

STUDENT HEALTH SERVICES AND LIFE-THREATENING CONDITIONS

Background

The Division ensures that all students have a welcoming, caring, respectful, safe, and inclusive learning environment, which includes maintaining allergy-safe environments. The Division is committed to providing relevant learning opportunities and necessary supports for students to achieve success.

The Division recognizes that its employees do not generally possess the expertise required to determine the need for, or the appropriate means of, administering medical treatment to students. Nevertheless, a staff member may be required to administer medication or emergency first aid treatment to a student in order to preserve the life or physical well-being of that student.

Medical treatments of students by Division staff is a sensitive issue and must be governed by the Education Act, provincial and federal health and safety legislation and procedures, and Division policy and procedures to ensure consistency as well as protect the rights of students and staff. Furthermore, the Division recognizes the management of students who are at risk due to life-threatening allergies and/or medical diagnoses (e.g., diabetes) is a shared responsibility among the individual, parents, the school, and health care providers.

Guidelines

1. Doctrine of In Loco Parentis

In situations relating to the medical treatment of students, the Division recognizes that its employees are subject to the responsibility and limitations inherent in the common law doctrine of in loco parentis. Specifically, in loco parentis requires that:

- 1.1 An employee act as would a reasonable and prudent parent in the same circumstances and conditions.
- 1.2 The employee does not have all of the authority that a parent would have; that is, employees do not have the authority to provide consent for the medical treatment of a student.
- 1.3 The employee recognizes the limitations of his/her ability to provide direct assistance.

2. Scope of Routine Medical Services

The level of service provided by Division staff for students requiring routine medical attention will be determined by application of the following criteria:

- 2.1 The attending physician may indicate upon the enrollment of the student and thereafter as dictated by individual needs, in writing, that:
 - 2.1.1 The service requested is of such a simplistic nature that a layperson (i.e. teacher, educational assistant) could successfully perform the function.
 - 2.1.2 The service has to be performed during regular school hours and/or approved school activities.
 - 2.1.3 The service is critical to the well-being and functioning of the student.
 - 2.1.4 No other reasonable alternative service is available (i.e. through any community agency).
 - 2.1.5 The Principal deems that appropriate resources are available and that the services will not be disruptive to the educational program.

3. Emergency Assistance

The Division recognizes that its employees may, from time to time, encounter situations that necessitate taking immediate action supportive of a student's physical well-being. Staff members who render assistance to a student who is ill, injured or unconscious as a result of an accident or emergency will be protected from legal action as outlined in Section 2 of the *Emergency Medical Aid Act*.

Furthermore, all employees are protected by the Division's liability insurance when acting within the scope of their approved duties.

Procedures

1. Administration of Prescription Drugs to Students

- 1.1 If a student who is incapable of self-administration must receive medication prescribed by a medical practitioner during the school day or during an extracurricular or co-curricular activity, the Principal may agree to provide a monitoring function.
- 1.2 Where staff members are designated by the Principal to monitor the administration of medication, it is essential that medical directions be obtained and followed explicitly and that adequate records are kept:
 - 1.2.1 Student's name.
 - 1.2.2 Name of medication or preparation.
 - 1.2.3 Prescription number (if available).
 - 1.2.4 Physician.
 - 1.2.5 Prescribed dosage during school hours.
 - 1.2.6 Observed dates and times of consumption.
 - 1.2.7 Notes of any related incidents.
 - 1.2.8 Reactions.

- 1.2.9 Breaks in routine.
- 1.2.10 Related communication with parents, guardian or physician.
- 1.2.11 Extenuating circumstances.
- 1.2.12 Instructions on the use of an epi-pen for students with life-threatening allergies. (Epinephrine: a disposable spring-loaded self-injectable syringe with a concealed needle.)
- 1.2.13 Non-prescription drugs shall not be purchased on the accounts of the Division or the school nor distributed to any student enrolled in a school operated by the Division.

