



**POLICY COMMITTEE
PUBLIC MEETING
AGENDA**

**Wednesday, November 6, 2024, 4:00 pm
School Board Office
1040 Hollywood Road S
Kelowna, BC**

Policy Committee agendas can be accessed through the following electronic Board Meeting site: <https://pub-sd23.escribemeetings.com/>

The Central Okanagan Board of Education acknowledges that this meeting is being held on the unceded, Traditional Territory of the Okanagan People.

Pages

1. AGENDA

Additions/Amendments/Deletions

2. REPORTS/MATTERS ARISING

2.1 Policy Committee Public Meeting Report - February 7, 2024

6

(Attachment)

3. RECOGNITION/PRESENTATIONS/DELEGATIONS

4. PUBLIC QUESTION/COMMENT PERIOD

5. COMMITTEE MEMBERS QUERIES/COMMENTS

6. DISCUSSION/ACTION ITEMS

6.1 **Amendments to Policy 703 - Relations with Parents of Students**

12

(Attachment)

Deferred from the February 7, 2024 Policy Committee Meeting.

RECOMMENDATION:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education approve the amendments to Policy 703 - Relations with Parents of Students, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

6.2 **Amendments to Policy 390 - Conflict of Interest and Confidentiality**

13

(Attachment)

Deferred from the February 7, 2024 Policy Committee Meeting.

RECOMMENDATION:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education approve the amendments to Policy 390 - Conflict of Interest and Confidentiality, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

6.3 **Amendments to Policy 525 - Field Studies - Curricular and Extra-Curricular and Regulations 525R - Field Studies - Curricular and Extra-Curricular (Regulations)**

17

(Attachment)

STAFF RECOMMENDATION:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education approve the amendments to Policy 525 - Field Studies - Curricular and Extra-Curricular and Regulations 525R - Field Studies - Curricular and Extra-Curricular (*Regulations*), as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

6.4 Amendments to Policy 630 - Dedication and Naming of Schools and Facilities

31

(Attachment)

Deferred from the February 7, 2024 Policy Committee Meeting.

STAFF RECOMMENDATION:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education approve the amendments to Policy 630 - Dedication and Naming of Schools and Facilities, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

6.5 Finance and Planning Committee

32

(Attachment)

STAFF RECOMMENDATION:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education retire Policy 155 - Planning and Facilities Committee and Policy 160 - Finance and Audit Committee, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

THAT: The Board of Education approve new Policy 156 - Finance and Planning Committee, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

THAT: The Board of Education approve the amendments to Policy 140 - School Board Standing and Ad Hoc Committees, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

THAT: The Board of Education approve the amendments to Policy 162 - Financial Planning and Reporting, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

THAT: The Board of Education approve the amendments to Policy 190 - Trustee Expenses, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

(Attachment)

STAFF RECOMMENDATION:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education retire Policy 436 - Managing Students with Medical Alert/Anaphylaxis Conditions, Regulations 463R - Managing Students with Medical Alert/Anaphylaxis Conditions (*Regulations*), Policy 437 - Managing Students with Diabetes, Regulations 437R - Managing Students with Diabetes (*Regulations*), Form 436.4 - Medical Alert and Diabetes Documents, and Form 436.9 - Medical Alert and Anaphylaxis Documents and Seizure Action Plan Documents, as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

THAT: The Board of Education approve the amendments to Policy 435 - Medical Treatment of Students, Regulations 435R - Medical Treatment of Students (*Regulations*), and Appendix 435A - Medical Treatment of Students (*Appendix*), as attached to the Agenda, and as presented at the November 6, 2024 Policy Committee Meeting.

7. COMMITTEE CORRESPONDENCE
8. ITEMS REQUIRING SPECIAL MENTION
9. RECOMMENDATIONS/REFERRALS TO THE BOARD/COORDINATING COMMITTEE/OTHER COMMITTEES

10. ITEMS FOR FUTURE POLICY COMMITTEE MEETINGS

- Review of Policy 110 - Policy Development
- Review of Policy 702 - Indigenous Education Community Partnerships
- Review of Policy 520 - Cultural Performances
- Review of Policy 535 - Instructional Resources and Library Learning Commons Resources
- Review of Policy 510 - Counselling
- Review of Policy 367- Employee Wellness
- Review of Policy 423 - Health Promoting Schools
- Review of Policy 486 - Student Use of Network Services and Digital Technologies
- Review of Policy 455 and Regulations 455R - Discipline

11. FUTURE POLICY COMMITTEE MEETINGS

Wednesday, February 12, 2025 at 4:00 pm

Wednesday, April 9, 2025 at 4:00 pm

Wednesday, June 4, 2025 at 4:00 pm

12. MEDIA QUESTIONS

13. ADJOURNMENT

14. DISCUSSION/ACTION ITEMS



**CENTRAL OKANAGAN PUBLIC SCHOOLS - BOARD COMMITTEE REPORT
Policy Committee
Public Meeting**

**Wednesday, February 7, 2024, 4:00 pm
School Board Office
1040 Hollywood Road S
Kelowna, BC**

Board of Education: Trustee A. Geistlinger, Chair
Trustee J. Fraser, Committee Member
Trustee C. Desrosiers, Committee Member
Trustee L. Tiede
Trustee V. Johnson
Trustee W. Broughton

Staff: Kevin Kaardal, Superintendent of Schools/CEO
Terry Beaudry, Deputy Superintendent
Kate Cumming, Assistant Secretary-Treasurer
Mona Essler, Executive Assistant (recorder)
Absent: Delta Carmichael, Secretary-Treasurer/CFO

Partner Groups: Lori Dawson Bedard, First Vice-President, COTA
Nicola Baker, President, COPAC
Em Monsdale, Rutland Senior Secondary School, DSC
Shelley Yost, Recording Secretary, CUPE
There was no representative from COPVPA.

**The Central Okanagan Board of Education acknowledged that this meeting was being held
the unceded, Traditional Territory of the Okanagan People.**

AGENDA

February 7, 2024 Committee Agenda - approved as presented.

REPORTS/MATTERS ARISING

Policy Committee Public Meeting Report – October 4, 2023.

October 4, 2023 Committee Report - received as distributed.

PUBLIC QUESTION/COMMENT PERIOD

There were no public questions/comments.

COMMITTEE MEMBERS QUERIES/COMMENTS

There were no Committee members queries/comments.

DISCUSSION/ACTION ITEMS

Amendments to Policy 161 – Accumulated Operating Surplus

The amendments being brought forth for consideration at upon the recommendation of the Secretary-Treasurer/CFO provides the Board with flexibility when in tighter years and not able to maintain/replenish restricted and unrestricted accumulated operating surplus percentages.

Outcome:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education approve the amendments to Policy 161 – Accumulated Operating Surplus, as attached to the Agenda, and as presented at the February 7, 2024 Policy Committee Meeting.

Amendments to Policy 620 – Integrated Pest Management (IPM)

The amendments to Policy 620 – Integrated Pest Management (IPM), brought forward to the Committee for review, are upon the recommendation of the Secretary-Treasurer/CFO and Director of Operations. The amendments include the removal of reference to pesticides and chemicals. The Committee agreed to the amendment of friendly *fashion* to friendly *way*.

Outcome:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education approve the amendments to Policy 620 – Integrated Pest Management (IPM), as attached to the Agenda, and as amended at the February 7, 2024 Policy Committee Meeting.

Amendments to Policy 405 – Student Placement and Regulations 405R – Student Placement

In accordance with new Bill 40 Legislation – First Nation Schools of Choice, amendments are required to the enrollment application and enrollment priorities effective for the 2024/2025 school year. The enrollment application, which commenced online on January 29th, was amended to reflect the new Bill 40 Legislation. The amendments to the Policy and Regulations include the addition of the following paragraph in the Policy and Regulations:

In accordance with Bill 40 Legislation - First Nation Schools of Choice, the Board of Education will ensure that a First Nation (Westbank First Nation and Okanagan Indian Band) can designate an elementary, middle, and secondary school for First Nation students who live on-reserve, self-governing First Nation lands or treaty lands. If a Westbank First Nation or Okanagan Indian Band parent/caregiver wishes to have their student enrolled at a different program or school other than the Band's designated school(s) of choice, the following Policy (Regulations) applies.

In the Regulations, the following has been added as the first priority in the Enrolment Priorities:

- 1. students who are registered members of Westbank First Nation or Okanagan Indian Band will assume first priority at the Band's designated School of Choice* (elementary, middle and secondary school);*

Outcome:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education approve the amendments to Policy 405 – Student Placement and Regulations 405R - Student Placement, as attached to the Agenda, and as presented at the February 7, 2024 Policy Committee Meeting.

Policy 630 – Dedication and Naming of Schools and Facilities

At the October 4, 2023 Policy Committee Meeting, the Superintendent of Schools/CEO was requested to bring forward to the next Policy Committee Meeting amendments to Policy 630 – Dedication and Naming of Schools and Facilities, to reflect the Policy Committee's decision to include reference to schools/sites not being named after individuals.

Outcome:

THAT: The District seek consultation from partner groups on their views regarding naming of schools and/or facilities after individuals.

The suggested amendments to Policy 630 – Dedication and Naming of Schools and Facilities will be distributed to partner groups to obtain feedback from their members on their views regarding naming of schools and/or facilities after individuals. The partner group feedback will be discussed at the next Policy Committee meeting.

Amendments to Policy 703 – Relations with Parents of Students

At the June 7, 2023 Policy Committee Meeting an addition was made to Item 3:

"Parents, who are also employees of the School District, are able to be members, but are not able to be executive members of a school's Parent Advisory Council or Central Okanagan Parent Advisory Council (with the exception of Student Supervisors or positions of ten hours per week or less)."

The Committee members, at the June 7, 2023 Policy Committee Meeting, deferred the amendments to Policy 703 – Relations with Parents of Students to the next Policy Committee Meeting to allow partner groups the opportunity to consult with their members on the addition. The partner group representatives from COPAC and COTA provided their feedback. The Committee discussed the composition of Parent Advisory Councils and the need to declare a conflict of interest in PAC or COPAC discussions where there may be a perceived bias. As this addition to the Policy relates to School District employees, rather than parents, the COPAC President suggested the amendment be included in Policy 390 – Conflict of Interest and Confidentiality. Further amendments to Policy 703 – Relations with Parents of Students were discussed. The amendments to Policy 703 – Relations with Parents of Students and amendments to Policy 390 – Conflict of Interest and Confidentiality will be brought forward to the next Policy Committee meeting for consideration.

Outcome:

THAT: The amendments to Policy 703 – Relations with Parents of Students and amendments to Policy 390 – Conflict of Interest and Confidentiality be deferred to the next Policy Committee Meeting

Policy 135 – School Board Operation

At the March 8, 2023 Public Board Meeting, the Board of Education suspended the second Public Question/Comment Period, on Public Board Meeting Agendas for the following reasons:

- Violation of Policy 351 – Respectful Workplace
- Creation of a workplace that is viewed as unsafe by staff and students.

The second Public Question/Comment Period was suspended as of March 8, 2023 and "all future public Board meeting agendas, until such time as Policy 135 – School Board Operations is reviewed and revised by the Policy Committee, ensuring it is in compliance with WorkSafe BC".

The second Public Question/Comment Period was "an opportunity to members of the gallery to ask a question or comment on any matter pertaining to public education".

June 7, 2023 Policy Committee Outcome:

THAT: The suspension of the second Public Question/Comment Period on Public Board Meeting Agendas continues, and further discussion on expansion of the first Public Question/Comment Period be brought forward to the first Policy Committee Meeting scheduled for 2024.

The Committee discussed the amendments to Policy 135 – School Board Operation to remove reference to the second Public Question/Comment Period on Agendas. The Public Question/Comment Period scheduled near the beginning of the meeting will be to provide an opportunity to members of the gallery to ask a question or comment on any items on the Agenda.

Outcome:

THAT: The amendments to Policy 135 – School Board Operation be brought forward to the March 13, 2024 Public Board Meeting.

Deletion of Policy 505 – Learning Assistance, Regulations 505R – Learning Assistance, Appendix 505A – Learning Assistance (Appendix A) and Appendix 505A – Learning Assistance (Appendix B)

The staff recommendation is for the deletion of Policy 505 – Learning Assistance, Regulations 505R – Learning Assistance, Appendix 505A – Learning Assistance (Appendix A) and Appendix 505A – Learning Assistance (Appendix B) as job descriptions are operational and are to be retained by the Human Resources Department. In response to a query from the COTA President, the Superintendent of Schools/CEO confirmed a review of the entire Policy Manual will be taking place at which time other Policies which contain job descriptions will be considered for deletion. The information contained within the Policy is covered in the Special Education Policy Manual which guides our District's practice. This information will continue to guide our practice. Removal of this Policy will not impact the work of the Learning Assistance Teachers.

5:01 Trustee Broughton left the meeting.

5:03 Trustee Broughton returned to the meeting.

Outcome:

THAT: The Policy Committee recommends to the Board of Education:

THAT: The Board of Education delete Policy 505 – Learning Assistance, Regulations 505R – Learning Assistance, Appendix 505A – Learning Assistance (Appendix A) and Appendix 505A – Learning Assistance (Appendix B).

DISCUSSION/INFORMATION ITEMS

Updated Form 525.1 – Field Studies Application

The updated Form 525.1 – Field Studies Application was reviewed by the Committee. The amendments included removal of reference to portion of form to be completed by Career Life Programs and updated wording in the Transportation section.

Policy 460 - Appeals

The Committee Chairperson advised that this Policy is currently under review with regard to decisions which are appealable to the Board of Education. Policy 460 – Appeals currently states:

"If an employee's decision is disputed or a complaint is made about an employee's decision, the dispute or complaint is not resolved to the satisfaction of the student or the parent of the student affected, and the decision significantly affects the education, health or safety of the student, the Board of Education recognizes the right of a student and/or his or her parents (including guardians and persons acting in place of parents) to appeal to the Board."

The Policy further states that:

The Board also recognizes that employee decisions that the Board has decided do not significantly affect the education, health or safety of a student are within the final authority of the Superintendent as the Board's chief educational officer.

Any amendments to Policy 460 – Appeals will be brought forward to a future Policy Committee Meeting.

COMMITTEE CORRESPONDENCE

Correspondence Received:

Laurie Bowen, January 21, 2024 re Request for Reinstatement of Second Public Question/Comment Period

RECOMMENDATIONS/REFERRALS TO THE BOARD/COORDINATING COMMITTEE/OTHER COMMITTEES

February 28, 2024 Public Board Meeting – Action Items:

- Amendments to Policy 161 – Accumulated Operating Surplus
- Amendments to Policy 620 – Integrated Pest Management (IPM)
- Amendments to Policy 405 – Student Placement and Regulations 405R – Student Placement

- Deletion of Policy 505 – Learning Assistance, Regulations 505R – Learning Assistance, Appendix 505A – Learning Assistance (Appendix A) and Appendix 505A – Learning Assistance (Appendix B)

March 13, 2024 Public Board Meeting – Action Item:

- Amendments to Policy 135 – School Board Operation

ITEMS FOR FUTURE POLICY COMMITTEE MEETINGS

- Amendments to Policy 630 – Dedication and Naming of Schools and Facilities
- Amendments to Policy 703 – Relations with Parents of Students
- Amendments to Policy 390 – Conflict of Interest and Confidentiality
- Review of Policy 110 – Policy Development
- Review of Policy 702 – Indigenous Education Community Partnerships
- Review of Policy 520 – Cultural Performances
- Review of Policy 535 – Instructional Resources and Library Learning Commons Resources
- Review of Policy 510 - Counselling
- Review of Policy 367 - Employee Wellness
- Review of Policy 423 - Health Promoting Schools
- Review of Policy 486 – Student Use of Network Services and Digital Technologies
- Review of Policy 455 and Regulations 455R - Discipline

FUTURE POLICY COMMITTEE MEETINGS

Wednesday, May 1, 2024 – 4:00 pm

Wednesday, September 24, 2024 – 4:00 pm

ADJOURNMENT

The meeting adjourned at 4:35 pm.

Questions - Please Contact:

Trustee Geistlinger, Chair, at 250-469-1942 or Amy.Geistlinger@sd23.bc.ca

Kevin Kaardal, Superintendent of Schools/CEO at 250-470-3256 or Kevin.Kaardal@sd23.bc.ca

Amy Geistlinger, Chair



Section Seven: Community Partnerships

“Together We Learn”

703 – RELATIONS WITH PARENTS OF STUDENTS

Introduction

The Board of Education supports parent/guardian involvement in education.

Policy

1. As the Board believes that the best possible educational program for students will most likely be developed when parents/guardians and educators become partners, the Board encourages parent/guardian involvement in, *but not limited to*, such activities as:
 - volunteer activities;
 - parent/teacher conferences;
 - school-based classroom visits as approved by the Principal;
 - School Community Learning Plans;
 - *School Community Student Learning Plan Conversations*;
 - school-based Parent Advisory Councils;
 - District Parent Advisory Council;
 - school or district-level committees/councils.
2. Parent/teacher conference schedules shall be established for each student during the course of the school year.
3. ~~Policy 390 – Conflict of Interest and Confidentiality will apply when parents/guardians are also employees of the School District.~~
Parents, who are also employees of the School District, are able to be PAC members per the BC School Act, but are not able to be executive members of a school's Parent Advisory Council where they are both a parent and a member of staff at that school (with the exception of Student Supervisors or positions of ten hours per week or less). Parents, who are also employees of the School District in any capacity, are not able to be executive members of the Central Okanagan Parent Advisory Council (COPAC) per the COPAC bylaws.
4. The Board realizes that not all decisions made by teachers or administrators will receive the full support of students or parents. Therefore, in the event that either party disagrees with the decision of a Principal or a teacher, they shall be informed of their right to appeal using Policy 460 – Appeals.

Date Agreed: April 23, 1980
Date Amended: February 13, 1991; September 8, 1993;
September 25, 2002; October 24, 2018;

Date Reviewed: November 13, 2002
Date Amended: February 11, 2004; June 22, 2016
Related Documents: School Act Sec. 8; Policy 390 and 460 and 710



Section Three: Staff

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390 - CONFLICT OF INTEREST AND CONFIDENTIALITY

Introduction

The Board of Education expects the highest standards of conduct from its employees and views such behaviour as paramount in developing and maintaining the public’s trust and confidence in the district. The requirements for compliance with the high standards of conduct established by the Board are a condition of employment. Employees are expected to comply with the standards and expectations expressed in this policy and to generally exhibit these qualities and values within their daily activities as they relate to district business.

Employees are expected to request a determination of the Superintendent of Schools/CEO before engaging in any activity which might reasonably raise questions about a possible conflict of interest.

The Superintendent of Schools/CEO is expected to request a determination of the Board before engaging in any activity that might reasonably raise questions about a possible conflict of interest.

A breach of the Conflict of Interest and Confidentiality Policy is considered to be a serious breach of an employee’s obligations that may result in discipline or dismissal.

1. The issue of conflict of interest is a delicate one that must be handled with the utmost care and consideration for employees while adhering to an unwavering commitment to high standards of employee conduct including but not limited to the following:
 - 1.1 District employees have a duty of loyalty to the district as their employer. This duty requires employees to provide services to the best of their ability regardless of their own personal perspectives of Board direction or policy. The honesty and integrity of district employees must be above reproach and coupled with impartiality in the conduct of their duties to ensure that their actions are above public suspicion. The actions and conduct of employees must be such as to instil within the public a sense of trust and confidence in the district.
 - 1.2 It is essential that employees recognize their responsibility to ensure that confidential information received as a result of employment with the district remains confidential, and not be divulged to anyone other than individuals authorized to receive such information. This includes confidential information received verbally or in written or electronic form. Disclosure of confidential information may put employees in a position of conflict of



Section Three: Staff

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interest, and great care must be taken when communicating with individuals inside and outside the district.

- 1.3 A conflict of interest may also occur when an employee’s private affairs or financial interests are in conflict, or could result in a perception of conflict, with the employee’s duties or responsibilities in such a way that:

- 1.3.1 the employee’s ability to act in the public interest could be impaired;
or
- 1.3.2 the employee’s actions or conduct could undermine or compromise the public’s confidence in the employee’s ability to discharge work responsibilities, or
- 1.3.3 the trust that the public places in the public service.

2. While the Board recognizes the right of public service employees to be involved in activities as citizens of the community, conflict must not exist between employees’ private interests and the discharge of their job-related duties. Upon accepting a position in the district, employees must arrange their private affairs in a manner that will prevent conflicts of interest, or the perception of conflicts of interest, from arising.

- 2.1 Parents, who are also employees of the School District, are able to be PAC members per the BC School Act, but are not able to be executive members of a school's Parent Advisory Council where they are both a parent and a member of staff at that school (with the exception of Student Supervisors or positions of ten hours per week or less). Parents, who are also employees of the School District in any capacity, are not able to be executive members of the Central Okanagan Parent Advisory Council (COPAC) per the COPAC bylaws.

3. Examples of conflicts of interest include, but are not limited to, the following:

- 3.1 an employee uses district property or the employee’s position to pursue personal interests;
- 3.2 an employee is under obligation to a person who might benefit from or seek to gain special consideration or favour;
- 3.3 an employee, in the performance of duties, gives preferential treatment to an individual, corporation or organization, including a non-profit organization, in which the employee, a relative or friend of the employee has an interest, financial or otherwise;



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- 3.4 an employee benefits from, or is reasonably perceived by the public to have benefited from, the use of information acquired solely by reason of the employee’s employment;
- 3.5 an employee benefits from, or is reasonably perceived by the public to have benefited from, a government transaction over which the employee can influence decisions (for example, investments, sales, purchases, borrowing, grants, contracts, regulatory or discretionary approvals or appointments);
- 3.6 an employee requests or accepts from an individual, corporation or organization, directly or indirectly, a personal gift or benefit that arises out of their employment in the district other than the exchange of normal hospitality between persons doing business together or gifts to persons participating in public functions.
4. Employees are in a conflict of interest when dealing with direct relatives or individuals who primarily reside with them when the following working relationships exist:
 - 4.1 a reporting relationship exists where one employee has influence, input or decision-making power over the other employee’s performance evaluation, salary, premiums, special permissions, conditions of work and similar matters; or
 - 4.2 the working relationship affords an opportunity for collusion between the two employees that would have a detrimental effect on the employer’s interest.
5. The above restriction on working relationships may be waived provided that the Superintendent of Schools/CEO or Secretary-Treasurer/CFO is satisfied that sufficient safeguards are in place to ensure that the employer’s interests are not compromised.
6. Employees are to disqualify themselves as participants in personnel decisions when their objectivity would be compromised for any reason, benefit or perceived benefit which could accrue to them. For example, employees are not to participate in staffing actions involving direct relatives or persons living in the same household.
7. Employees may engage in remunerative employment with another employer, carry on a business, receive remuneration from public funds for activities outside their position, or engage in volunteer activities without there being a conflict of interest, provided it does not:



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- 7.1. interfere with the performance of their duties as an employee of the district;
- 7.2. bring the district into disrepute;
- 7.3. represent a conflict of interest or create the reasonable perception of a conflict of interest;
- 7.4. appear to be an official act or to represent district direction or policy;
- 7.5. involve the unauthorized use of work time or district premises, services, equipment or supplies to which they have access by virtue of their employment with the district; or
- 7.6. gain an advantage that is derived from their employment with the district.



Section Five: Instructional Programs

“Together We Learn”

525 – FIELD STUDIES – CURRICULAR AND EXTRA-CURRICULAR

Introduction

The Board of Education believes that field studies can have educational value if they:

- are relevant to the prescribed BC curriculum; or
- directly address career exploration or the intellectual, physical, social and emotional development of students.

The Board may cancel or modify a field study approved in accordance with this policy and regulations when unforeseen events occur.

Policy

1. The Board believes field studies should supplement the curricular or extra-curricular programs and as they may utilize time from the instructional day, the public must be assured that the field studies:
 - are directly related to the tasks the school is expected to perform (given the limited instructional time in the school year);
 - have educational benefits that outweigh any time loss from school;
 - have been planned to achieve specific educational goals.
2. Most field studies can be accomplished without extended travel and overnight stays. The objectives of the curriculum should be addressed, where appropriate, without extended travel/overnight stays.
3. Education is a partnership involving the school and the home. In order to ensure that there is strong parental support for field studies being planned, the Board directs that:
 - 3.1 Informed consent forms for each student must be completed for every field study to ensure that parents are aware of the activity (including thorough descriptions of the study, transportation, any inherent risks, any unusual or potential hazards and the possible consequences) and are supportive of the student’s participation.



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- 3.2 For a field study that has volunteer and staff drivers using private vehicles, each driver must complete Form 525.3 – Transportation of Central Okanagan Public Schools Students Vehicle Use and Authorized Driver's Statements, prior to transporting students on the field study.
 - 3.3 Students that transport themselves in a private vehicle must complete Form 525.4 – Student Using Vehicle for Field Studies – Curricular and Extra-Curricular, and comply with the requirements as outlined on the Form. The BC Schools Protection Program (SPP) does not recommend the use of student volunteer drivers due to their limited driving experience. Therefore, a student is not permitted to drive other students to and from school field studies and extra-curricular activities during school hours.
 - 3.4 There shall be five levels of field studies, depending upon the activities to be undertaken. For definitions of levels and requirements for each level, refer to Regulations 525R - Field Studies – Curricular and Extra-Curricular. For a listing of field studies activities subject to restrictions and those which are prohibited, refer to Appendix 525A - Field Studies Activities.
 - 3.5 For field studies levels four and five, parents must be consulted well in advance of any study planning taking place with the students. Studies must be planned well in advance to ensure educational purposes, parental support and safety issues are addressed.
 - 3.6 Schools must be extremely sensitive to the financial burden and the potential conflict between parents and students by possible expensive field studies; the ability of students to pay their share of the costs must not be a factor in determining participation. School personnel must ensure that financial requirements do not exclude students from participation on a field study. For further information, see Regulation 425R - Student Fees, Section 8 - Financial Hardship.
 - 3.7 For all studies, an appropriate medical response plan must be in place.
4. The Board recognizes that these educational experiences require many additional hours of staff time, and affirms staff for organizing these studies while ensuring they are relevant to the curriculum and enhance learning opportunities for students.



Section Five: Instructional Programs

“Together We Learn”

- ~~5. If free travel tickets are provided as a result of bulk ticket purchases, the benefits must be shared by all those involved in the study and not taken solely by a supervisor or chaperone.~~
- ~~6. The Board neither approves nor sanctions any studies which are organized as vacations. The Board recognizes that there are some businesses which promote student travel and offer incentives of free airline tickets to adult supervisors who accompany students. If such studies occur, they are outside any recognized activity of the school district and the Board accepts no responsibility.~~
5. The school district will endeavour to provide an annual budget for extra-curricular activities.
6. The school district and school codes of conduct will apply to all field studies.

Date Agreed: April 23, 1980

Date Amended: February 13, 1985; October 26, 1994;
September 16, 1998;

Date Amended/Reviewed: November 13, 2002

Date Amended: June 9, 2004; October 27, 2004; January 26, 2011
June 24, 2015; February 27, 2019

Related Documents: 525R, 525A, Field Study Forms



Section Five: Instructional Programs

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525R - FIELD STUDIES - CURRICULAR AND EXTRA-CURRICULAR (REGULATIONS)

I. FIELD STUDIES – LEVEL ONE (REGIONAL, LOW RISK DAY STUDIES)

Examples:

Parks, farms, museums, concerts, plays, sporting events, water slides, indoor climbing, City Hall, swimming in supervised pools with certified lifeguards such as Parkinson Recreation Centre pool and other municipal pools.

1. These field studies will have the following characteristics:
 - of one day or less in duration;
 - take place within the general Okanagan Valley Schools Athletic Association (OVSAA) region;
 - do not involve activities such as adventure hiking, snowshoeing, canoeing, kayaking, swimming in natural settings, backcountry skiing, snowboarding, skiing, rock climbing, mountain biking, road cycling or residential camping.
2. Parents are to be informed in writing of the details, the types of activities and inherent risks of the proposed study. The school is to obtain a signed Field Studies Parent Permission form for each student involved.
3. The teacher/leader shall:
 - a) submit the Field Studies Application form to the principal or designate for preliminary approval prior to the activity;
 - b) inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be an itinerary and information relative to accommodation, transportation, contact information, as well as alignment of the activity with the curriculum;
 - c) obtain signed copies of the Field Studies Parent Permission form for each student involved;
 - d) give consideration to having a male and female supervisor along on co-ed field studies (this could include a parent/adult supervisor);
 - e) take a copy of the signed Field Studies Parent Permission form for each student on the study and leave originals of the Field Studies Parent Permission form in the school office. A manifest of



Section Five: Instructional Programs

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participants must be given to drivers and a copy left in the school office.

4. The principal or designate shall ensure that the above requirements are completed before giving final approval.

AMENDMENT



Section Five: Instructional Programs

“Together We Learn”

II. FIELD STUDIES – LEVEL TWO (PROVINCIAL, OVERNIGHT STUDIES)

Examples:

Overnight sports tournaments or games, overnight field studies, e.g. Aquarium, Science World, band retreats, music tours, overnight stays in school gymnasiums or libraries, retreats that do not involve outdoor adventure activities within BC.

1. These field studies will have the following characteristics:
 - may be of more than one day in duration;
 - take place within the Province of BC;
 - do not involve activities such as adventure hiking, snowshoeing, canoeing, kayaking, swimming in natural settings, backcountry skiing, snowboarding, rock climbing, mountain biking, road cycling, camping and skiing.
2. Parents are to be informed in writing of the details, the types of activities and inherent risks of the proposed study. The school is to obtain a signed Field Studies Parent Permission form for each student involved.
3. The teacher/leader shall:
 - a) submit the Field Studies Application form to the principal or designate for preliminary approval prior to the activity;
 - b) inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be an itinerary and information relative to accommodation, transportation, contact information, as well as alignment of the activity with the curriculum;
 - c) obtain signed copies of the Field Studies Parent Permission form for each student involved;
 - d) ensure there are both female and male supervisors on all co-ed studies. This could include a parent/adult supervisor. If this is not possible, parents must give informed consent for their individual child to participate. The principal or designate must also be informed by the teacher/leader;
 - e) ensure that students are appropriately prepared for specific activities;



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- f) submit the completed Field Studies Application form to the principal or designate at least five days before the activity for final approval; and,
 - g) take a copy of the signed Field Studies Parent Permission form for each student on the study and leave the originals of the Field Studies Parent Permission form in the school office. A manifest of participants must be given to drivers and a copy left in the school office.
4. The principal or designate shall ensure that the above requirements are completed before giving final approval.

AMENDMENT



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III. FIELD STUDIES – LEVEL THREE (PROVINCIAL, MEDIUM-RISK STUDIES)

Examples:

Ice skating, road cycling, mountain biking (no extreme riding), cross country skiing within controlled ski areas, downhill skiing and snowboarding (as per guidelines specified in #3 below), swimming within designated swim areas at local beaches in the presence of a qualified lifeguard, Learn to Sail and other similar sailing lessons at approved facilities with certified instructors; introduction to canoeing and kayaking with a qualified instructor on local lakes; dragon boating with an approved trainer on local lakes.

1. These field studies will have the following characteristics:
 - may be of more than one day in duration;
 - take place within the Province of BC;
 - downhill skiing and snowboarding, ice skating, road cycling and mountain biking require the usage of a parent-approved helmet (cross-country skiing is exempt from the wearing of a helmet).
2. Parents are to be informed in writing of the details, the types of activities and inherent risks of the proposed study. The school is to obtain a signed Field Studies Parent Permission form for each student involved.
3. In the case of downhill skiing and snowboarding, as recommended by the Schools Protection Program, the following requirements must be met:
 - a. Pre-Study -
 - i. Parents must receive detailed information regarding the destination, itinerary and inherent risks
 - ii. A school safety visit must take place in which ski hill area representatives review issues relating to safety, ability levels, clothing, lessons and other factors pertaining to the mountain-visit
 - iii. A contingency plan must be established for dealing with either student injury or misbehaviour



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- b. Study Information -
 - i. Students should travel, arrive and leave the mountain as a group
 - ii. The wearing of helmets is mandatory for all ski/snowboarding/ice skating participants including students, supervisors and volunteers
 - iii. Supervision of participants is a shared responsibility between ski hill operators and District staff; students should remain within sight of a supervisor at all times
 - iv. Students should either be involved in a structured lesson, or under the supervision of a teacher or volunteer at all times. Students should not be provided with unstructured time that is not supervised

4. The teacher/leader shall:

- a) submit the Field Studies Application form to the principal or designate for preliminary approval at least five days prior to the activity;
- b) inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be an itinerary and information relative to accommodation, transportation, contact information, as well as alignment of the activity with the curriculum;
- c) obtain signed copies of the Field Studies Parent Permission form for each student involved;
- d) ensure there are both female and male supervisors on all co-ed studies. This could include a parent/adult supervisor. If this is not possible, parents must give informed consent for their individual child to participate. The principal or designate must also be informed by the teacher/leader;
- e) ensure that students are appropriately prepared for specific activities and that they are aware of all expectations including knowledge of risks involved. Helmets are used as required (see number 1 above);
- f) submit the completed Field Studies Application form to the principal or designate at least five days before the activity for final approval; and,



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- g) take a copy of the signed Field Studies Parent Permission form for each student on the study and leave the originals of the Field Studies Parent Permission form in the school office. A manifest of participants must be given to drivers and a copy left in the school office.
5. The principal or designate shall ensure that the above requirements are completed before giving final approval.

AMENDMENT



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IV. FIELD STUDIES – LEVEL FOUR (PROVINCIAL, OUTDOOR ADVENTURE)

Examples:

Adventure hiking, canoeing, kayaking, retreats which involve outdoor activities, swimming in natural settings with certified lifeguards, wilderness orienteering, camping, rock climbing (top rope).

1. These field studies will have the following characteristics:
 - may be of more than one day in duration;
 - take place within the Province of BC;
 - involve outdoor adventure type activities.
2. Parents are to be informed in writing of the details, the types of activities and inherent risks of the proposed study. The school is to obtain a signed Field Studies Parent Permission form for each student involved.
3. The teacher/leader shall:
 - a) submit the Field Studies Application form to the principal or designate for preliminary approval 60 days prior to the activity;
 - b) inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be an itinerary and information relative to accommodation, transportation, contact information, as well as alignment of the activity with the curriculum;
 - c) hold parent information meetings which are required in order to fully inform parents of the hazards, inherent risks and potential consequences;
 - d) obtain signed copies of the Field Studies Parent Permission form for each student involved;
 - e) ensure there are both female and male supervisors on all co-ed studies. This could include a parent/adult supervisor. If this is not possible, parents must give informed consent for their individual child to participate. The principal or designate must also be informed by the teacher/leader;
 - f) ensure that at least one supervisor has a current first aid certificate (~~emergency first aid or equivalent~~ basic Level 1 first aid at a minimum). Some studies may require advanced first aid training;



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- g) ensure that students are appropriately prepared for specific activities and that they are aware of all expectations including knowledge of risks involved;
 - h) submit the completed Field Studies Application form to the principal or designate at least thirty days before the activity for final approval; and,
 - i) take a copy of the signed Field Studies Parent Permission form for each student on the study and leave originals of the Field Studies Parent Permission form in the school office. A manifest of participants must be given to drivers and a copy left in the school office.
4. All Level Four field studies are to receive preliminary approval by the principal or designate of the school.
5. Principals (or their designate) shall send a copy of the completed Field Studies Application form, the parent information letter and the district Field Studies Checklist to the Superintendent or designate at least 30 days prior to the commencement of the study for final approval.



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V. FIELD STUDIES – LEVEL FIVE (OUT OF PROVINCE)

Any field study for any length of time which takes place outside the Province of British Columbia (including international travel).

The following procedures shall be followed.

1. The teacher/leader shall:
 - a) submit the Field Studies Application form to the principal or designate for preliminary approval 90 days prior to the activity;
 - b) inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be an itinerary and information relative to accommodation, transportation, contact information, as well as alignment of the activity with the curriculum;
 - c) hold parent information meetings which are required in order to fully inform parents of the hazards, inherent risks and potential consequences;
 - d) obtain signed copies of the Field Studies Parent Permission form for each student involved, including any medical concerns, allergies and medication requirements;
 - e) ensure there are both female and male supervisors on all co-ed studies. This could include a parent/adult supervisor. If this is not possible, parents must give informed consent for their individual child to participate. The principal or designate must also be informed by the teacher/leader;
 - f) ensure that at least one supervisor has a current first aid certificate (~~emergency first aid or equivalent~~ *basic Level 1 first aid at a minimum*). Some studies may require advanced first aid training;
 - g) ensure that students are appropriately prepared for specific activities and that they are aware of all expectations including knowledge of risks involved;
 - h) submit the completed Field Studies Application form to the principal or designate at least 70 days before the activity for final approval;
 - i) take a copy of the signed Field Studies Parent Permission form for each student on the study and leave originals of the Field Studies Parent Permission form in the school office. A manifest of



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- participants must be given to drivers and a copy left in the school office; and,
- j) confirm that adequate out-of-province/country medical coverage is obtained.
2. All Level Five field studies are to receive preliminary approval by the principal or designate.
 3. Principals (or their designate) shall then send a copy of the completed Field Studies Application form, the parent information letter and the district field studies checklist to the Superintendent or designate at least 60 days prior to the commencement of the study for final approval.
 4. All participants on the field study must travel together and comply with the approved schedule from the date of departure to the date of return to the Central Okanagan.
 5. Information on out-of-province field studies will be submitted to the Board of Education 60 days prior to the date of the study.
 6. *For any field study outside the Province of British Columbia (whether within Canada or internationally), the following requirements must be met:*
 - *Any field study costing over \$500 must have cancellation insurance provided by a District-approved travel vendor, as designated*
 - *Any field study outside the country must have medical insurance for all participants, using District-approved medical insurance providers, as designated*
 - *Parents must be informed about the insurance policies*
 - *Participants must adhere to provincial, federal and/or international health rules and restrictions*
 - *All participants, regardless of their passport issuing country, must be permitted entry into the visiting country, or the field study will be cancelled or delayed*
 - *Each group must develop a pre-trip plan for handling sickness or injury*

Date Agreed: April 23, 1980

Date Amended: February 13, 1985; September 27, 1989;
January 23, 1991; February 27, 1991; October 26, 1994;
January 25, 1995

Date Agreed: November 13, 2002

Date Amended: October 22, 2003, February 11, 2004,
June 9, 2004, September 28, 2005, December 14, 2005,
November 25, 2009, May 26, 2010, January 26, 2011;
June 24, 2015; February 27, 2019;

Related Documents: Policy 525, 525A, Field Study
Forms

525R - Field Studies - Curricular and Extra-Curricular
(Regulations)
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Section Six: School District Facilities

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630 – DEDICATION AND NAMING OF SCHOOLS AND FACILITIES

Introduction

The Board of Education acknowledges the importance of naming and dedication of schools and facilities to enhance the sense of ownership and identification the community has with its school. *The Board of Education believes that school district facilities should be named in reference to historical, geographical or operational characteristics. Consideration will be given to names that will have significant meaning to students, Indigenous peoples and members of the community.*

Policy

1. Naming of Schools

- 1.1 Recommendations regarding the naming of new facilities or the renaming of existing schools/sections of schools will be received and considered by the Planning and Facilities Committee.
- 1.2 The Planning and Facilities Committee will recommend a name to the Board for approval.

2. Dedication of Schools and District Facilities

- 2.1 *Except where otherwise determined by the Board, new schools or District facilities will be named in reference to historical, geographical or operational characteristics.*
- 2.2 When new permanent school district facilities are built, an official public dedication ceremony shall be held.
- 2.3 As time can elapse between the awarding of a construction contract and the official opening of a district school facility, the trustees' names inscribed on the plaque shall be those in office when the construction contract was awarded. The date shall be the year of completing the construction.
- 2.4 The official public dedication ceremony for each new permanent school facility shall follow the Guidelines established by the Ministry of Education *and Child Care* and the Board of Education. The principal of the school, in consultation with the District staff, school staff, students, and the Parent Advisory Council, is responsible for determining the date of the public dedication ceremony.
- 2.5 Invitations to the public dedication ceremony shall be issued to all current trustees and former trustees who can be contacted.

Date Agreed: April 23, 1980
Date Amended: May 9, 1990; September 8, 1993;
January 26, 1994; January 24, 2001;

Date Reviewed/Amended: November 13, 2002
Date Amended: June 27, 2007, June 25, 2008
January 25, 2012

Date Reviewed: November 26, 2014
Related Document: Policy 155



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155 – PLANNING AND FACILITIES COMMITTEE

Introduction

The Planning and Facilities Committee is a standing committee of the Board of Education.

Policy

1. Membership

1.1 Voting Members:

1.1.1 Three Trustees, appointed by the full Board, with one Trustee appointed Committee Chair at the Board’s inaugural or annual meeting.

1.1.2 In the absence of a Trustee committee member, or if the full Trustee committee membership has not been appointed, the Committee Chair may appoint temporary Trustee committee members.

1.2 Non-Voting Members:

1.2.1 a representative from each partner group for purposes of providing input

1.2.2 Director of Operations

1.2.3 the Board Chair

2. Scope of Functions

2.1 To provide recommendations to the Board.

2.2 As part of the Board planning function, the Committee considers and may make recommendations to the Board on a variety of issues related to facilities and property. These include such topics as building opening/closure, boundary or catchment area adjustments, design standards, traffic and pedestrian safety, creative play areas, municipal development areas, incompatible land uses and child care programs.



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- 2.3 To address short and long-range physical plant requirements, including planning for facilities and sites to meet district needs.
- 2.4 To consider matters of design, construction, alterations and maintenance of existing and proposed buildings and school sites.
- 2.5 To consider and provide direction on the Annual Facility Grant, long-range capital projects and funding through the development of capital plans and submissions.
- 2.6 To review and consider the changing space requirements caused by enrolments, new programs or curriculum initiatives, and other competing demands for use of school space.
- 2.7 To address and recommend solutions for safety, security and environmental issues on or adjacent to school sites and buildings, as well as other Central Okanagan school board work places, including emergency preparedness planning.
- 2.8 To monitor and facilitate, when possible, the use of school buildings or sites for non-school users, including community, recreational and other educational activities.
- 2.9 To deal with matters relating to property management, including building and site acquisitions, sales or leases.
- 2.10 To deal with matters involving the transportation of students.
- 2.11 To review and evaluate all policies directly pertaining to the Planning and Facilities Committee function at least once every four years.

3. Meetings

- 3.1 All meetings shall be governed by Board policy and, in the absence of Policy, by *Robert’s Rules of Order*.
- 3.2 A seconder is not required for resolutions moved at the committee level.
- 3.3 Public meetings of the Committee shall be scheduled to occur on specific dates and times during the school year as determined by Board resolution at the inaugural or annual meeting.



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- 3.4 Items required to be Incamera will be dealt with at an Incamera meeting to be attended by Trustees and senior staff and others, as needed by invitation. Incamera meetings shall usually be scheduled to occur on the specific dates determined by the Board for public meetings of this Committee.

RETIRED

Date Agreed: March 29, 2006

Date Amended: June 26, 2013; September 10, 2014;
September 29, 2021

Date Reviewed: November 26, 2014; March 9, 2016;
February 8, 2017; February 13, 2019; January 29, 2020
January 27, 2021; January 26, 2022; February 28, 2024

Related Document: Policy 140



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160 – FINANCE AND AUDIT COMMITTEE

Introduction

The Finance and Audit Committee is a standing committee of the Board of Education.

The Board recognizes its responsibility for the effective use of public funds in providing the best possible education to the students in the community.

The Board has a duty to govern the district in a fiscally responsible and cost effective manner, while carrying out the strategies required to achieve its goals.

Policy

1. Membership

1.1 Voting Members:

- 1.1.1 Three Trustees, appointed by the full Board, with one Trustee appointed Committee Chair at the Board’s inaugural or annual meeting.
- 1.1.2 In the absence of a Trustee committee member, or if the full Trustee committee membership has not been appointed, the Committee Chair may appoint temporary Trustee committee members.

1.2 Non-Voting Members:

- 1.2.1 a representative from each partner group for purposes of providing input
- 1.2.2 Secretary-Treasurer/CFO and/or Assistant Secretary-Treasurer
- 1.2.3 the Board Chair

2. Scope of Functions

- 2.1 Provide recommendations to the Board.



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- 2.2 Function according to Board policy and, in the absence of policy, shall follow *Robert’s Rules of Order*.
- 2.3 Recommend to the Board the annual authorization of Trustee indemnity to be increased in accordance with the BC Consumer Price Index during the preliminary budget process.
- 2.4 Coordinate the budget development process, recommend the operating budget for approval by the Board and monitor its implementation on a regular basis.
- 2.5 Review significant accounting policies and procedures and deal with all financial matters of the School District including acquisition, disposal or rental of buildings and property and investment strategies.
- 2.6 Review all general insurance matters including risk assessment and management processes.
- 2.7 Function as an Audit Committee.
- 2.8 Review and evaluate all policies directly pertaining to the Finance and Audit Committee function at least once every four years.

3. Budget Functions

The budget is a “living” document that identifies the financial resources appropriated by the Board to provide the human and material resources necessary to meet the district’s educational and operational objectives. The Board, through policy/regulations, will provide appropriate flexibility in budget management to enable administration to make the most effective use of fiscal resources within the approved budget.

3.1 Budget Development

The Board’s annual operating budget is a financial plan which reflects how the district’s educational and operational plan will be implemented and maintained. The budget reflects the goals and objectives established by the Board for the school/fiscal year to which the budget applies and will be consistent with the Board’s mission and goal statements.



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Annually, the Finance and Audit Committee, (in consultation with the Superintendent of Schools/CEO), will develop a budget timeline, solicit input from the partner groups, and the general public, and recommend an operating budget to the Board.

3.2 Budget Monitoring

The Committee will receive reports on a regular basis, or as requested, outlining the status of the budget and forecasts for the remainder of the year. Information will be presented by function and major spending categories. The Secretary-Treasurer/CFO and/or the Assistant Secretary-Treasurer will advise the Finance Committee of significant deviations from the approved budget. After the review is complete, the reports will be forwarded to the Board, along with any recommendations from the Committee.

3.3 Budget Management

The Superintendent of Schools/CEO is responsible for the overall management of the educational and operational programs that are supported by the annual budget.

The Secretary-Treasurer/CFO is responsible for the financial reports and for the management of the budget. This includes responsibility for ensuring that the funds are used for the purpose intended, for monitoring expenditures to ensure they do not exceed the total funds allocated without proper authority, and for monitoring revenue accounts to ensure that revenue objectives are achieved.

It is recognized that the fiscal resources allocated may be greater or less than the cost of providing the service. All those involved in managing the budget are expected to act in a fiscally responsible and cost effective manner, while meeting the district's educational and operational objectives. Any funds remaining after the objectives have been met will become reserved for general budget management purposes unless otherwise appropriated at year-end.

4. Audit Committee Function

The Audit Committee's principle function is to oversee the school district's financial reporting process and its internal control structure, and report its findings to the Board. The Audit Committee assists the Board of Education to fulfill its governance and oversight responsibilities in relation to the school district's financial reporting, internal control system, risk management system, and internal and external audit functions. These tasks are facilitated by asking questions about the quality of work done by management, participating in the audit planning and reporting process, understanding and reviewing the aspects of the operation that put the school district at risk and the district's preparedness to face that risk. It



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summarizes its findings and provides advice and recommendations so that the Board can make informed decisions. The committee shall be comprised of the three (3) Board members who comprise the Finance Committee, assisted by the district’s Secretary-Treasurer/CFO and/or Assistant Secretary-Treasurer.

The Committee shall:

- 4.1 on an annual basis, review and discuss with the external auditor all significant relationships with the district that could impair such auditor's independence;
- 4.2 review the audited financial statements and recommend approval of the audited statements by the Board;
- 4.3 oversee the integrity of the internal control structure including information technology security and control with a focus on safeguarding district assets;
- 4.4 discuss significant financial risk exposures and the steps management has taken to identify, monitor, control and report such exposures;
- 4.5 monitor the development of and changes to accounting principles, practices and judgment as well as financial reporting standards and their impact on the school district's financial reporting;
- 4.6 oversight of regulatory compliance, ethics, and whistleblower hotlines;
- 4.7 review audit results with the external auditors and follow up on the implementation of the auditor’s letter of recommendation; make recommendations to the Board as to potential policy or procedural changes arising out of the audit recommendations;
- 4.8 review the nature and extent of other services provided by the external auditors in relation to auditor independence;
- 4.9 oversee engagement of external auditors including the terms of the audit engagement and the appropriateness of proposed fees, as well, review and evaluate request for audit service proposals from external audit firms every five years;
- 4.10 meet with the external auditors at an Incamera Meeting without staff members present.

5. Meetings

- 5.1 All meetings shall be governed by Board policy and, in the absence of Policy, by *Robert’s Rules of Order*.



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- 5.2 A seconder is not required for resolutions moved at the committee level.
- 5.3 Public meetings of the Committee shall be scheduled to occur on specific dates and times during the school year as determined by Board resolution at the inaugural or annual meeting.
- 5.4 Items required to be Incamera will be dealt with at an Incamera meeting to be attended by Trustees and senior staff and others, as needed by invitation. Incamera meetings shall usually be scheduled to occur on the specific dates determined by the Board for public meetings of this Committee.

Date Agreed: March 29, 2006
Date Amended: December 12, 2007; June 9, 2010
June 26, 2013; September 10, 2014; June 22, 2016;
December 13, 2017; March 13, 2019; February 10, 2021;
September 29, 2021
Date Reviewed: December 14, 2016; February 9, 2022;
February 8, 2023; January 24, 2024
Related Document: Policy 140



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156 – FINANCE AND PLANNING COMMITTEE

Introduction

The Finance and Planning Committee is a standing committee of the Board of Education.

The Board recognizes its responsibility for the effective use of public funds in providing the best possible education to the students in the community.

The Board has a duty to govern the district in a fiscally responsible and cost-effective manner, while carrying out the strategies required to achieve its goals.

Policy

1. Membership

1.1 Voting Members:

1.1.1 Three Trustees, appointed by the full Board, with one Trustee appointed Committee Chair at the Board’s inaugural or annual meeting.

1.1.2 In the absence of a Trustee committee member, or if the full Trustee committee membership has not been appointed, the Committee Chair may appoint temporary Trustee committee members.

1.2 Non-Voting Members:

1.2.1 a representative from each partner group for purposes of providing input

1.2.2 Secretary-Treasurer/CFO and/or Assistant Secretary-Treasurer and the Director of Operations or designate

1.2.3 the Board Chair

2. Scope of Functions

2.1 To provide recommendations to the Board.



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- 2.2 Review and evaluate all policies directly pertaining to the Finance and Planning Committee function at least once every four years.

3. Finance

- 3.1 Recommend to the Board the annual authorization of Trustee indemnity to be increased in accordance with the BC Consumer Price Index during the preliminary budget process.
- 3.2 Coordinate the budget development process, recommend the operating budget for approval by the Board and monitor its implementation on a regular basis.
- 3.3 Review significant accounting policies and procedures and deal with all financial matters of the school district including acquisition, disposal or rental of buildings and property and investment strategies.
- 3.4 Review all general insurance matters including risk assessment and management processes.
- 3.5 Function as an Audit Committee.
- 3.6 Budget Functions

The budget is a “living” document that identifies the financial resources appropriated by the Board to provide the human and material resources necessary to meet the district’s educational and operational objectives. The Board, through policy and/or regulations, will provide appropriate flexibility in budget management to enable administration to make the most effective use of fiscal resources within the approved budget.

3.6.1 Budget Development

The Board’s annual operating budget is a financial plan which reflects how the district’s educational and operational plan will be implemented and maintained. The budget reflects the goals and objectives established by the Board for the school/fiscal year to which the budget applies and will be consistent with the Board’s vision and goal statements.



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Annually, the Finance and Planning Committee, (in consultation with the Superintendent of Schools/CEO), will develop a budget timeline, solicit input from the partner groups, and the general public, and recommend an operating budget to the Board.

3.6.2 Budget Monitoring

The Committee will receive reports on a regular basis, or as requested, outlining the status of the budget and forecasts for the remainder of the year. Information will be presented by function and major spending categories. The Secretary-Treasurer/CFO and/or the Assistant Secretary-Treasurer will advise the Finance and Planning Committee of significant deviations from the approved budget. After the review is complete, the reports will be forwarded to the Board, along with any recommendations from the Committee.

