

Student Medical Alert Policy (September 2022)

Developed in consultation with Federation of Independent School Association, the Ministry of Education and adapted in parts from the Surrey School District.

Policy

The School seeks to provide a level of supervision and care that will secure the safety and well-being of students with medical conditions, including those identified with a Medical Alert. Parents/guardians are encouraged to administer medication at home, however, if that is not possible, the School aims to ensure that procedures are in place to accommodate the needs and care of students who require or might require treatment of medical conditions.

If a student having a Medical Alert condition requires, or might require emergency treatment is to be enrolled at the School, a signed statement by the student's parent/guardian stating the medical conditions and procedures to be followed needs to be provided to the school, upon enrollment, and should be updated and reviewed annually, or as needed.

If necessary, the level of supervision and possible treatment required can be determined at a meeting attended by the parent or guardian, the principal of the school, the classroom teacher, and if applicable a specialized Medical Health Officer (or nominee) and any other member of the school staff who would be actively involved with the student.

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

- Diabetes;
- Epilepsy;
- Anaphylaxis (history of a severe allergic response which requires planned support inside as well as outside the school environment);
- Severe asthma (history of episodes requiring immediate medical treatment or a history of requiring immediate medication);
- Blood clotting disorders such as hemophilia that require immediate medical care in the event of injury;
- Serious heart conditions; and
- Other conditions which may require emergency care and/or the administration of medication as determined in consultation with parents or guardians/student/family physician, school and Medical Health Officer or designate.

Where required, the School Administration Team will attempt to offer formal training to ensure adequate supervision and treatment is available. If formal training is deemed necessary, the School will reach out to Fraser Health and the School Health Nurse and/or the Public Health Unit for guidance and support.

Procedures

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

1. REGISTRATION PROCEDURES

Medical information and completion of the medical alert will be performed at the time of registration and diligently updated by the parent/guardian as required.

- 1.1 The parent/guardian is responsible to provide details of the medical alert along with procedures to address the medical alert.
- 1.2 This medical information and procedures will be stored in the student information system for clear access to staff who interact with the student on a daily basis, and be protected for privacy as required
- 1.3 The principal/classroom teacher will ensure that Permission to Administer Medication Form is completed by the parent/guardian if the administration of medication is necessary to respond to a medical alert, allowing the classroom teacher to administer the required procedures, if necessary.

2. SCHOOL BASED PROCEDURES

- 2.1 At the principal's discretion, a case conference will be convened involving the appropriate stakeholders to determine the daily care of the student and any steps to be taken should an emergency arise.
- 2.2 Under normal circumstances, medication will not be administered by school personnel. However, if absolutely necessary, arrangements will be made at the school to allow for the administration of medication by school personnel.
- 2.3 Where medication is to be administered by school personnel, the principal should ensure that:
 - 2.3.1 relevant medical information is provided to the school by way of the completion of Permission to Administer Medication form.
 - 2.3.2 if medication is required it is supplied to the school in accordance with Permission to Administer Medication form.
 - 2.3.3 the Permission to Administer Medication form has been completed and is maintained in the location where medication is stored.
 - 2.3.4 staff working with the student are informed of the student's medical condition(s), and any associated medication administration protocol.
 - 2.3.5 An Emergency folder is kept for situations for TTOCs working in the classroom that identifies the student, medical conditions and response procedures.
 - 2.3.6 The parent/guardian is informed of the need to update the Permission to Administer Medication Form in September of each year or as changes are made during the school year.

- 2.3.6.1 The Student Management System Verification Form will be provided to families every September, allowing them to make adjustments as required to Medical Alerts
 - 2.3.6.2 Additional adjustments to Medical Alerts can be made at any point in the school year but contacting the school office and providing the necessary documentation.
- 2.4 If a school is required to store medication, this will be stored within the supervision of the classroom teacher.
 - 2.4.1 In the event that the supply of medication stored at the school is used up or expired, it is the sole responsibility of the parent/guardian to renew the supply.
 - 2.4.2 Any unused or expired medication shall be returned to the parent/guardian.
- 2.5 Except where students self-administer, only authorized school personnel shall have access to medication. Authorized school personnel are defined as the individual(s) noted on the Permission to Administer Medication Form.
- 2.6 Upon written request by the parent and physician, a teacher will observe and report any change in a student's behaviour while on medication. Such a report shall not be unreasonable in length or detail.
- 2.7 The principal will ensure that:
 - a master list of students with Medical Alerts on file will be kept in a prominent place in the office and other school locations as deemed appropriate;
 - Permission to Administer Medication Forms are filed in a prominent place in the office;
 - copies of Permission to Administer Medication Forms are filed in the appropriate student file and with the classroom teacher;
- 2.8 In emergency situations in relation to Medical Alerts,
 - 2.8.1 Medication, if provided will be administered
 - 2.8.2 a parent/guardian (or the emergency contact if the parent/guardian cannot be contacted) shall be contacted and the student taken to a hospital/medical clinic if deemed necessary.
 - 2.8.3 Student will be brought to the school office to be under the care of office staff until emergency services or family members respond to the situation.

There may be additional procedures recommended by Health experts, and the school will take reasonable steps to ensure such measures are followed to ensure the safety and well-being of students.

Appendix A: Request to Administer Medication at School

A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME		BIRTHDATE (YEAR, MONTH, DAY)	
PARENT OR GUARDIAN		HOME PHONE	BUSINESS PHONE
PHYSICIAN		PHONE	

B. TO BE COMPLETED BY PRESCRIBING PHYSICIAN
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.

PHYSICIAN'S SIGNATURE

DATE

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I REQUEST THE SCHOOL TO GIVE MEDICATION AS PRESCRIBED ON THE FRONT OF THIS FORM TO MY CHILD WHOSE NAME IS RECORDED BELOW.

NAME OF CHILD

I WILL NOTIFY THE SCHOOL PROMPTLY OF ANY CHANGES IN MEDICATIONS ORDERED

SIGNATURE OF PARENT OR GUARDIAN

DATE

D. CONSULTATION (AS NEEDED) WITH COMMUNITY HEALTH NURSE AFTER THE COMPLETED REQUEST IS RETURNED TO THE SCHOOL AT REQUEST OF SCHOOL ADMINISTRATOR

COMMENTS

CHNS SIGNATURE

DATE

SUBSEQUENT COMMENTS, IF ANY:

SCHOOL ADMINISTRATOR

DATE

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

DATE	SIGNATURE	COMMENTS, IF ANY

Additional Notes: