

ADMINISTRATIVE PROCEDURE NO. 321

STUDENT MEDICAL CONDITIONS, ALLERGIES AND MEDICATIONS

Background

The Division collects information about students' serious medical conditions and life-threatening allergies and creates medical plans for students when applicable. A student's parent can consent to the Division and external health professionals and organizations sharing the student's personal and health information.

The Division believes that medications are to be administered to students by parents at home whenever possible. Division employees do not generally possess the expertise to determine the need for, or the appropriate means of, administering medical treatment to students. For some students to maintain their health and well-being in the school setting, it may be necessary for them to receive medical treatment during the school day.

The Division recognizes that while it is not the mandate of schools, staff may be requested to administer medicine or emergency first aid treatment to a student to preserve the life or physical well-being of the student. This is a natural extension of the school personnel's duty to exercise reasonable care and skill in attending to the safety, health and comfort of their pupils.

The Division further believes that medical treatment of students, including the administration of medication is to be limited to the resources available in the school. The Superintendent delegates responsibility to the school principal to provide for the administration of medication and/or treatment as defined on Form 26 – Medical Release Form and signed by the parent and physician.

Notwithstanding the above, the Division reserves the right to reject requests for the administration of medication/treatment to students.

Definitions

For this Administrative Procedure:

- A. "Division" means the entity that operates schools in the Red Deer Catholic Regional School Division;
- B. "Life-threatening allergy" has the same meaning as under the Protection of Students with Life-threatening Allergies Act;
- C. "Principal" includes a principal's designate when the principal is unavailable;
- D. "Student" means an individual who is enrolled in Kindergarten or any Grades 1 to 12 in a Division school; and
- E. "Student's parent" means (1) the student's parent or legal guardian if the student is not an independent student under the Education Act; and (2) the student and not the

student's parent or legal guardian if the student is an independent student under the Education Act.

Guidelines

1. The following guidelines shall apply to the administration of medication or emergency first aid to a student:
 - 1.1. In situations relating to the medical treatment of students, the Board recognizes that its employees are subject to the responsibilities inherent in the common law doctrine of "in loco parentis". Specifically, in loco parentis requires that:
 - 1.2. An employee acts as would a reasonable and prudent parent in the same circumstances and conditions.
 - 1.3. The principal shall ensure:
 - 1.3.1. The school has a lockable storage area for student medications that only staff can access;
 - 1.3.2. Student medications are marked clearly as prescribed to the student and include the prescribing physician's and the filling pharmacist's contact information;
 - 1.3.3. The principal has developed and implemented a reasonable plan to return the unused medication or the empty medication container to the student's parent by the end of the school year at the latest.
 - 1.3.4. The principal has developed and implemented a reasonable record-keeping system that records the dates and times when specific staff retrieve and return medication to the storage location during the school year.
 - 1.3.5. Staff who may be required to administer medication or other health-related support services to students shall be trained by qualified professionals or other individuals with expertise, including parents.
 - 1.4. Employee access to information about student medical conditions and allergies.
 - 1.4.1. Each employee who will be in direct contact regularly with a student who has serious medical conditions or allergies must review information about the student's serious medical conditions and life-threatening allergies before the employee is in direct contact with the student.
 - 1.4.2. Each employee who may be in direct contact on an infrequent basis with a student who has serious medical conditions or allergies may review information about the student's serious medical conditions and life-threatening allergies before the employee is in direct contact with the student.