3.6.3 Budget Management

The Superintendent of Schools/CEO is responsible for the overall management of the educational and operational programs that are supported by the annual budget.

The Secretary-Treasurer/CFO is responsible for the financial reports and for the management of the budget. This includes responsibility for ensuring that the funds are used for the purpose intended, for monitoring expenditures to ensure they do not exceed the total funds allocated without proper authority, and for monitoring revenue accounts to ensure that revenue objectives are achieved.

It is recognized that the fiscal resources allocated may be greater or less than the cost of providing the service. All those involved in managing the budget are expected to act in a fiscally responsible and cost-effective manner, while meeting the district’s educational and operational objectives. Any funds remaining after the objectives have been met will become reserved for general budget management purposes unless otherwise appropriated at year-end.

3.7 Audit Committee Function

The Audit Committee’s principle function is to oversee the school district’s financial reporting process and its internal control structure, and report its findings to the Board. The Audit Committee assists the Board of Education to fulfill its governance and oversight responsibilities in relation to the school district’s financial reporting, internal control system, risk management system, and internal and external audit



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functions. These tasks are facilitated by asking questions about the quality of work done by management, participating in the audit planning and reporting process, understanding and reviewing the aspects of the operation that put the school district at risk and the district’s preparedness to face that risk. It summarizes its findings and provides advice and recommendations so that the Board can make informed decisions. The committee shall be comprised of the three (3) Board members who comprise the Finance and Planning Committee, assisted by the district’s Secretary-Treasurer/CFO and/or Assistant Secretary-Treasurer.

3.8 The Finance and Planning Committee shall:

3.8.1 on an annual basis, review and discuss with the external auditor all significant relationships with the district that could impair such auditor's independence;

3.8.2 review the audited financial statements and recommend approval of the audited financial statements by the Board;

3.8.3 oversee the integrity of the internal control structure including information technology security and control with a focus on safeguarding district assets;

3.8.4 discuss significant financial risk exposures and the steps management has taken to identify, monitor, control and report such exposures;

3.8.5 monitor the development of and changes to accounting principles, practices and judgment as well as financial reporting standards and their impact on the school district's financial reporting;

3.8.6 oversight of regulatory compliance, ethics, and whistleblower hotlines;

3.8.7 review audit results with the external auditors and follow up on the implementation of the auditor’s letter of recommendation; make recommendations to the Board as to potential policy or procedural changes arising out of the audit recommendations;

3.8.8 review the nature and extent of other services provided by the external auditors in relation to auditor independence;

3.8.9 oversee engagement of external auditors including the terms of the audit engagement and the appropriateness of proposed fees, as well, recommend appointment on an external audit firm as required;

3.8.10 meet with the external auditors at an Incamera Meeting without staff members present.



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4. Planning

- 4.1 As part of the Board planning function, the Committee considers and may make recommendations to the Board on a variety of issues related to facilities and property. These include such topics as building opening/closure, boundary or catchment area adjustments, design standards, traffic and pedestrian safety, creative play areas, municipal development areas, incompatible land uses and child care programs.
- 4.2 To address short and long-range physical plant requirements, including planning for facilities and sites to meet district needs.
- 4.3 To consider matters of design, construction, alterations and maintenance of existing and proposed buildings and school sites.
- 4.4 To consider and provide direction on the Annual Facility Grant, long-range capital projects and funding through the development of capital plans and submissions.
- 4.5 To review and consider the changing space requirements caused by enrolments, new programs or curriculum initiatives, and other competing demands for use of school space.
- 4.6 To address and recommend solutions for safety, security and environmental issues on or adjacent to school sites and buildings, as well as other Central Okanagan school board workplaces, including emergency preparedness planning.
- 4.7 To monitor and facilitate, when possible, the use of school buildings or sites for non-school users, including community, recreational and other educational activities.
- 4.8 To deal with matters relating to property management, including building and site acquisitions, sales or leases.
- 4.9 To deal with matters involving the transportation of students.

5. Meetings

- 5.1 All meetings shall be governed by Board policy and, in the absence of policy, shall follow *Robert's Rules of Order*.
- 5.2 A seconder is not required for resolutions moved at the committee level.



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- 5.3 Public meetings of the Committee shall be scheduled to occur on specific dates and times during the school year as determined by Board resolution at the June Public Board Meeting each year.
- 5.4 Items required to be Incamera will be dealt with at an Incamera Committee meeting (as per Board Policy 135 – School Board Operation) to be attended by Trustees and senior staff and others, as needed by invitation. Incamera meetings shall usually be scheduled to occur on the specific dates determined by the Board for Public Committee meetings, or at the call of the Committee Chair as deemed necessary (as per Board Policy 135 – School Board Operation).

NEW

Date Agreed:
Date Amended:
Date Reviewed
Related Document: Policy 140, Policy 135,



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140 – SCHOOL BOARD STANDING AND AD HOC COMMITTEES

Introduction

The Board of Education believes that a Committee structure is important to furthering Board activities.

Consequently, the Board maintains various Standing and Ad Hoc Committees in order to develop recommendations to the Board.

1. Operation

- 1.1 Decisions within a school district are made by the Board on the basis set out in the *School Act*.
- 1.2 The Board’s Coordinating Committee will determine if matters are to be considered first by a Committee or be dealt with directly by the Board.
- 1.3 Information on Committee activity will be provided through timely Committee Reports, prepared by the Committee Chair after each meeting. Reports will include recommendations to the Board. Reports are to be provided in draft form to all Trustees, the Superintendent of Schools/CEO, Deputy Superintendent, Secretary-Treasurer/CFO, and all Committee members, and also circulated with the following meeting’s agenda.
- 1.4 Board Committee Chair will act as the Committee’s spokesperson.

2. Standing Committees

- 2.1 A Standing Committee is a permanent Committee established by the Board to assist it in fulfilling its duties. Standing Committees have their scope and powers established by the Board, are made up of designated Trustees and representatives from partner groups, meet on a regular basis, and retain any powers and oversight responsibilities until the Board changes or disbands the Committee.
- 2.2 All Standing Committees are chaired by a Trustee who is elected at the Board’s Inaugural/Annual General Meeting. Two other Trustees shall be appointed as voting members by the Board.



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- 2.3 The following Standing Committees shall be formed annually in accordance with this Policy:

Coordinating	(Policy 145)
General Affairs	(Policy 146)
Education and Student Services	(Policy 150)
Planning and Facilities	(Policy 155)
Finance and Audit	(Policy 160)
<u>Finance and Planning</u>	<u>(Policy 156)</u>
Policy	(Policy 168)
District Suspension Review	(Policy 170)

- 2.4 Composition, Scope and Function
The composition, scope and function of each Standing Committee shall be established in a separate Policy for each Committee.

3. Committee Members

- 3.1 The membership of the Standing Committees shall be established by the Board and written in separate Policy for each Committee.
- 3.2 The voting members of all Standing Committees shall be the appointed Trustees serving on the Committee, with one representative from each official partner group, with the District Student Council allowed to send two representatives, serving as non-voting members.
- 3.3 The Trustee members of Standing Committees shall be appointed by the Board on or before the Board Meeting in December of each year.
- 3.4 The Board Chair is a non-voting member of all Committees, except for the General Affairs Committee which is a Committee of the Whole.

4. The Role and Responsibilities of the Committee Chair

- 4.1 The Committee Chair, with the assistance of a person from senior management, shall prepare agendas and related materials for distribution to the committee members prior to the meeting.



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- 4.2 Committee meeting agenda and reports are to be posted on the district website, and provided to partner groups and individual schools.
- 4.3 The Committee Chair shall provide Committee Reports, and make Committee recommendations, to the Board.
- 5. The Role and Responsibilities of the Representatives at Committee Meetings**
- Representatives on Board Committees are expected to reflect the interests, concerns and perspectives of the organization on whose behalf they are speaking. A representative may send an alternate.
- 6. Ad Hoc Committees**
- 6.1 An Ad Hoc Committee may be established, as required, by the Board of Education, or a Standing Committee, to examine and make recommendations on a specific subject or task. Such Committees will have a specific mandate, be time bound, report to the Board or a Standing Committee of the Board, and be dissolved when their task is complete.
- 6.2 **Composition, Scope and Function**
The composition, scope and function of each Ad Hoc Committee shall be approved by the Board of Education or the Standing Committee.
- 7. Meetings**
- 7.1 All meetings shall be governed by Board Policy and, in the absence of Policy, *shall follow* by Robert’s Rules of Order.
- 7.2 A seconder is not required for resolutions moved at the Committee level.
- 7.3 Public meetings of the Committee shall be scheduled to occur on specific dates and times during the school year as determined by Board resolution ~~on or before the first regular Board Meeting in January of each year~~ at the June Public Board Meeting each year.
- 7.4 A Committee Chair may call an additional meeting to deal with an emergent issue. The Committee Chair may also cancel a meeting if there are no agenda items.



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- 7.5 The agenda shall include a public question/comment period as part of the meeting.
 - 7.6 Recommendations from a Committee require ratification by the Board.
 - 7.7 Any Trustee may attend a Committee meeting and participate in discussion, but only the Trustee members of the Committee may vote.
 - 7.8 The Superintendent of Schools/CEO and Secretary-Treasurer/CFO may attend all Committee meetings.
 - 7.9 If the Committee is not fully represented, the Committee Chair may appoint temporary members from Trustees in attendance (with full voting rights), for the duration of the meeting.
 - 7.10 Items required to be Incamera will be dealt with at an Incamera meeting (as per Policy 135 – School Board Operation) to be attended by Trustees and senior staff and others, as needed by invitation. Incamera meetings shall be scheduled to occur on the specific dates determined by the Board for Public Committee meetings, or at the call of the Committee Chair as deemed necessary (as per Policy 135 – School Board Operation).
- 8. Delegations/Presentations**
- 8.1 Participation in the Public meetings of the Standing Committees is open to partner groups, guests and visitors who are interested in specific matters, wishing to contribute at Public Question/Comment Period or make presentations.



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- 8.2 Delegations/Presenters to the Standing Committees are required to make known their interest in participating by requesting inclusion on an agenda. Requests for inclusion on a Committee Agenda should be submitted to the Senior Management Liaison person at least four working days prior to a Committee meeting. The Committee Chair shall make decisions regarding the Agenda.

Date Agreed: April 23, 1980
Date Amended: September 14, 1983; April 10, 1985;
May 9, 1990; June 28, 1990; February 27, 1991;
November 10, 1993; January 10, 1996; January 28, 1998

Date Reviewed/Amended: November 13, 2002
Date Amended: November 12, 2003; March 29, 2006;
January 24, 2007; June 22, 2011; February 12, 2014;
September 10, 2014; February 22, 2017; February 27,
2019; October 23, 2019; April 14, 2021; September 29,
2021

Related Documents: School Act Sec 65; Policies 135,
141, 145, 146, 150, ~~155~~, ~~160~~, 156, 168, 170, 175

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162 – FINANCIAL PLANNING AND REPORTING

Purpose

The purpose of the Financial Planning and Reporting Policy is to provide greater transparency and accountability for the planning and reporting of the financial resources managed by the Board of Education of School District No. 23 (Central Okanagan). This Policy requires the Board of Education to develop, implement, and submit to the Ministry of Education and Child Care a multi-year financial plan to show how funding and resources will be allocated to support strategic directions and operational needs with a focus on improving student educational outcomes for all students.

This Policy aligns with and ensures compliance with the Ministry of Education and Child Care Financial Planning and Reporting Policy.

Multi-Year Financial Plans

On an annual basis, the Board will approve a three-year financial plan that is in alignment with the annual operating budget. The Board will ensure that the resource allocations outlined in the financial plan support the strategic directions identified in the Central Okanagan Public Schools Strategic Plan and the Framework for Enhancing Student Learning.

Plan Development

The Secretary-Treasurer/CFO is responsible for the financial planning process and will ensure that the multi-year financial plan:

- Aligns with the Annual Budget;
- Adequately plans for core educational programs;
- Includes the efficient and effective allocation of resources; and
- Aligns with strategic priorities.

The Board will identify an engagement process with the local community, education partners and Indigenous rightsholders that will provide an opportunity for stakeholders to provide input into the development of the multi-year financial plan. The engagement process will be completed alongside the public engagement process in the development of the Annual Budget in accordance with Policy ~~160 – Finance and Audit Committee~~ 156 – Finance and Planning.

The opportunities for engagement and contribution to the District's financial planning process will be publicly available by inclusion on the District's website.

Plan Reporting

On an annual basis, management will report to the Board outlining the progress towards aligning funding and resources with the Central Okanagan Public Schools



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Strategic Plan, other operational needs of the District, and enhanced student educational outcomes. The Board will use the existing Ministry of Education and Child Care financial reporting framework (including the annual Financial Statement Discussion and Analysis Report that accompanies the annual audited financial statements) to annually report on the progress towards meeting District directions as outlined in their multi-year financial plans. The three-year multi-year financial plan will accompany the District's Annual Budget submission to the Ministry of Education and Child Care, due each year by June 30th.

The Board will make this report publicly available by inclusion on the District's website.

Date Agreed: June 14, 2023

Date Amended:

Date Reviewed:

Related Document: Policy 160 – ~~Finance and Audit~~

~~Committee~~; *Policy 156 – Finance and Planning*, Strategic Plan, Framework for Enhancing Student Learning



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190 – TRUSTEE EXPENSES

Introduction

Trustees will be reimbursed, as outlined in this policy, for costs incurred in performing their duties.

In order to enable Trustees to gain greater knowledge and experience relative to their responsibilities, the Board of Education supports their attendance at appropriate conventions, seminars and courses within the budget limitations established by the Board.

Expense claims will be submitted recognizing the fundamental principle that expenses paid from public funds have been incurred prudently and meet the test of appropriateness and reasonableness.

1. Board Business

a) In-District Expenses

Each year a budget shall be set to cover in-district expenses.

Actual reasonable costs for travel for in-district Board business may be claimed at the current BC School Trustees Association’s rate but shall not exceed the acceptable reimbursement rate established by the Canada Revenue Agency.

Trustees may request reimbursement for Board business telephone calls and meals for other people, when on official Board business. Receipts are to be provided.

The School District will only provide School District office supplies to assist Trustees directly in their duties.

Trustees will be responsible for:

1. additional vehicle insurance;
2. annual credit card fees and credit card interest;
3. expenses related to the creation of a 'home office' (e.g. printers, printing supplies, utilities, maintenance, internet connection).

Once a term, if requested, a Trustee will be provided with a District tablet or notebook computer. Any provided device must be returned to the School



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District when the Trustee's term ends or they discontinue using the device for School District business.

All Trustees will be supplied with a School District cell phone to conduct board business. Any provided cell phone must be returned to the School District when the Trustee's term ends or they discontinue using the cell phone for School District business.

b) Conferences, Seminars, and Workshops

Each year, a budget shall be set for the costs of Trustees attending the BC School Trustees Association (BCSTA) Annual General Meeting, the BC Public School Employers' Association (BCPSEA) Annual General Meeting, the BCSTA Trustee Academies and BCSTA Branch meetings. Trustees who are claiming expenses directly from the organization will not claim expenses under this section.

c) Other Expenses

Authorized miscellaneous expenses must be claimed using a Trustee Expense Claim Requisition Form, with appropriate receipts attached.

2. Trustee Personal Travel/Seminar Budget

- 2.1 A separate budget shall be set annually and each Trustee shall be allocated 1/7 of this budget.
- 2.2 Within this budget allocation, Trustees may each choose to attend the conferences, annual general meetings or seminars which they deem to be beneficial to their duties.
- 2.3 In the year of Trustee elections, Trustees will receive a maximum of 1/3rd of their annual personal travel budget to October 31st. The remaining 2/3rd shall be retained for the new Board.
- 2.4 Trustees may carry forward, from year to year, a surplus in their travel budget, to a maximum of four year's annual allocation, to enable them to attend distant conferences.



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- 2.5 A Trustee may carry forward, from year to year, a deficit in their travel budget, provided this is eliminated by the Trustee on the completion of their term.
- 2.6 After attending conferences, seminars or workshops at Board expense, Trustees shall submit a report to the Board, if requested.
- 2.7 Trustee personal travel/seminar expenses paid directly by the District on behalf of Trustees shall be allocated against the personal travel/seminar budget of the Trustee.

**3. Travel Outside of the Central Okanagan
(whether on Board business or using personal budget)**

- 3.1 The per kilometre reimbursement rate will be the same rate as determined by the BCSTA but shall not exceed the acceptable reimbursement rate established by the Canada Revenue Agency.
- 3.2 All out-of-valley travel to destinations other than the Fraser Valley, Vancouver Island and Lower Mainland will be reimbursed at the lower of the per kilometer rate or the lowest airfare rate available at the time of travel when air transportation is available and practical.
- 3.3 The amount to be reimbursed for automobile travel to the Fraser Valley, Vancouver Island, Vancouver and the Lower Mainland shall be reimbursed at the rate established by the Board of Education.
- 3.4 For purposes of this policy, the ‘Fraser Valley’ is defined as being within the boundaries of the following school districts:
School District No. 33 (Chilliwack), School District No. 34 (Abbotsford), School District No. 75 (Mission) and School District No. 78 (Fraser-Cascade).
- 3.5 For purposes of this policy the ‘Lower Mainland’ is defined as being within the boundaries of the following school districts:
School District No. 35 (Langley), School District No. 36 (Surrey), School District No. 37 (Delta), School District No. 38 (Richmond), School District No. 40 (New Westminister), School District No. 41 (Burnaby), School District No. 42 (Maple Ridge-Pitt Meadows), School District No. 43 (Coquitlam), School District No. 44 (North Vancouver), and School District No. 45 (West Vancouver).



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- 3.6 Automobile travel to Vancouver Island will be reimbursed at the rate established by the Board of Education (including ferry costs).
- 3.7 Trustees may claim for taxis, parking fees, local mileage and airport improvement fees. Receipts are to be provided (except for local mileage).

Lodging

- 3.8 Accommodation may be claimed based on the ‘single’ rate of the convention hotel or on the standard government approved rate. Hotel charges such as valet service, personal telephone calls and in-room movies are the responsibility of the Trustee.
- 3.9 If staying with a friend or relative, \$30.00 per night may be claimed without a receipt.
- 3.10 The cost of extra nights is the responsibility of the Trustee.

Meals

- 3.11 For meals not covered by the convention fees, Trustees may claim the per diem rate established by the Board of Education.

4. Payment of Expenses

- 4.1 Expenses must be submitted on a timely basis, preferably once a month. Only expenses submitted on the correct forms shall be considered. Expense claims that are submitted three months after the occurrence of the event or expense will not be paid unless approved by the Board.
- 4.2 Trustees may request an advance for out-of-town business engagements of two or more days.
- 4.3 The Superintendent of Schools/CEO, or designate, shall scrutinize each Trustee expense claim. The Board shall resolve any discrepancy in interpreting and applying this policy.

5. Expenses Paid by Outside Organizations

- 5.1 Trustees who are elected or appointed by the Board to officially represent the Board of Education at provincial meetings of the BCSTA Provincial Council or the BC Public Schools Employers’ Association Representative Council or serving on BCSTA, BCPSEA, or Ministry of Education committees, will be compensated by those organizations in accordance with



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their expense policies. Trustees are responsible for claiming expenses directly from those organizations and will not be reimbursed by the Board.

6. Review of Trustee Expenses

Bi-annually, a sub-committee comprising of the Board Chair, Vice-Chair, ~~Finance and Audit~~ *Finance and Planning* Committee Chair and Assistant Secretary-Treasurer, or designate, shall review all Trustee expenses for the previous 6 months. The sub-committee shall make recommendations to the Board regarding changes to Policy or practice.

AMENDMENT

Dated Agreed: April 23, 1980

Date Amended: December 10, 1980; November 26, 1986; January 10, 1990;
May 27, 1992; June 8, 1994; June 26, 1996; May 23, 2001

Date Reviewed/Amended: November 13, 2002

Date Amended: September 22, 2004; April 27, 2005; February 8, 2006;
March 11, 2009; September 10, 2014; November 26, 2014; June 8, 2016
November 2, 2016; March 13, 2019; May 27, 2020; September 29, 2021
June 8, 2022

Related Documents: *Policy 156*



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**436 – MANAGING STUDENTS
WITH MEDICAL ALERT/ANAPHYLAXIS CONDITIONS**

Introduction

The Board of Education is committed to the well being of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with serious medical condition(s) that are potentially life threatening require planned care and support as outlined in the BC Ministry of Education in accordance with the Anaphylactic Protection Order (2009) and the BC Anaphylactic and Child Safety Framework (2007, Revised 2013). Reported medical conditions may include:

- Epilepsy and/or Seizure Disorders
- Anaphylactic and/or history of severe allergic response
- Severe Asthma - immediate medical treatment required
- Blood clotting disorders such as haemophilia 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 parents/guardians/ student/family physician, school, and Medical Health Officer or designate

Policy

To support the safety, health and well being of students diagnosed with serious medical condition(s) that are potentially life threatening, the Board believes that the care of students is a joint responsibility of parents/guardians, school personnel, students, and Public Health Nurses.

The following are mandatory to ensure that the care of students diagnosed with serious medical condition(s) that are potentially life threatening is managed in a safe manner:

1. All students diagnosed with serious medical condition(s) that are potentially life threatening must have medical information provided on the School District No. 23 Registration Form, the *mandatory* School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, or the Anaphylactic Student Emergency Procedure Plan (if applicable), and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5).



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2. School personnel who are supervising students with serious medical condition(s) that are potentially life threatening must be aware of information provided on the School District No. 23 Registration Form, the *mandatory* School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, or the Anaphylactic Student Emergency Procedure Plan (if applicable) and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5), as well as participate in annual mandatory training.

The following outlines the specific responsibilities of parents/guardians/Principals/Vice-Principals, school personnel, students, and Public Health Nurses:

1. The parents/guardians have primary responsibility for:
 - communicating information about their child's serious medical condition(s) to school personnel and the Public Health Nurse (if applicable);
 - completing the *mandatory* School District No. 23 Medical Alert Planning Form, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, or the Anaphylactic Student Emergency Procedure Plan (if applicable), and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5);
 - informing school personnel immediately in the event of any medical concerns.
2. The Principal/Vice-Principal and/or the designated/supervising school personnel are responsible for:
 - ensuring the safety and well-being of students during school hours and during after hours school related activities;
 - collecting information from parents/guardians related to students diagnosed with serious health conditions;
 - providing a supportive environment for students diagnosed with serious health condition(s);
 - collaborating with the Public Health Nurse in the role of supporting the health of students diagnosed with serious medical conditions.
3. Students have responsibility for:
 - following all health and school guidelines for their serious medical condition(s);
 - keeping their parents/guardians and personal health professionals informed of any concerns related to their serious medical condition;
 - informing school personnel immediately in the event of any serious medical event.



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4. The Public Health Nurse has responsibility for:
- supporting the health of those students who may be medically at risk so they can participate in school activities successfully;
 - reviewing the completed School District No. 23 Medical Alert Planning Form, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, or the Anaphylactic Student Emergency Procedure Plan (if applicable) and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5);
 - clarifying the needs of these students through communication with parents/guardians;
 - preparing information required by the School Administrator and school personnel to support these students;
 - co-ordinating training to school personnel involved with these students.

The specific guidelines for the management and overseeing of this process are detailed in Regulations 436R - Managing Students with Medical Alert/Anaphylactic Conditions (Regulations). Students diagnosed with serious medical condition(s) that are potentially life threatening will be accommodated in accordance with this Policy and Regulations 436R - Managing Students with Medical Alert/Anaphylactic Conditions (Regulations), and with Policy 435 - Medical Treatment of Students and Regulations 435R - Medical Treatment of Students (Regulations).

Date Agreed: October 24, 2007

Date Amended: May 27, 2020

Date Reviewed: November 27, 2013

Related Documents: 436R, Policy 435, 435R; F436.5

436 - Managing Students with Medical Alert/
Anaphylaxis Conditions

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**436R – MANAGING STUDENTS
WITH MEDICAL ALERT/ANAPHYLAXIS CONDITIONS
(REGULATIONS)**

The Parents/Guardians, Principals/Vice-Principals, designated/supervising school personnel, Manager of Transportation, and Public Health Nurse all have specific roles and responsibilities to support students diagnosed with serious medical condition(s) that are potentially life threatening.

The Parents/Guardians will:

1. Complete and provide the school annually, in cases of students diagnosed with an anaphylactic allergy, the *mandatory* School District No. 23 Medical Alert Planning Form, or the Anaphylactic Student Emergency Procedure Plan, and the Request for Administration of Medication at School Form (refer to Form F436.5), this includes at the time of registration, at the beginning of each school year, and at any time there is a significant change in the student’s medical condition or care.
 - a) Complete and provide the school annually, in cases of students diagnosed with a Seizure Disorder/Epilepsy, the *mandatory* BC Ministry of Education Seizure Action Plan & Medical Alert Information Form and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5), and return on the first day of school in September.
 - b) Ensure the Request for Administration of Medication at School Form (refer to Form F436.5) is completed by the student’s physician, for students requiring medication(s) at school. A duplicate pharmacy label may be attached to the form in Section B in place of a signature from the physician. Return the completed form to the school on the first day of school. If there are no changes, provide written notification or a duplicate pharmacy label in place of physician’s signature if medication is required.
 - c) Collaborate with the Public Health Nurse to train designated/supervising school personnel when deemed necessary.
 - d) Note on the School District No. 23 Medical Alert Planning Form, Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (refer to Form F436.5) if the student is a registered bus rider.
 - e) Ensure medication(s) is available at the school in the original labelled container with appropriate measuring device (if applicable) and is replaced when expired.



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- f) Provide the necessary medical equipment and/or supplies to the school as per the British Columbia Anaphylactic & Child Safety Framework (2007, Revised 2013) and the Canadian Society of Allergy and Clinical Immunology "Anaphylaxis in Schools and Other Settings" (Copyright 2005-2016).

- Asthma - Inhaler
- Anaphylactic – Epinephrine auto-injector (Epi Pen)

NOTE: Parents are also to provide a second auto-injector to be stored in a central, safe, *unlocked* location.

