



# **Greater Victoria School District**

## *Toolkit for Management of Student Medical Alert Conditions*



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To provide administrators, school staff, parents and students with **GUIDELINES** for the development of an emergency action plan for students who have medical alert conditions.

## DEFINITIONS AND CRITERIA

A medical alert condition is defined as a medically diagnosed, potentially life-threatening health condition that may require emergency medical care while at school.

Medical Alert Conditions INCLUDE:	Medical Alert Conditions DO NOT INCLUDE:
<b>Anaphylaxis:</b> past history of a severe allergic reaction/s which required or may require emergency care and use of adrenalin (e.g., severe insect bite or food allergy – i.e.,	Mild allergies that do not require urgent intervention or allergies to medications which can be avoided at school
<b>Asthma:</b> a past history of episodes requiring immediate medical treatment; include those children who may need assistance using inhalant medications	Controlled, stable asthma (needs reliever inhaler less than once/week): stable – no hospitalizations within last 2 years
<b>Blood clotting disorders:</b> that require immediate medical care in the event of injury (e.g., haemophilia)	Students with a diagnosed weakened immunity due to illness or medications (e.g., chemotherapy). <b>Note:</b> It is important that school staff are aware of immune-compromised students in case there is a communicable disease outbreak, but these students are not included on the medical alert list.
<b>Diabetes</b>	
<b>Heart conditions:</b> that may require emergency	
<b>Seizure disorder:</b> ongoing, requiring intervention	One time seizure over one year ago
<b>Students with special needs:</b> only if they have a potentially life-threatening condition or if they are likely to need emergency support for current health state (e.g., airway management, complex cardiac problems, tube	Attention Deficit/Hyperactive Disorders, behavioural issues

# TIMELINE

<i>August/ September</i>	<i>October/ November</i>	<i>January/ February</i>	<i>March/ April/May</i>	<i>June</i>
<p><i>Provide parents with appropriate forms</i></p> <p><i>Staff training</i></p> <p><i>School posters</i></p> <p><i>Allergy aware (see appendix for posters)</i></p> <p><i>Update Master Medical List and inform staff</i></p> <p><i>Newsletter</i></p> <p><i>Letter to go home to parents regarding anaphylactic child in class</i></p>	<p><i>Classroom and peer group education</i></p>	<p><i>Update Master Medical List and review medications for expiry dates.</i></p>	<p><i>Check Kindergarten registration forms for life-threatening conditions</i></p>	<p><i>Update Master Medical List</i></p> <p><i>Remind staff to send home medication at year-end and forms to be updated</i></p> <p><i>Information for newsletter</i></p>
<b><i>Throughout Year:</i></b>	<i>Check new registrations for life-threatening conditions</i>			

## *Identify Students to be Included on the Medical Alert List*

1. Principal to determine which school staff member will be responsible for compiling and maintaining the medical alert list on an annual basis.
2. Principal or designate to review medical alert list from previous year.
3. Principal or designate reviews definition and criteria for inclusion on list and consults school Public Health Nurse if concerns arise.
4. During Kindergarten registration and when new students register at the school the Principal or designate reviews with parents the criteria for including students on the medical alert list and school process to support these children.
5. Principal or designate reviews **ALL** new registrations for life-threatening medical conditions as defined on page 3.
6. Students with specialized medical needs (eg. students requiring feeding tubes, management of insulin dependant diabetes, catheter care, uncontrolled seizure conditions) who have medical alert conditions will be identified by the Nursing Support Services Coordinators. Nursing Support Services Coordinators will provide a Health Care Plan to the school and train designated school staff as required.

## *Contact Parent/Guardian*

1. For new students, the Emergency Action Form and Allergy Aware Checklist should be provided at the time of registration.
2. Complete the appropriate Emergency Action Form and Allergy Aware Checklist with parent/guardian and student. This can be done through a family interview, telephone/email or by sending the parent letter and forms home.
3. For returning students, up-date information from existing forms in consultation with student and/or parent.
4. Older students should be encouraged to complete the medical alert information sheet with input from parent/guardian as needed.
5. After 2 attempts to contact the parent/guardian and no response then send home the "No Response Letter to Parent" and document actions taken.
4. General information may be shared in the school newsletter. Island Health newsletter inserts can be [accessed here](#)
5. Medical Alert bracelets are recommended and can be obtained free for students K-8 through the No Child Without program. Every school office should have NCW brochures with. If your school requires brochures you can order them at [Medic Alert-No Child Without](#)



## Develop Medical Alert List

1. Prepare a Medical Alert list ensuring clarity and consistency of information and enter the Medical Alert information on the student's electronic and paper file.

## Organize Emergency Medications

1. Follow school district policy regarding medication administration.
2. It is recommended that emergency medications and medical alert lists for each student be kept in one central, secure location, e.g. main office, in a transportable container. Students with anaphylaxis require access to their prescribed medication in their immediate environment.
3. Each medication must be **clearly** labelled with pharmacy label, student name and expiry date. Food for diabetic students is also to be clearly labelled with student name.
4. Label a clear zip-lock bag or large envelope for each medical alert student, including:
  - ☐ Copy of completed Emergency Action form specific to that child with **signature of prescribing physician**.
  - ☐ Emergency medication as required with **pharmacy label**.
  - ☐ Organize envelopes/zip lock bags in container by alphabetical order by children's last name.
  - ☐ A copy of the complete medical alert list should be in the front of the container.
  - ☐ For students receiving medication at school, document and sign the Documentation Form for Administration of Short Term or Long Term Medication at School by Staff

## Distribute Medical Alert List

1. Have a distribution plan to provide the list to all school staff, including support staff, e.g. lunch hour supervisors. List must also be available to the teacher on call (TOC).
2. A reference copy should be kept in the medical room, main office, and staff room with consideration given to Freedom of Information and Protection of Privacy.
3. If appropriate, the allergy awareness letter can be sent home by the classroom teacher to alert parents that a child with anaphylaxis is in a classroom.

### NOTE:

- Emergency Action Plans and medications should be taken on field trips and school evacuations.
- Medication is for prescribed student only.
- For those students who carry their own medication, or keep it in the classroom, it is recommended that there be a back-up dose in the main office as well.

1. *At the beginning of each school year and as per district policy, training sessions on medical alerts will be offered to all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs, may include food service staff, volunteers, bus drivers, and teachers on call.*
2. *Administrators to remind staff that information on the Medical Alert list is to be kept confidential as outlined in the Freedom of Information and Protection of Privacy Act (FIOPPA).*
3. **Training for Anaphylaxis**

The Public Health recommended online [Anaphylaxis Training can be accessed here](#). The 30 minute online training session includes:

- *Signs and symptoms of anaphylaxis*
- *Common allergens*
- *Avoidance strategies*
- *Emergency protocols*
- *Use of single use epinephrine auto-injectors*
- *Identification of at risk students*
- *Emergency Action Plans*
- *Participants during the training will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a student at risk in their care.*
- *Method of communication and strategies to education and raise awareness of parents, students, employees and volunteers about anaphylaxis and medical alerts*
- *Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use epinephrine auto-injector should be placed in relevant areas as per school policy.*
- *Allergy aware posters need to be visible in classrooms, office, staff room, lunch room and/or the cafeteria, library, computer room and gym.*
- *Information and/or training for peers should be age appropriate and done in consultation with the student and child's parents.*



# SECTION 1 ~ Medical Alert Lists



[Medical Alert List Cover Sheet for School Staff](#)

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*Instructions to create MYED Medical Alert List*

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[Sample of My ED BC](#)

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<b>School Name:</b>	
<b>Year:</b>	

To: All Staff

From: Principal

Date:

*The students on this list have a medical alert condition that requires an immediate response at school. This list is as complete as possible at the time of printing. If additional information is received, an addendum will be sent to you.*

**PLEASE FAMILIARIZE YOURSELF WITH THE HEALTH CONDITIONS AND CARE REQUIRED FOR THESE STUDENTS – ESPECIALLY THOSE STUDENTS IN YOUR CLASS.**

***In the event of an emergency, please follow the directions provided in the students "Emergency Action Plan" that can be found \_\_\_\_\_***

*Medications for students are located in the main office unless otherwise indicated. All students' medications and food (e.g., juice for diabetics) are clearly labelled and are to be administered to that individual student only.*

***THIS INFORMATION IS STRICTLY CONFIDENTIAL*** and is not to be released to anyone outside of the staff. It should be kept in a place that is easily accessible to teachers on call (TTOCs).

*Please discard any previous lists you may have.*

## SECTION 2 ~ ANAPHYLAXIS

[Anaphylaxis \*\*EMERGENCY ACTION PLAN\*\* for Students](#)

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[Anaphylaxis \*\*ALLERGY AWARE CHECKLIST\*\* for Staff, Students and Parents/Guardians](#)

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[Annual Review of Allergy Aware Checklist and Anaphylaxis Emergency Action Plan](#)

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[Parent Letter—Children with Health Conditions](#)

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[Parent Letter—Emergency Medical Management at School](#)

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[Parent Letter—Child in Classroom with Life Threatening Allergy](#)

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[Parent Letter—Epinephrine Auto-injector \(Expiry Date\)](#)

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[Parent Letter—Medication at School Reminder](#)

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[Parent Letter—No Response](#)

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### **ANAPHYLAXIS RESOURCES**

[Anaphylaxis Staff Training Link](#)

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[Allergy Aware Poster](#)

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[10 Steps to Allergy Aware School](#)

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[School Newsletter Information](#)

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[School Activities and Food Allergens](#)

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# ANAPHYLAXIS EMERGENCY ACTION PLAN

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Div: \_\_\_\_\_

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

## THIS PERSON HAS A POTENTIALLY LIFE THREATENING ALLERGY (ANAPHYLAXIS)

## ACT QUICKLY. DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN

Photo

### Allergy Trigger(s):

☐ Food(s): \_\_\_\_\_

☐ Insect Stings \_\_\_\_\_

☐ Other \_\_\_\_\_

### Medication

☐ Epi pen Jr (0.15mg)

☐ Epi pen Sr (0.3mg)

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

☐ **Previous anaphylactic reaction:** Person is at greater risk.