2. Individual Care Plans

The Principal will:

- 2.1 Ensure that the following forms are completed for students who are identified as needing medication and individual care plans:
 - Form 313-1: Authorization for the Administration of Medication, and the need to complete
 - Form 313-2: Administration of Medication Indemnifications and Release,
 - Form 313-3: Student Health Services and Life-Threatening Medical Threatening Conditions Yearly Information Gathering
- 2.2 Request that parents/legal guardians provide information about their child to support the school to address appropriately any students who are subject to medical conditions which may be life threatening and who, therefore, may require specific medical attention. Such conditions include but are not limited to moderate to severe allergies and diabetes.
- 2.3 Co-create Individual Care Plans (ICP) using template 2.3.1, with the child/student, where appropriate, and the parent shall include a readily accessible emergency procedure and emergency contact information. The Individual Care Plan is placed into the student's mandated student record (See AP 318 - Mandated Student Record) and a copy is kept in a location readily accessible to employees or others who on a regular basis are in contact with the student.
 - 2.3.1 [Individual Care Plan Template for Students with Type 1 Diabetes](#)
 - 2.3.2 [Individual Anaphylaxis Emergency Plan Template for students with life threatening allergies](#)
- 2.4 Ensure that all who may be involved with the student (e.g. school staff, volunteers, school bus drivers and substitutes) are informed concerning any required emergency procedures.

3. Moderate and Severe Allergies

The Principal will:

- 3.1 Request that parents/legal guardians provide a list of allergy triggers, signs and symptoms, and whether typically how to respond to a situation requiring urgent care. When parents register their child, they complete the *Medical Information Form: School, Physical Education, Off-site Activities, Intramurals, and Clubs (E-341-2)* requires parents to provide an answer to the following questions:
 - Is your son/daughter/ward allergic to any drugs, food, medication, or other?
_____ Yes _____ No
 - If Yes, is this allergy life-threatening? _____ Yes _____ No
- 3.2 Have at least one epinephrine auto-inject device in the school and have a designated staff member in the school complete the necessary forms to (*Designation of Authorized School/School Authority Epinephrine Auto-Injector Purchaser Form*) maintain at least one epi-pen in the school at all times.
- 3.3 Ensure that all staff complete the required annual mandatory training on dealing with life-threatening allergies. As part of this training, share, these steps in an anaphylaxis emergency:
 - 3.3.1 Give epinephrine auto-injector at the first sign of a known or suspected anaphylactic reaction.
 - 3.3.2 Call 9-1-1 or local emergency medical services.
 - 3.3.3 Monitor and give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
 - 3.3.4 Have the student go to the nearest hospital immediately (ideally by ambulance).
 - 3.3.5 Call emergency contact person (e.g. parent, guardian).
- 3.4 Adopt strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and school common areas where a student with life-threatening allergies is frequenting on a regular basis.
- 3.5 Ensure that employees know that any employee who has been trained may administer anaphylactic medication if they have reason to believe a student is experiencing an anaphylactic reaction.
- 3.6 Ensure that all staff know who the students are who have moderate and severe allergies, the triggers associated with such conditions, and what to do if a student appears to be in duress.
- 3.7 Require staff who have students with moderate or severe allergies in their care to take necessary precautions by referring to the student's Individual Care Plan when going on field trips.
- 3.8 Ensure that parents provide epi-pens for a specific student's use.
- 3.9 Communicate to parents and staff that students who are old enough (6-8 years old),-should carry their epi- pens on their person An exception is that when a

student is not old enough or unable to carry and/or administer his/her own epi-pen, the principal will develop a plan with parents to ensure that the epi-pen is available and administrable.