- g) Remove medication(s) at the end of each school year.
- h) Obtain the following for students diagnosed with an anaphylactic allergy at the end of each school year: a *mandatory* School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, and the Request for Administration of Medication at School Form (refer to Form F436.5). All completed forms must be delivered on the first day of school. If there are no changes, provide written notification or a duplicate pharmacy label in place of physician’s signature if medication is required.
- i) Obtain the following for students diagnosed with a Seizure Disorder/Epilepsy at the end of each school year: a BC Ministry of Education Seizure Action Plan & Medical Alert Information Form and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5). All completed forms must be delivered to the school on the first day of school in September. If there are no changes, provide written notification or a duplicate pharmacy label in place of physician’s signature if medication is required.
- j) Ensure their child is wearing medical identification.
- k) Encourage their child to inform close friends of their serious medical condition as per the British Columbia Anaphylactic & Child Safety Framework (2007, Revised 2013) and the Canadian Society of Allergy and Clinical Immunology "Anaphylaxis in Schools and Other Settings" (Copyright 2005-2016).
- l) Be available (or arrange a delegate) to respond either by phone or in person at all times.

NOTE:

- In the case of **Senior Secondary students**, the student may assume some of the parent's/guardian's role.



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- ❑ Students may not update medical data if parents/guardians have registered conflicting information.
- ❑ It is recommended that students who demonstrate maturity regarding their serious medical condition carry emergency supplies on their person, for example a fanny pack containing:
 - Asthma - Inhaler
 - Anaphylactic – Epinephrine auto-injector (EpiPen)

The School Principal/Vice-Principal will:

- a) Ensure, at the start of each school year, that all school personnel attend the *mandatory* training for anaphylaxis, diabetes and seizures provided by the Public Health Nurse as per the British Columbia Anaphylactic & Child Safety Framework (2007, Revised 2013). For school personnel who are unable to attend the training provided by the Public Health Nurse, the on-line course "Anaphylaxis in Schools: What Educators Need to Know" must be completed. Further training mid-year may be provided as needed.
- b) Collaborate with the Public Health Nurse in their role of supporting the health of students with serious medical condition(s) that are potentially life threatening.

NOTE: Training may also be requested for school district employees such as custodians, noon-hour supervisors, etc. who support students diagnosed with serious medical condition(s) that are potentially life threatening.

- c) Communicate the following to the appropriate Assistant Superintendent:
 - the name of the School Administrator who will be responsible for overseeing the school's *mandatory* School District No. 23 Medical Alert Planning Form or the Anaphylactic Student Emergency Procedure Plan (if applicable) or the BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (if applicable) (refer to Form F436.5);
 - The dates the completed form(s) are returned by parents/guardians;
 - The date the Public Health Nurse provides *mandatory* training for anaphylaxis, diabetes and seizures.
- d) Collect, at the time of registration and at the beginning of every school year, the *mandatory* School District No. 23 Medical Alert Planning Form or the Anaphylactic Student Emergency Procedure Plan (if applicable) and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5). Ensure that all applicable forms are reviewed by the parents/guardians in September of each year and accept parental/guardian written notification with date and signature to indicate no change.



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- e) Collect, at the time of registration and at the beginning of every school year, the *mandatory* BC Ministry of Education Seizure Action Plan & Medical Alert Information Form and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5). Ensure that all applicable forms are reviewed by the parents/guardians in September of each year and accept parental/guardian written notification with date and signature to indicate no change.
- f) Ensure the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5) is completed by the student’s physician, for students requiring medication(s) at school. A duplicate pharmacy label may be attached to the form in Section B in place of a signature from the physician. Collect the completed form on the first day of school each September. If there are no changes, accept parental/guardian written notification or provide a duplicate pharmacy label in place of physician’s signature if medication is required.
- g) Provide, upon registration or the diagnosis of a serious medical condition, parents/guardians with the following links: the British Columbia Anaphylactic & Child Safety Framework (2007, Revised 2013) and the Canadian Society of Allergy and Clinical Immunology "Anaphylactic in Schools and Other Settings" (Copyright 2005-2016) to assist them in understanding their own and other’s roles and responsibilities within the BC Ministry of Education (pages 16-18).
- h) Keep records of communication with parents regarding the School District No. 23 Medical Alert Planning Form, Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (refer to Form F436.5). Document each date of communication or date when communication was initiated, even if there was no answer indicating that a message was left on voice mail or e-mail.

NOTE: After three attempts to obtain the *mandatory* School District No. 23 Medical Alert Planning Form, Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (refer to Form F436.5), from the parents/guardians (communication documented) and the School District No. 23 Medical Alert Planning Form, Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (refer to Form F436.5) is not returned, the parents/guardians must be notified that the Standard Procedure of Care will then be in place (previous language from current Anaphylactic Policy).

- i) Provide information to all school personnel so they are visually familiar with students diagnosed with serious medical condition(s) that are potentially life



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threatening. Display the student's Medical Alert Photo ID (refer to Form F436.5) in an appropriate place, while maintaining confidentiality.

- j) Ensure school personnel are aware of the location of the student's medication(s). It is recommended that students who demonstrate maturity regarding their serious medical condition carry medication(s) on their person for immediate availability.
- k) Establish a recording system to notify parents when medication is expired and needs replacing.
- l) Provide, on an annual basis, a copy of the School District No. 23 Medical Alert Planning Form, Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (refer to Form F436.5), for each student who is a registered rider to the Manager of Transportation. A copy of the Request for Administration of Medication at School Form (refer to Form F436.5) should also be provided if the student carries an Epi-pen and may require a bus driver to administer medication.
- m) Provide a safe, appropriate, and unlocked storage area for medication(s) and equipment, including provisions for school authorized field studies. It is recommended that students who demonstrate maturity regarding their serious medical condition carry medication(s) and supplies on their person.

NOTE: For each student who requires assistance, an established medication administration process that includes a medication record should 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 person who assisted with medication.

- n) Collaborate with the parents/guardians and any school personnel involved with the student to develop support structures to follow the *mandatory* School District No. 23 Medical Alert Planning Form, or the Anaphylactic Student Emergency Procedure Plan, or the BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5) during the school day and during after hours school related activities.

NOTE: Middle/Secondary - Ensure that a hard copy of student's names with either the *mandatory* School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form and their Photo IDs (refer to Form F436.5) are available for all first aid attendants and placed within the school in areas such as



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the school office, counselling centre, gym office, and the medical health room. Teachers of students, coaches, etc. must be informed of students diagnosed with serious medical condition(s) that are potentially life threatening.

- o) Assure that the completed *mandatory* School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5) are appropriately stored in the student's files.
- p) Ensure the Anaphylaxis Poster (refer to Form F436.5) is placed in visible locations in the school.
- q) Inform all parents/guardians when the environment of the school is changed by actions of school district employees, such as painting, roofing, tarring, replacing carpets, or when any substances with strong fumes are used.
- r) Collaborate with the parents/guardians of students who are diagnosed with serious medical condition(s) that are potentially life threatening and/or anaphylactic to maintain an allergy safe environment. This may include establishing restrictions in the classroom for life threatening allergies such as food products and animals.
- s) Return all remaining medication(s) to parents/guardians at the end of each school year.
- t) Provide parents/guardians, at the end of the school year, with the *mandatory* School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (refer to Form F436.5). Also, if applicable, provide a blank copy of the Request for Administration of Medication at School Form (refer to Form F436.5) to be completed by the student's physician. If there are no changes, accept parental/guardian written notification or accept a duplicate pharmacy label in place of physician's signature if medication is required.
- u) Inform parents/guardians that medical information from the student's elementary school may not be transferred to their middle/secondary school.

The Classroom Teacher and any other school personnel supervising the student will:

- a) Collaborate with the Public Health Nurse to obtain medical information from parents/guardians related to students diagnosed with serious health condition(s) that are potentially life threatening under his/her supervision.



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- b) Attend the annual *mandatory* anaphylaxis, diabetes, and seizure training session coordinated by the Public Health Nurse as per the British Columbia Anaphylactic & Child Safety Framework (2007, Revised 2013). For teachers who are unable to attend the training provided by the Public Health Nurse, the on-line course "Anaphylaxis in Schools: What Educators Need to Know " must be completed.
- c) Be familiar with the student's *mandatory* School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, and the Request for Administration of Medication at School Form (refer to Form F436.5).
- d) Be familiar with the student's *mandatory* BC Ministry of Education Seizure Action Plan & Medical Alert Information Form and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5).
- e) Provide medical information for any Temporary Teachers on Call (TTOC) who will be supervising student(s) diagnosed with serious medical condition(s) that are potentially life threatening.
- f) Communicate to parents/guardians any changes to the classroom environment that may create health concerns for the student diagnosed with a serious medical condition(s) that are potentially life threatening.

The Manager of Transportation will:

- a) Ensure that bus drivers will annually attend the *mandatory* anaphylaxis, diabetes, and seizure training session coordinated by the Public Health Nurse as per the British Columbia Anaphylactic & Child Safety Framework (2007, Revised 2013). For bus drivers who are unable to attend the training provided by the Public Health Nurse, the on-line course "Anaphylaxis in Schools: What Educators Need to Know", must be completed.
- b) Ensure, on an annual basis, that copies of the *mandatory* forms: School District No. 23 Medical Alert Planning Form, or the Anaphylactic Student Emergency Procedure Plan, or the BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5) are received from schools and kept for quick reference on each school bus.
- c) Ensure that all bus drivers are familiar with the copies of the student's *mandatory* School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan &



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Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5).

The Public Health Nurse will:

- a) Meet with the Principal/Vice-Principal prior to, or at the beginning of, the school year to discuss/review the students diagnosed with serious medical condition(s) that are potentially life threatening. They will also discuss/review the Medical Alert procedures in the school, and the role of the Public Health Nurse. For example, review *mandatory* School District No. 23 Medical Alert Planning Forms, or Anaphylactic Student Emergency Procedure Plan Form, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5).
- b) Refer new students diagnosed with serious medical condition(s) that are potentially life threatening to the school before the beginning of the school year or when a student is identified with a new diagnosis.
- c) Provide annually, the *mandatory* anaphylaxis, diabetes and seizure training to school personnel as per the British Columbia Anaphylactic & Child Safety Framework (2007, Revised 2013) This training may include information provided by parents/guardians. Parents/guardians may be invited to attend training sessions.
- d) Consult with the parents/guardians and the student's physicians, as necessary, to determine the specific needs of students diagnosed with serious medical condition(s) that are potentially life threatening.
- e) Provide, upon request of school personnel, additional training regarding the student's School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form (refer to Form F436.5). This education may be done with the assistance of parents/guardians and the student.
- f) Ensure the *mandatory* School District No. 23 Medical Alert Planning Form, or Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5) is reviewed and updated annually.
- g) Consult, upon request, with the classroom teacher in establishing support structures for the student's School District No. 23 Medical Alert Planning Form, or



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Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable) (refer to Form F436.5).

RETIRED



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437 – MANAGING STUDENTS WITH DIABETES

Introduction

The Board of Education is committed to the well being of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with diabetes require planned care and support as outlined in the BC Ministry of Education Provincial Standards: Supporting Students with Type I Diabetes in the school setting.

Policy

To support the safety, health and well being of students diagnosed with diabetes, the Board believes that the care of students is a joint responsibility of parents/guardians, school personnel, students, Nursing Support Services and Public Health Nurses.

The following are mandatory to ensure that the care of students diagnosed with diabetes is managed in a safe manner:

1. All students diagnosed with diabetes must have a Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4) filed at the school office;
2. Students that require delegated nursing tasks related to their diabetes must also have a Nursing Support Services Delegated Care Plan;
3. School personnel who are supervising a student diagnosed with diabetes must be aware of the Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4), the Nursing Support Services Delegated Care Plan (if applicable) as well as participate in annual mandatory training.

The following outlines the specific responsibilities of parents/guardians, Principals/Vice-Principals, school personnel, students, Nursing Support Services, and Public Health:

1. The parents/guardians have primary responsibility for:
 - communicating information about their child’s diabetic needs to school personnel, Nursing Support Services, and Public Health (if applicable);
 - completing the mandatory Diabetes Support Plan & Medical Alert Information Form (refer to Form F436.4);
 - completing the Diabetes Medication Administration Form (if applicable) (refer to Form F436.4) and assure the prescribed diabetes medication and diabetes supplies are available to school personnel and the student; and



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- informing the designated school personnel immediately of any changes taking place in the health of their child.
2. The Principal/Vice-Principal and/or the designated/supervising school personnel are responsible for:
 - ensuring the safety and well-being of students during school hours and during after hours school-related activities
 - collecting information from parents/guardians related to students diagnosed with diabetes; and,
 - providing a supportive environment for students diagnosed with diabetes
 - collaborating with Nursing Support Services and/or the Public Health Nurse in their role of supporting the health of students diagnosed with diabetes (as needed).
 3. Students have responsibility for:
 - following all health and school guidelines for their diabetes management;
 - keeping their parents/guardians and personal health professionals informed of any concerns related to their diabetes; and,
 - informing school personnel immediately in the event of any medical concerns.
 4. Nursing Support Services are community-based Registered Nurses who assist students and school personnel with diabetes management in the school setting. This includes; creating a Nursing Support Services Delegated Care Plan, and providing training, support and on-going supervision to assigned school personnel.
 5. The Public Health Nurse has responsibility for supporting the health of those students who may be medically at risk so they can participate in school activities successfully. This responsibility includes reviewing the *mandatory* Diabetes Support Plan & Medical Alert Information Form (refer to Form F436.4) provided by parents/guardians, clarifying the needs of these students through communication with parents/guardians, preparing information required by the School Administrator and school personnel to support these students, and co-ordinating training to school personnel involved with these students.

The specific guidelines for the management and overseeing of this process are detailed in Regulations 437R – Managing Students with Diabetes. Students diagnosed with diabetes will be accommodated in accordance with this Policy and Policy and Regulations 436 – Managing Students with Medical Alert/Anaphylaxis Conditions, and with Policy and Regulations 435 - Medical Treatment of Students.

Date Agreed: February 26, 2020

Date Amended:

Date Reviewed:

Related Documents: Regulation 437R; Policy/Regulations 436;

Policy/Regulation 435; F436.4

437 - Managing Students with Diabetes

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**437R – MANAGING STUDENTS WITH DIABETES
(REGULATIONS)**

Parents/guardians, Principals/Vice-Principals, designated/supervising school personnel, Manager of Transportation, Nursing Support Services (NSS), and Public Health Nurse all have specific roles and responsibilities to support students with diabetes.

The Parents/Guardians will:

- a) Provide the school with the *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4), this includes at the time of registration, at the beginning of each school year, and at any time there is a change in the student’s diabetes management.
- b) Complete the Diabetes Medication Administration Form (refer to Form F436.4) if a student requires school personnel to administer diabetes related medication, for example fast-acting insulin and/or injectable/intranasal Glucagon. This form must be completed and signed by the student’s physician and returned to the school at the beginning of each school year or if there has been a change in the student's diabetes management.
- c) Obtain a referral from the student's physician to Nursing Support Services (NSS) if the student requires delegated nursing tasks.
- d) Collaborate with the NSS Coordinator to create a NSS Delegated Care Plan if the student requires delegated nursing tasks related to their diabetes management.
- e) Note on the Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4) if the student is a registered bus rider.
- f) Ensure emergency diabetes treatment medication, such as injectable/intranasal Glucagon, is available at the school in the original labelled container and is replaced when expired as per the BC Ministry of Education "Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting". Further reference can be made at Learning Tools – Glucagon Administration PPT.
- g) Provide the necessary diabetes management supplies, such as:
 - Diabetes medication, for example rapid acting insulin
 - Fast acting carbohydrates
 - Glucometer and test strips
 - Sharps container (currently present in schools)
 - Additional snacks



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- h) Provide all snacks and lunches. If the student has a NSS Delegated Care Plan, food items must be clearly labelled with the carbohydrate count as per NSS requirements.
- i) Remove diabetes medication(s) from school sites at the end of each school year.
- j) Obtain, at the end of each school year, the *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4) from the school. If diabetes related medication is to be administered by school personnel, the student's physician must complete a Diabetes Medication Administration Form (refer to Form F436.4) on an annual basis. These forms are to be delivered on the first day of school in September.
- k) Ensure their child is wearing medical identification.
- l) Encourage their child to inform close friends of their diabetic condition and the location of their diabetes related medication(s) at school. (This is recommended for parents/guardians of students at the middle/secondary level.)
- m) Be available (or arrange for a delegate) to respond either by phone or in person at all times.

NOTE:

- In the case of **Senior Secondary students**, the student may assume some of the parents/guardians role.
- Students may not update medical data if parents/guardians have registered conflicting information.

The School Principal/Vice-Principal will:

- a) Ensure, at the start of each school year, that all school personnel attend the *mandatory* General Diabetes Training or review Learning Tools - General Information on Type 1 Diabetes PPT as per the BC Ministry of Education “Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting”. The Public Health Nurse will co-ordinate, (in consultation with parents/guardians if applicable), the *mandatory* General Diabetes Training for all school personnel.
- b) Coordinate and ensure that at least two designated school personnel receive training from the Public Health Nurse on the administration of injectable/intranasal Glucagon if requested by parents/guardians.



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- c) Communicate the following to the office of the Director of Instruction - Student Support Services:
- the name of the School Administrator who will be responsible for overseeing the student's *mandatory* Diabetes Support Plan and Medical Alert Information Form and, if required, the Diabetes Medication Administration Form (refer to Form F436.4);
 - the dates the completed form(s) are returned by parents/guardians;
 - the date the Public Health Nurse provides injectable/intranasal Glucagon Training to assigned staff personnel (all required training to be completed by November 1st of each school year);
 - the names and titles of the staff personnel who receive the injectable/intranasal Glucagon training.
- d) Collect, at the time of registration and at the beginning of every school year, the completed *mandatory* Diabetes Support Plan and Medical Alert Information Form and, if required, the Diabetes Medication Administration Form (refer to Form F436.4).
- e) Provide, upon registration or the diagnosis of diabetes, parents/guardians with the following link to the BC Ministry of Education “Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting” for a summary of the guidelines to assist them in understanding their own and other’s roles and responsibilities within the BC Ministry of Education (pages 7-9).
- f) Identify school personnel to be trained and monitored by Nursing Support Services if a student requires a NSS Delegated Care Plan.
- g) Keep records of communication with parents regarding the Diabetes Support Plan and Medical Alert Information Form and/or the Diabetes Medication Administration Form (refer to Form F436.4). Document each date of communication or date when communication was initiated, even if there was no answer indicating that a message was left on voice mail or e-mail.

NOTE: After three attempts to obtain the *mandatory* Diabetes Support Plan and Medical Alert Information Form and/or the Diabetes Medication Administration Form (refer to Form F436.4) from the parents/guardians (communication documented) and the required form(s) is not returned, the parents/guardians must be notified that the Standard of Care will then be in place. (Definition of Standard of Care from Canadian Public Health Association: *Standard of Care is only relevant when a Duty of Care is established. The Standard of Care speaks to what is reasonable in the circumstances.*)

- h) Notify parents/guardians when staff personnel, trained to follow a NSS Delegated Care Plan, are unavailable on any given day.



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- i) Provide information to all school personnel so they are visually familiar with students diagnosed with diabetes. Display the student's Medical Alert Photo ID (refer to Form F436.4) in an appropriate place, while ensuring confidentiality.
- j) Ensure school personnel are aware of all locations where the student's fast-acting carbohydrates are located. *Students will also carry their diabetes kit on their person (which includes fast-acting carbohydrates) to ensure it is immediately available.*
- k) Invite the NSS Coordinator to attend meetings with school personnel regarding the student's diabetes management if the student has a NSS Delegated Care Plan.
- l) Establish a recording system to notify parents/guardians when diabetes medication(s) is expired and needs replacing.
- m) Provide, on an annual basis, a copy of the *mandatory* Diabetes Support Plan and Medical Alert Form (refer to Form F436.4) for each student who is a registered bus rider to the Manager of Transportation (to be completed by November 1st of each school year).
- n) Provide a safe, appropriate, and *unlocked* storage area for diabetes medication(s), including provisions for school authorized field studies. In some cases, students may be required to carry diabetes medication(s) on their person.

NOTE: For each student who requires assistance, an established medication administration process that includes a medication record should 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 person who assisted with medication (refer to Form F436.4).

- o) Collaborate with the parents/guardians and any school personnel involved with the student to develop support structures to follow the *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4) during the school day and during after-hours school related activities.

NOTE: Middle/Secondary - Ensure that a hard copy of student's names that have a Diabetes Support Plan and Medical Alert Information Form and their Medical Alert Photo ID (refer to Form F436.4) are available for all first aid attendants and placed within the school in areas such as the school office, counselling centre, gym office and the medical health room. Teachers of students, coaches etc. must be informed of students diagnosed with diabetes.



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- p) Assure that the *mandatory* Diabetes Support Plan and Medical Alert Information Form and if required, the Diabetes Medication Administration Form (refer to Form F436.4) is appropriately stored in student's files.
- q) Ensure the poster Managing Low Blood Sugar (refer to Form F436.4) is placed in visible locations in the school.
- r) Return all remaining diabetes medication(s) to parents/guardians at the end of each school year.
- s) At the end of the school year, provide parents/guardians with the *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4) and a new blank form to be completed for the next school year. Also, if required, send a blank Diabetes Medication Administration Form (refer to Form F436.4) to be completed by the student’s physician for the first day of school in September each school year.
- t) Inform parents/guardians that medical information from the student's elementary school may not be transferred to their middle/secondary school.

The Classroom Teacher and any other school personnel supervising the student will:

- a) Collaborate with parents/guardians, and/or NSS, and/or the Public Health Nurse regarding the student's diabetes management information.
- b) Annually, attend the *mandatory* General Diabetes Training or review the Learning Tools - General Information on Type 1 Diabetes PPT, as per the BC Ministry of Education “Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting”.
- c) Be familiar with the student's *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4).
- d) Provide diabetes management information for any Temporary Teachers on Call (TTOC) who will be supervising the student diagnosed with diabetes.
- e) Communicate to parents/guardians any changes to the classroom environment that may create health concerns for a student diagnosed with diabetes.



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The Manager of Transportation will:

- a) Ensure that bus drivers will annually attend the *mandatory* General Diabetes Training or review the Learning Tools - General Information on Type 1 Diabetes PPT, as per the BC Ministry of Education “Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting”.
- b) On an annual basis, ensure the *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4) is received from schools and kept for quick reference on each school bus.
- c) Ensure that all bus drivers are familiar with the student's Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4).

The Nursing Support Services (NSS) Coordinator:

Nursing Support Services are community-based registered nurses who assist students and school personnel with diabetes management in the school setting. This includes: creating a NSS Delegated Care Plan, and providing training, support and on-going supervision to school assigned school personnel.

- a) Receive referral for the student requiring assistance to manage diabetes at school from the student's physician.
- b) Obtain consent from the parents/guardians to share information with school personnel and assess the student for eligibility for a NSS Delegated Care Plan. If student meets eligibility criteria, offer parents/guardians a NSS Delegated Care Plan.
- c) Meet with the School Administrator/Designate and/or Resource Teacher prior to/at the beginning of each school year or when a student is newly diagnosed with diabetes or newly referred to NSS to discuss/review the roles and responsibilities of NSS Coordinators and the NSS Delegated Care Plan process.
- d) Collaborate with parents/guardians, school personnel and the student's physician to obtain the completed Diabetes Support Plan and Medical Alert Information Form and the Diabetes Medication Administration Form (as applicable) (refer to Form F436.4) for students with a NSS Delegated Care Plan.
- e) Collaborate with parents/guardians to develop the NSS Delegated Care Plan.



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- f) Collaborate with School Administration/Designate and/or Resource Teacher to identify two suitable Certified Education Assistants (CEAs/school personnel) to support the student with their diabetes management needs.
- g) Provide initial and ongoing education, training, and delegation of nursing tasks to CEAs/school personnel that will assist the student with diabetes management using the NSS Delegated Care Plan.
- h) Inform School Administrator/Designate and/or Resource Teacher if there any concerns with care provided by CEAs/school personnel.
- i) Ensure NSS Delegated Care Plans are reviewed and updated annually or on parents/guardians notification of changes in the student's diabetes management needs.
- j) Assist classroom teacher as needed in establishing support structures for students diagnosed with diabetes.
- k) Attend meetings with school personnel regarding the student's diabetes management.
- l) Assess student's ability to independently manage their diabetes and discharge from the NSS Delegated Care Plan when appropriate.

The Public Health Nurse will:

- a) Meet with the School Administrator/Designate prior to, or at the beginning of, the school year to discuss/review the student's *mandatory* Diabetes Support Plan and Medical Alert Information Form, if required, the Diabetes Medication Administration Form (refer to Form F436.4), the procedures in the school, and the role of the Public Health Nurse.
- b) Review the information collected from the student's mandatory Diabetes Support Plan and Medical Alert Information Form, and, if required, the Diabetes Medication Administration Form (refer to Form F436.4) to identify those students diagnosed with diabetes.
- c) Consult with the parents/guardians and the students' physician, as necessary, to determine the specific needs of the students diagnosed with diabetes.
- d) Annually, provide the *mandatory* General Diabetes Training for all school personnel Learning Tools - General Information on Type 1 Diabetes PPT as per the BC Ministry of Education “Provincial Standards: Supporting Students with Type 1 Diabetes in the



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School Setting”. The Public Health Nurse will co-ordinate, (in consultation with parents/guardians if applicable), the *mandatory* General Diabetes Training for all school personnel.

- e) Annually provide the mandatory training for the school personnel (who have been chosen by the School Administrator/Designate) in the administration of injectable/intranasal Glucagon if requested by parents/guardians.
- f) Upon request of school personnel, additional training could be provided regarding the student's *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4). This education might be done with the assistance of parents/guardians and the student.
- g) Ensure the *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4) is reviewed and updated annually.
- h) Upon request, consult with the classroom teacher in establishing support structures for the student's *mandatory* Diabetes Support Plan and Medical Alert Information Form (refer to Form F436.4).

Date Agreed: February 26, 2020

Date Amended: January 27, 2021

Date Reviewed:

Related Documents: Policy 437; Policy/Regulations 436;

Policy/Regulations 435; F436.4

MEDICAL ALERT AND DIABETES DOCUMENTS

DOCUMENT	PAGE
1. Diabetes Support Plan & Medical Alert Information	2
2. Medical Alert Photo ID	5
3. Diabetes Medication Administration Form	6
4. Diabetes Related Medication Administration Record	7
5. Communication Log for Students Diagnosed with Diabetes	8
6. Public Health Nurses	10
7. Poster	13

RETIRE

Diabetes Support Plan & Medical Alert Information

Instructions: This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.