- **GIVE EPINEPHRINE AT THE FIRST SIGN OF AN ANAPHYLACTIC REACTION**
- **CALL 911**
- **CALL EMERGENCY CONTACT**
- Administer second an epinephrine auto-injector within 5 minutes if no improvement in symptoms or symptoms reoccur
- Lay student on back, legs elevated. If vomiting, lay on side making sure airway is clear so that they do not choke on vomit. Do NOT sit or stand student up as this can cause a dangerous reaction.

**Epinephrine is the first line medication** for the emergency management of anaphylaxis. **Antihistamines (e.g. Benedryl) or asthma medication should not be used to treat anaphylaxis.**

## AN ANAPHYLACTIC REACTION MAY HAVE THE FOLLOWING SIGNS AND SYMPTOMS:

**Face:** Hives, itching, swelling (lips, face, tongue) flushed face or body

**Airway:** Difficulty breathing, swallowing or speaking, coughing, wheezing, change of voice, sneezing

**Stomach:** Stomach cramps, nausea, vomiting, diarrhea

**Total body:** Hives, itching, swelling, weakness, dizziness, loss of consciousness, anxiety, feeling of doom

## EMERGENCY CONTACT INFORMATION

Name	Relationship	Cell Phone	Other Phone

I the undersigned parent/guardian authorize any adult to administer emergency medication following the instructions outlined above to the above named person in the event of an anaphylactic reaction. This protocol has been recommended by the physician/NP who has signed below. I have reviewed and I approve this emergency response plan. I understand that it is my responsibility to advise the school about any changes in my child's condition. I also understand that it is my responsibility to provide the school with two EpiPen's one for my child to carry on their person and one to be stored in an unlocked location in the office.

I consent to the disclosure of my child's personal information and photo to school staff and those persons reasonably expected to have supervisory responsibility of my child. This consent is valid until it is revoked in writing by me.

\_\_\_\_\_  
Physician/NP

\_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_

## ALLERGY AWARE CHECKLIST

### Anaphylaxis Allergy Aware Checklist for \_\_\_\_\_

(Student's name)

**Principal:** The prevention and management of anaphylaxis is a shared responsibility with roles and responsibilities for parents/guardians, allergic students and the entire school community. This checklist can be used to help create an allergy aware environment in your school.

#### Principal's Responsibilities

- ☐ Be aware of School District 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- ☐ Inform school staff of their responsibilities regarding school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment
- ☐ Endeavour to contact parents prior to school starting in September when possible. See start of year letter on page
- ☐ Inform the parents of SD 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- ☐ Provide parents with an and Medication Administration Form. Request that parent(s) and their physician complete the Medication Administration Form and return to the school.
- ☐ Complete an Anaphylaxis Emergency Action Plan with parent/guardian and student (if age appropriate).
- ☐ Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- ☐ Request parent(s) to provide two epinephrine auto-injectors.
- ☐ Meet with the parent(s) and teacher(s) complete/review the Anaphylaxis Allergy Aware Checklist and student's Anaphylaxis Emergency Action Plan or ensure parents/guardians and teachers have reviewed the documents.

#### Develop the Anaphylaxis Emergency Action Plan:

- ☐ Ensure all of the information included on the Anaphylaxis Emergency Plan is correct and valid.
- ☐ Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program. **\*\* As of September 2022 the NCW Program has been put on pause.**
- ☐ Check to see parent(s) have signed the Anaphylaxis Emergency Action Plan and that they have provided two epinephrine auto-injectors. *\*This plan does not need to be signed annually by the physician or parent/guardian unless there is a change in the student's medical condition. This plan does require an annual review by parents and administrators.*

- ☐ Request the teacher send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Use the “Child in the Classroom with Life-Threatening Allergy to: insert allergen” letter.
- ☐ Ensure parents’ have given permission to use student’s picture on the Anaphylaxis Emergency Action Plan.
- ☐ Provide a copy of the Anaphylaxis Emergency Action Plan to parent(s).
- ☐ Keep a copy of the Anaphylaxis Emergency Action Plan and Medication Administration Form with the student’s Permanent Student Record

**Inform involved school staff:**

- ☐ Ensure the student’s computer record indicates they have a life-threatening allergy.
- ☐ Provide a safe, unlocked, centrally located storage area for one of the student’s epinephrine auto-injector and the school’s additional one.
- ☐ Ensure staff are aware of the location of the epinephrine auto-injector, Medical Alert List and Anaphylaxis Emergency Action Plans.
- ☐ All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- ☐ Post the Anaphylaxis Emergency Action Plan in appropriate, confidential, staff locations.
- ☐ Provide a copy of the Anaphylaxis Emergency Action Plan to the teacher and involved school staff.
- ☐ Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- ☐ Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas. (FAST Poster)
- ☐ Post Allergy Aware signs in relevant areas of the school.
- ☐ Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Emergency Plan

**TEACHER AND STAFF RESPONSIBILITIES**

- ☐ Be aware of school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment and your responsibilities for keeping students at risk of anaphylaxis safe while at school and while participating in school-related activities.
- ☐ Be familiar with students in your class at risk of anaphylaxis. Be familiar with student’s Anaphylaxis Emergency Action Plan and location of the epinephrine auto-injector.
- ☐ Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylaxis Emergency Action Plan and location of the epinephrine auto-injector.



- ☐ Create a positive and helpful attitude toward student at risk of anaphylaxis.
- ☐ In consultation with parent(s)/student provide students with age-appropriate “allergy awareness” education.
- ☐ In consultation with school staff develop an “allergy aware” classroom.

***If student has food allergies:***

- ☐ Request parent(s) to consult with the teacher before bringing food into the classroom.
- ☐ Encourage students NOT to share food, drinks or utensils.
- ☐ Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).
- ☐ Encourage all students to eat with their food on a napkin rather than directly on the desk or table.
- ☐ Encourage all students to wash their hands with soapy water before and after eating.
- ☐ Arrange for desks to be washed with hot water and district provided cleaner after students eat (**primary grades only**)
- ☐ Do not use identified allergen(s) in classroom activities.

***On field trips/co-curricular/extra-curricular activities:***

- ☐ Take a copy of the Anaphylaxis Emergency Action Plan.
- ☐ Take an epinephrine auto-injector and ensure the student has their epinephrine auto-injector with them.
- ☐ Take a cell phone
- ☐ Be aware of the life threatening allergen exposure risk (food and insect allergies).
- ☐ Inform supervising adults of student at risk of anaphylaxis and indicated emergency treatment.
- ☐ Request supervising adults to sit near (elementary/middle) student in vehicle/bus.

**STUDENT RESPONSIBILITIES**

- ☐ Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- ☐ Know the signs and symptoms of anaphylaxis.
- ☐ Notify an adult if you are feeling unwell or if you think you are having a reaction.
- ☐ Carry an epinephrine auto-injector at all times.
- ☐ Wear a MedicAlert bracelet or necklet at all times.

***If you have food allergies:***

- ☐ Eat only food and drinks approved by your parent or guardian.

- ☐ Do not share cutlery and dishes.
- ☐ Do not eat food that has had direct contact with a desk or table.

#### **PARENT RESPONSIBILITIES**

- ☐ In conjunction with your physician, complete the Anaphylaxis Emergency Action Plan and return to school.
- ☐ Arrange a time to meet with designated school staff to review the Anaphylaxis Emergency Action Plan \*This plan must be reviewed annually.
- ☐ Provide two "in date" epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.
- ☐ Ensure your child has their epinephrine auto-injector with them at all times
- ☐ Inform school staff and classroom teacher of your child's life threatening allergy.
- ☐ Ensure your child is aware of their allergy and the signs and symptoms of an allergic reaction.
- ☐ Inform your child of ways to avoid allergic reactions.
- ☐ Inform your child to notify an adult if they are having an allergic reaction or feeling unwell.
- ☐ Teach your child to administer their own epinephrine auto-injector when age appropriate.
- ☐ Ensure your child wears a MedicAlert bracelet or necklet.
- ☐ In consultation with the classroom teacher determine your role in providing "allergy awareness" education for classmates
- ☐ Notify school staff if there is a change in your child's allergy condition.
- ☐ Check expiry date of epinephrine auto-injectors.

#### **If your child has a food allergy:**

- ☐ Ensure your child knows only to eat food and drinks approved by parents or guardian.

***I have read/reviewed the Anaphylaxis Allergy Aware Checklist and understand my roles and responsibilities in the prevention and management of anaphylaxis at school.***

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student (Age 8 years and up): \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Classroom teacher (elementary): \_\_\_\_\_ Date: \_\_\_\_\_

# Annual Review of Allergy Aware Checklist & Emergency Plan

## **STUDENTS AT RISK OF ANAPHYLAXIS:**

- ☐ Have a labelled epinephrine auto-injector in a readily accessible, unlocked, location in the office.
- ☐ In addition to epinephrine auto-injector in the office they should carry their own auto-injector (K-12).
- ☐ Wear medical identification (e.g. MedicAlert® bracelet, band or necklace) that lists their allergy.
- ☐ Tell someone, preferably an adult, immediately after accidental exposure to an allergen or as soon as symptoms occur.

## **If they have food allergies, they should also:**

- ☐ Avoid eating if they do not have an auto-injector with them.
- ☐ Be careful with foods prepared by others.
- ☐ Do not share food, drinks or utensils.
- ☐ Wash hands with soap and water before and after meals.

