



Section Four: Students

“Together We Learn”

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 Medication Administration at School Form (if applicable).



Section Four: Students

“Together We Learn”

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 Medication Administration at School Form (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, 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 Medication Administration at School Form (if applicable);
 - 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.



Section Four: Students

“Together We Learn”

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);
- 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).



Section Four: Students

“Together We Learn”

**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:

- a) 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, 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.
- b) 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) and return on the first day of school in September.
- c) Ensure the Request for Administration of Medication at School Form 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.
- d) Collaborate with the Public Health Nurse to train designated/supervising school personnel when deemed necessary.
- e) Note on the School District No. 23 Medical Alert Planning Form or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form if the student is a registered bus rider.
- f) Ensure medication(s) is available at the school in the original labelled container with appropriate measuring device (if applicable) and is replaced when expired.



Section Four: Students

“Together We Learn”

- g) 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.

- h) Remove medication(s) at the end of each school year.
- i) 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. 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.
- j) 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). 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.
- k) Ensure their child is wearing medical identification.
- l) 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).
- m) 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.



Section Four: Students

“Together We Learn”

- ❑ 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);
 - 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). Ensure that all applicable forms are reviewed by the parents/guardians in



Section Four: Students

“Together We Learn”

September of each year and accept parental/guardian written notification with date and signature to indicate no change.

- 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). 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) 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 or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form. 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, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, from the parents/guardians (communication documented) and the School District No. 23 Medical Alert Planning Form or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form 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).



Section Four: Students

“Together We Learn”

- i) Provide information to all school personnel so they are visually familiar with students diagnosed with serious medical condition(s) that are potentially life threatening. Display the student's Medical Alert Photo ID 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, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form, 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 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) during the school day and during after hours school related activities.

Middle/Secondary - Ensure that a hard copy of student's names with either the *mandatory* School District No. 23 Medical Alert Planning Form, or



Section Four: Students

“Together We Learn”

Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form and their Photo IDs 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 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) are appropriately stored in the student's files.
- p) Ensure the Anaphylaxis Poster 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. Also, if applicable, provide a blank copy of the Request for Administration of Medication at School Form 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.



Section Four: Students

“Together We Learn”

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.
- 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.
- 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).
- 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.



Section Four: Students

“Together We Learn”

- 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) 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 & Medical Alert Information Form, and the Request for Administration of Medication at School Form (if applicable).

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).
- 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



Section Four: Students

“Together We Learn”

Anaphylactic Student Emergency Procedure Plan, or BC Ministry of Education Seizure Action Plan & Medical Alert Information Form. 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) 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 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).

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.		
4.		

Additional Comments (possible Reactions, Consequences of Missing Medication, Etc.)	
If prescribing epinephrine emergency medication, it must be a single dose, single-use auto-injector for school setting with a second injector, <u>if parents have provided a second injector</u> , which can be given <u>5-10</u> minutes if symptoms do not improve. An oral antihistamine will not be administered by school personnel.	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 S., Kelowna, B.C., V1X 4N2 (250) 860-8888.

[illegible]

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:

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/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 S.** Kelowna, B.C., V1X **4N2**, (250) 860-8888.*

Date Agreed: October 2007
Date Amended: February 10, 2016
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.

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

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 _____

Emergency Protocol

- Administer single dose auto-injector and call 911
- Notify Parent/Guardian
- Administer second auto-injector in 5 to 15 minutes after the first dose is given, if symptoms do not improve or if symptoms recur
- Have ambulance transport student to 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.

Parent/Guardian Signature

Date (Y/M/D)

Date Agreed: February 10, 2016

Date Amended:

Date Reviewed:

Related Documents:

Sample Anaphylaxis Posters/Brochures

May 2020

ANAPHYLAXIS

- A sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken
- Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific symptoms can vary from person to person and sometimes from attack to attack in the same person.

COMMON SYMPTOMS ...

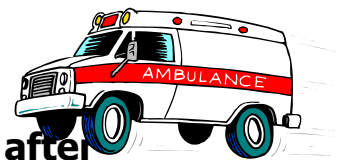
- ◆ **Skin – hives , swelling, itching, warmth, redness, rash**
- ◆ **Respiratory (breathing) – wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing**
- ◆ **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**



TREATMENT ...

GIVE AUTO-INJECTOR (single dose)

- **CALL 911 Emergency Medical Care**
- **CALL child's parent/guardian**
- **GIVE second auto-injector within 5 to 15 minutes after the first dose is given, if symptoms have not improved or recur.**
- **TRANSPORT to hospital**
- If child has had a reaction and does not have any medication, **call 911 Emergency Medical Care**



PREVENTING BEE, WASP AND INSECT STINGS

- ♦ Wear shoes when outside
- ♦ Check food and drink containers for insects
- ♦ Keep lids on sweet drinks and use a straw
- ♦ Wear a cap on warm sunny days to prevent insects from getting caught in your hair
- ♦ If a bee is buzzing around your head, hold your hands up on each side of your face, and walk calmly into a treed area. Even a few branches will disorientate the bee and it will fly off.
- ♦ **DO NOT** swat at bees, wasps, flying insects or destroy nests
- ♦ **DO NOT** drink sweet drinks outside
- ♦ **DO NOT** sit close to garbage cans
- ♦ **DO NOT** wear perfume, bright clothes or floral prints
- ♦ **DO NOT** pick flowers



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:

Seizure Action Plan & Medical Alert Information

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: _____