Name of Student:		Date of Birth:		
School:	Grade:	Teacher/Div:		
Care Card Number:		Date of Plan:		
CONTACT INFORMATION				
Parent/Guardian 1:	Name:			<input type="checkbox"/> Call First
Phone Numbers:	Cell	Work	Home	Other
Parent/Guardian 2:	Name:			<input type="checkbox"/> Call First
Phone Numbers:	Cell:	Work:	Home:	Other:
Other/Emergency:	Name:		Relationship:	
	Able to advise on diabetes care: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone Numbers:	Cell:	Work:	Home:	Other:
Have emergency supplies been provided in the event of a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, location of emergency supply of insulin: _____				
STUDENTS RECEIVING NSS DELEGATED CARE				
NSS Coordinator: _____		Phone: _____		
School staff providing delegated care:				

Parent Signature: _____ Name: _____

Date: _____

MEDICAL ALERT - TREATING MILD TO MODERATE LOW BLOOD GLUCOSE

NOTE: PROMPT ATTENTION CAN PREVENT SEVERE LOW BLOOD SUGAR

SYMPTOMS	TREATMENT FOR STUDENTS NEEDING ASSISTANCE (<u>anyone</u> can give sugar to a student):		
<input type="checkbox"/> Shaky, sweaty <input type="checkbox"/> Hungry <input type="checkbox"/> Pale <input type="checkbox"/> Dizzy <input type="checkbox"/> Irritable <input type="checkbox"/> Tired/sleepy <input type="checkbox"/> Blurry vision <input type="checkbox"/> Confused <input type="checkbox"/> Poor coordination <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Headache <input type="checkbox"/> Difficulty concentrating Other:	<p>Location of fast acting sugar: _____</p> <p>1. If student able to swallow, give one of the following fast acting sugars:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 10 grams <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package): </td> <td style="width: 50%; vertical-align: top;"> OR 15 grams <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package): </td> </tr> </table> <p>2. Contact designated emergency school staff person</p> <p>3. Blood glucose should be retested in 15 minutes. Retreat as above if symptoms do not improve or if blood glucose remains below 4 mmol/L</p> <p>4. Do not leave student unattended until blood glucose 4 mmol/L or above</p> <p>5. Give an extra snack such as cheese and crackers if next planned meal/snack is not for 45 minutes.</p>	10 grams <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):	OR 15 grams <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):
10 grams <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):	OR 15 grams <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):		

MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE LOW BLOOD GLUCOSE

SYMPTOMS		PLAN OF ACTION
<ul style="list-style-type: none"> • Unconsciousness • Having a seizure (or jerky movements) • So uncooperative that you cannot give juice or sugar by mouth 		<ul style="list-style-type: none"> • Place on left side and maintain airway • Call 911, then notify parents • Manage a seizure: protect head, clear area of hard or sharp objects, guide arms and legs but do not forcibly restrain, do not put anything in mouth • Administer glucagon
Medication	Dose & Route	Directions
Glucagon (GlucaGen or Lilly Glucagon) Frequency: Emergency treatment for severe low blood glucose	0.5 mg = 0.5 ml. (for students 5 years of age and under) OR 1.0 mg =1.0 mL (for students 6 years of age and over) Give by injection: Intramuscular	<ul style="list-style-type: none"> • Remove cap • Inject liquid from syringe into dry powder bottle • Roll bottle gently to dissolve powder • Draw fluid dose back into the syringe • Inject into outer mid-thigh (may go through clothing) • Once student is alert, give juice or fast acting sugar

LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE

Requires checking that task is done (child is proficient in task):

- Blood glucose testing
- Carb counting/adding
- Administers insulin
- Eating on time if on NPH insulin
- Act based on BG result

Requires reminding to complete:

- Blood glucose testing
- Carb counting/adding
- Insulin administration
- Eating on time if on NPH insulin
- Act based on BG result

Student is completely independent

MEAL PLANNING: The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.

In circumstances when treats or classroom food is provided but not labelled, the student is to:

- Call the parent for instructions
- Manage independently

BLOOD GLUCOSE TESTING: Students must be allowed to check blood glucose level and respond to the results in the classroom, at every school location or at any school activity. If preferred by the student, a private location to do blood glucose monitoring must be provided, unless low blood sugar is suspected.

Frequency of Testing: midmorning lunchtime mid afternoon before sport or exercise

- With symptoms of hyper/hypoglycemia
- Before leaving school

Location of equipment: With student _____ In classroom _____
 In office _____ Other _____

Time of day when low blood glucose is most likely to occur: _____

Instructions if student takes school bus home:

PHYSICAL ACTIVITY: Physical exercise can lower the blood glucose level. A source of fast-acting sugar should be within reach of the student at all times (see page 2 for more details). Blood glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the blood glucose level and the expected intensity of the exercise.

Comments:

INSULIN: All students with type 1 diabetes use insulin. Some students require insulin during the school day, most commonly before meals.

Is insulin required at school on a daily basis? Yes No
 Insulin delivery system: Pump Pen Needle and syringe (at home or student fully independent)
 Frequency of insulin administration:

Location of insulin: with student _____
 In classroom _____ In office _____
 Other _____

Insulin should never be stored in a locked cupboard.

Medical Alert



Name: _____

Grade: _____
Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:

On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

RETIRE

Medical Alert



Name: _____

Grade: _____
Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:

On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

Diabetes Medication Administration Form

Instructions: This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name: _____ Date of Birth: _____

School: _____ Care Card Number: _____

Parent/Guardians' Name(s): _____

Home Phone: _____ Cell Phone: _____

Injectable Glucagon (GlucaGen® or Lilly Glucagon™)	Intranasal Glucagon (Baqsimi®)
For severe low blood glucose, give by intramuscular injection: <input type="checkbox"/> 0.5 mg = 0.5 ml for students 5 years of age and under <input type="checkbox"/> 1.0 mg = 1.0 ml for students 6 years of age and over	For severe low blood glucose, give by intranasal route: <input type="checkbox"/> Baqsimi® 3 mg (if available)
Insulin (rapid acting insulin only)	
Insulin delivery device: <input type="checkbox"/> insulin pump <input type="checkbox"/> insulin pen Note: The following cannot be accommodated when insulin administration is being delegated to a school staff person via pump or pen: <ul style="list-style-type: none"> • Overriding the calculated dose • Entering an altered carbohydrate count for foods in order to change the insulin dose • Changing the settings on the pump • Deviating from the NSS Delegated Care Plan 	
For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to accurately calculate insulin on board). The method of calculating the dose is as follows: <input type="checkbox"/> Bolus Calculator Sheet <input type="checkbox"/> Variable dose insulin scale for blood glucose for consistent carbohydrates consumed <input type="checkbox"/> InsuLinx® Meter <input type="checkbox"/> Fixed Amount/Dose ¹ : _____ units (include insulin name and amount)	
Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: <input type="checkbox"/> Yes <input type="checkbox"/> No	
For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board). <input type="checkbox"/> I agree the student's diabetes can be safely managed at school within the above parameters.	

Physician Signature: _____ Date: _____

Physician Name: _____ Clinic Phone Number: _____

Reference:

Fillable document created from Ministries of Health, Education and Children and Family Development (March, 2015; page 16). *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting (pg. 16)*. Vancouver, BC: Author.

¹ NSS addition July 2019 to integrate a specific Physician order (as needed). 006

Diabetes Related Medication Administration Record

*****STAFF MEMBER ADMINISTERING MEDICATION MUST BE TRAINED BY A PUBLIC HEALTH NURSE*****

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

RETIRED

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

COMMUNICATION LOG
BETWEEN SCHOOL AND PARENTS/GUARDIANS OF STUDENTS DIAGNOSED WITH DIABETES
DEMOGRAPHICS

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

PARENT/GUARDIAN (1) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

PARENT/GUARDIAN (2) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

OTHER (3) (PRINT) MUST HAVE LEGAL GUARDIANSHIP	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

COMMUNICATION ATTEMPTS

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Forms	Date Form Sent Home (D/M/Y)	Date Received (D/M/Y)
Diabetes Support Plan & Medical Alert Info.		
Diabetes Medication Administration Form		

Central Okanagan SD 23

School District Number	School	Nurse	Contact Phone Number
23	A.S. Matheson Elementary	Maria Macasso	250-469-7070 Ext 70675
23	Aberdeen Hall Preparatory School	Nicole Millard	250-980-4825
23	Anne McClymont Elementary	Maria Macasso	250-469-7070 Ext.70566
23	Bankhead Elementary	Donna Christison	250-469-7070 Ext.12117
23	Belgo	Monaco Fedow	250-980-4825
?	Big White Community School	Tanya Derksen	250-980-4825
23	Black Mountain Elementary	Tanya Derksen	250-980-4825
23	Canyon Falls Middle School	Rebekah Rissling	250-469-7070 Ext 70660
23	Casorso Elementary	Virginia Courtney	250-469-7070 Ext.70598
23	Central School Programs	Sheena Velasco	250-469-7070 Ext.70740
23	Chief Tomat	Daina Servi	250-980-5150
23	Chute Lake Elementary	Donna Christison	250-460-7070 Ext.12117
23	Constable Neil Bruce Middle School	Katie Morgan	250-980-5150
23	Davidson Road Elementary	Monaco Fedow	250-980-4825
23	Dorothea Walker	Rebekah Rissling	250-469-7070 Ext.70660
23	Dr. Knox Middle School	Alyssa Hope	250-469-7070 Ext.70726
23	Okanagan Montessori Elementary & Preschool (independent)	Virginia Courtney	250-469-7070 Ext.70598
23	Ecole d l'Anse Sable	Heidi Morrison(Heidi away until Sept 23, please call Sheena Velasco until she is back 250-469-7070 Ext. 70740	250-469-7070 Ext.13184
23	Ellison Elementary	Patti Myroniuk	250-980-4825
23	George Elliott Secondary	Barb Paton	250-980-4825
23	George Pringle Elementary	Kathryn Carmichael	250-980-5150
23	Glenmore Elementary/Ecole Glenmore	Alyssa Hope	250-469-7070 Ext. 70726
23	Glenrosa Elementary School	Janelle Wallace	250-980-5150
23	Glenrosa Middle School	Janelle Wallace	250-980-5150
23	Helen Gorman Elementary	Kathryn Carmichael	250-980-5150
23	Heritage Christian (Independent)	Tavia Cahill	250-980-4825

23	Home School	Tavia Cahill	250-980-4825
23	Hudson Road Elementary	Daina Servi	250-980-5150
23	Immaculata Regional High School (independant)	Sheena Velasco	250-469-7070 Ext.70740
23	Kelowna Christian School – Elementary (independent)	Joey Willis	250-469-7070 Ext.12877
23	Kelowna Christian School – Middle/High (independent)	Joey Willis	250-469-7070 Ext.12877
23	Kleos Open Learning	Joey Willis	250-469-7070 Ext.12877
23	KLO Middle School	Maria Macasso	250-469-7070 Ext.70675
23	Kelowna Secondary	Sheena Velasco	250-469-7070 Ext.70740
23	Mar Jok Elementary School	Daina Servi	250-980-5150
23	Mt. Boucherie Senior Secondary	Janice Sorestad & Kathryn Carmichael (IMMS only)	250-980-5150
23	North Glenmore Elementary	Marissa Pineau	250-469-7070 Ext.70726
23	OK Christian School (independent) K-12 – new name <i>OK Adventist – old name</i>	Atoosa Yazdani	250-980-4825
23	Okanagan Mission Secondary	Donna Christison	250-469-7070 Ext.12117
23	Our Lady of Lourdes (Independent)	Kathryn Carmichael	250-980-5150
23	Oyama	Monaco Fedow	250-980-4825
23	Peachland Elementary	Janelle Wallace	250-980-5150
23	Pearson Road Elementary		250-980-4825
23	Peter Greer Elementary	Kalicia Schmidt	250-980-4825
23	Pursuit of Excellence Hockey School (Independent)		
23	Quigley	Nicole Millard	250-980-4825
23	Raymer Elementary	Heidi Morrison	250-469-7070 Ext.13184
23	Rose Valley Elementary	Katie Morgan	250-980-5150
23	Rutland Elementary	Candace McCartney	250-980-4825
23	Rutland Middle School	Candace McCartney	250-980-4825
23	Rutland Senior Secondary	Patti Myroniuk	250-980-4825
23	Sensisuysten House of Learning	Shauna Moir (WFN)	250-768-0227
23	Shannon Lake Elementary	Janice Sorestad	250-980-5150
23	South Kelowna Elementary	Virginia Courtney	250-469-7070 Ext.70598
23	South Rutland Elementary	Tavia Cahill	250-980-4825
23	Springvalley Elementary	Kalicia Schmidt	250-980-4825
23	Springvalley Middle School	Tanya Derksen	250-980-4825
23	St. Joseph Elementary School (Independent)	Marissa Pineau	250-469-7070 Ext.70675
23	Storefront: Rutland	Patti Myroniuk	250-980-4825

23	SD 23 Distributed Learning School	Joey Willis	250-469-7070 Ext. 12877
23	Storefront: Central (Kelowna)	Sheena Velasco	250-469-7070 Ext.70740
23	Storefront: West Kelowna	Daina Servi	250-980-5150
23	Studio 9 (Independent 3-12)	Atoosa Yazdani	250-980-4825
23	Lakeside (Independent - formerly Kelowna Waldorf)	Maria Macasso	250-469-7070 Ext.70675
23	Venture Academy (alternate school)	Nicole Millard	250-980-4825
23	Watson Rd	Sheena Velasco	250-469-7070 Ext. 13179
23	Willowstone Academy	Heidi Morrison	250-469-7070 Ext.13184

Updated Sept 15, 2020

RETIRE

What it is and what to do

When blood sugar is below 4 mmol/L, you must act **IMMEDIATELY**.
Do not leave a student alone if you think blood sugar is low.

Low blood sugar is also called **hypoglycemia**. It can be caused by:

- Too much insulin, and not enough food
- Delaying or missing a meal or a snack
- Not enough food before an activity
- Unplanned activity, without adjusting food or insulin

Some of the most common symptoms of low blood sugar are:



Shakiness



Irritability/grouchiness



Dizziness



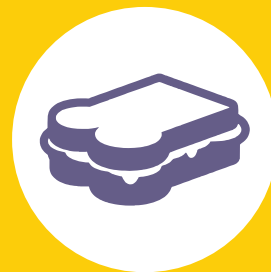
Sweating



Blurry vision



Headache



Hunger



Weakness/Fatigue



Pale skin



Confusion

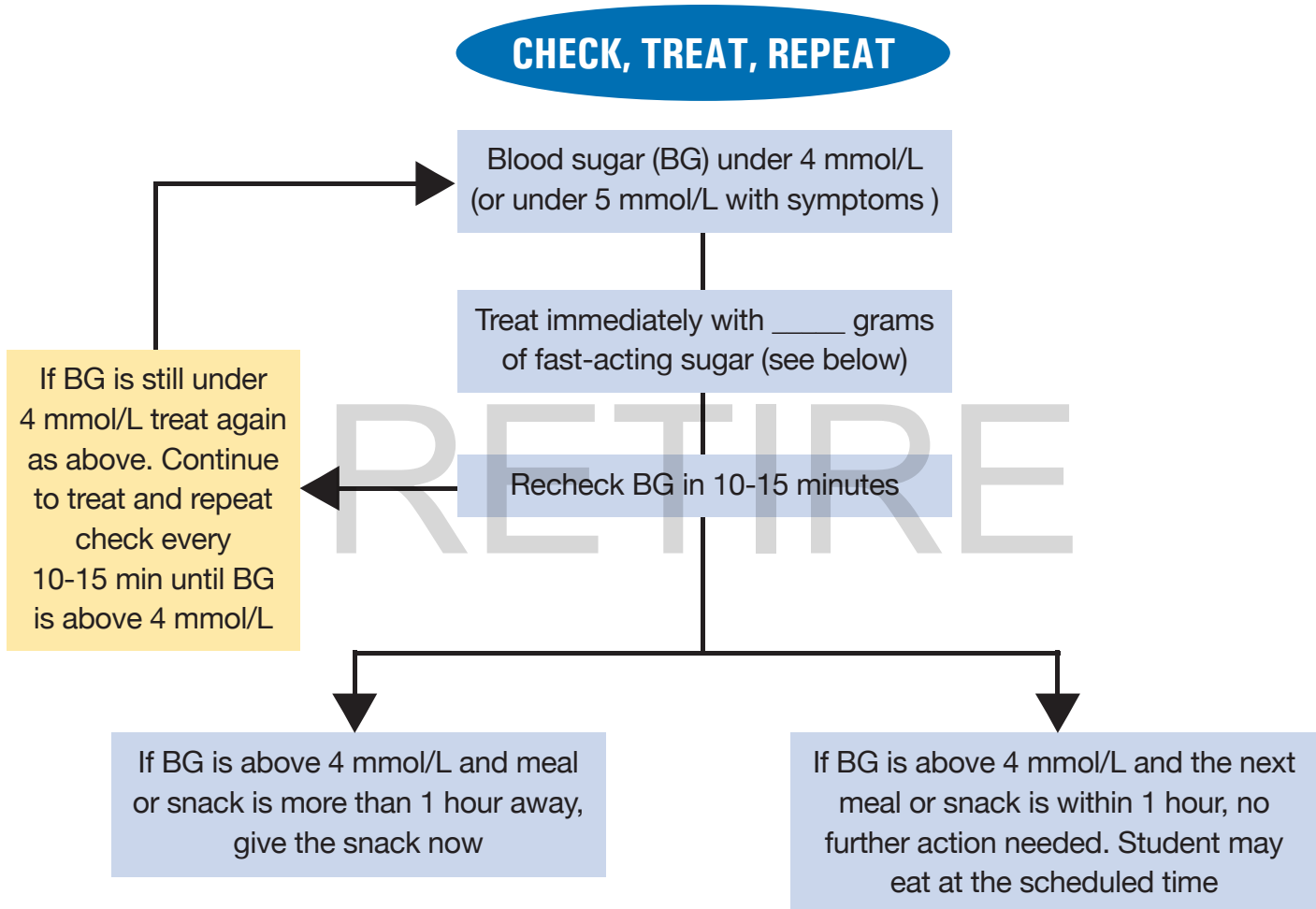
See other side for steps to take when you suspect a student has low blood sugar.

How to treat low blood sugar

Remember:

1. Low blood sugar must be treated **IMMEDIATELY**
2. **DO NOT** leave a student alone if you suspect low blood sugar
3. Treat the low blood sugar **WHERE IT OCCURS**. Do not bring the student to another location. Walking may make blood sugar go even lower.
4. Even students who are independent **may need help** when their blood sugar is low

CHECK, TREAT, REPEAT



Give fast-acting sugar according to the student's care plan: either 10 g or 15 g

Amount of fast-acting sugar to give		
	10 g	15 g
Glucose tablets	2 tablets	4 tablets
Juice/pop	½ cup	¾ cup
Skittles	10 pieces	15 pieces
Rockets candy	1 pkg = 7 g	2 pkgs = 14 g
Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs

MEDICAL ALERT AND ANAPHYLAXIS DOCUMENTS

SEIZURE ACTION PLAN DOCUMENTS

DOCUMENT	PAGE
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3. Medical Alert Photo ID	6
4. Medical Alert/Anaphylaxis Medication Administration Record	7
5. Anaphylactic Student Emergency Procedure Plan	8
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RETIRE

MEDICAL ALERT PLANNING FORM

PHOTO ID

School Year		School Attended	
B.C. Care Card #			

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name:	Birth Date (YMD)
----------------------	-------------------------

Parent/Guardian:	Day Phone:	Cell Phone:
Emergency Contact Name:	Day Phone:	Cell Phone:
Physician:	Day Phone:	

Potential life-threatening medical condition diagnosed as:

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem:

PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician, and reviewed as needed with the appropriate school staff in consultation with the Public Health Nurse.

NOTE: any changes to current plan must be initiated by the parent.

- Symptoms to watch for are:

- Precautions in the classroom are:

- **Emergency Plan** school staff need to follow (step by step):

1. _____

2. _____

3. _____

4. _____

Medication needed:

Yes No Name of medication: _____

Where medication is located:

On student Located in school Location : _____

- Please check this box if the student is a registered rider on a school bus (eligible or courtesy).** A copy of this plan will be needed by the Transportation Department after each update if the student rides a school bus.

If Yes “Request for Administration of Medication at School” (Form 436.1) Parts A, B, & C must be filled out and provided to the school. **Note:** Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by PARENT OR GUARDIAN (minimum annually)

Review Dates:	There has been no change to this plan:
1. Date & Sign	1. Date & Sign
2. Date & Sign	2. Date & Sign
3. Date & Sign	3. Date & Sign

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2, (250) 860-8888.

Date Agreed: October 2007
 Date Amended: February 10, 2016
 Date Reviewed:
 Related Documents:

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL FORM

A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME	BIRTHDATE (Y/M/D)		
PARENT OR GUARDIAN	HOME PHONE:		BUSINESS PHONE:
PHYSICIAN	PHONE:		

**B. ATTACH A DUPLICATE PHARMACY LABEL OF PRESCRIBED MEDICATION
OR
REQUEST THAT THE PRESCRIBING PHYSICIAN COMPLETE THE FOLLOWING:**

Conditions Which Make Medication Necessary

Name of Medication	Dosage	Directions for Use

Additional Comments (possible Reactions, Consequences of Missing Medication, etc.)

RETIRE

<p>If prescribing epinephrine emergency medication, it must be a single dose, single-use auto-injector for school setting with a second injector, if parents have provided a second injector, which can be given 5-15 minutes if symptoms do not improve. An oral antihistamine will not be administered by school personnel.</p>	
	Physician's Signature
	Date

Additional information can be provided on reverse side.

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school to give medication as prescribed to my child whose name is recorded below

Name of Child	Date
----------------------	-------------

I Will Notify the School Promptly of Any Changes in Medications Ordered

Signature of Parent or Guardian

Additional information can be provided on reverse side.

D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS CARD THEN DATE AND SIGN BELOW

Date	Signature	Comments, If Any

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2 (250) 860-8888.

Additional Information:

RETIRE

Date Agreed: October 2007
 Date Amended: February 10, 2016; May 2020
 Date Reviewed:
 Related Documents:

Medical Alert



Name: _____

Grade: _____
Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:

On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

RETIRE

Medical Alert



Name: _____

Grade: _____
Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:

On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

Medical Alert/Anaphylaxis Medication Administration Record

*****STAFF MEMBER ADMINISTERING MEDICATION MUST BE TRAINED BY A PUBLIC HEALTH NURSE*****

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

RETIRED

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Parent/Guardian please complete:

Student's Name _____ Date of Birth (Y/M/D) _____

Sex: Male Female

Parent/Guardian _____ Daytime Phone _____

Emergency Contact _____ Daytime Phone _____

Physician _____ Daytime Phone _____

Physician please complete:

Physician's Name _____

Daytime Phone _____ Fax _____

Allergen (Do not include antibiotics or other drugs. Please be as specific as possible.)

Peanuts Nuts Dairy Other food _____

Spiders Insects Latex Any other allergens _____

Symptoms:

- 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 colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females

Additional symptoms _____

Steps for Treating a Severe Allergic Reaction

1. Use the epinephrine auto-injector right away. Give the epinephrine into the muscle of the outer-mid thigh, through clothing if necessary.
2. Call **9-1-1** or the local emergency number.
3. Lie your child down with their legs raised slightly. If they are nauseated or vomiting, lay them on their side. Do not make them sit or stand up. If they are having difficulty breathing, let them sit up.
4. Do not leave your child alone.
5. If your child's symptoms do not get better or get worse, give a second dose of epinephrine as soon as 5 minutes after the first dose.
6. Ensure your child gets to a hospital.

Emergency Medication

NOTE: Emergency medication must be a single dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication _____

Dosage _____

Physician Signature

Date (Y/M/D)

Parent/Guardian please complete

- Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?..... yes no
Two auto-injectors provided to school?..... yes no
Student aware of how to administer?..... yes no

Auto-injector locations _____

Your child’s personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child’s personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child’s personal information, please contact the school Principal directly. By signing this form, you give your consent to the Board of Education to disclose your child’s personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

RETIRE

Parent/Guardian Signature Date (Y/M/D)

Date Agreed: February 10, 2016
Date Amended:
Date Reviewed:
Related Documents:

COMMUNICATION LOG

BETWEEN SCHOOL AND PARENTS/GUARDIANS OF STUDENTS DIAGNOSED WITH A MEDICAL ALERT/ANAPHYLAXIS

DEMOGRAPHICS

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

PARENT/GUARDIAN (1) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

RETIRE

PARENT/GUARDIAN (2) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

OTHER (3) (PRINT) MUST HAVE LEGAL GUARDIANSHIP	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

COMMUNICATION ATTEMPTS

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

RETIRED

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Forms	Date Form Sent Home (D/M/Y)	Date Received (D/M/Y)
Seizure Action Plan & Medical Alert Information		
Anaphylactic Student Emergency Procedure Plan		
SD 23 Medical Alert Planning		
Request to Administer Medication at School		

RETIRE

Anaphylaxis / Life-threatening Allergies Support Document



Reference Material

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SCHOOL DISTRICT NO. 23 (CENTRAL OKANAGAN) POLICIES

Board Policy 436 – Managing Students with Medical Alert/Anaphylaxis Conditions

Board Policy 436R – Managing Students with Medical Alert/Anaphylaxis Conditions (Regulations)

Note: The above documents may be viewed and downloaded from:

[http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/="](http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/=)

ADDITIONAL INFORMATION AND WEBSITES

- BC Ministry of Education – Anaphylaxis
<https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/program-management/safe-caring-and-orderly-schools/anaphylaxis?keyword=anaphylaxis>
- British Columbia Anaphylaxis and Child Safety Framework (*revised 2013*)
https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc_anaphylactic_child_safety.pdf
- Canadian Society of Allergy and Clinical Immunology "Anaphylaxis in Schools and Other Settings" (*Copyright 2005-2016*)
<https://csaci.ca/flip/en/mobile/index.html#p=10>
- Anaphylaxis Protection Order
https://www2.gov.bc.ca/assets/gov/education/administration/legislation-policy/legislation/schoollaw/e/m232_07.pdf
- HealthLinkBC: Allergy Safe Child Care Facilities
<https://www.healthlinkbc.ca/healthlinkbc-files/allergy-safe-child-care-facilities>
- HealthLinkBC: Severe Allergic Reactions to Food: Children and Teens
<https://www.healthlinkbc.ca/healthlinkbc-files/food-allergy-child-teenager>
- Food Allergy Canada
<http://foodallergycanada.ca/tools-and-downloads/downloads/information-sheets/>
- Anaphylaxis in Schools: What Educators Need to Know
<https://www.allergyaware.ca/>
- Interior Health : Allergies and Anaphylaxis
<https://www.interiorhealth.ca/YourHealth/SchoolHealth/SchoolMedicalConditions/Pages/AllergiesAnaphylaxis.aspx>
- MedicAlert Canada "No Child Without"
<https://www.medicalert.ca/no-child-without>
- Food Allergy Canada School Programs
<https://foodallergycanada.ca/our-impact-advocacy-and-services/programs-and-services/school-programs/>

1.0 INTRODUCTION

The Anaphylaxis / Life-threatening Allergies Support Document has been created based on School District 23 (Central Okanagan) Policies and Procedures 436 and Regulations 436R, Managing Students with Medical Alert/Anaphylactic Condition(s) to support the safety, health and well being of students diagnosed with serious medical condition(s) that are potentially life threatening [http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/="](http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/=).

