriate.

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