## **STAFF RESPONSIBILITIES**

- ☐ All school-based support staff that are in regular contact with students play a key role in helping to create a safer environment.
- ☐ All school-based staff should participate in annual anaphylaxis training to support the identification of students at risk; recognition of the signs and symptoms of anaphylaxis; and emergency steps, including how to use an epinephrine auto-injector.
- ☐ All staff should be aware of students who are at risk of anaphylaxis and be prepared to respond to an emergency situation.
- ☐ The Anaphylaxis Emergency Plan (individual) should be posted in areas that are accessible to all staff, but respect the privacy wishes of the parent and student. Suggested areas are the office, staff room, lunchroom, cafeteria, and staff person's day book.
- ☐ The entire student population should be educated about the seriousness of anaphylaxis and how to help their fellow students who are at risk. This can be achieved through general awareness assemblies or a special health lesson.

## **PRINCIPAL OR DESIGNATE:**

- ☐ Ensure that parents, guardians and students provide information on life-threatening allergies at time of registration.
- ☐ Ensure that there is an Anaphylaxis Emergency Plan for each student at risk.

- ☐ *Maintain a file for each at-risk child that includes documentation of diagnosis, recommended treatment, an emergency procedure, emergency contact information and parental/guardian consent. Keep documents with a physician's signature on file in MyED for future reference.*
- ☐ *Arrange annual training for all employees and welcome others who are in regular contact with students.*
- ☐ *Develop a communication plan for sharing information about life-threatening allergies with parents, students and staff.*

#### **PARENT RESPONSIBILITIES**

- ☐ *Ensure you have provided school staff with a signed (by parent/guardian and physician) Medication Administration Form. This form is valid indefinitely unless your child's medical condition changes.*
- ☐ *Review the Anaphylaxis Emergency Action Plan and Allergy Aware Checklist annually. If you would like to arrange a time to meet with designated school staff to review the Anaphylaxis Emergency Action Plan/ Allergy Aware Checklist complete the form at the bottom of the page.*
- ☐ *Provide two "in date" epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.*
- ☐ *Ensure your child has their epinephrine auto-injector with them at all times*
- ☐ *Inform school staff if there are any changes to your child's life threatening allergy.*
- ☐ *Ensure your child is aware of their allergy and the signs and symptoms of an allergic reaction.*
- ☐ *Inform your child of ways to avoid allergic reactions.*
- ☐ *Inform your child to notify an adult if they are having an allergic reaction.*
- ☐ *Teach your child to administer their own epinephrine auto-injector when age appropriate.*
- ☐ *Ensure your child wears a MedicAlert bracelet or necklet. These can be obtained for free from age 5-14. Ask office staff for information.*

#### **Consideration should be given to the following:**

- ☐ *Allergen foods served in school lunchrooms or arranged for special events should be avoided in elementary*

*I would like to request a meeting with the principal/vice principal to discuss/review my child's medical alert condition.*

- ☐ *Yes, I would like a meeting.*
- ☐ *No, thank you. My child's medical condition has not changed. **We have reviewed the Allergy Aware Checklist and Anaphylaxis Emergency Action Plan.***

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Student (Age 8 years and up): \_\_\_\_\_

Date: \_\_\_\_\_

Date:

Dear Parent/Guardian:

**Re: Children with Health Conditions**

School staff recognizes there are students with health conditions that may impact the students ability to function while at school. If your child has such a health condition, it is your responsibility to inform school staff so we can support your child.

**LIFE THREATENING HEALTH CONDITIONS**

Please let the school staff know if your child has a life threatening health condition that may require emergency assistance while at school such as:

- Diabetes
- Serious heart conditions
- Blood clotting disorders
- Anaphylactic or severe allergies to food or insect stings or other
- Asthma that has resulted in hospitalization in the past year
- Epilepsy with a history of tonic-clonic (grand mal) seizures in the past two years
- Other health conditions, which require emergency care

School staff in partnership with you will develop a plan to ensure the safety of your child at school. This includes determining how best to respond to an emergency situation, ensuring school staff are aware of your child's health condition and emergency care, delegating staff to administer emergency medications, and providing education to other students.

School personnel will contact you every year to review your child's health condition, emergency treatment and to update the "Medical Alert List" that notifies staff of the appropriate response in an emergency. It is your responsibility to inform school staff, discuss your child's health condition with teachers and notify school staff if your child's health condition changes.

**NON-LIFE THREATENING HEALTH CONDITIONS**

If your child has a non-life threatening health condition (i.e., vision problem, hearing problem, activity limitation, mental health condition), which may affect his/her ability to function at school, please inform school staff. The school may not keep this information from year to year. It is your responsibility to inform school staff and teachers at the beginning of each school year.

**ASSISTANCE REQUIRED WITH MEDICATIONS SEE GVSD ORAL/TOPICAL MEDICATION ADMINISTRATION POLICY AND REGULATIONS 5141.2**

Designated School staff will give or supervise medications under the following conditions:

- they are required in emergency situations
- If they must be given during school hours

If your child requires assistance or supervision of medications under these conditions, you need to obtain a **Medication Administration Form** from school staff and complete it in conjunction with your physician. You must return the signed form along with the prescribed medication before school starts in September. These steps must be followed before medication will be given to your child. **No medications will be given without authorization from a physician.**

Sincerely,

---

Principal

---

School



Date:

Dear Parent/Guardian of: \_\_\_\_\_

*Your child is currently on, or requires being on, the medical alert list at school. The purpose of the medical alert list is to communicate a student's life threatening condition and their needs to school staff to ensure their safety should a medical emergency arise.*

*The primary responsibility for ensuring a safe school environment for each child with a life threatening condition is with the parent, student and school staff. The Public Health Nurse is available for consultation regarding students' life threatening medical conditions.*

*In order to ensure a safe school environment we ask the parents and students to agree to the following responsibilities:*

***Parent/Guardian:***

- *Complete the Emergency Action Plan with physician and review with school administrators –review annually*
- *Supply the school with medication and replace when expired or depleted*
- *Provide your child with a medic alert bracelet (if your child is 14 years or younger you may apply for a free medic alert bracelet. Please ask office staff for a Canadian Medic Alert- No Child Without brochure)*
- *Notify the school staff of any changes in the student's health status during the school year*
- *Participate in educating staff/students regarding your child's medical alert condition*
- *Ensure that your child has emergency medication with them on field trips*

***Student:***

- *Participate in self-care activities as appropriate for age*
- *Wear a medic alert identification bracelet/necklace*
- *Inform school staff and friends of medical alert condition*
- *Avoid allergy triggers or other potentially harmful situations*
- *Inform school staff if feeling unwell or experiencing symptoms*
- *Know where emergency medication is at all times*





September 20\_\_\_\_

Dear Parent/Guardian of Students in \_\_\_\_\_ Class

We have a child in this class that has a **life-threatening allergy** to \_\_\_\_\_ and exposure could result in severe sickness or death.

To help reduce the risk of accidental exposure, we need **your cooperation** in order to provide a safe and secure learning environment. **The following are respectfully requested:**

1. **That students in this class avoid bringing the above allergen(s) to school.** Please read the list of ingredients on food packages.
2. If your child enjoys this food at home, please ensure that your child adds hand washing to their routine before coming to school. Even a small amount can easily be transferred to crayons, books or playground equipment that can pose a risk for the allergic child.
3. Discuss with your child the importance of not trading or sharing food.

The above items will also be discussed with all the students in the classroom setting along with ways to help their allergic friend stay safe.

We hope you will appreciate the seriousness of this condition and that you will assist us in our efforts to create as safe an allergy aware environment as possible for this student.

Thank you for your understanding and cooperation.

Sincerely,

---

Principal

---

Classroom Teacher



*Date:*

*Dear Parent/Guardian:*

*Your child's epinephrine auto-injector expiry date is \_\_\_\_\_.*

*Please replace your child's epinephrine auto-injector at your child's school **before** this expiration date.*

*Remember to write down the expiry date for your child's epinephrine auto-injector(s) on a calendar as we cannot guarantee a reminder for this every school year.*

*EpiPen and Allerject have a free email reminder service to help parents and students keep track of the expiry date.*

*EpiPen - [www.epipen.ca](http://www.epipen.ca)*

*Allerject-[www.allerject.ca](http://www.allerject.ca)*

*Sincerely,*

---

*Principal*



Date:

Dear Parent/Guardian:

*It has come to my attention that you have not returned the school's phone calls/emails regarding your child's medical alert condition and their possible need for medication should a medical emergency arise. It is imperative that we speak with you to ensure a safe school setting for your child.*

*This letter is to let you know that if we do not hear from you, your child will be on the medical alert list; however, if they require emergency medical attention our course of action will be to call 911.*

*A supply of their medication, if needed, would be appreciated with the appropriate completed paperwork. This can be obtained at our main office.*

*Your prompt attention to this matter is appreciated.*

*Please do not hesitate to call if you have any questions.*

*Sincerely,*

---

*Principal*

## Anaphylaxis Training Video Recommended by Island Health

<http://www.allergyaware.ca/>

This is an online training module from Anaphylaxis Canada that supports educators in French or English. It requires 30 minutes to finish and you receive a certificate upon completion.

COURSE ABOUT NEWS RESOURCES SUPPORTERS HELP FRANÇAISSIGN UPLOG IN

# World Class Anaphylaxis Education Anytime, Anyplace

AllergyAware.ca offers online anaphylaxis courses for the community, developed by leaders in health education – Anaphylaxis Canada, the Canadian Society of Allergy and Clinical Immunology, and Leap Learning Technologies.



## Interested in our free courses? Follow these simple steps to sign up and get started.



Sign up



Launch course



Get certificate

SIGN ME UP!