- 1.4.3. Each principal must decide whether the circumstances reasonably warrant the principal to post information about the student's serious medical conditions or life-threatening allergies in a conspicuous location in the school that students cannot normally access.
- 1.4.4. If a principal decides to post information under 1.2.3 of this Administrative Procedure, then the principal must do both of the following:
 - 1.4.4.1. Decide the minimal amount of students' personal information that is reasonably necessary to post in the circumstances and then post only that information.
 - 1.4.4.2. Taking steps to protect all students' personal information in accordance with the Freedom of Information and Protection of Privacy Act by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction of the personal information.
- 1.5. The employee does not have all of the authority that a parent would have; eg. employees do not have the authority to provide consent for the medical treatment of a student.
- 1.6. The employee recognizes the limitations of his/her ability to provide direct assistance.
2. Scope of Routine Medical Services
 - 2.1. The level of service provided by Division staff for students requiring routine medical attention will be determined by application of the following criteria:
 - 2.1.1. The attending physician may indicate in writing that:
 - 2.1.1.1. The service requested is of such a simplistic nature that a lay person, e.g. teacher, educational assistants, administrative assistants, could successfully perform the function.
 - 2.1.1.2. The service has to be performed during regular school hours and/or approved school activities.
 - 2.1.1.3. The service is critical to the well-being and functioning of the student.
 - 2.1.1.4. No other reasonable alternative service is available, e.g., through Alberta Health Services, Community Health Services Division.
 - 2.2. In the case that a parent can not get an appointment with the attending physician to complete information required in 2.1 for a life-threatening allergy, the parent can provide the information and consent temporarily until this information can be given by the attending physician.

2.3. The principal deems that appropriate resources are available and that the services will not be disruptive to the educational program.

3. Emergency Assistance

3.1. Employees may, from time to time, encounter situations that necessitate taking immediate action supportive of a student's physical well-being. Staff members who assist a student who is ill, injured or unconscious as a result of an accident or emergency will be protected from legal action as outlined in Section 2 of the Emergency Medical Aid Act. (See Appendix 'A' attached.)

3.2. No employee is required to administer any medication, including stock Epi-Pens, to any student in response to a life-threatening anaphylactic reaction.

3.3. In response to a life-threatening anaphylactic reaction, any staff may administer a student's medication or stock Epi-Pen to the student, even if the student's parent never requested any employee to administer the student's medication or stock Epi-Pen to the student, if all the following apply:

3.3.1. The employee or another individual has activated emergency medical services;

3.3.2. The employee has received training in dealing with life-threatening allergies;

3.3.3. The employee has reason to believe that the student is experiencing a life-threatening anaphylactic reaction;

3.3.4. The employee acts in good faith in response to what the employee reasonably believes is a life-threatening anaphylactic reaction;

3.3.5. In the case of the student's medication (as opposed to stock Epi-Pens), the employee reasonably believes that the student's medication is to respond to a life-threatening anaphylactic reaction.

3.4. After an employee has administered a student's medication or stock Epi-Pen to a student in an emergency, the employee must do both the following:

3.4.1. Notify the principal, who must in turn notify the student's parent; and

3.4.2. 3.3.2 Complete and submit an incident report.

Procedures

1. Administration Of Prescription Medications To Students

1.1. The Division must make appropriate first aid and CPR training available to all employees. Teachers, educational assistants, administrative assistants and bus drivers will be required to take the following training annually:

- 1.1.1. Dealing with students' life-threatening allergies; and
- 1.1.2. Dealing with students' serious medical conditions.
- 1.1.3. How to use and administer epinephrine auto-injector (EpiPen).
- 1.2. Storage of stock epinephrine auto-injectors (Epi-Pens)
 - 1.2.1. Each school must store at least one stock Epi-Pen in the school which can be used in response to a life-threatening anaphylactic reaction on school property;
 - 1.2.2. The principal must decide whether the principal will store more than one stock Epi-Pen in the school because of the demographic composition of the students in the school and the different dosage sizes of Epi-Pens available;
 - 1.2.3. The principal must request stock and/or replacement Epi-Pens or equivalent from the Health and Safety Department.
 - 1.2.4. Each principal must ensure all the following respecting each stock Epi-Pen stored at the school:
 - 1.2.4.1. It has not expired;
 - 1.2.4.2. It is stored at the school's main office in an easily accessible, conspicuous, and unlocked location, of which all staff who work in the school are aware;
 - 1.2.4.3. It is stored very close to easily accessible information about how to use it in an emergency;
 - 1.2.4.4. It is replaced with a new stock Epi-Pen before its expiry date;
 - 1.2.4.5. It is replaced within one school day after it has been used in an emergency; and
 - 1.2.4.6. Either shortly after it has expired or shortly after it has been used in an emergency, it is disposed of according to the manufacturer's instructions or taken to a local pharmacy who will safely dispose of these units free of charge.
- 1.3. If a student who is incapable of self-administration must receive medication, administered at the written request of the parent, (Form 26 – Medical Release Form) and prescribed by a medical practitioner, during the school day or an extracurricular or co-curricular activity, the principal will provide a monitoring function.