4. Diabetes

The Principal will:

- 4.1 Ensure that all staff are aware of the students who have Type 1 and 2 Diabetes and how to support these students to monitor their blood sugar levels and what to do if a student shows signs of high or low blood sugar indicating medical intervention may be necessary.
- 4.2 Require staff who have students with Type 1 and 2 Diabetes in their care to take necessary precautions by referring to the student's Individual Care Plan when going on field trips or taking part in class parties.
- 4.3 Ensure that specific training by medically qualified personnel should be sought for staff members who may be required to apply respiratory equipment or give injections, or who may have to implement an Individual Care Plan.
- 4.4 Organize training through the Director, Early Childhood Education and Learning Support Services. As part of this training, the Principal will share these steps in an anaphylaxis emergency:
 - 4.4.1 ensure that the administration of a quick acting glucose source (e.g., glucose tablets, unsweetened juice, sugared candy) or the provision of follow up snacks (e.g., digestive biscuits, crackers, cheese) is acceptable and can be dispensed by any staff in accordance with written instructions from the parent/guardian.
 - 4.4.2 advise parents/guardians when a quick acting glucose source for low blood sugar has been administered.
 - 4.4.3 maintain a record of the time the glucose source was administered and the time of parent/guardian contact.
- 4.5 Ensure that, when students are old enough, students should take primary responsibility for the management of their own medical needs, including self-managing their own medication and devices, school staff supervision may be required (Guidelines for Supporting Students with Type 1 Diabetes in Schools).
- 4.6 Ensure that when students who are deemed to be old enough to self-manage their diabetes, be allowed to test their own blood levels upon request of the parent/guardian or student. If requested, students should be allowed to conduct blood testing in the classroom, or schools are to provide an environment of confidentiality that enables and enhances the student's ability to manage their health condition.

5. Serious Injury or Accident

In the event of serious injury or accident, the following procedures should be followed:

- 5.1 The Principal will ensure that every staff member addressing a potential student accident will make every reasonable effort to assess the seriousness of an emergency medical condition in order to initiate the necessary course of action.
- 5.2 When a student requires emergency medical treatment, the Principal or designate shall ensure that parents/guardians are contacted as soon as possible and complete the [accident report form](#).
- 5.3 If there is any indication or possibility of a head injury to a student, the principal must report this to the parent of the student. This must be recorded on the accident report form.
- 5.4 An adult shall supervise the student until medical assistance is available or the parents/guardians arrive.
- 5.5 In the event of an emergency medical condition which renders a student immobile, or when the seriousness of the condition cannot be determined, the student should not be moved unless at risk of further injury.
- 5.6 The paramedics should be called to arrange for treatment and transportation to the nearest medical facility.
- 5.7 Appropriate arrangements should be made to access medical attention or transport the injured student to a medical facility in the event that paramedics are not available; e.g., on camping trips, excursions.
- 5.8 First aid kits must be available in all Division buildings to accompany field trips.
- 5.9 The staff members shall complete appropriate reports on the serious injury or accident.

6. Legal Consent for Medical Treatment

Under no circumstances will employees of the Division give legal consent to medical treatment of students in their charge. In the event medical treatment is refused by a medical practitioner because of lack of valid consent, the employee shall:

- 6.1 Defer to the opinion of the medical practitioner.
- 6.2 Advise the Principal, or designate, of the problem and the recommendation of the medical practitioner.
- 6.3 Continue to attempt to contact the parents or legal guardian.

These provisions are not intended in any way to prevent an employee from administering an epi-pen and/or arranging for transfer to the hospital even if a parent or guardian is not available to give consent.

See:

[Form 313-1 Authorization for the Administration of Medication](#)

[Form 313-2 Administration of Medication Indemnification and Release](#)

[Form 313-3 Student Health Services and Life-Threatening Medical Conditions Yearly Information Gathering](#)

[Form 341-2 Medical Information Form](#)

Reference:

Education Act, 2019

Section 2 of the *Emergency Medical Aid Act*

Guide to Education: ECS to Grade 12

Guidelines for Supporting Students with Type 1 Diabetes (February 2019)

Emergency Medical Aid Act, Section 2

Bill 201 Protection of Students with Life Threatening Allergies Act

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