DEVELOPED BY

Anaphylaxis Canada

  
Canadian Society of Allergy

  
LEAP  
LEARNING TECHNOLOGIES

RESEARCH SUPPORTED BY

  
AllerGen  
Innovation from cell to society

# **We are** **Allergy Aware**

**We have these allergies in our school this year:**



# **One Learning Community**

## Checklist

### 10 STEPS TO AN ALLERGY AWARE SCHOOL

- ☐ 1. Administrator provides strong leadership
- ☐ 2. Each student at risk of anaphylaxis has a completed and signed (by parent and physician) Emergency Action Plan
- ☐ 3. The Emergency Action Plan is on file in MyED. Hard copies are kept in well-known location(s) in the school.
- ☐ 4. Emergency Action Plan and Allergy Aware Checklist are reviewed annually with parents and students (when appropriate).
- ☐ 5. All staff are trained annually
- ☐ 6. All school staff (TOC, volunteers, etc) are aware of students at risk for anaphylaxis and emergency protocol identified in their Emergency Action Plan
- ☐ 7. All students have been educated on anaphylaxis and how to respond in an emergency
- ☐ 8. Parents are involved in awareness and education when appropriate
- ☐ 9. Adequate supervision is provided at lunch and on field trips etc.
- ☐ 10. Day to day processes in place
  - ✓ Students carry epi-pens at all times
  - ✓ Desks are washed after lunch (primary grades only)
  - ✓ Field trip protocol is followed
  - ✓ Allergy Aware and FAST posters are posted in high visible areas of the school and classrooms.





## **School Newsletter Information**

### ***Promoting a Safe and Healthy School Environment for Children with Medically Diagnosed Life Threatening Conditions***

*Ensuring a safe and healthy school environment is a responsibility shared by students, parents and staff. It is important that all members of the school community are aware of their role in promoting that child's safety.*

***Please notify the school if your child has any or all of the following:***

*A MEDICALLY DIAGNOSED health condition(s), which may require emergency care at school. This includes anaphylaxis, diabetes, severe asthma, and seizure disorder, blood clotting disorders or serious heart conditions. Please contact the school office to complete the appropriate Medical Action Forms.*

*If your child requires prescribed medication to be administered at school, the Medication Administration Form is available from the office and must be completed by your physician and returned to the school office.*

*Prescribed medication must be provided, by the parent or guardian, the original container and clearly labelled with:*

*The child's name*

- *Medication name and instructions*
- *Medication dosage*
- *Medication expiry date*

*Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. ALL parents are asked to consult with the teacher before sending food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.*

## SCHOOL ACTIVITIES AND FOOD ALLERGENS Resource

*The following sections are designed to provide awareness as to how food allergens may turn up in craft activities, science and social studies projects, field trips and other school activities.*

*It is not possible to list all of the ways allergens may turn up in schools but the information outlined in this document can help create awareness and provide an opportunity to explore alternatives.*

*Communication with parents and/or students and being proactive in the planning and preparation of school activities can allow school personnel to address the individual nature of each student's triggers for anaphylaxis, allergy and asthma.*

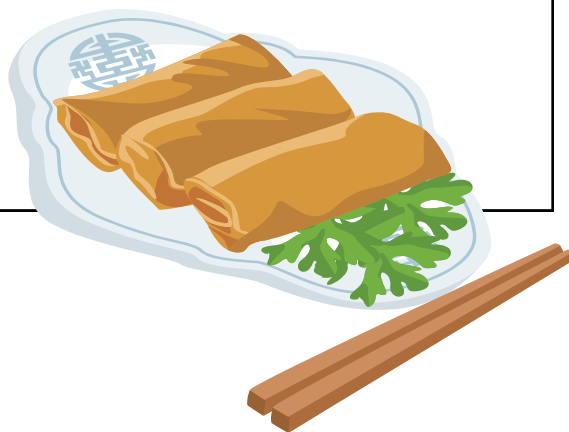
*This material has been provided by the Allergy/Asthma Information Association.*

### **Social Studies Projects and Food Allergens**

*The following are some examples of social studies projects that could pose a risk to students with life-threatening food allergies.*

*Tasting foods from around the world. Food allergens should be clearly labelled and students with life threatening allergies should only eat food approved by their parents/guardians. Note that foreign foods may use peanut oil in cooking as well as other nuts, shellfish, fish and egg.*

*Visiting ethnic restaurants to sample various foods. It is very difficult to fully ascertain ingredients in these restaurants and food may be cross-contaminated. Food allergic students should not be required to participate.*



## SCHOOL CRAFT ACTIVITIES AND FOOD ALLERGENS

The following are some examples of craft activities that could pose a risk to students with the following life-threatening food allergies.

### **Egg Allergy:**

- ◆ Using egg cartons in crafts
- ◆ Colouring or decorating Easter eggs. Plastic eggs could be substituted and covered with tissue paper and diluted glue (decoupage). This would also create a more lasting craft. Wooden eggs are an option but may be expensive.
- ◆ Using crushed egg shells to cover a bottle (e.g., making a vase)
- ◆ Egg shell mosaic (crushed eggshells are dried and used to make mosaic pictures)
- ◆ Crushed egg shells are sometimes used in paint to give it a crackle effect
- ◆ Making Christmas cookie ornaments and brushing with egg white to glaze
- ◆ Using dried fruit in wreaths and ornaments and brushing with egg white to keep from going brown
- ◆ Eggs are blown out and brought to class or this is done in the class
- ◆ Sugar cookies may be decorated with a mixture of food colouring and egg yolk
- ◆ Easter egg hunts (use plastic eggs instead of real eggs).
- ◆ Egg white icing for gingerbread houses
- ◆ Homemade play dough recipes
- ◆ Some tempera paints may contain egg. The old technique for making tempera paints uses egg. The powdered paint used in elementary schools may not.
- ◆ The egg and spoon race is a potential risk for students with egg allergy (golf balls may be substituted for eggs).



### **Milk Allergy:**

- ◆ Making bird houses out of milk cartons
- ◆ Used popsicle sticks could be contaminated with milk
- ◆ Blowing bubbles in chocolate milk until it overflows over the glass onto the paper to make designs
- ◆ Taking a bucket of milk, adding food colouring and “swooshing” paper through for a neat design

### ***Peanut and/or Nut Allergy:***

- ♦ *Crafts using bird seed can pose a risk of peanut/nut exposure*
- ♦ *Pine cone bird feeders covered with peanut butter so that dried fruit, etc. will stick to it.*
- ♦ *Mesh plastic bags that house shelled peanuts are often used in crafts*
- ♦ *Used popsicle sticks may be contaminated with peanut or nut*
- ♦ *Using nuts in making wreaths*
- ♦ *Candies used to decorate gingerbread houses may contain peanuts (e.g., M&M's)*
- ♦ *Halves of walnut shells are often used to make Christmas tree ornaments. Use small sea shells instead. They can be purchased at craft or dollar stores or gathered at the beach.*
- ♦ *Peanut butter play dough*
- ♦ *Making bean bags*
- ♦ *Acorns and walnuts are sometimes used in collage activities*



### ***Wheat Allergy:***

- ♦ *Using wheat in making wreath decorations*

## **SCIENCE PROJECTS AND FOOD ALLERGENS**

*The following are some examples of science projects that could pose a risk to students with the following life-threatening food allergies.*

### ***Egg Allergy:***

- ♦ *Egg flotation to demonstrate buoyancy*
- ♦ *Demonstrating how an egg can be sucked into a bottle by creating a vacuum*
- ♦ *Make an egg go soft via immersion in vinegar*
- ♦ *Packing eggs so they will not break when dropped from heights to see the effect of force of gravity*
- ♦ *Bringing in an incubator and hatching baby chicks*



### ***Peanut/Nut Allergy:***

- ♦ *Celebrate a legume day. Peanuts along with other legumes are brought in to study (note that peanuts are a legume).*
- ♦ *Burning a peanut to demonstrate heat producing substances* (Diffusion – Grade 9)
- ♦ *Collections of seeds. Ensure peanuts and nuts are not included in this if there are students with these allergies.*

### ***Other:***

- ♦ *Tasting and/or sniffing white powders to determine their identity.*  
*Allergic students should not be required to participate.*
- ♦ *Avoid using latex balloons or other latex products in class IF you have students with latex allergy*



## COOKING / OTHER SCHOOL ACTIVITIES AND FOOD ALLERGENS

*The following are some examples of cooking and other school activities that can pose a risk to students with life-threatening food allergies.*

- ◆ *On school treat days donuts are handed out to everyone. This poses a potential risk to the egg, milk, wheat and peanut/nut allergic students.*
- ◆ *Making ice cream in class poses a risk for the milk and egg allergic students*
- ◆ *Showing students how to make butter by shaking whipping cream in a jar – a risk for the dairy allergic student*
- ◆ *Fundraisers can have craft items and food items that pose risks for nut/milk/egg/ wheat allergic students*
- ◆ *Garbage/recycling duty: allergic students should not pick up food wrappers or containers, and should be assigned other safer tasks*
- ◆ *Advent calendars with chocolate and/or candies inside could be a risk for the peanut/nut, egg and milk allergic students. Try using little boxes of allergen-safe Smarties® (if students only have peanut/nut allergy) or give bookmarks, pencils or stickers instead. Another alternative is to use advent calendars that have little verses to be read each day.*
- ◆ *Food treats should not be handed out in the class when there are food allergic students. Bulk food items are high risk because there are no ingredient lists and there is a high risk of cross-contamination with food allergens.*
- ◆ *In creating allergy aware schools, safe snack choices might include popcorn, pretzels, vegetables or fruit rather than peanuts and nuts.*
- ◆ *Home Economics or food classes present numerous challenges for those with food allergies. Even if avoided in one class, there is a risk of cross-contamination if the student's food allergens are used in other classes that use the same room and same cooking utensils, dishes, dish cloths and cutting boards, etc. Substitutes for food allergens like egg, milk and wheat can be used IF you have a student or students with these allergies. Allergen-free cookbooks are available. Peanuts and nuts can be eliminated from most recipes and there are many recipes available that do not require these ingredients. Having a set of pans and utensils, etc. that is never used for foods containing the allergens of concern helps reduce risk.*
- ◆ *Food allergic students should not be pressured to try any food they are uncomfortable with or unsure of.*





## FIELD TRIPS AND FOOD ALLERGENS

The following are some examples of school field trips that could pose a risk to students with food allergies such as egg, dairy, peanut/nut, wheat or fish. Many situations can be avoided by planning ahead and being prepared for the unexpected.