This document contains the following: School District 23 (Central Okanagan) Policy and Procedures 436 Introduction, Anaphylaxis Definition, Symptoms, Emergency Treatment, Identification, School Prevention and Management Plan, Meal and Snack Time Guidelines, and Reference Documents to reduce preventable, serious reactions and possible life-threatening allergies in schools.

Policies and Procedures 436 Introduction

For treatment of students diagnosed with serious medical condition(s) that are potentially life threatening.

The Board of Education is committed to the well being of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with serious medical condition(s) that are potentially life threatening require planned care and support as outlined in the BC Ministry of Education in accordance with the Anaphylactic Protection Order (2009) and the BC Anaphylactic and Child Safety Framework (2007, Revised 2013).

To support the safety, health and well being of students diagnosed with serious medical condition(s) that are potentially life threatening, the Board believes that the care of students is a joint responsibility of parents/guardians, school personnel, students, and Public Health Nurses.

RETIRE

2.0 DEFINITION, SYMPTOMS, AND EMERGENCY TREATMENT

DEFINITION

Anaphylaxis is a serious allergic reaction that is rapid in onset and can possibly be fatal. Food or insect stings are the most common allergens to trigger a reaction. The highest incidence of anaphylaxis occurs in school-aged children making it essential that schools have an anaphylactic safety plan. (BC Ministry of Education, 2020)

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). (British Columbia Anaphylactic and Child Safety Framework, Ministry of Education September 2007, revised 2013)

SYMPTOMS

Symptoms may include any of the following, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling (*face, lips, tongue*), itching, warmth, redness
- **Respiratory (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, hoarse voice, nasal congestion or hay fever-like *symptoms (running itchy nose and watery eyes, sneezing)*, trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular (health):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (*the feeling that something bad is about to happen*), headache, uterine cramps, metallic taste

The most dangerous symptoms of an allergic reaction involve:

- **breathing difficulties caused by swelling of the airways** (*including a severe asthma attack*) or
- **a drop in blood pressure indicated by dizziness** (*indicated by dizziness, lightheadedness, feeling faint or weak, or passing out.*)

If untreated, both could be potentially life threatening

(HealthLink BC Severe Allergic Reactions to Food: Children and Teens 2020)

HOW IS A SEVERE ALLERGIC REACTION TREATED?

When a severe allergic reaction begins, it is important to respond right away. Do not wait. Treat it right with the medication called epinephrine. Epinephrine will not cause harm to a child if it is given unnecessarily.

Epinephrine comes in a pre-loaded syringe called an auto-injector. Epinephrine helps reverse the symptoms of the allergic reaction and can save your child's life.

STEPS FOR TREATING A SEVERE ALLERGIC REACTION

1. Use the epinephrine auto-injector right away. Give the epinephrine into the muscle of the outer-mid thigh, through clothing if necessary.
2. Call **9-1-1** or the local emergency number.
3. Lie your child down with their legs raised slightly. If they are nauseated or vomiting, lay them on their side. Do not make them sit or stand up. If they are having difficulty breathing, let them sit up.
4. Do not leave your child alone.
5. If your child's symptoms do not get better or get worse, give a second dose of epinephrine as soon as 5 minutes after the first dose.
6. Ensure your child gets to a hospital.

(Anaphylaxis in Schools and Other Settings, Copyright 2005-2016, Canadian Society of Allergy and Clinical Immunology)

3.0 IDENTIFICATION OF INDIVIDUALS AT RISK

Family doctors and emergency physicians are most often the first healthcare professionals to identify a person who has experienced an allergic reaction. They play an important role in discussing anaphylaxis management with individuals (e.g. allergen avoidance strategies), prescribing, an epinephrine auto-injector, and referring them to an allergist for evaluation. People thought to be at risk of life-threatening allergic reactions should be evaluated by an allergist.

An individual is diagnosed as being at risk by obtaining a detailed personal history and confirmation of an allergy through appropriate investigations such as skin and/or blood tests.

(Anaphylaxis in Schools and Other Settings, 3rd Edition Revised, Canadian Society of Allergy and Clinical Immunology, August 2016)

(Refer to Appendix A - Triggers)

4.0 SCHOOL PREVENTION AND MANAGEMENT PLAN

To support the safety, health and well being of students diagnosed with serious medical conditions that are potentially life threatening, the Board believes that the care of students is a joint responsibility of parents/guardians, school personnel, students, and Public Health Nurses.

For further information, please reference School District 23 (Central Okanagan) Policies and Procedures 436 and 436R

<http://www.sd23.bc.ca/Board/Policies/Section%204%20%20Students/436.pdf>

<http://www.sd23.bc.ca/Board/Policies/Section%204%20%20Students/436R.pdf>

(Refer to Appendix B - Medical Forms)

MEAL AND SNACK TIME GUIDELINES

Even tiny amounts of a food allergen can cause an allergic reaction.

- Have all children and staff wash their hands with soap and water before and after eating. This helps prevent food from getting on toys, clothing, and other surfaces.
- Clean all tables and surfaces well before and after eating.
- Place dishes and utensils on a napkin, not directly on the table.
- Supervise children while they are eating.
- Do not allow children to trade or share food, utensils, napkins, or food containers.
- Ask parents of children with food allergy to approve all foods offered to their child.
- Do not offer a food to a child with food allergy if you are not sure it is safe. Ask parents to provide a substitute.
- Store food out of reach of young children.
- Talk to parents about activities that involve food.

(BC Ministry of Education, Anaphylaxis 2020)

5.0 Considerations

1. The choice to place a student diagnosed with serious medical condition(s) that are potentially life threatening in a portable classroom should be avoided unless there are no other options. Access to medical support is easily accessible when students are in close proximity to the school's medical room.
2. It is important to consider the proximity of hand-washing facilities for students with serious medical condition(s) that are potentially life threatening. *Note: Hand sanitizers do not remove allergen(s).*
3. As recommended by Food Allergy Canada, school staff should monitor primary grade students diagnosed with serious medical condition(s) that are potentially life threatening during classroom mealtimes as appropriate.
4. It would be helpful if parents/guardians of all classmates where there is a student diagnosed with serious medical condition(s) that are potentially life threatening could be notified as soon as possible. *Parent Letter, page 22.*
5. Allergen(s) can easily be present in everyday school activities such as playdough, crafting supplies, science project supplies, counting materials (*e.g. beans, peas, seeds*) and other high contact items.
6. Allergen(s) associated with special celebrations are areas of great concern for students diagnosed with serious medical condition(s) that are potentially life threatening as the possible triggers may be unsafe for these students.
7. Students diagnosed with serious medical condition(s) that are potentially life threatening may be subject to insensitive remarks or actions. Please direct parents/guardians to the school's Code of Conduct if there are concerns.
8. Students and school staff should wash their hands when entering the classroom in the morning to remove any allergen(s) potentially carried from the home/community.
9. Note: The AUVI-Q® "How to Administer Epinephrine in 3 Steps" poster, shown on page 18 and provided by Interior Health, is one brand name for an epinephrine auto-injector. There are other epinephrine auto-injectors available in *Canada* (*e.g. Allerject® and EpiPen®*).

APPENDICES

APPENDIX A

ANAPHYLAXIS TRIGGERS

Although many substances have the potential to cause anaphylaxis, the most common triggers are food and insect stings (*eg. yellow jackets, hornets, wasps, and honey bees*).

In Canada, the most common food allergens that cause anaphylaxis are:

- peanuts
- tree nuts (*almonds, Brazil nuts, cashews, hazel nuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts*)
- milk
- egg
- sesame
- soy
- wheat
- seafood
 - fish (*e.g. trout, salmon*)
 - shellfish
 - crustaceans (*e.g. lobster, shrimp, crab*)
 - molluscs (*e.g. scallops, clams, oysters, mussels*)
- mustard

Medications and exposure to natural rubber latex can also cause potentially life-threatening allergic reactions. A less common cause of anaphylaxis is exercise, which in some individuals can be triggered by the prior ingestion of a specific food which is not normally a problem.

In some cases of anaphylaxis, the cause is unknown (*'idiopathic'*)

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously.

When a reaction begins, it is important to respond immediately, following instructions in the Anaphylaxis Student Emergency Procedure Plan / 911 Protocol.

(Anaphylaxis in Schools & Other Settings © 2005-2016 Canadian Society of Allergy and Clinical Immunology)

APPENDIX B

REFERENCE DOCUMENTS

FORMS

- BC Ministry of Education Anaphylactic Student Emergency Procedure Plan
- SD 23 Medical Alert Photo ID
- SD 23 Medical Alert Planning Form
- SD 23 Request for Administration of Medication at School Form

Note: The above documents are available at your child's school. Please contact School Principal.

POSTERS

- How to Use EpiPen® and EpiPen Jr®
- AUVI-Q® (Epinephrine Injection, USP) Administers Epinephrine in 3 Steps
- Allergic Reactions – Could You Save A Life?
- Preventing Anaphylaxis – Follow the 3 "A's"

PARENT LETTER

RETIRE

SCHOOL DISTRICT 23 (CENTRAL OKANAGAN) INFORMATION AND CONTACT

- Board Policy No. 435 – Medical Treatment of Students
- Board Policy No. 436 – Managing Students with Medical Alert/Anaphylaxis Conditions
- District Health & Safety Manager, Central Okanagan Public Schools, Phone: 250-470-3209

ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Parent/Guardian please complete:

Student's Name _____ Date of Birth (Y/M/D) _____

Sex: Male Female

Parent/Guardian _____ Daytime Phone _____

Emergency Contact _____ Daytime Phone _____

Physician _____ Daytime Phone _____

Physician please complete:

Physician's Name _____

Daytime Phone _____ Fax _____

Allergen (Do not include antibiotics or other drugs. Please be as specific as possible.)

Peanuts Nuts Dairy Other food _____

Spiders Insects Latex Any other allergens _____

Symptoms

- 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 colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms _____

Steps for Treating a Severe Allergic Reaction

1. Use the epinephrine auto-injector right away. Give the epinephrine into the muscle of the outer-mid thigh, through clothing if necessary.
2. Call **9-1-1** or the local emergency number.
3. Lie your child down with their legs raised slightly. If they are nauseated or vomiting, lay them on their side. Do not make them sit or stand up. If they are having difficulty breathing, let them sit up.
4. Do not leave your child alone.
5. If your child's symptoms do not get better or get worse, give a second dose of epinephrine as soon as 5 minutes after the first dose.
6. Ensure your child gets to a hospital.

Emergency Medication

NOTE: Emergency medication must be a single-dose auto-injector for school setting.

Oral antihistamines will not be administered by school personnel.

Name of emergency medication _____

Dosage _____

Physician Signature

Date (Y/M/D)

Parent/Guardian please complete:

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Two auto-injectors provided to school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Student aware of how to administer?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Auto-injector locations: _____

Your child’s personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child’s personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child’s personal information, please contact the school Principal directly. By signing this form, you give your consent to the Board of Education to disclose your child’s personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

RETIRED

Parent/Guardian Signature

Date (Y/M/D)

Date Agreed: February 10, 2016

Date Amended:

Date Reviewed:

Related Documents:

Form 436.5 – Anaphylactic Student Emergency Procedure Plan

Page 2 of 2

Medical Alert

Name: _____ Grade: _____
 Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:
 On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

Medical Alert

Name: _____ Grade: _____
 Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

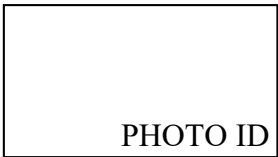
Where medication is located:
 On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

Date Agreed: October 2007
 Date Amended/Reviewed: March 2008
 Date Reviewed/Amended: November 13, 2002
 Date Amended: February 10, 2016
 Date Reviewed:
 Related Documents:

Form 436.3 – Managing Students With Medical Alert
 Photo ID Form
 Page 1 of 1

MEDICAL ALERT PLANNING FORM



School Year		School Attended	
B.C. Care Card #			

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name:		Birth Date (YMD)	
---------------	--	------------------	--

Parent/Guardian:		Day Phone:		Cell Phone:	
Emergency Contact Name:		Day Phone:		Cell Phone:	
Physician:		Day Phone:			

Potential life-threatening medical condition diagnosed as:

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem:

PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician, and reviewed as needed with the appropriate school staff in consultation with the Public Health Nurse.

NOTE: any changes to current plan must be initiated by the parent.

- Symptoms to watch for are:

- Precautions in the classroom are:

- **Emergency Plan** school staff need to follow (step by step):

1. _____
2. _____
3. _____
4. _____

Medication needed:

Yes No Name of medication: _____

Where medication is located:

On student Located in school Location : _____

- Please check this box if the student is a registered rider on a school bus (eligible or courtesy).** A copy of this plan will be needed by the Transportation Department after each update if the student rides a school bus.

If Yes “Request for Administration of Medication at School” (Form 436.1) Parts A, B, & C must be filled out and provided to the school. **Note:** Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by PARENT OR GUARDIAN (minimum annually)

Review Dates:	There has been no change to this plan:
1. Date & Sign	1. Date & Sign
2. Date & Sign	2. Date & Sign
3. Date & Sign	3. Date & Sign

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2, (250) 860-8888.

Date Agreed: October 2007
 Date Amended: February 10, 2016
 Date Reviewed:
 Related Documents:

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL FORM

A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME	BIRTHDATE (Y/M/D)		
PARENT OR GUARDIAN	HOME PHONE:		BUSINESS PHONE:
PHYSICIAN	PHONE:		

**B. ATTACH A DUPLICATE PHARMACY LABEL OF PRESCRIBED MEDICATION
OR
REQUEST THAT THE PRESCRIBING PHYSICIAN COMPLETE THE FOLLOWING:**

Conditions Which Make Medication Necessary

Name of Medication	Dosage	Directions for Use

Additional Comments (possible Reactions, Consequences of Missing Medication, etc.)

RETIRE

<p>If prescribing epinephrine emergency medication, it must be a single dose, single-use auto-injector for school setting with a second injector, if parents have provided a second injector, which can be given 5-15 minutes if symptoms do not improve. An oral antihistamine will not be administered by school personnel.</p>	
	Physician's Signature
	Date

Additional information can be provided on reverse side.

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school to give medication as prescribed to my child whose name is recorded below

Name of Child	Date
----------------------	-------------

I Will Notify the School Promptly of Any Changes in Medications Ordered

Signature of Parent or Guardian

Additional information can be provided on reverse side.

D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS CARD THEN DATE AND SIGN BELOW

Date	Signature	Comments, If Any

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2 (250) 860-8888.

Additional Information:

RETIRE

Date Agreed: October 2007
 Date Amended: February 10, 2016; May 2020
 Date Reviewed:
 Related Documents:

Form 436.1 – Request for Administration of
 Medication at School Form
 Page 2 of 2

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



Blue to the sky

- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist



Orange to the thigh

- Place the orange tip against the middle of the outer thigh
- Swing and push the auto-injector firmly into the thigh until it “clicks”
- Hold in place for 3 full seconds



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.



After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.

EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen Jr® Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for warnings and precautions, side effects, and complete dosing and administration instructions.

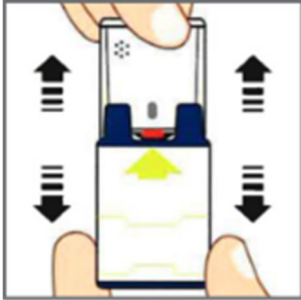


©2017 Pfizer Canada Inc., (Kilmer), Quebec H3L 2M6 • (toll free) 1-877-877-8789
EpiPen®, EpiPen Jr® are registered trademarks of Mylan, Inc. licensed exclusively to the Multiple-Wholly-Owned Affiliates,
Mylan Specialty U.S. and Mylan, Pfizer Canada Inc., (Kilmer), Quebec H3L 2M6
00000018 PF-05-CMA0203-04



Trusted for over 25 years.

AUVI-Q® (epinephrine injection, USP) administers epinephrine in 3 steps.

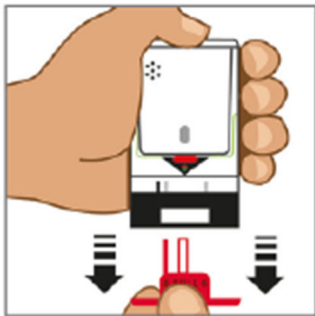


STEP 1

Pull AUVI-Q up from the outer case.

Do not go to step 2 until you are ready to use AUVI-Q. If you are not ready to use AUVI-Q, put it back in the outer case.

RETIRE

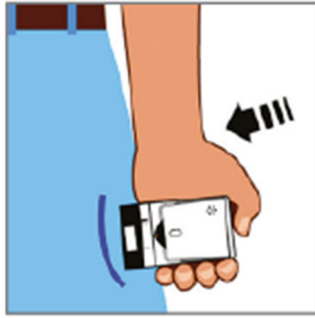


STEP 2

Pull red safety guard down and off of AUVI-Q.

To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

Note: The red safety guard is made to fit tightly. Pull firmly to remove.



STEP 3

Place black end of AUVI-Q against the middle of the outer thigh, then push firmly until you hear a click and hiss sound, and hold in place for 2 seconds.

AUVI-Q can inject through clothing if necessary. ONLY inject into the middle of the outer thigh. To minimize the risk of injection-related injury, instruct caregiver to hold a young child's or infant's leg firmly in place when administering AUVI-Q.

After use, instruct patient to get emergency help right away.

To minimize the risk of injection-related injury, instruct caregiver to hold a young child's or infant's leg firmly in place when administering AUVI-Q.

<https://www.auvi-q.com/about-auvi-q#voice-instructions>



Food Allergy Canada

ALLERGIC REACTIONS

Could YOU save a life?

After eating or being stung by an insect, a person at risk for anaphylaxis might have any of these symptoms.

Think F.A.S.T....



Face

Hives, itching, redness, swelling of face, lips or tongue

Airway

Trouble breathing, swallowing or speaking, nasal congestion, sneezing

Stomach

Stomach pain, vomiting, diarrhea

Total Body

Hives, itching, swelling, weakness, dizziness, sense of doom, loss of consciousness

Give Epinephrine

- Give epinephrine (e.g. EpiPen®) at the first sign of a reaction.
- The first signs may be mild, but symptoms can get worse quickly.
- Repeat as early as 5 minutes if symptoms do not improve.

Call 9-1-1

- Have person transported to hospital, even if symptoms are mild or have stopped.

then ACT....

Visit foodallergycanada.ca or call 1 866 785-5660 for more information and support.

Think F.A.S.T. concept developed by Food Allergy Canada and supported by: © 2000-2018 Food Allergy Canada



PREVENTING ANAPHYLAXIS

FOLLOW the 3 “A’s”

AWARENESS

- Know the students affected by allergy
- Know the steps of the emergency plan
- Know the location of the epinephrine auto-injectors
- Know how to use the epinephrine auto injector

AVOIDANCE

- Communication
- Avoid contact with allergens
- Make your classroom allergy “safe” to reduce the risk of exposure. Do not allow trading or sharing food, food utensils or food containers, use of food for crafts and cooking classes may need to be modified, no eating rule if traveling on buses. All children should wash their hands with soap and water before and after eating. Clean surfaces on a regular basis
- Take extra precautions on field trips, ensuring auto injectors are taken

Picture: www.epipen.ca

ACTION

- **DON'T DELAY – GIVE AUTO INJECTOR**
- Call 9-1-1
- Call parent or guardian
- Bring second auto injector for field trips.

(Interior Health Anaphylaxis Teaching Manual, August 2016)



Date:

Dear Parent/Guardian:

This year, we have a Grade ___ student with a life-threatening allergy to _____ at our school. We are trying to make our school environment safe for this student by making sure that he/she is not accidentally exposed to any products containing _____.

Even the smallest amount of _____ on a desk, book, or even someone's clothing could cause a life-threatening allergic reaction. If this should happen, we have an emergency plan and will take action immediately.

However, we ask for your cooperation in reducing the risk for this student. Please do not send any food made with or containing _____ to school with your child. Please ask your child to eat only the food that you send from home, rather than trading or sharing lunch items with the other students.

Thank you for your understanding and cooperation in this very serious matter. If you have any questions or concerns, please call me at (000-0000).

School Principal

Seizure Action Plan & Medical Alert Information

Instructions: This form is a communication tool for use by parents to share information with the school. Update form yearly or if any changes in condition and/or treatment.

School Year: _____ **Date of Plan:** _____

Name of Student:		Date of Birth:	Care Card Number:
School:	Grade:	Teacher/Div:	Date of Plan:

CONTACT INFORMATION

Parent/Guardian 1:	Name:			<input type="checkbox"/> Call First
	Cell Number:	Work Number:	Home Number:	Other Number:
Parent/Guardian 2:	Name:			<input type="checkbox"/> Call First
	Cell Number:	Work Number:	Home Number:	Other Number:
Other/Emergency:	Name:			Relationship:
	Able to advise on seizure care: <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Number:	Work Number:
Neurologist:	Phone Number:	Family Physician:	Phone Number:	

GENERAL COMMUNICATION:

What is the best way for us to communicate with you about your child's seizure(s)?

Significant medical history or condition:

SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy?

2. Seizure type(s):

3. What time of day do seizures occur?

4. How long do the seizures last?

5. How often do seizures occur?

6. Description of seizure:

7. Does your child have cluster seizures?

8. Are there any warnings and/or behavior changes before the seizure occurs?

YES NO If yes, please explain:

9. When was your child's last seizure?

10. How does your child react after a seizure is over?

11. How do other illnesses affect your child's seizure control?

BASIC FIRST AID: Care and comfort Measures:

12. What basic first aid procedures should be taken when your child has a seizure in school?

13. Will your child need to leave the classroom after a seizure?

YES NO

14. Does your child need to lie down after a seizure?

YES NO What process would you recommend for returning your child to classroom?

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure
- ✓ inform parent
- ✓ For tonic-clonic (grand mal) seizure:
- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side if ambulatory
OR if in wheelchair/stander/walker child may remain in mobility device.

Note: They may need to be taken out of a mobility device at the end of the seizure if airway is blocked or they want to sleep.

SEIZURE EMERGENCIES

15. When does the school call 911?

16. When does the school call the parent?

17. Has your child ever been hospitalized for continuous seizures?

YES NO If YES, please explain:

A Seizure is considered an Emergency.

CALL 911 WHEN:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 - ✓ Student has repeated seizures without regaining consciousness
 - ✓ Student has a first time seizure
 - ✓ Student is injured or diabetic
 - ✓ Student has breathing difficulties after the seizure
 - ✓ Student has a seizure under water
- Serious injury occurs

Seizure Action Plan & Medical Alert Information

SEIZURE MEDICATION AND TREATMENT INFORMATION (Physician to Complete)

18. Scheduled medication(s)

Medication	Dosage	Date Started	Frequency and time of day taken	Possible side effects

19. Emergency medications

Medication	Dosage	Administration Instructions (timing & method)	What to do after administration

Have emergency supplies been provided in the event of a natural disaster?

YES NO If YES, location of supplies?

20. Does your child have a Vagus Nerve Stimulator?

YES NO If YES, please describe instructions for appropriate magnet use:

Physician Signature: _____

Date: _____

SPECIAL CONSIDERATION & PRECAUTIONS

Check all that apply and describe any considerations or precautions that should be taken

- | | |
|--|---|
| <input type="checkbox"/> General health: _____ | <input type="checkbox"/> Physical education (gym)/sports: _____ |
| <input type="checkbox"/> Physical functioning: _____ | <input type="checkbox"/> Recess: _____ |
| <input type="checkbox"/> Learning: _____ | <input type="checkbox"/> Field trips: _____ |
| <input type="checkbox"/> Behavior: _____ | <input type="checkbox"/> Bus transportation: _____ |
| <input type="checkbox"/> Mood/coping: _____ | <input type="checkbox"/> Playground Equipment: _____ |
| <input type="checkbox"/> Stairs: _____ | <input type="checkbox"/> Other: _____ |

21. Can this information be shared with classroom teacher(s) and other appropriate school personnel?

YES NO

Parent/Guardian Signature: _____

School Administrator _____

Signature: _____

Date: _____



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435 – MEDICAL TREATMENT OF STUDENTS

Introduction

The Board of Education has an obligation to provide education through the public schools to students who qualify pursuant to the provisions of the School Act. The Board must make reasonable provisions to enable students in need of special medical treatment to continue receiving such treatment.

Policy

1. The common law duty of care obligates the Board to take action in support of the physical well being of students under its care. The Board delegates this duty to and through its employees.
2. School district employees are required to act in the same way as a reasonable and prudent parent in the same circumstances. However, not all the authority of a parent is conferred upon the employees.
3. The consent for medical treatment can only be granted by a parent, a legal guardian, or in emergencies by a medical practitioner.
4. A school district employee providing emergency services shall have legal protection in accordance with:
The Good Samaritan Act (see Appendix);
Schools Protection/Insurance Program liability insurance.
5. The principal of each school shall implement the ~~Regulations of Policy 436: *Managing Students With Medical Alert Anaphylaxis procedures in the following Administrative Procedures:*~~
Medical Alert – Managing Students with Anaphylaxis/Medical Conditions
Medical Alert – Supporting Students Diagnosed with Diabetes
Medical Alert – Supporting Students Diagnosed with Epilepsy/Seizure Disorders
in order to:
 - identify students who are extremely vulnerable;
 - identify students in need of prescribed medication;
 - obtain parental consent for self-administration by students of prescribed medication;



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- monitor student compliance with prescribed medication schedules;
- transport students to a medical practitioner/hospital in an emergency;
- report accidents.