1.4. Where staff members are designated by the principal to monitor the administration of medication, it is essential that medical directions be obtained and followed explicitly and that adequate records are kept. E.g.

1.4.1. Student's name;

1.4.2. Name of medication or preparation;

1.4.3. Prescription number;

1.4.4. Physician;

1.4.5. Prescribed dosage during school hours;

1.4.6. Observed dates and times of consumption;

1.4.7. Notes of any related incidents, if applicable;

1.4.8. Reactions, if any;

1.4.9. Breaks in routine, if any;

1.4.10. Related communication with parents, guardian or physician;

1.4.11. Extenuating circumstances.

1.4.12. Refer to "Medical Release Form" (Form 26).

1.5. All students known to have a life-threatening allergy should have available an Epi-Pen to be used for such an emergency. Epi-Pens and other forms of adrenalin are prescribed by a physician. (Appendix 'B')

1.6. Principals shall ensure that staff monitoring the administration of any medication are informed in advance concerning possible reactions which may occur and the appropriate procedures to follow. Parents should be consulted as necessary.

2. LIFE-THREATENING MEDICAL CONDITIONS AND ALLERGIES

2.1. The principal, through registration procedures and in consultation with parents, shall attempt to identify any students who are subject to medical conditions which may be life-threatening and who, therefore, may require specific medical attention.

2.2. Having secured advice in such cases, the principal shall attempt to ensure that all who may be involved with the student, e.g. school staff, volunteers, school bus drivers and substitutes, are informed concerning any required emergency procedures.

2.3. Specific instruction by medically qualified personnel should be sought for staff members who may be required to apply respiratory equipment or give injections; e.g. severe allergic reactions, etc.

- 2.4. School-specific anaphylaxis risk reduction plans:
 - 2.4.1. Each principal must develop and record a school-specific anaphylaxis risk-reduction plan as part of the school's Emergency Response Plan that includes or cross references all the following:
 - 2.4.1.1. The general strategies to reduce the risk of exposure to anaphylactic causative agents in the classroom and school common areas are described under APPENDIX C "AVOIDANCE";
 - 2.4.1.2. Other school-specific strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms, cafeterias, and school common areas that the principal determines are reasonably required in the school's specific circumstances; and
 - 2.4.1.3. School-specific information regarding the storage of personal and stock epinephrine auto-injectors.
 - 2.5. Updates to information about student medical conditions and allergies after registration:
 - 2.5.1. Each principal must request each student's parent to update information about the student's serious medical conditions and life-threatening allergies during the school's yearly demographic process.
 - 2.5.2. Each principal must allow each student's parent to update information about the student's serious medical condition or life-threatening allergies at any time.
 - 2.5.3. Each principal must take reasonable steps to ensure that any new or revised information about a student's serious medical condition or life-threatening allergies that the principal receives is entered in the student's Medical Plan.
3. SERIOUS INJURY OR ACCIDENT
 - 3.1. In the event of serious injury or accident, the following procedures should be followed:
 - 3.1.1. The staff member should apply first aid treatment if required and practical, and if the staff member is competent to do so.
 - 3.1.2. In all instances of serious injury or illness, the staff member should stay with the injured person and direct a responsible person to notify the school office. The principal shall notify the parents.
 - 3.1.3. "911" should be called to arrange for treatment and transportation to the nearest medical facility.
 - 3.1.4. In the event that "911" or emergency services is not available, eg. On camping trips, excursions, etc., appropriate arrangements must be made

to access medical attention or transport the injured student or person to a medical facility.

- 3.1.5. Coaches, or school supervisory staff, will be required to remove from play, any athlete who exhibits signs or symptoms of concussion. The athlete will not be permitted to return until he or she has received written medical clearance from a doctor. Signs of a concussion can include headache, pressure in the head, nausea or vomiting, balance problems, dizziness, double vision, bothered by light or noise, feeling sluggish, hazy, foggy or groggy, confusion, concentration or memory problems.

4. NON-PRESCRIPTION MEDICATIONS

- 4.1. Non-prescription medications shall not be purchased on the accounts of the Board or the school nor distributed to any student enrolled in a school operated by the Board.

5. LEGAL CONSENT FOR MEDICAL TREATMENT

- 5.1. Under no circumstances will employees of the Board give legal consent to medical treatment of students in their charge. In the event medical treatment is refused by a medical practitioner because of lack of valid consent, the employee shall:
 - 5.1.1. Defer to the opinion of the medical practitioner;
 - 5.1.2. Advise the principal (or designate) of the problem and the recommendation of the medical practitioner;
 - 5.1.3. Continue to attempt to contact the parents;
 - 5.1.4. In circumstances involving an emergency of an anaphylactic individual, the exposed individual will be given an EpiPen and transferred by emergency medical services to a hospital and given medical treatment even if a parent is not available to give consent. Permission to administer an Epi-Pen and transportation should be included on the parent consent form.
 - 5.1.5. The principal shall inform bus drivers and other non-school staff that may need to know about a student's medical condition.

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APPENDIX 'A' EMERGENCY MEDICAL AID ACT Revised Statutes of Alberta 2000 Chapter E-7

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1. In this Act,
 - a. “physician” means a person who is a regulated member of the College of Physicians and Surgeons of Alberta;
 - b. “registered health discipline member” means a person who is registered under the *Health Disciplines Act* or a regulated member under Schedule 1, 10, 13, 18 or 25 to the *Health Professions Act*;
 - c. “registered nurse” means a person who is a registered nurse within the meaning of the *Health Professions Act*.

RSA 2000 cE-7 s1;RSA 2000 cH-7 ss146,147,155;
2005 c13 s4(21);2008 c34 s18

Protection from action

2. If, in respect of a person who is ill, injured or unconscious as the result of an accident or other emergency,
 - a. A physician, registered health discipline member, or registered nurse voluntarily and without expectation of compensation or reward renders emergency medical services or first aid assistance and the services or assistance are not rendered at a hospital or other place having adequate medical facilities and equipment, or
 - b. A person other than a person mentioned in clause (a) voluntarily renders emergency first aid assistance and that assistance is rendered at the immediate scene of the accident or emergency, the physician, registered health discipline member, registered nurse or other person is not liable for damages for injuries to or the death of that person alleged to have been caused by an act or omission on his or her part in rendering the medical services or first aid assistance, unless it is established that the injuries or death were caused by gross negligence on his or her part.

RSA 1980 cE-9 s2;RSA 1980 cH-5.1 s34;1984 c53 s27

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APPENDIX 'B' EPINEPHRINE (ADRENALIN) ADMINISTRATION

Epipen is Epinephrine in a disposable spring-loaded self-injectable syringe with a concealed needle.

DIRECTIONS:

1. Grasp the Epi-pen with the ORANGE tip pointing downward. Blue to the sky and orange to the thigh™.
2. Remove the BLUE safety cap by pulling straight up - Do not bend or twist. (This prepares the injector to be triggered.)
3. 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. Remove the unit (after injection, the orange cover automatically extends to ensure the needle is never exposed). Massage injection area for 10 seconds.
4. After injection, immediately call “911” and transport to Emergency Department by ambulance.
5. If symptoms continue or recur, you may need to use a second injection if medical care is not immediately available. **Note:** Only a healthcare professional should give additional doses of epinephrine if you need more than two injections for a single anaphylactic episode.
6. Dispose of used Epipen unit(s) in a sharps container or return it to any pharmacy who will safely dispose of it.
7. Periodically check the expiration date on the medication and whether it has become discoloured.

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APPENDIX 'C' AVOIDANCE

Appendix 'C' are taken from the document entitled, ANAPHYLAXIS: A Handbook for School Boards, produced by Health Canada and the Canadian School Boards Association.