- ♦ A visit to a farm and a young egg allergic student is handed an egg
- ♦ Touring a bakery, restaurant or grocery store – many food allergens present
- ♦ A visit to a farm and milk allergic students are shown cows being milked
- ♦ Students are singing at a senior's home and the residents serve peanut butter cookies to the students (consider that cookies may also contain egg, wheat or dairy IF either of those are a problem for any students in attendance).
- ♦ Many field trips include handing out goodies at the end that may contain student allergens.
- ♦ Zoos and animal parks can expose children to food allergens (e.g., nuts) and asthma triggers.
- ♦ Sports activities (many peanuts/nuts are consumed in arenas and playing fields)
- ♦ Water parks or the beach – where will the epinephrine auto-injectors be kept. They must not be left sitting in the sun or stored in vehicle glove compartments. Heat will affect the medication.
- ♦ Hand wipes are needed as well as allergen-safe lunches. There may not be sinks to wash hands.
- ♦ When planning a trip to a fish hatchery, are there students who are allergic to fish?
- ♦ Track and field or sports trips – where will the students be eating and where will the auto-injectors be kept?
- ♦ Skiing trips – epinephrine auto-injectors must not freeze as that could cause the injector to malfunction.
- ♦ Traveling long distances on school buses where students are eating on the bus. Classmates should not for example, bring peanut/nut products on a bus trip when there is a student with these



*allergies. Also consider other life-threatening allergies and ask students not to bring foods containing those allergens. It is helpful if school staff pack juice boxes, water and allergy friendly snacks.*

- ♦ *On out-of-town field trips be prepared in case the school bus breaks down, or the possibility of delays in airports. Allergic students should carry extra safe non-perishable food. They may not be able to safely eat at a restaurant, fast food outlet or corner store.*
- ♦ *School-wide picnics at city parks. Plan how will you monitor the whereabouts of allergic students and where the epinephrine auto-injectors will be kept.*
- ♦ *Some field trips may also present problems for children with asthma, i.e. a hay maze, petting zoo, farm. Talking with parents of the anaphylactic student ahead of time can help ensure the student takes asthma medication along.*
- ♦ *Visiting a chocolate or candy factory may expose allergic students to nuts, peanuts, milk, egg (cream centres in chocolates) or wheat.*
- ♦ *Restaurants can pose risk for allergic students. Parental input of allergy friendly chain restaurants can help reduce risks*



# SECTION 3 ~ Diabetes



[Diabetes Checklist](#)

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[Diabetes Medication Administration Form](#)

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[Diabetes Medical Alert Information](#)

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[Diabetes Action Plan](#)

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[Medication at School Reminder](#)

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[Changes in Medical Condition and Administration of Medication at School](#)

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[Managing Low Blood Sugar Poster](#)

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## ***IMPORTANT TERMS***

***(NSS) NURSING SUPPORT SERVICES:*** *assists parents and caregivers with children who have special health care needs. They facilitate safe, consistent care and appropriate health supports. NSS is delivered by Island Health and is available to children and youth in B.C. from birth to 19 years old who require specialized nursing services.*

*When NSS Coordinators receive referrals they complete a nursing assessment. If the child is eligible for NSS, the Coordinator works with the child, family and other involved care providers to develop a plan to determine the most appropriate way to provide the nursing care.*

***NSS DELEGATED CARE PLAN:*** *training and ongoing monitoring of school staff to provide special aspects of a child's care, such as gastrostomy tube meals, blood glucose monitoring, clean intermittent catheterization and oral suctioning.*

# Diabetes Checklist

## Principal Responsibilities

- ☐ If school staff will be administering glucagon ensure the parents have submitted to you a completed Diabetes Medication Administration Form with physician's signature.
- ☐ If school staff will be administering insulin or supporting students administering insulin ensure the parents have submitted to you a completed Diabetes Medication Administration Form with physician's signature.
- ☐ Ensure ALL parents complete the Diabetes Medical Alert Information Form.
- ☐ Ensure ALL parents have completed the Diabetes Action Plan A and support your staff to carry out the directions within that plan.
- ☐ Ensure parents have completed the Diabetes Action Plan B (NOT required for students receiving NSS Delegated Care) and support your staff to carry out the directions within that plan.
- ☐ Coordinate with school district to ensure that two designated school personnel receive training on the administration of injectable glucagon if requested by parents.
- ☐ Ensure a process by which all staff, including teachers on call, can identify student(s) with T1D enrolled in the school.
- ☐ Ensure the poster *Managing Low Blood Sugar* is posted in visible locations in the school.

## For students approved to receive Delegated Care through Nursing Support Services, the School Administrator will:

- ☐ Identify school staff to be trained and monitored in delegated nursing tasks. This includes situations in which there is staff turnover or when a staff person is not competent in performing the task as determined by the delegating nurse.
- ☐ Ensure that assigned staff are fully available to attend all necessary initial and ongoing training provided by NSS.
- ☐ Ensure that a NSS Delegated Care Plan is accessible to appropriate staff.
- ☐ Ensure that only staff trained by the NSS Coordinator perform delegated tasks and notify parents whenever trained staff are unavailable on a given day.
- ☐ Ensure your school address the storage of insulin and all other related supplies including the emergency glucagon kits.
- ☐ Ensure your school has procedures for safe disposal of sharps; aligned with principles of "universal

precautions.”

- ❑ Ensure timely notice is provided to parents/guardians of relevant changes in school district or school policies or of upcoming special events.

### **Parent/Guardian Responsibilities**

***Parental consent and involvement is required for the child specific supports to be provided.***

- ❑ Notify the school of your child’s diabetes at the onset of their enrolment or upon diagnosis, and arrange a meeting with the school principal.
- ❑ Participate in the development of the *Diabetes Action Plan and Medical Alert Information* in collaboration with your health care provider and where applicable the Nursing Support Services Delegated Care Plan.
- ❑ Review the student’s *Diabetes Action Plan and Medical Alert Information* annually with the school.
- ❑ If the student receives NSS Delegated Care, review and sign the NSS Delegated Care Plan annually or in the event of changes in the student’s health status or diabetes regime.
- ❑ Ensure the student wears medical identification.
- ❑ Inform the school of any relevant changes to the student’s lifestyle, health or diabetes management.
- ❑ Provide all snacks and lunches, as well as an ongoing supply of recommended fast-acting glucose for treating hypoglycemia. For students participating in a school breakfast or lunch program, parents work with the school to ascertain the carbohydrate content of menu items potentially consumed.
- ❑ For young children, parents provide instructions for food provided during school parties and other activities.
- ❑ Provide all necessary supplies and equipment in full working order for blood glucose monitoring and insulin administration and replace supplies as needed.
- ❑ Provide adequate insulin to last the school day.
- ❑ Provide an emergency glucagon kit with a clearly labelled expiration date and replace as needed.
- ❑ For students using an insulin pump, trouble shoot all pump malfunctions and alarms and ensure the insertion site is functioning and be available for re-insertion of infusion set if it becomes dislodged and the student is not able to self-manage.
- ❑ Provide supplies to be used in the event of a natural disaster and be available (or arrange for a delegate) to respond either by phone or in person at all times.

***For students using an intensive insulin regime who require assistance with carbohydrate counting:***

## Diabetes Medication Administration Form

Instructions: This form must be signed annually by a physician to document approval regarding any of the following:

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

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Parent/Guardians' Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Glucagon (GlucaGen® or Lilly Glucagon™)

For severe low blood glucose, give by intramuscular injection:

☐ 0.5 mg = 0.5 ml for students 5 years of age and under

☐ 1.0 mg = 1.0 ml for students 6 years of age and over

### Insulin (rapid acting insulin only)

Insulin delivery device: ☐ insulin pump ☐ insulin pen

Note: The following **cannot** be accommodated when insulin administration is being delegated to a school staff person via pump or pen:

- 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:**

☐ Bolus Calculator Sheet

☐ Variable dose insulin scale for blood glucose for consistent carbohydrates consumed

☐ InsuLinx® Meter

Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: ☐ Yes ☐ 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).**

☐ I agree the student's diabetes can be safely managed at school within the above parameters

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_

## Diabetes Medical Alert Information

**Instructions:** This form is for use by parents to share information with the school.

This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Services Coordinators or Public Health Nurses.

<b>Name of Student:</b>		<b>Date of Birth;</b>	
<b>School:</b>	<b>Grade:</b>	<b>Teacher/Div:</b>	
<b>Care Card Number:</b>		<b>Date of Plan:</b>	
<b>CONTACT INFORMATION</b>			
<b>Parent/Guardian 1:</b>	Name:		<input type="checkbox"/> <b>Call First</b>
Phone Numbers:	Cell	Work	Home Other
<b>Parent/Guardian 2:</b>	Name:		<input type="checkbox"/> <b>Call First</b>
Phone Numbers:	Cell:	Work:	Home: Other:
<b>Other/Emergency:</b>	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: _____			
<b>STUDENTS RECEIVING NSS DELEGATED CARE</b>			
<b>NSS Coordinator:</b> _____		<b>Phone:</b> _____	
<b>School staff providing delegated care:</b>			
_____			
_____			
_____			

Parent Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_



# Diabetes Action Plan



**Instructions:** To be completed for ALL students with diabetes not under the care of Nursing Support Services (NSS)

Student \_\_\_\_\_

## 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><b>Location of fast acting sugar:</b> _____</p> <p>1. If student able to swallow, give one of the following fast acting sugars:</p> <table border="0"> <tr> <td> <b>10 grams</b>  <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> <b>OR 15 grams</b>  <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>	<b>10 grams</b> <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):	<b>OR 15 grams</b> <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):
<b>10 grams</b> <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):	<b>OR 15 grams</b> <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"> <li>Unconsciousness</li> <li>Having a seizure (or jerky movements)</li> <li>So uncooperative that you cannot give juice or sugar by mouth</li> </ul>		<ul style="list-style-type: none"> <li>Place on left side and maintain airway</li> <li>Call 911, then notify parents</li> <li>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</li> <li>Administer glucagon</li> </ul>
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"> <li>Remove cap</li> <li>Inject liquid from syringe into dry powder bottle</li> <li>Roll bottle gently to dissolve powder</li> <li>Draw fluid dose back into the syringe</li> <li>Inject into outer mid-thigh (may go through clothing)</li> <li>Once student is alert, give juice or fast acting sugar</li> </ul>