AMENDMENT

Date Agreed: April 22, 1981
Date Amended: October 7, 1998

Date Reviewed/Amended: November 13, 2002
Date Amended: April 15, 2008
Date Reviewed: November 27, 2013

Related Documents: 435R, 435A, ~~436, 436R~~ and Forms 436

Medical Alert – Managing Students with Anaphylaxis/Medical Conditions

Medical Alert – Supporting Students Diagnosed with Diabetes

Medical Alert – Supporting Students Diagnosed with Epilepsy/Seizure Disorders



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**435R - MEDICAL TREATMENT OF STUDENTS
(REGULATIONS)**

1. Advising Employees of their Responsibilities

The principal shall inform the staff members (and individually to those staff joining after that date), of Policy 435: *Medical Treatment of Students*. Specific reference will be made regarding:

- 1.1 employees must take supportive action towards the student’s physical well being;
- 1.2 employees must recognize the limitations of their ability to provide direct assistance;
- 1.3 all of the recognized authority of the parent is not awarded to employees.

2. Identifying Students with Vulnerabilities and Administering Medication

The District’s student registration form requires that health information be provided by parents when registering a child. When a student with a health condition requiring immediate action is identified, the student’s parents/guardians should be asked to complete a "*Medical Alert Planning Form*" ~~as outlined in Regulations 436: *Managing Students With Medical Alert – Anaphylaxis (Form F436.2)*~~.

3. Identifying Students in Need of Medication While at School, and Supervising Self-Administration of Medication

When parents/guardians advise that a medication must be taken (orally or by an injection) by their child while at school, the principal shall take the following steps:

- 3.1 ~~Non-Prescription Drugs~~
The principal shall inform the parents/guardian and, if necessary, the student that school employees will supervise student self-administration of only those medications prescribed by a physician.
- 3.2 ~~Prescription Drugs~~
The principal shall inform the parents/guardians that they require a physician to complete a "*Request for Administration of Medication at School Form*" (*Form F436.1*) for prescription drugs. ~~(Refer to 436R – Managing Students with Medical Alert/Anaphylaxis Conditions and related forms.)~~



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4. Transporting Students to a Medical Practitioner/Hospital in an Emergency

If, in the opinion of a school district employee, an injured or ill student can best be assisted by immediate medical or hospital treatment, the employee shall:

- 4.1 call an ambulance (the ambulance service fee will be paid by the Board of Education - see Policy 440 and Regulations 440 - *Injury/First Aid Procedures*);
- 4.2 transport the student by taxi or private car if an ambulance is not available;
- 4.3 have a staff member follow the student (if the student is elementary or middle school age) to the hospital and stay with the student until the parent or guardian arrives at the hospital;
- 4.4 notify the parents/guardians immediately;
- 4.5 submit receipts for any costs incurred to the office of the Secretary-Treasurer/CFO for reimbursement.

5. Accident Reports

The principal shall report every accident or emergency situation to the Superintendent of Schools/CEO or designate, using the form prescribed by the Board (Schools Protection Program Risk Management Incident Report form).

Dated Agreed: April 22, 1981
Date Amended: March 15, 1995

Date Reviewed/Amended: November 13, 2002
Date Amended: April 15, 2008; November 27, 2013
Related Documents: 435, 435A, ~~436, 436R~~, 440, 440R, *and* Forms 436
Medical Alert – Managing Students with Anaphylaxis/Medical Conditions
Medical Alert – Supporting Students Diagnosed with Diabetes
Medical Alert – Supporting Students Diagnosed with Epilepsy/Seizure Disorders



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435A – MEDICAL TREATMENT OF STUDENTS – APPENDIX

The Good Samaritan Act - (Assented to June 29, 1978)

"Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:

No liability for emergency aid unless gross negligence

1. A person who renders emergency medical services or aid to an ill, injured, or unconscious person at the immediate scene of an accident or emergency that has caused the illness, injury, or unconsciousness, is not liable for damages for injury to or death of that person caused by his/~~her~~ act or omission in rendering the medical services or aid unless he/~~she~~ is grossly negligent.

Exceptions

2. Section 1 does not apply where the person rendering the medical services or aid:
 - is employed expressly for that purpose, or
 - does so with a view to gain."

Date Agreed: April 22, 1981

Date Amended: October 7, 1998; March 15, 1995;

Date Reviewed/Amended: November 13, 2002

Date Amended:

Date Reviewed: November 27, 2013 Related

Documents: Policy 435, 435R and Form 436

Medical Alert – Managing Students with Anaphylaxis/Medical Conditions

Medical Alert – Supporting Students Diagnosed with Diabetes

Medical Alert – Supporting Students Diagnosed with Epilepsy/Seizure Disorders



MEDICAL ALERT – MANAGING STUDENTS WITH ANAPHYLAXIS/MEDICAL CONDITIONS

Context

The Board of Education is committed to the well-being of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with anaphylaxis, a serious, potentially fatal allergic reaction and/or other medical emergency conditions require planned care and support as outlined in the BC Ministry of Education and Child Care in accordance with the Anaphylactic Protection Order (2022), the BC Anaphylactic and Child Safety Framework (Revised 2013), and the Canadian Society of Allergy and Clinical Immunology, "Anaphylaxis in Schools and Other Settings" (2024). Reported medical conditions may include:

- Epilepsy and/or Seizure Disorders (see related Admin Procedures)
- Anaphylactic and/or history of severe allergic response
- Severe Asthma – immediate medical treatment required
- Blood clotting disorders such as haemophilia 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 parents/guardians/student/family physician, school, and Medical Health Officer or designate

Guiding Principles

To support the safety, health and well-being of students who have been physician diagnosed with anaphylaxis and/or other serious medical condition(s), the Board believes caring for students is a shared responsibility of parents/guardians, school staff, students, and Public Health Nurses. The following procedures are **mandatory** to ensure students diagnosed with anaphylaxis and/or other serious medical condition(s) are provided with a safe, positive, and an equitable learning environment.

Procedures

The Parents/Guardians will:

- a) Annually complete and provide the school with the **mandatory** School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan and, if applicable, the School District No. 23 Request for Administration of Medication at School Form. These are required at the time of registration, the beginning of each school year, upon diagnosis, and at any time there is a change in the student's serious medical condition(s).

- b) Collaborate with the school administration, the Public Health Nurse and their child in the implementation of the School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan and the School District No. 23 Request for Administration of Medication at School Form during the school day and after-hours school-related activities.
- c) Ensure medication(s) is available at the school in the original labelled container and is replaced when it expires.
- d) Provide the necessary medical equipment and/or supplies to the school.
Such as:
- Anaphylactic – Epinephrine auto-injector
 - Asthma – Inhaler
 - Appropriate measuring device (if applicable)

NOTE: Parents/guardians are to provide a second epinephrine auto-injector to be stored in a central, safe, unlocked location. **Non-prescription/generic epinephrine auto-injectors may NOT be used.**

- e) Remove medication(s) and any supporting documentation from school sites at the end of each school year.
- f) Encourage their child to wear medical identification.
- g) If the child will be using district transportation, provide information about the child's medical alert by completing the online transportation registration form.
- h) For students demonstrating a level of maturity, encourage their child to inform close friends of their diagnosis of anaphylaxis and/or other serious medical condition(s) and the location of their medication(s) at school.
- i) Be available, or arrange for a delegate, to always respond by phone or in person.

NOTE:

- In the case of secondary school students, the student may assume some of the parent's/guardian's role.
- Students may not update medical data if parents/guardians have registered conflicting information.
- It is recommended that students who demonstrate maturity regarding their anaphylaxis and/or serious medical condition(s) carry emergency supplies on their person:
 - Asthma - Inhaler
 - Anaphylactic – Epinephrine auto-injector
 - Appropriate measuring device (as appropriate)

The School Principal/Vice-Principal will:

- a) Ensure, at the start of each school year, all school staff either complete the **mandatory**, in-person, general anaphylaxis training or the online "Anaphylaxis in Schools: What Educators Need to Know."
- b) Collect the completed **mandatory** School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan and, if applicable, the School District No. 23 Request for Administration of Medication at School Form. This is required at the time of registration, the beginning of each school year, upon diagnosis, and at any time there is a change in the student's serious medical condition(s).
- c) Keep records of communication with parents/guardians requesting the School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan, and the School District No. 23 Request for Administration of Medication at School Form.

NOTE: After three attempts to obtain the **mandatory** School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan and the School District No. 23 Request for Administration of Medication at School Form from parents/guardians and the required forms are not returned, the parents/guardians must be notified that the Standard Procedure of Care will then be in place; for example, 911 will be called if there is a concern for the student's safety, health and well-being.

- d) Collaborate with the parents/guardians, the Public Health Nurse and the student in the implementation of the School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan and the School District No. 23 Request for Administration of Medication at School Form during the school day and after-hours school-related activities.
- e) Ensure any school (staff, teachers, coaches, supervisors, etc.) who are directly supervising the student are well versed regarding the **mandatory** School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan and the School District No. 23 Request for Administration of Medication at School Form.
- f) Provide information to all school staff so they are visually familiar with students diagnosed with anaphylaxis and/or other serious medical conditions. Display the student's Medical Alert Photo ID in an appropriate place, while ensuring confidentiality.
- g) Ensure school staff know the locations of the student's medication(s). It is recommended that students who demonstrate a level of maturity regarding their anaphylaxis and/or serious medical condition(s) carry medication(s) for immediate availability.
- h) Establish a recording system to notify parents/guardians when medication(s) is expired and needs replacing.

- i) Provide, on an annual basis, a copy of the School District No. 23 Medical Alert Planning Form or BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan and, if applicable, the School District No. 23 Request for Administration of Medication at School Form for each student who is a registered rider to the Manager of Transportation by November 1st.
- j) Provide a safe, appropriate, and unlocked storage area for epinephrine auto-injectors and/or other equipment and medication(s), including provisions for school-authorized field studies. It is recommended that students who demonstrate a level of maturity regarding their serious medical condition carry medication(s) and supplies for immediate availability.

NOTE: For each student who requires assistance, an established medication administration process that includes a medication record must 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 staff who assisted with medication.

- k) Assure that the **mandatory** School District No. 23 Medical Alert Planning Form, or the BC Ministry of Education and Child Care Anaphylactic Student Emergency Procedure Plan, and the School District No. 23 Request for Administration of Medication at School Form are stored in the student's file.
- l) Ensure the Anaphylaxis Poster is placed in visible locations in the school.
- m) Provide information for any Teachers Teaching on Call (TTOC) supervising a student(s) diagnosed with anaphylaxis and/or a serious medical condition(s).
- n) Collaborate with parents/guardians to maintain an allergy-safe environment.
- o) Communicate with parents/guardians if any changes to the school/classroom environment may create health concerns for a student diagnosed with anaphylaxis and/or a serious medical condition(s). This may include careful consideration in the school/classroom for life-threatening allergies.

Definitions

Standard Procedure of Care: Definition of Standard Procedure of Care from Canadian Public Health Association: *Standard of Care is only relevant when a Duty of Care is established. The Standard of Care speaks to what is reasonable in the circumstances.*)

Relevant Board Policy: 435, 435A, 435R, F436.1, F436.2

Developed by: District Principal - Inclusive Education Services

Date Agreed: October 29, 2024

Date Amended:

Related Documents: Quick Reference Guide for Students Who Have Medical Alerts/Anaphylaxis Conditions



Quick Reference Guide for Students Who Have Medical Alerts/Anaphylaxis Conditions

Central Okanagan Public Schools is committed to the well-being of students who may require emergency medical care at school or during school-sanctioned events. Students who have been physician-diagnosed with a serious medical condition(s) that are potentially life-threatening require planned care and support as outlined in the BC Ministry of Education & Childcare's [Anaphylaxis Protection Order](#) and the [BC Anaphylactic and Child Safety Framework](#).

More information can be found at Interior Health [Medical Conditions at School](#) (please scroll down midway on the page)

Below is a quick summary of the **required documentation** and pertinent information to ensure the health and well-being of all students with Medical Alerts/Anaphylaxis Conditions.

- 1) Either the [SD23 Medical Alert Planning Form](#) OR the BC Ministry of Education & Childcare's [Anaphylactic Student Emergency Procedure Plan](#) is **mandatory** for **all students (K - 12) diagnosed with Anaphylaxis**. Please provide families with the printed version of each document (they are NOT fillable). *** Please note if families are choosing the Anaphylactic Student Emergency Procedure Plan, a Physician must be consulted, and their signature must be obtained.

MEDICAL ALERT PLANNING FORM

PHOTO ID

School Year _____ School Attended _____
 B.C. Care Card # _____

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name: _____ Birth Date: (YMD) _____

Parent or Guardian: _____ Day Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Day Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____

Potential life threatening medical condition diagnosed as: _____

OR



< ATTACH PICTURE OF STUDENT >

Anaphylactic Student Emergency Procedure Plan

<p>Parent/Guardian please complete</p> <p>Student's Name: _____</p> <p>Date of Birth: _____ (Y/M/D)</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Parent/Guardian: _____</p> <p>Daytime Phone: _____</p> <p>Emergency Contact: _____</p> <p>Daytime Phone: _____</p> <p>Physician: _____</p> <p>Daytime Phone: _____</p>	<p>Physician please complete</p> <p>Physician's Name: _____</p> <p>Daytime Phone: _____ Fax: _____</p> <p>Allergen: (Do not include antibiotics or other drugs)</p> <p><input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy Other food _____</p> <p><input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Other _____</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • 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 colour, weak pulse, passing out, dizzy/lightheaded, shock • Other: anxiety, feeling of "impending doom", headache, uterine cramps in females <p>Additional symptoms: _____</p>
<p>Emergency Protocol</p> <ul style="list-style-type: none"> • Administer single dose auto-injector and call 911 • Notify Parent/Guardian • Administer second auto-injector as early as 5 minutes after the first dose is given, if symptoms do not improve or if symptoms recur • Have ambulance transport student to hospital 	<p>Emergency Medication</p> <p>NOTE: Emergency medication must be a single-dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.</p> <p>Name of emergency medication: _____</p> <p>Dosage: _____</p>
<p>_____ Physician Signature</p>	
<p>_____ Date (Y/M/D)</p>	

2) If a student will be receiving a medical intervention at school, parents/guardians must complete the **Request for Administration Of Medication at School Form**. ****Please provide a printed copy of this form, as it is not fillable.**

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL FORM

A. TO BE COMPLETED BY PARENT OR GUARDIAN

Name	Birthdate (Year, Month, Day)	
Parent or Guardian	Home Phone	Business Phone
Physician	Phone	

B. ATTACH A DUPLICATE PHARMACY LABEL OF PRESCRIBED MEDICATION OR REQUEST THAT THE PRESCRIBING PHYSICIAN COMPLETE THE FOLLOWING:

Conditions Which Make Medication Necessary

Name of Medication	Dosage	Directions for Use
1.		
2.		
3.		

3) **All school personnel must attend the annual, mandatory " General Anaphylaxis Training".** Administrators can determine if training will be provided in person by the school's Public Health Nurse or online. Training may also be requested for school district employees such as custodians, noon-hour supervisors, etc. all staff who directly support students diagnosed with Anaphylaxis.



Option A: Contact the Public Health Nurse assigned to your school to arrange in-person training. [List of Public Health Nurses in SD 23](#)

Option B: Contact the Public Health Nurse assigned to your school to arrange the online training, "**Anaphylaxis in Schools: Online Module for School Personnel**".

4) Schools must complete a [Medical Alert/Anaphylaxis Communication Log & Demographics Form](#) regarding communication with families and collecting the required documentation.



COMMUNICATION LOG
BETWEEN SCHOOL AND PARENTS/GUARDIANS OF STUDENTS DIAGNOSED WITH A MEDICAL ALERT/ANAPHYLAXIS
DEMOGRAPHICS

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

5) Schools must ensure that school personnel are visually familiar with students diagnosed with Medical Alerts/Anaphylaxis. Utilization of the [Medical Alert Photo ID](#) is required.

6) Schools must provide a copy of the [Anaphylactic Student Emergency Procedure Plan](#) for each student who is a registered bus rider **to the Manager of Transportation**. Please ensure that a Physician has been consulted and their signature has been obtained.

7) For more information, please go to [Anaphylaxis - BC Ministry of Education & Childcare](#)



MEDICAL ALERT – SUPPORTING STUDENTS DIAGNOSED WITH DIABETES

Context

The Board of Education is committed to the well-being of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with diabetes require planned care and support as outlined in the BC Ministry of Education and Child Care "Provincial Standards Supporting Students with Type I Diabetes in the School Setting".

Guiding Principles

To support the safety, health and well-being of students who have been physician diagnosed with diabetes, the Board believes caring for students is a shared responsibility of parents/guardians, school staff, students, Nursing Support Services, and Public Health Nurses. The following are **mandatory** procedures to ensure students diagnosed with diabetes are provided with a safe, positive, and an equitable learning environment.

Procedures

The Parents/Guardians will:

- a) Annually complete and provide the school with the **mandatory Diabetes Support Plan and Medical Alert Information Form**. This is required at the time of registration, the beginning of each school year, upon diagnosis, and at any time there is a change in the student's diabetes management.
- b) Ensure the **Diabetes Medication Administration Form** is completed and signed by the student's physician and returned to the school at the time of registration, the beginning of each school year, upon diagnosis or if there has been a change in the student's diabetes management. This is **mandatory** for students requiring school staff to administer diabetes-related medication, for example, fast-acting insulin and/or injectable/intranasal Glucagon.
- c) Obtain a referral from the student's physician to Nursing Support Services (NSS) if the student requires delegated nursing tasks and the family is choosing an NSS Delegated Care Plan for their child's diabetes management (this Plan is optional).
- d) Collaborate with the NSS Coordinator to create an NSS Delegated Care Plan if the student requires delegated nursing tasks related to their diabetes management and the family chooses to do so.

- e) Ensure emergency diabetes treatment medication is available at the school in the original labelled container and is replaced when it expires.
- f) Provide the necessary diabetes management supplies and equipment (if applicable), such as:
 - i. Diabetes medication, for example, rapid-acting insulin
 - ii. Emergency glucagon kit (Diabetes Emergency Medical Treatment) kit with a clearly labelled expiration date and replace as needed
 - iii. Fast-acting sugars
 - iv. Glucometer and test strips in full working order
- g) For students using an insulin pump, troubleshoot all pump malfunctions and alarms, ensure the insertion site is functioning, and be available for re-insertion of the infusion set if it becomes dislodged and the student is not able to self-manage.
- h) Provide all snacks and lunches. If the student has an NSS Delegated Care Plan, food items must be clearly labelled with the carbohydrate count as per NSS requirements.
- i) Remove diabetes medication(s) and any supporting documentation from school sites at the end of each school year.
- j) Encourage their child to wear medical identification.
- k) If the child will be using district transportation, provide information about the child's medical alert by completing the online transportation registration form.
- l) For students demonstrating a level of maturity, encourage their child to inform close friends of their diagnosis of diabetes and the location of their diabetes-related medication(s) at school.
- m) Be available, or arrange for a delegate, to always respond by phone or in person.

NOTE:

- In the case of secondary school students, the student may assume some of the parent's/guardian's role.
- Students may not update medical data if parents/guardians have registered conflicting information.

The School Principal/Vice-Principal will:

- a) Ensure, at the start of each school year, that all school staff complete the **mandatory** "General Information Diabetes Training." Administrators are to contact their school assigned Public Health Nurse for the most up to date training information.
- b) Identify a minimum of three school staff members who will receive training from the public health nurse on the administration of injectable/intranasal glucagon if requested by parents/guardians.

- c) Communicate information to the office of the Director of Instruction – Inclusive Education by September 30. An email will be sent to all administrators with a link requesting the following information:
- i. The name of the School Administrator who will be responsible for overseeing the student's **mandatory** Diabetes Support Plan and Medical Alert Information Form and, if required, the Diabetes Medication Administration Form
 - ii. The name, grade and school of each student diagnosed with diabetes
 - iii. The dates the completed form(s) are returned by parents/guardians
 - iv. If the **mandatory** forms have not been returned to school, the three dates the school has communicated with the parents/guardians requesting the documentation
 - v. The date all school staff have completed the **mandatory** "General Information Diabetes Training" either in person with the Public Health Nurse or online
 - vi. The date the Public Health Nurse provides injectable/intranasal glucagon training to identified staff (all required training to be completed by November 1st of each school year)
 - vii. The names and titles of staff who received the injectable/intranasal glucagon training
 - viii. The names of the identified school staff who will be administering insulin as per the NSS Delegated Care Plan
 - ix. The date the Nursing Support Services Coordinator signed off on the training for the NSS Delegated Care Plan
- d) Collect, from the parents/guardians, the complete **mandatory** Diabetes Support Plan and Medical Alert Information Form and, if required, the Diabetes Medication Administration Form at the time of registration, the beginning of every school year, upon diagnosis, and at any time there is a change in the student's diabetes management.
- e) Identify school personnel to be trained and monitored by Nursing Support Services if a family chooses for their child to have an NSS Delegated Care Plan.
- f) Keep records of communication with parents/guardians requesting the Diabetes Support Plan and Medical Alert Information Form (required) and/or the Diabetes Medication Administration Form (if applicable).

NOTE: After three attempts to obtain the **mandatory** Diabetes Support Plan and Medical Alert Information Form and/or the Diabetes Medication Administration Form (if applicable) from parents/guardians and the required form(s) are not returned, the parents/guardians must be notified that the Standard of Care will then be in place, for example, 911 will be called if there is a concern for the student's safety, health and well-being.

- g) Notify parents/guardians when staff trained to follow an NSS Delegated Care Plan are unavailable on any given day.
- h) Ensure any school (staff, teachers, coaches, supervisors, etc.) who are directly supervising the student are well versed regarding the **mandatory Diabetes Support Plan and Medical Alert Information Form**.
- i) Collaborate with the parents/guardians and the student in the implementation of the **Diabetes Support Plan and Medical Alert Information Form** during the school day and during after-hours school-related activities.
- j) Provide information to all school staff so they are visually familiar with students diagnosed with diabetes. Display the student's Medical Alert Photo ID in an appropriate place, while ensuring confidentiality.
- k) Ensure school staff know of all the locations where the student's fast-acting sugars are stored. *Students will carry their diabetes kit (which includes fast-acting sugars) to ensure it is always immediately available.*
- l) Invite the NSS Coordinator to attend all meetings with school staff pertaining to the student's diabetes management if the student has a NSS Delegated Care Plan.
- m) Establish a recording system to notify parents/guardians when diabetes medication(s) is expired and needs replacing.
- n) Provide, on an annual basis, a copy of the **mandatory Diabetes Support Plan and Medical Alert Form** for each student who is a registered bus rider to the Manager of Transportation.
- o) Provide a safe, appropriate, and *unlocked* storage area for diabetes medication(s), including provisions for school-authorized field studies.

NOTE: For each student who requires assistance, an established medication administration process that includes a medication record must 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 staff who assisted with medication.

- p) Assure that the **mandatory Diabetes Support Plan and Medical Alert Information Form** and, if required, the **Diabetes Medication Administration Form** are stored in the student's file.
- q) Ensure the poster Managing Low Blood Sugar is placed in visible locations in the school.
- r) Remove diabetes medication(s) and any supporting documentation from school sites at the end of each school year.

- s) Provide diabetes management information for any Teachers Teaching on Call (TTOC) supervising the student diagnosed with diabetes.
- t) Communicate to parents/guardians any changes to the school/classroom environment that may create health concerns for a student diagnosed with diabetes.

Definitions

Definition of Standard of Care from Canadian Public Health Association: *Standard of Care is only relevant when a Duty of Care is established. The Standard of Care speaks to what is reasonable in the circumstances.*

Diabetes Support Plan and Medical Alert Information Form: This Ministry form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses. Parents are provided access to this form when their child is diagnosed with diabetes. There are occasions, where school may need to support families with access to this form. Please refer to the "Quick Reference Guide" link in the 'Supporting Documents' section of these Admin Procedures.

Diabetes Medication Administration Form: This Ministry form is updated annually to document physician approval regarding the following:

- Administration of injectable/intranasal glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Please refer to the "Quick Reference Guide for Students Diagnosed with Diabetes."

Relevant Board Policy: 435, 435A, 435R, F436.1, F436.2

Developed by: District Principal - Inclusive Education Services

Date Agreed: October 29, 2024

Date Amended:

Related Documents: Quick Reference Guide for Students Diagnosed with Diabetes; Diabetes School Checklist



Quick Reference Guide for Students Diagnosed with Diabetes

Students who have been physician-diagnosed with diabetes require planned care and support as outlined in the BC Ministry of Education [Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting](#)

As per the Ministries of Health, Education and Child Care, Children and Family Development and SD23 Policy, below is a quick summary of the [required documentation](#) and pertinent information to ensure the well-being of all students (K - 12) diagnosed with Diabetes:

1) The BC Ministry of Education & Child Care states that the [Diabetes Support Plan & Medical Information Form \(revised June 2024\)](#) is **mandatory for all students diagnosed with Diabetes**. Please send this link to families for them to download and complete.

Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting

Appendices:

Diabetes Support Plan and Medical Alert Information

Instructions: This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.

Name of Student:		Date of Birth:	
School:	Grade:	Teacher/Div:	
Care Card Number:		Date of Plan:	
CONTACT INFORMATION			
Parent/Guardian 1:	Name:	<input type="checkbox"/> Call First	
Phone Numbers:	Cell	Work	Home Other
Parent/Guardian 2:	Name:	<input type="checkbox"/> Call First	

2) Students with a **Nursing Support Services Diabetes Delegated Care Plan** will need to have the **first 2 pages** of the [Diabetes Support Plan & Medical Information Form \(revised June 2024\)](#) completed by a parent or guardian. Please send this link to families so they can download and complete pages 1 and 2.

3) Please note, if families are choosing to have diabetes-related medication administered to their child by school staff (i.e. Rapid Acting Insulin or Glucagon/Baqsimi) the [Diabetes Medication Administration Form \(revised June 2024\)](#) **must be completed and signed by a Physician**.

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Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting

Diabetes Medication Administration Form

Instructions: This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name: _____ Date of Birth: _____

School: _____ Care Card Number: _____

Parent/Guardians' Name(s): _____

Home Phone: _____ Cell Phone: _____

Injectable Glucagon	Intranasal Glucagon
For severe low blood glucose, give by intramuscular injection:	For severe low blood glucose, give by intranasal route:
<input type="checkbox"/> 0.5 mg = 0.5 ml for students 5 years of age and under	<input type="checkbox"/> 3 mg nasal powder in one nasal (for students 4 years and above)
<input type="checkbox"/> 1.0 mg = 1.0 ml for students 6 years of age and over	

4) It is important to note, that as of August 2023, Nursing Support Services **will not provide services** to students who are using: **"Do It Yourself Looping" for Type 1 Diabetics**

5) **At the beginning of every school year, all school staff must complete General Diabetes Training.** Administrators **must** contact the Public Health Nurse assigned to their school and determine if training will be done online or in person.

6) If a student has a **Nursing Support Services Diabetes Delegated Care Plan**, the Inclusion Teacher/Resource Teacher should be in contact with the Nursing Support Services Coordinator to inquire if further education is needed for the Primary & Back-Up CEA. This is required **before** the NSS Diabetes Delegated Care Plan can be implemented.

7) If parents/guardians request emergency diabetes treatment medication, such as injectable/intranasal Glucagon/Baqsimi, **School Administrators must choose a minimum of 3 staff to be trained annually** by the Public Health Nurse in the administration of Glucagon/Baqsimi.

8) **If school staff administers Glucagon/Baqsimi, this must be documented.** A sample Diabetes Related Medication Administration Record (Glucagon/Baqsimi only) is attached.

9) **Schools must document that parents/guardians have completed and submitted the required documentation.** Schools must make a minimum of **3 attempts** to communicate with parents/guardians. A sample Diabetes Communication Demographics form is attached.

10) Ensure school staff are visually familiar with students diagnosed with diabetes. **Medical Alert Photo ID.pdf** provides a sample of this visual.

June 2024



- 11) The [Managing Low Blood Sugar Poster](#) must be placed in visible locations in the school.
- 12) Schools must **provide a copy** of the completed and signed [Diabetes Support Plan & Medical Information Form \(revised June 2024\)](#) for each student who is a registered bus rider **to the Manager of Transportation.**
- 13) Field Studies require additional planning and considerations. **Parents/guardians are encouraged to attend to manage diabetes on a field study.** In the absence of the parent/guardian a trained CEA must attend. [Please note additional planning with parent/guardian and the NSSC must take place 2 weeks before the field study.](#)
- 14) For your reference, here is the List of [Public Health Nurse Contact List](#)

Diabetes Related Medication Administration Record

*****STAFF MEMBER ADMINISTERING MEDICATION MUST BE TRAINED BY A PUBLIC HEALTH NURSE*****

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

COMMUNICATION LOG
BETWEEN SCHOOL AND PARENTS/GUARDIANS OF STUDENTS DIAGNOSED WITH DIABETES
DEMOGRAPHICS

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

PARENT/GUARDIAN (1) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

PARENT/GUARDIAN (2) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

OTHER (3) (PRINT) MUST HAVE LEGAL GUARDIANSHIP	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

COMMUNICATION ATTEMPTS

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Forms	Date Form Sent Home (D/M/Y)	Date Received (D/M/Y)
Diabetes Support Plan & Medical Alert Info.		
Diabetes Medication Administration Form		



DIABETES SCHOOL CHECKLIST

The Board of Education is committed to the wellbeing of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with diabetes require planned care and support as outlined in the BC Ministry of Education Provincial Standards: Supporting Students with Type I Diabetes in the school setting.

REQUIRED DOCUMENTATION (GRADES K TO 12)

- Diabetes Support Plan & Medical Alert Information Form (revised June 2024)
- Diabetes Support Plan & Medical Alert Information Form (revised June 2024). Only pages 1 & 2 for students with a Nursing Support Services Diabetes Delegated Care Plan
- Diabetes Medication Administration Form (revised June 2024) for students receiving Rapid Acting Insulin or Glucagon/Baqsimi at School
- Send a copy of the Diabetes Support Plan & Medical Alert Information Form (revised June 2024) to the Manager of Transportation

REQUIRED STAFF TRAINING

- All School Staff - General Information Diabetes Training (Public Health Nurse)
- Primary & Back-Up CEA – Diabetes Delegated Tasks (Nursing Support Services Coordinator))
- Minimum of 3 Staff – Administration of emergency diabetes treatment medication (Public Health Nurse)

REQUIRED RECORD KEEPING

- Diabetes Related Medication Administration Record
- Diabetes Communication Demographics
- Medical Alert Photo ID
- Managing Low Blood Sugar Poster

ADDITIONAL

- Contact the Public Health Nurse attached to the school
- See Diabetes Quick Reference Guide (QRG) for pertinent information.

June 27, 2024



MEDICAL ALERT – SUPPORTING STUDENTS DIAGNOSED WITH EPILEPSY/SEIZURE DISORDERS

Context

The Board of Education is committed to the well-being of students K-12 who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with epilepsy/seizure disorders require planned care and support as outlined in the BC Ministry of Education and Child Care "Safe and Healthy Schools".

Guiding Principles

To support the safety, health and well-being of students K-12 who have been physician diagnosed with epilepsy/seizure disorders, the Board believes caring for students is a joint responsibility of parents/guardians, school staff, students, Nursing Support Services and Public Health Nurses. The following are **mandatory** to ensure all students diagnosed with epilepsy/seizure disorders are provided with a safe, positive, and equitable learning environment.

Procedures

When there is NO Seizure Rescue Intervention, the Parents/Guardians will:

- a) Annually complete and provide the school with the **mandatory** Seizure Action Plan & Medical Alert Information Care and Protocol. This is required at the time of registration, at the beginning of each school year, upon diagnosis and at any time there is a change in the student's epilepsy/seizure disorders management.
- b) Collaborate with the Public Health Nurse to train identified/supervising school staff when deemed necessary.
- c) For students demonstrating a level of maturity, encourage their child to inform close friends of their diagnosis of epilepsy/seizure disorder.
- d) Remove supporting documentation from school sites at the end of each school year.
- e) Encourage their child to wear medical identification.
- f) If the child will be using district transportation, provide information about the child's medical alert by completing the online transportation registration form.
- g) Be available, or arrange for a delegate, to always respond by phone or in person.

When there is a Seizure Rescue Intervention, the Parents/Guardians will:

- a) Complete **all** steps listed in the "Parent Checklist: Schools Requesting a Nursing Support Services (NSS) Seizure Rescue Intervention Training Session". **All** steps are **mandatory**. Using the checklist is optional.
- b) Attend an information-sharing session with the identified non-medical school staff who will be administering their child's seizure rescue intervention. Attendance should also include the school administrator and case manager (if applicable).
- c) For students demonstrating a level of maturity, encourage their child to inform close friends of their diagnosis of epilepsy/seizure disorders and the location of their epilepsy/seizure rescue intervention.
- d) Remove epilepsy/seizure disorders medication and any supporting documentation from school sites at the end of each school year.
- e) Encourage their child to wear medical identification.
- f) Be available, or arrange for a delegate, to always respond by phone or in person.

NOTE:

- In the case of secondary school students, the student may assume some of the parent's/guardian's role.
- Students may not update medical data if parents/guardians have registered conflicting information.
- It is recommended that students who demonstrate a level of maturity regarding their serious medical condition carry emergency supplies on their person.

The School Principal/Vice-Principal will:

- a) Collect from the parent/guardian, the **mandatory** Seizure Action Plan & Medical Alert Information Care and Protocol. This form is required at the time of registration, at the beginning of each school year, upon diagnosis and at any time there is a change in the student's epilepsy/seizure disorders management.
- b) Ensure, at the start of each school year, that **all** school staff complete the **mandatory** "General Information Epilepsy/Seizure Disorders Training" and provide additional mid-year training as needed. Administrators are to contact their school assigned Public Health Nurse for the most up to date training information.
- c) Collaborate with parents/guardians if a seizure rescue intervention has been prescribed.
- d) If families are requesting that their child receive seizure rescue intervention at school, schools must complete: the Nursing Support Services Training Request Form Seizure Rescue Intervention Request and email it to the Nursing Support Services Provincial Office (the email address is listed on the form).

NOTE: The Nursing Support Service training is 1 of 7 steps that are all required before school staff can administer seizure rescue intervention.

- e) Identify at least three school staff members who will receive training from Nursing Support Services in administering the seizure rescue intervention.
- f) Ensure that all school staff who are directly supervising students diagnosed with epilepsy/seizure disorders are well versed in the Seizure Action Plan & Medical Alert Information Care and Protocol.
- g) Communicate information to the school's assigned Assistant Superintendent in September. An email will be sent to all administrators with a link requesting the following information:
 - The name of the school administrator who will be responsible for overseeing the **mandatory** Seizure Action Plan & Medical Alert Information Care and Protocol
 - The name, grade and school of each student diagnosed with epilepsy/seizure disorders
 - The dates the completed form is returned to the school by parents/guardians
 - If the **mandatory** form has not been returned to school, the three dates the school has communicated with the parents/guardians requesting the documentation
 - The date all school staff have completed the **mandatory** seizure training
 - The date the identified school staff complete the "Seizure Rescue Training for Non-Medical School Personnel" through BC Children's Hospital
 - The date the Nursing Support Services Coordinator provides training for the seizure rescue intervention
 - The names and titles of staff who will be administering a seizure rescue intervention
- h) Keep records of communication with parents/guardians requesting the Seizure Action Plan & Medical Alert Information Care and Protocol. Document each date of communication or date when communication was initiated.

NOTE: After three attempts to obtain the **mandatory** Seizure Action Plan & Medical Alert Information Care and Protocol from parents/guardians and the required form is not returned, the parents/guardians must be notified that the Standard Procedure of Care will then be in place; for example, 911 will be called if there is a concern for the student's safety, health and well-being.

- i) Notify parents/guardians when staff trained to administer seizure rescue intervention are unavailable on any given day.
- j) Collaborate with the parents/guardians, the student, and any school staff directly supervising the student in the implementation of the Seizure Action Plan & Medical Alert Information Care and Protocol during the school day and after-hours school-related activities.

- k) Provide information to all school staff so they are visually familiar with students diagnosed with epilepsy/seizure disorders. Display the student's Medical Alert Photo ID in an appropriate place, while ensuring confidentiality.
- l) Ensure school personnel are aware of the location of the student's medication. It is recommended that students who demonstrate a level of maturity regarding their epilepsy/seizure disorder may carry medication(s) on their person for immediate availability.
- m) Establish a recording system to notify parents/guardians when medication has expired and needs replacing.
- n) Provide, on an annual basis, a copy of the **mandatory Seizure Action Plan & Medical Alert Information Care and Protocol** for each student who is a registered bus rider to the Manager of Transportation (to be completed by November 1st of each school year).
- o) Provide a safe, appropriate, and unlocked storage area for medication(s), and equipment, including provisions for school-authorized field studies.

NOTE: For each student who requires assistance, an established medication administration process that includes a medication record must 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 staff who assisted with medication.

- p) Assure that a copy of the completed **mandatory Seizure Action Plan & Medical Alert Information Care and Protocol** is stored in the student's file.
- q) Communicate to parents/guardians any changes to the school/classroom environment that may create health concerns for a student diagnosed with epilepsy/seizure disorders.
- r) Return all remaining medication and any supporting documentation to the parent/guardian at the end of each school year.
- s) Provide medical information for any Teachers Teaching on Call (TTOC) supervising the student diagnosed with epilepsy/seizure disorders.

Definitions

Definition of Standard of Care from Canadian Public Health Association: *Standard of Care is only relevant when a Duty of Care is established. The Standard of Care speaks to what is reasonable in the circumstances.*)

Seizure Action Plan & Medical Alert Information Care and Protocol: This Ministry form is a communication tool for use by parents/guardians and the student's most responsible practitioner

to document and share information with the school in order for school staff to provide seizure care at school. The Seizure Action Plan and Medical Alert Information Care & Protocol (revised June 2024) is **mandatory** for all students (K - 12) diagnosed with a Seizure Disorder/Epilepsy and it must be reviewed and updated annually in SEPTEMBER. A link to the most up to date form is provided in the supporting documents, Quick Reference Guide for Students Diagnosed with a Seizure Disorder/Epilepsy Please. It is recommended schools print (in colour) or send this link out to families for them to download to complete.

Relevant Board Policy: 435, 435A, 435R, F436.1, F436.2

Developed by: District Principal - Inclusive Education Services

Date Agreed: October 29, 2024

Date Amended:

Related Documents: Quick Reference Guide for Students Diagnosed with a Seizure Disorder/Epilepsy; Seizure Disorder/Epilepsy School Checklist



Quick Reference Guide for Students Diagnosed with a Seizure Disorder/Epilepsy

Students who have been physician-diagnosed with a Seizure Disorder/Epilepsy require planned care and support as outlined in the BC Ministry of Education & Child Care and the Ministry of Health. More information can be found at BC Children’s Hospital: Learn About Seizure Care in the School Setting. Below is a quick summary of the required documentation and pertinent information to ensure the health and well-being of all students diagnosed with Seizure Disorder/Epilepsy.

1) The BC Ministry of Education & Child Care, states that the Seizure Action Plan and Medical Alert Information Care & Protocol (revised June 2024) is mandatory for all students (K - 12) diagnosed with a Seizure Disorder/Epilepsy and it must be reviewed and updated annually in SEPTEMBER. Please print (in colour) or send this link out to families for them to download and complete

**A Most Responsible Practitioner (MRP) must be consulted, and their signature must be obtained if a Seizure Rescue Intervention has been prescribed. This document must be printed in colour: The orange sections are for parents to complete. The green section is for the Physician/MRP to complete. The blue sections are for the school to complete.



Seizure Action Plan & Medical Alert Information Care and Protocol

Student’s Name _____ Date of Birth _____

This form is a communication tool for use by parents/guardians and the student’s most responsible practitioner (MRP) to document and share information with the school in order for school staff to provide seizure care at school. Please review and update this form yearly or sooner if the student has a seizure at school or if there have been any changes in the student’s condition and/or treatment.

Instructions for completion of this form:

Table with 3 columns: Parent/guardian to complete all orange sections, MRP to complete all green sections, School to complete all blue sections

SAP Start Date: _____ SAP Expiry Date: June 30th, 20__ SAP Review Date(s): _____
NOTE: If the SAP start date is after May 1st, the SAP may be set to expire on June 30th of the following year

Form with sections: PART 1: PARENT/GUARDIAN to fill in this information (Name of Student, Date of Birth, Care Card Number, Date Plan Initiated, School, School Year, Grade/Division, Teacher); CONTACT INFORMATION: Please indicate who is to be called first and at which number (Parent/Guardian 1, Name, Call First, Cell Number, Work Number, Home Number, Other Number)

2) At the beginning of every school year, all school staff must complete the annual, mandatory General Seizure Training. Administrators are to contact the Public Health Nurse assigned to their school to determine if training will be provided in person or online: Epilepsy & Seizure Information for Schools.pdf and/or Epilepsy & Seizure Information for Schools (video).



3) Families must complete **all** steps listed in the "Parent Checklist: Schools Requesting a Nursing Support Services (NSS) Seizure Rescue Intervention Training Session". All steps are mandatory; however, the checklist is optional.



Nursing Support Services

3644 Slocan St, Vancouver, BC, V5M 3H4

Parent Checklist (Optional) Schools Requesting a Nursing Support Services (NSS) Seizure Rescue Intervention Training Session

Before the NSS Training Session:

- 1. Ensure that the Seizure Action Plan and Medical Alert Information (SAP) form is fully completed including: PART 1 - Parent/guardian completes, PART 2 - Parent/guardian and school complete, PART 3 - Physician completes, PART 4 - Parent/guardian completes, Appendix A - Parent/guardian completes, Seizure Log - this section is not filled in now. The non-medical school staff will complete it if your child has a seizure or receives a rescue intervention at school. 2. As directed by your child's school or school district, complete the School District Medical Alert /Life Threatening Conditions form, if required.

4) If families are requesting that their child receive Seizure Rescue Intervention at school, schools must complete: the Nursing Support Services Training Request Form Seizure Rescue Intervention Request (revised June 2024) and email it to the Nursing Support Services Provincial Office (the email address is listed in the form).

*** Please note, the Nursing Support Service training is 1 of 7 steps that are all required before school staff can administer seizure rescue intervention.



Nursing Support Services (NSS) Seizure Rescue Intervention Training Request Form for Schools

SCHOOL TO COMPLETE: NSS Seizure Rescue Intervention Training Request. NSS offers training for non-medical school staff in how to provide physician/provider-ordered seizure rescue interventions to students in kindergarten through grade 12, as per the student's Seizure Action Plan and Medical Alert Information Form (SAP). This physician/prescriber's order for the rescue intervention must have been dated within the previous 12 months. NSS offers training for non-medical school staff in how to: administer buccal lorazepam (Ativan), administer intranasal midazolam, administer buccal midazolam, use a Vagus Nerve Stimulator (VNS). Parents/guardians are responsible for completing and reviewing the SAP with the school and the school staff during the Parent Information Sharing Session with the school. This training is 1 of 7 steps involved in the process of preparing school staff to administer seizure rescue intervention(s) in the school setting. Please refer to Learn about seizure care in the school setting on the BCCH website. Once this form is complete, fax it to 604-708-2127 or email it to nssreferrals@cw.bc.ca. An NSS Coordinator will contact you to coordinate a NSS Seizure Rescue Intervention Training session with the school staff. Your request will be processed in the order it is received. If you have questions about training or completing this request form, please email nssreferrals@cw.bc.ca. If you have any questions about any components of the SAP, please reach out to the student's parent/guardian and/or the prescribing physician.

Schools must complete all 7 steps as per the new: Nursing Support Services (NSS) School Checklist - Steps in Training School Staff to Provide Seizure Rescue Intervention(s) in the School Setting



Nursing Support Services (NSS) School Checklist - Steps in Training School Staff to Provide Seizure Rescue Intervention(s) in the School Setting

Checklist Instructions

Each step on this checklist must be completed prior to a school staff being able to provide the seizure rescue intervention(s) to the student in the school setting. The most appropriate person at the school who has the job of the steps has been completed and that the school staff are ready to provide the student specific seizure rescue intervention(s).

Step 1 - Seizure Action Plan and Medical Alert Information Form (SAIF)

☐ Review the [Seizure Action Plan and Medical Alert Information Form \(SAIF\)](#) form & fully completed and available at the school.

Step 2 - Identification of School Staff

☐ Identify the non-medical school staff who will be trained to provide the student's seizure rescue intervention(s) in the school setting.

Step 3 - NSS Seizure Rescue Intervention Training Request Form

☐ Complete the [NSS Seizure Rescue Intervention Training Request Form](#) and file it to 604-799-2127 or email to education@phsa.ca.

*** Note: It is best practice to ensure steps 4 & 5 are completed before the NSS the seizure rescue training session Step 7 commences. See the next subsection.

Step 4 - Seizure Rescue Intervention Training for Non-medical School Staff and/or Learning Module

☐ Prior to the NSS seizure rescue training session, ensure that all of the staff identified in step 3 have completed the Seizure Rescue Intervention for Non-medical School Staff module on the Learning Hub. A certificate is provided to participants upon completion of the online training module, and can be provided to school administrators to verify the training has been completed.

Step 5 - Parent/Guardian Information Sharing Session

☐ Notify an information sharing session with the student's parent/guardian, the non-medical school staff who were identified in step 3, and school administrator (as manager). Using the content of the information in the student's SAIF to create the session. Including:

- A description of what the student's seizures look like to the non-medical school staff (can recognize them).
- A description of how long the student's seizures normally last.
- A description of any signs/behaviors that the student exhibits prior to the student's going to have a seizure.
- A description of any triggers that may make seizures more likely (e.g., stress, lack of sleep, flashing lights).
- A description of how the student usually behaves after a seizure.
- A description of the student's typical action patterns:
 - How long they typically happen.
 - How long they typically last (duration).
 - How often they typically occur (frequency).
- A description of any student specific care that is to be provided during and/or after a seizure.
- Any student specific restrictions the parent/guardian has put in place, which would be the school staff to do if the student has a seizure.

3/16/2024 Page 1 of 2

Nursing Support Services (NSS) School Checklist - Steps in Training School Staff to Provide Seizure Rescue Intervention(s) in the School Setting

Seizure while in a classroom

☐ Seizure Intervention

- When to provide the seizure intervention (e.g., if seizure lasts longer than __ minutes).
- What medication to provide (e.g., Ativan, medical alert), and
- How much of the seizure medication to provide (e.g., 1 tablet).

☐ If the student has medication at their seizure intervention, a demonstration of how the school staff should use the drug will be provided and the staff will be given the drug. The demonstration will ensure that the correct dose will be given. This demonstration will be done using the student's supplies. Consulting someone (e.g., Nurse, etc.) where to obtain any seizure and/or seizure rescue intervention(s) provided to the student.

- When to call 911.
- When to call the parent/guardian.

Step 6 - Seizure Rescue Intervention Supplies at School

☐ Confirm that the appropriate supplies are available at school per the order on the SAIF. Note: A student may have only one seizure intervention supply on medication at their seizure rescue intervention, so they may have NSS medication (seizure medication or medication kit) eggs being considered (NS) on their seizure intervention. If the student has medication at their seizure intervention, they must have other basic medication or intervention medication not listed.

- 1. Seizure (seizure) medication (e.g., Ativan, etc.) in a primary sealed container (package with the student's name, medication name, strength, type of medication, indication for use, and expiry date).
- 2. Medication in a pharmacy labeled jar with the student's name, medication name, dosage, route of administration, indication for use, and expiry date.
- 3. A full lock syringe marked with the appropriate dosage (number of milliliters) provided for the student. The syringe must be marked for the syringe in the parent/guardian when the training is over or by marking with a piece of tape.
- 4. A small mirror (for visual administration only).
- 5. Vial: Seizure (seizure) (NS) (the student's response may be a wrist band/brace on a paper/fold slip style).

Step 7 - NSS Seizure Rescue Intervention Training Session

☐ Confirm that the school staff identified in step 3 have attended the NSS Seizure Rescue Intervention Training session on the Learning Hub. A certificate is provided to participants upon completion of the online training module, and can be provided to school administrators to verify the training has been completed.


NOTES: The school staff identified in step 3 are not able to provide any seizure rescue intervention(s) until all of these steps above have been completed and confirmed by the school. Prior to these steps being completed, any school staff who have previously been trained to provide seizure rescue (e.g., through ITD/Health team or Seizure BC) will not have been in the parent/guardian information sharing session. The staff will be able to provide basic seizure first aid per the student's SAIF and any applicable school staff policies/procedures.

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4) School Administrators must choose 3 staff to be trained by the Nursing Support Services Coordinator in the administration of a Seizure Rescue Intervention. The chosen staff must complete the BC Children's Hospital [Seizure Rescue Intervention Training for Non-Medical School Staff – Learning Hub](#). Schools are responsible for ensuring staff completion (certificates can be printed).

To Create an Account:

- Go to <https://learninghub.phsa.ca/Learner/Home>



- Click Sign up for an account
- Enter in your Name, Email Address, Password.
- Click Create Account.
- You will then get a pop up on your screen saying something like:

An email confirmation has been sent to your email address *****@gmail.com. Please follow the link in the email to complete the sign up.

RESEND ACTIVATION EMAIL

To Find the Course:

- Login to your LearningHub account at <https://learninghub.phsa.ca/Learner/Home>
- In the search box near the top of the page (where it says "Enter course code, title, or keywords to search") type in Seizures and click **Search Courses**
- In the list, find the course called **Seizure Rescue Intervention Training for Non-Medical School Staff**.
- Click on the course name to open the course, and then click on the Register Course button **Register Course**

To Start the Course (after you have registered)

- Click on the course title and then click **Start Course** OR **Start Course**
- If you do not see the course listed, click All Enrollments on the left hand side of the page

5) Schools must organize a Parent/Guardian Information Sharing Session (Step 5 on the NSS School Checklist).

6) Schools must log the administration of seizure rescue intervention in the Seizure Log section (page 5) of the [Seizure Action Plan & Medical Alert Information Care and Protocol \(revised June 2024\)](#).

7) Schools must ensure that school staff are visually familiar with students diagnosed with a Seizure Disorder/Epilepsy, the attached [Medical Alert Photo ID](#) provides a sample of this visual.



- 8) **Schools must provide a completed and signed copy of the [Seizure Action Plan and Medical Alert Information Care & Protocol \(revised June 2024\)](#) for each student who is a registered bus rider **to the Manager of Transportation.** Please ensure that a Physician has been consulted and their signature has been obtained.**
- 9) Field Studies require additional planning and considerations. ***Parents/guardians of students who require seizure rescue intervention are encouraged to attend field study. In the absence of the parent/guardian a trained school staff member must attend.***
- 10) For more information, please see this link for **[“Understanding Students with Epilepsy - Tips for Teachers”](#)** from the BC Epilepsy Society.



SEIZURE DISORDERS/EPILEPSY SCHOOL CHECKLIST

The Board of Education is committed to the wellbeing of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with serious medical condition(s) that are potentially life threatening require planned care and support as outlined in the BC Ministry of Education & Child Care.

REQUIRED DOCUMENTATION (GRADES K TO 12)

- Seizure Action Plan and Medical Alert Care & Protocol (revised June 2024)
- Nursing Support Services Training Request Form Seizure Rescue Intervention Request (revised June 2024) – students receiving Midazolam, Lorazepam, or Vagus Nerve Stimulator (VNS)
- Seizure Action Plan and Medical Alert Care & Protocol (revised June 2024) – to the Manager of Transportation
- Schools must log the administration of seizure rescue intervention in the Seizure Log section of the Seizure Action Plan & Medical Alert Information Form.

REQUIRED STAFF TRAINING

- General Seizure Training (Public Health Nurse) - All School Staff
- Seizure Rescue Intervention Training for Non-Medical School Staff (Learning Hub)
- Nursing Support Services Coordinator (in person training) for students receiving Midazolam, Lorazepam, or VNS - Minimum of 3 Staff
- Parent Guardian Information Sharing Session – Minimum of 3 Staff

OPTIONAL RECORD KEEPING

- New: Nursing Support Services (NSS) School Checklist – Steps in Training School Staff to Provide Seizure Rescue Intervention(s) in the School Setting

ADDITIONAL

- Medical Alert Photo ID
- Field Studies require additional planning and considerations.
- See Seizure Disorders/Epilepsy Quick Reference Guide (QRG) for pertinent information.