II Avoidance

The goal of the board's policy is to provide a safe environment for children with life-threatening allergies, but *it is not possible to reduce the risk to zero*. However, the following list of precautions offers school boards suggestions of ways to minimize the risk and allow the anaphylactic child to attend school with relative confidence. It is strongly recommended that policies and procedures be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens which trigger reactions, as well as the organizational and physical environment in different schools. It should also be noted that precautions may vary depending on the properties of the allergen. The viscosity of peanut butter, for example, presents particular challenges in terms of cross-contamination and cleaning; and while it may be possible to eliminate peanut products from school cafeterias, it would be virtually impossible to do so with milk or wheat products.

All of the following recommendations should be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. One school developed a "red card" system, where any child who ate peanut butter left a red card on the table, signaling it as a high-risk area for the anaphylactic student until properly cleaned.

A. Providing Allergen-Free Areas

Eliminating allergens from areas within the school, where the anaphylactic child is likely to come into contact with food, may be the only way to reduce risk to an acceptable level.

- If possible, avoid using the classroom of an anaphylactic child as a lunch room.
- If the classroom must be used as a lunch room, establish it as an "allergen-free" area, using a co-operative approach with students and parents.
- Establish at least one common eating area, or a section of the single common eating area, as "allergen-free".
- Develop strategies for monitoring allergen-free areas, and for identifying high-risk areas for anaphylactic students.

- As a last resort, if allergen-free eating areas cannot be established, provide a safe eating area for the anaphylactic child.

B. Establishing Safe Lunchroom and Eating-area Procedures

The most minute quantities of allergies can trigger a deadly reaction. Peanut butter on a friend's hand could be transferred to a volleyball or a skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those directly consumed by the anaphylactic student.

- Require anaphylactic students to eat only food prepared at home.
- Discourage the sharing of food, utensils and containers.
- Increase lunch-hour supervision in classrooms with an anaphylactic child.
- Encourage the anaphylactic child to take mealtime precautions like:
 - Placing food on wax paper or a paper napkin rather than directly on the desk or table;
 - Taking only one item at a time from the lunch bag to prevent other children from touching the food; and
 - Packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunchtime.
- Establish a hand-washing routine before and after eating. Success will depend on the availability of hand-washing facilities.
- If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labeling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available.
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for peanut-allergic students because of the adhesive nature of peanut butter.

C. Allergens Hidden in School Activities

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
 - Play dough;
 - Bean-bags, stuffed toys (peanut shells are sometimes used);

- Counting aids (beans, peas);
 - Toys, books and other items which may have become contaminated in the course of normal use;
 - Science projects; and
 - Special seasonal activities, like Easter eggs and garden projects.
- Computer keyboards and musical instruments should be wiped before and after use.
 - Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.
 - Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

D. Holidays and Special Celebrations

Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:

- Establish a class fund for special events, and have the classroom teacher or the parent of the anaphylactic child provide only safe food.
- If foods are to come into the classroom from home, remind parents of the anaphylactic child's allergens, and insist on ingredient lists.
- Limit the anaphylactic child to food brought from his or her own home.
- Focus on activities rather than food to mark special occasions.

E. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.

- Include a separate "serious medical conditions" section as a part of the school's registration/permission forms for all field trips in which the details of the anaphylactic student's allergens, symptoms and treatment can be recorded. A copy of this information should be available on site at any time during the field trip.
- Require all supervisors, staff and parents to be aware of the identity of the anaphylactic child, allergens, symptoms and treatment.
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child.
- If practical, consider providing a cell phone for buses used on field trips.

- Require the parent of the anaphylactic child to provide several auto-injectors to be administered every 10 to 15 minutes en route to the nearest hospital, if breathing problems persist or if symptoms recur.
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

F. Substitute Teachers, Parent Volunteers and Others with Occasional Contact

All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions will help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.
- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in-service for them.

G. Anaphylaxis to Insect Venom

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure. It should also be noted that desensitization treatment for allergies to insect venom is available, and has a 95 percent success rate (Ontario Allergy Society, "Information Notes: Allergic Reactions to Insect Stings").

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.

In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail or credit card.