# Diabetes Action Plan

**Instructions:** To be completed for ALL students with diabetes **not under the care of Nursing Support Services (NSS)**

Student \_\_\_\_\_

## 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.



Dear Parent/Guardian:

*This is a reminder regarding your child's emergency medical management at school.*

Your child \_\_\_\_\_ currently has the following medications at school:


☒ **The emergency medication for your child is EXPIRED**

*Please make arrangements to pick-up these medications and provide the school with new medications for emergency use at school.*

☒ **School Year End**

*All medications MUST be picked up from school office on the last day of school.*

*If the medication continues to be required at school in September, please do the following:*

- *Return the medication at the start of the school year*
- *Be sure all medication has a current expiration date, is in its original container, and is clearly labelled with the student's name.*
- *Include a new Medication Administration Form only if:*
  - *There is a change of medication*
  - *There is a change in directions for use*

*Parents are reminded that emergency medications cannot be given at school without a completed Medication Administration Form signed by parents/guardian and physician is on file. If necessary, please review medication directions with school personnel.*

*Your cooperation is appreciated and will assist the school in providing a safe environment for your child.*

*Sincerely,*

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School



Date:

Dear Parent/Guardian:

As children grow and develop their medical condition and medication requirements can change. You should check with your family doctor each year to determine if the medication your child is on is still appropriate.

- ☒ If there are changes in the medication your child requires at school, please have the enclosed ***Diabetes Medication Administration Form*** completed over the summer. Bring the completed form and required medication to the school prior to school starting in September.

**Provide the medication in its original container, clearly labeled with:**

- ☒ child's name
- ☒ medication dosage
- ☒ medication name
- ☒ medication expiry date

Remember to take your child's medication home for the summer. Medication will not be kept at school over the summer months.

Sincerely,

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Principal

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School

# Managing Low Blood Sugar

## STUDENTS WITH DIABETES

***If unconscious or seizing, call 911 and the designated emergency school staff to administer glucagon (if provided by parent).***

### Step 1: Recognize Symptoms of Low Blood Sugar

- ▶ Sweaty
- ▶ Shaky
- ▶ Pale
- ▶ Confused or difficulty concentrating
- ▶ Poor co-ordination or difficulty speaking
- ▶ Drowsy

### Step 2: Don't Delay, Give Fast-Acting Sugar

Provide a fast-acting sugar as indicated by the parent or give **ONE** of the following:

- ▶ 3 to 4 glucose tablets
- ▶ 1 juice box or half a can of regular pop (not diet)
- ▶ 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water
- ▶ 15 skittles
- ▶ 15 mL (1 tablespoon) of honey

### Step 3: Wait, Watch and Repeat

- ▶ If after 10 minutes, symptoms of low blood sugar continue, repeat step 2.
- ▶ Do not allow the student with low blood sugar to be alone. Provide adult supervision until the symptoms have resolved.
- ▶ Refer to the student's Diabetes Support Plan.
- ▶ If the student becomes unconscious or is unable to take fast acting sugar, treat for severe low blood sugar as below.

### Emergency Treatment of Severe Low Blood Sugar

**DO NOT** give food or drink if the student is unconscious, having a seizure or is unable to swallow.

- ▶ Turn the student on their side.
- ▶ Call 911.
- ▶ Call the designated emergency school staff to administer glucagon if provided by parent.
- ▶ After calling 911, contact the parent.



First Nations Health Authority  
Health through wellness



fraserhealth

Better health. Best in health care.



Interior Health  
For your whole life



island health



northern health  
the northern way of caring

Vancouver  
CoastalHealth  
Promoting wellness. Ensuring care.

# SECTION 4 ~ Administration of Medication

(other than epinephrine injector)



[Documentation Form for Administration of Short Term Medication at School by Staff](#)

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[Documentation Form for Administration of Long Term Medication at School by Staff](#)

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[Instructions for Medication Administration Form](#)

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[Medication Administration Form](#)

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## DOCUMENTATION FORM FOR ADMINISTRATION OF SHORT-TERM ORAL/TOPICAL MEDICATION AT SCHOOL BY STAFF

**\*SHORT-TERM DEFINED AS LESS THAN 1 MONTH**

**EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION BELOW, THEN SIGN AND DATE.**

(Medication must be in original container with child's name, instructions, dosage and expiry date.)

STUDENT NAME	
PRESCRIPTION MEDICATION	
TIME OF DAY	
DOSE	
STAFF NAME	
STAFF SIGNATURE	DATE (d/m/y)
STAFF NAME	
STAFF SIGNATURE	DATE (d/m/y)
STAFF NAME	
STAFF SIGNATURE	DATE (d/m/y)
PARENT/GUARDIAN NAME	
PARENT/GUARDIAN SIGNATURE	DATE (d/m/y)

\*Parent/Guardian signature required for short-term administration of oral/topical medication

I give permission for the individuals named above to administer oral/topical medication to my child on a short term basis.

Parent/Guardian Name

Parent /Guardian Signature

Date

\_\_\_\_\_





## DOCUMENTATION FORM FOR ADMINISTRATION OF LONG-TERM ORAL/TOPICAL MEDICATION AT SCHOOL BY STAFF

\*LONG-TERM DEFINED AS MORE THAN 1 MONTH

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

(Medication must be in original container with child's name, instructions, dosage and expiry date.)

STUDENT NAME	
PRESCRIPTION MEDICATION	
TIME(s) OF DAY	
DOSE	
STAFF NAME	
STAFF SIGNATURE	DATE (d/m/y)
STAFF NAME	
STAFF SIGNATURE	DATE (d/m/y)
STAFF NAME	
STAFF SIGNATURE	DATE (d/m/y)
STAFF NAME	
STAFF SIGNATURE	DATE (d/m/y)

\*Parent/Guardian signature required for long-term administration of oral/topical medication

Parent/Guardian Name

Parent /Guardian Signature

Date

\_\_\_\_\_





### ***Instructions for Parents Completing Medication Administration Form***

*If your child requires medication to be supervised or administered by school staff for at least one month or medication in an emergency (other than an epinephrine auto-injector), you and your doctor must complete the Medication Administration Form. No medications will be given to your child without a signed medication administration form.*

*Parent/Legal Guardian:*

- ♦ ***Complete and sign Section A of the Medication Administration Form and return the form to the school prior to school starting in September or when your child is started on a medication.***
- ♦ ***Have your family doctor complete and sign Section B of the Medication Administration Form. Your doctor needs to clearly state the medical condition, the name of the medication, the amount of medication to be given, how often it is to be given, consequences of a missed dose, important side effects and/or drug reactions.***

***Provide the medication in its original container*** clearly labelled with:

- ♦ *Child's name*
- ♦ *Medication name*
- ♦ *Dosage*
- ♦ *Expiry date*

*Ask your pharmacist for an extra labelled container for prescription medications (so you can supply one for school use) and an accurate measuring spoon or cup for liquid medications.*

*The school principal will be informed of the medication to be administered and will discuss this with school staff. The school's Public Health Nurse is available for consultation if there are any questions about the medication.*

# MEDICATION ADMINISTRATION FORM



## A) PARENT/GUARDIAN – COMPLETE AND SIGN

<b>STUDENT'S NAME</b> (Last, First)		<b>DOB</b> (Day/Mo/Year)
<b>MEDICAL CONDITION</b> <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Severe Asthma Other: _____		
<b>PHYSICIAN</b>	<b>PHONE</b>	<b>PHN/CARE CARD #</b>
<b>PARENT/GUARDIAN</b>	<b>DAYTIME PHONE</b>	<b>EMAIL ADDRESS</b>
	<b>CELL PHONE</b>	
I request the school to give medication as prescribed to my child. I understand I must provide the medication in a sealed original container that is clearly labelled. I will notify the school promptly of any changes in medications ordered.		
<b>SIGNATURE OF PARENT/GUARDIAN</b>		<b>DATE</b> (Day/Mo/Year)

## B) PHYSICIAN – COMPLETE AND SIGN

<b>CONDITION(S) WHICH MAKE MEDICATION NECESSARY:</b> _____ _____		
<b>NOTE:</b> ✦ <b>Staff may only administer student medication that has been prescribed by a physician; staff shall not administer non-prescribed medication as per Administration of Oral/Topical Medication Policy 5141.20 and Regulation 5141.20</b>		
<b>NAME OF MEDICATION</b>	<b>DOSAGE</b>	<b>DIRECTIONS FOR USE</b>
1)		
2)		
3)		
<b>ADDITIONAL COMMENTS, POSSIBLE REACTIONS, CONSEQUENCES OF MISSING MEDICATION, ETC.</b>    		
<b>SIGNATURE OF PHYSICIAN</b>		<b>DATE</b> (Day/Mo/Year)

## SECTION 5 ~ EMERGENCY ACTION FORMS FOR OTHER MEDICAL ALERT CONDITIONS



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[Seizure Disorder](#)

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[Severe Asthma Emergency Action Form](#)

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[Generic Emergency Action Form \(eg: heart condition, blood clotting\)](#)

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[Instructions for Parents Completing Medication Administration Form](#)

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[Medication Administration Form](#)

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# Seizure Disorder Materials

For complete information on seizure disorder materials please visit the [Nursing Support Services website](#) under '*Learn about seizure care in the school setting*'.

[School Training Session—Checklist](#)

[Parent/Guardian Training Session—Checklist](#)

[Request for Seizure Rescue Intervention Training](#)

[Seizure Action Plan and Medical Alert Information](#)

## **\*\*Please Note**

- All requests for Seizure Rescue Intervention Training need to be sent directly from the schools to NSS Central Intake .
- NSS Central Intake will forward to the respective Health Authority to be considered for training.
- Submit completed form to: Fax 604-708-2127 or email [nssreferrals@cw.bc.ca](mailto:nssreferrals@cw.bc.ca)
- The only form that needs to be sent to NSS Central Intake is the Request for Seizure Rescue Intervention Training.

**Nursing Support Services**

Nursing Support Services (NSS) assists parents and caregivers of children and youth (0-19) with medical complexities to lead active, healthy lives in their communities.

Our Services	Resources	FAQs
Referral for services	+	
Learn about diabetes in the school setting	+	
Technology Information	+	
In-home respite services information and resources	+	
Questions and concerns	+	
Seizure connected health information	+	
<b>Learn about seizure care in the school setting</b>	<b>+</b>	

Please see the following resources for your child's seizure care at school:

- [Letter to the Teacher](#)

**Forms and Checklists for Training**

- Training Session Checklist
  - [Series - Training Session Checklist \(Nov/Nov 14, 2022\)](#)
  - [Parents - Training Session Checklist \(Nov/Nov 14, 2022\)](#)
- [Seizure Action Plan \(Nov/Nov 14, 2022\)](#)
- [Request for Seizure Rescue Intervention Training \(Nov/Nov 14, 2022\)](#)
  - [LASTING Hub 1000: Request for Seizure Rescue Intervention Training \(Nov/Nov 14, 2022\)](#)  
MUST BE PRINTED IN ORDER TO REGISTER FOR THE MODULE:
    - [LASTING Hub 1000: Request for Seizure Rescue Intervention \(Oct 8, 2022\)](#)

**Rescue Intervention Instruction Sheets**

- [Landscape \(Student\) Instruction Sheet \(Nov/Oct 7, 2022\)](#)
- [Landscape \(Teacher\) Instruction Sheet \(Nov/Oct 7, 2022\)](#)
- [Landscape \(Bus\) Instruction Sheet \(Nov/Oct 7, 2022\)](#)
- [VINE Instruction Sheet \(Nov/Oct 7, 2022\)](#)

**Infographics**

- [Family Resilience Infographic \(Nov/Sep 22, 2022\)](#)
- [Training Request Process](#)
- [Seizure and Seizure Care in the School Setting \(Oct 14, 2022\)](#)

**BIOCH Neurology Resource**

- [Neurology of Seizures for Seizures \(Nov\)](#)

# Severe Asthma Emergency Action Form

(Required hospitalization in the past year)

Review Annually  
Date to be reviewed \_\_\_\_\_  
Date developed \_\_\_\_\_

Student's Picture (Optional)	Student's Name: _____  Parent/Guardians: _____ Daytime Phone #: _____ Cell #: _____ Name of Siblings in School: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____ Personal Health Care #: _____	Date of Birth: _____ (Y/M/D)	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Asthma Triggers</b> <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Pollens <input type="checkbox"/> Excitement/upset <input type="checkbox"/> Respiratory infections <input type="checkbox"/> Foods <input type="checkbox"/> Moulds <input type="checkbox"/> Strong odours/fumes <input type="checkbox"/> Change in temperature  other: _____		<b>Additional Information:</b>	
How often does the student experience attacks? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Seasonally <input type="checkbox"/> Other Has emergency medical treatment in a hospital been required? Yes <input type="checkbox"/> No <input type="checkbox"/> Date(s): _____ How often is child on any medication? _____ What medication? _____  <b>Responsibilities:</b> <b>Parent/Student Responsibilities</b> Inform teacher of medical conditions and emergency treatment Ensure student wears a Medical Alert bracelet or necklace Discuss appropriate location of "reliever" (puffer) with teacher/principal Check expiry date on "reliever" (puffer)  <b>Teacher Responsibilities</b> Inform teacher on-call of student with asthma, emergency treatment and location of "reliever" (puffer) <b>On field trips/co-curricular/extra-curricular activities:</b> Take a copy of the Asthma Action Form and cellular phone • Inform supervising adults of student and emergency treatment • If needed, bring emergency medication as prescribed by a physician		<b>Symptoms: All can apply &amp; vary in intensity &amp; severity from attack to attack</b> <input type="checkbox"/> coughing <input type="checkbox"/> choking <input type="checkbox"/> wheezing <input type="checkbox"/> tightness in chest <input type="checkbox"/> pale <input type="checkbox"/> panicky <input type="checkbox"/> shortness of breath <input type="checkbox"/> difficulty speaking other: _____  <b>Emergency Treatment:</b> • Sit student upright • Give "reliever" (puffer) medication • Repeat medication in 10 minutes if symptoms remain • <b>Call 911</b> if attack does not respond to medication • Notify parents/guardians of asthma attack	



# Generic Emergency Action Form

Review Annually \_\_\_\_\_  
Date to be reviewed \_\_\_\_\_  
Date developed \_\_\_\_\_

Student's Picture (Optional)	Student's Name: _____	Date of Birth: _____ (Y/M/D)	<input type="checkbox"/> Female <input type="checkbox"/> Male
	<b>Background Information:</b>  Parent/Guardians: _____ Daytime Phone #: _____ Cell #: _____ Name of Siblings in School: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____ Personal Health Care #: _____		
<b>Responsibilities:</b> <b>Parent/Student Responsibilities</b> Inform teacher of medical condition and emergency treatment Ensure student wears a Medical Alert bracelet or necklace If needed, provide medication as prescribed by a physician <b>Teacher Responsibilities</b> <ul style="list-style-type: none"><li>• Inform teacher on-call of student with medical condition and emergency treatment</li><li>• To understand the medical condition</li><li>• To work with parent, student and Public Health Nurse to provide classroom education where needed</li></ul> <b>On field trips/co-curricular/extra-curricular activities:</b> <ul style="list-style-type: none"><li>• Take a copy of the Generic Action Form and cellular phone</li><li>• Inform supervising adults of student and emergency treatment</li><li>• If needed, bring emergency medication as prescribed by a physician</li></ul>			
<b>Symptoms:</b>			
<b>Emergency Protocol:</b>			

Name of person completing CarePlan: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Other \_\_\_\_\_



### ***Instructions for Parents Completing Medication Administration Form***

*If your child requires medication to be supervised or administered by school staff for at least one month or medication in an emergency, (other than an epinephrine auto-injector), you and your doctor must complete the Medication Administration Form. No medications will be given to your child without a signed medication administration form.*

*Parent/Legal Guardian:*

- ♦ ***Complete and sign Section A of the Medication Administration Form and return the form to the school prior to school starting in September or when your child is started on a medication.***
- ♦ ***Have your family doctor complete and sign Section B of the Medication Administration Form. Your doctor needs to clearly state the medical condition, the name of the medication, the amount of medication to be given, how often it is to be given, consequences of a missed dose, important side effects and/or drug reactions.***

***Provide the medication in its original container*** clearly labelled with:

- ♦ *Child's name*
- ♦ *Medication name*
- ♦ *Dosage*
- ♦ *Expiry date*

*Ask your pharmacist for an extra labelled container for prescription medications (so you can supply one for school use) and an accurate measuring spoon or cup for liquid medications.*

*The school principal will be informed of the medication to be administered and will discuss this with school staff. The school's Public Health Nurse is available for consultation if there are any questions about the medication.*

## MEDICATION ADMINISTRATION FORM



### A) PARENT/GUARDIAN – COMPLETE AND SIGN

<b>STUDENT'S NAME</b> (Last, First)		<b>DOB</b> (Day/Mo/Year)
<b>MEDICAL CONDITION</b> <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Severe Asthma Other: _____		
<b>PHYSICIAN</b>	<b>PHONE</b>	<b>PHN/CARE CARD #</b>
<b>PARENT/GUARDIAN</b>	<b>DAYTIME PHONE</b>	<b>EMAIL ADDRESS</b>
	<b>CELL PHONE</b>	
I request the school to give medication as prescribed to my child. I understand I must provide the medication in a sealed original container that is clearly labelled. I will notify the school promptly of any changes in medications ordered.		
<b>SIGNATURE OF PARENT/GUARDIAN</b>		<b>DATE</b> (Day/Mo/Year)

### B) PHYSICIAN – COMPLETE AND SIGN

<b>CONDITION(S) WHICH MAKE MEDICATION NECESSARY:</b> _____ _____		
<b>NOTE:</b> ✦ <b>Staff may only administer student medication that has been prescribed by a physician; staff shall not administer non-prescribed medication as per Administration of Oral/Topical Medication Policy 5141.20 and Regulation 5141.20</b>		
<b>NAME OF MEDICATION</b>	<b>DOSAGE</b>	<b>DIRECTIONS FOR USE</b>
1)		
2)		
3)		
<b>ADDITIONAL COMMENTS, POSSIBLE REACTIONS, CONSEQUENCES OF MISSING MEDICATION, ETC.</b>     		
<b>SIGNATURE OF PHYSICIAN</b>		<b>DATE</b> (Day/Mo/Year)



## SECTION 6 ~ GVSD Policies and Regulations

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*Greater Victoria School District Anaphylaxis Policy 5141.21*

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*Greater Victoria School District Anaphylaxis Regulation 5141.21*

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*Greater Victoria School Administration of Oral/Topical Medication Policy 5141.20*

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*Greater Victoria School Administration of Oral/Topical Medication Regulation 5141.20*

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## POLICY 5141.21

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### ANAPHYLAXIS

#### Preamble

The Greater Victoria School District recognizes that it has a duty of care to students who are at risk from anaphylaxis while under school supervision. The Board also recognizes that this responsibility is shared among the student, parents, the school system and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students at risk of anaphylaxis are identified, strategies are in place to minimize the potential of accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

Anaphylaxis is sudden and severe allergic reaction, which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with an Epinephrine auto-injector. Any substance can cause an allergic reaction. The most common substances include foods, food additives, medications, insects and latex. Anaphylaxis can include any of the following symptoms, which may appear alone or in any combination:

- 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;

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- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock;
  - Other: anxiety, feeling of “impending doom”, headache, uterine cramps.

### **Policy**

All children including those at risk of life-threatening allergic reactions have the right to access public education within a safe, healthy learning environment. The Greater Victoria School District cannot guarantee an ‘allergy free’ environment. It is expected that school staff, parents and students will take reasonable steps to establish an ‘allergy aware’ environment which minimizes the risk of potential anaphylaxis. Schools must take realistic and practical actions that will encourage the support of everyone involved.

The Board of Education expects schools will develop an ‘Anaphylaxis Action Plan’ when a student(s) with an anaphylactic allergy is under their care. The Anaphylaxis Action Plan will include allergy awareness, and prevention and avoidance strategies. These plans will be considered in the context of the anaphylactic child’s age and maturity. Children, as they mature, should take more personal responsibility for avoidance of their specific allergens.

*Greater Victoria School Board*

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Approved: June 2003

Revised: June 2008

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Modification to this document is not permitted without prior written consent from the Greater Victoria School District.

## REGULATION 5141.21

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The principal of the school is responsible for developing and maintaining a safe school environment for students diagnosed with an allergy, who are at risk of anaphylaxis. This includes ensuring parents, students, teachers, and other school staff are aware of and comply with school district policy.

In accordance with the British Columbia *Anaphylaxis Protection Order*, all schools in the Greater Victoria School District must implement the steps outlined in the *British Columbia Anaphylactic and Child Safety Framework*.

### **Anaphylaxis Protection Order Requirements**

#### **(a) Identifying Students with Anaphylaxis**

Schools will review medical information on new students' registration forms. When a parent identifies their child has been diagnosed with an allergy and is at risk of anaphylaxis indicated as a life-threatening allergy the school will provide the parent with the Anaphylaxis Action Form and the Medication Administration Form. Request that the parent and physician complete and sign the forms and return these to the office prior to the start of the school year. Together these forms constitute the Student Level Emergency Plan as outlined in the *British Columbia Anaphylactic and Child Safety Framework*.

Schools will initiate an Anaphylaxis Action Plan for each student diagnosed with an allergy and is at risk of anaphylaxis. Meet with the student (where age appropriate) and students' parents to review the Anaphylaxis Action Plan and obtain parent's signature.

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**(b) Record Keeping – Permanent Student Record**

Schools will keep a copy of the Anaphylaxis Action form in the Student's Permanent Record and update this annually. Ensure information on the student's life threatening allergy is recorded on both the student's electronic file, and the Medical Alert list.

Transfer the Anaphylaxis Action Form with the student's Permanent Student Record when the student changes schools.

**(c) Emergency Procedure Plans**

Schools will maintain an accurate, Anaphylaxis Action Form and a Medication Administration Form for each student at risk of anaphylaxis. The Medication Administration Form must be signed by the student's parents, the student (where age appropriate) and the physician and must be kept on file at readily accessible locations.

The student emergency response plan shall include at minimum:

- the diagnosis;
- the current treatment regimen;
- who within the school community is to be informed about the plan – e.g., teachers, volunteers, classmates; and
- current emergency contact information for the student's parents/ guardian.

Those exposed to individual student emergency response plans have a duty to maintain the confidentiality of all student personal health information.

The student's emergency response plan shall also explicitly address:

- the parent's responsibility for advising the school about any changes in the student's condition; and
- the school's responsibility for updating records.

All schools must have an emergency protocol in place to ensure responders know what to do in an emergency. The emergency protocol includes:

- administer epinephrine auto-injector;
- call 911 and ask for an Advance Life Support Ambulance;
- call student's parents;
- administer a second epinephrine auto-injector after 5 minutes if symptoms have not improved;
- have student transported to hospital by ambulance.

Schools will ensure an Anaphylaxis Action Form and Anaphylaxis Action Plan are reviewed annually, prior to the start of school for every student at risk of anaphylaxis.

Schools will provide parents with the Medication Administration Form and request the student's physician complete the Form which confirms the diagnosis of anaphylaxis and indicates emergency medication is required to treat anaphylaxis. The Medication Administration Form is valid indefinitely.

Together the student's Anaphylaxis Action Form, Medication Administration Form and Anaphylaxis Action Plan constitute an Emergency Procedure Plan.

**(d) Use of Medical Identification**

Schools will inform parents and staff of medical alert program and encourage students to use medic alert bracelet or necklet which indicates the student is at risk of anaphylaxis.

Schools will provide parents with MedicAlert application brochure and inform parents of the MedicAlert "No Child Without" program which provides free MedicAlert bracelets for children up to 14 years of age.

**(e) Provision and Storage of Auto Injector**

Schools will inform parents and students that only epinephrine auto injectors will be administered in the event of anaphylaxis. Oral antihistamines will not be administered by school staff.

Schools will request parents to provide two current epinephrine auto-injectors, one will be kept with the student at all times the other in a central unlocked location in the school office.

Schools will establish procedures for permitting school staff to administer an epinephrine auto-injector to a student with a confirmed diagnosis of anaphylaxis where there is no preauthorization from the parent to do so. Schools will purchase at least one epinephrine auto-injector annually for an emergency situation and follow emergency protocol in the event of an anaphylaxis. Epinephrine auto-injectors come in two dosage strengths. Schools will ensure appropriate dosages are available.

Schools will not administer epinephrine auto-injector to a student with a suspected anaphylactic reaction where there is no confirmed diagnosis. Should this situation arise the emergency protocol is to call 911 and request a "Life Support Ambulance".

**(f) Monitor and Report**

Principals will report information on each anaphylactic incident to the board of education via the superintendent in aggregate form using the Schools Protection Program Incident Report.

**(g) Allergy Awareness, Prevention and Avoidance Strategies**

Schools will establish and maintain allergy awareness, allergy avoidance and emergency prevention strategies as outlined in the school's Anaphylaxis Action Forms and plans.

**(h) Training Strategy**

Schools will establish a training strategy and implement the strategy as early as possible in each school year. Training should be provided to:

- school staff who have supervisory responsibility;
- classmates of students at risk of anaphylaxis in elementary schools; and
- peers of students at risk of anaphylaxis in middle and secondary schools.

Anaphylaxis training will be made available in consultation with, and utilizing resources and tools recommended by the Public Health Nurse. Training should encompass information relating to:

- signs and symptoms of anaphylaxis;
- common allergens;
- avoidance strategies;
- emergency protocols;
- use of the epinephrine auto-injector;
- identification of at-risk students;
- emergency plans

**(i) Raise Awareness**

Schools will develop a communication plan to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

**Please refer to Anaphylaxis 5141.21 (attach)**

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*Greater Victoria School District*

Approved: June 2003

Revised: April 2006

Revised: June 2008

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*The Greater Victoria School District is committed to each student's success in learning within a responsive and safe environment.*

## **POLICY 5141.20**

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### **ORAL/TOPICAL MEDICATION**

Although the Board does not accept, as a School District duty, the responsibility for the administration of oral/topical medicine, it recognizes that some pupils require such medication in order to function satisfactorily in the school setting. The administering of oral/topical medication is a voluntary action on the part of its teaching staff under carefully controlled circumstances as outlined in attendant regulations.

*Greater Victoria School District*

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Approved: January 21, 1974  
Revised: February 20, 1979  
Revised: December 8, 1980

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## REGULATION 5141.20

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### ORAL TOPICAL MEDICATION

The administering of oral and/or topical medication to pupils in schools shall be the responsibility of the principal, who, if he/she accepts this voluntary task, must act in accordance with the following regulations:

1. Any delegation of authority and responsibility to a member of the teaching or non-teaching staff for the provision of medication must be clearly recorded in an appropriate journal. Such recording must include the signature of the staff member indicating voluntary acceptance of the responsibility, as well as the signature of the parent/guardian indicating the knowledge and approval of the specific person who has volunteered.
2. Provision shall be made for another individual to administer the medication in the absence of the designated staff member. The same procedure for approval by this individual and the parent/guardian, as described in #1 above, applies.
3. The principal must have a letter from the parent/guardian requesting that the medicine be administered.
4. The principal must have a letter from the family physician requesting that the medicine be administered, and granting authority for the principal, or his delegate, to do so. Such letter must be countersigned by the parent/guardian.
5. The principal must have the following information from the family physician on the prescribed form "Request for Administration for Medication at School."
  - a) that the medication needs to be administered at school;
  - b) what ailment the medication is treating;
  - c) the name of the medication;

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- d) the method of administering the medication;
- e) the exact dosage;
- f) indications for giving (symptoms that precede the need);
- g) a statement as to whether or not the medication is a narcotic or similar substance;
- h) the consequence of missing medication or incorrect dosage;
- i) emergency procedures for (g);
- j) important side effects or drug reactions.

(Form letters are available from the Public Health Nurse)

6. The Public Health Nurse assigned to the school must be informed of the letter of authority from the prescribing physician and must be consulted regarding the administering of the medication.
7. A record sheet is to be maintained in the office of the principal, such sheet is to show the date and time of each administration, verified by the signature of the administering person.
8. Medication should be stored in a safe location. The security for such medication is left to the discretion of the principal.
9. Medication must be in the original container, which must be clearly labelled with instructions.
10. All persons administering medication as described above must note that oral/topical treatment refers only to medication introduced by way of the mouth or by external application to the body surface.
11. Emergency treatment with injections or other parental (other than oral/topical) treatment may be done by First Aid attendant, or employees who have been trained to do so by a Public Health Nurse.
12. Other procedures may be established for individual cases through the application of the Interministerial Protocols for the provision of Support Services to Schools.

*Greater Victoria School District*

Approved: January 1974

Various Revisions

Revised: April 6, 1990

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