

Student Health Services

1 | Purpose

The purpose of this administrative regulation is to identify:

- the guidelines under which health services are available for students within
- the guidelines for practices supporting students with significant health concerns; and
- the precautionary steps required to mitigate the risks of life-threatening situations.

2 | Scope

This administrative regulation applies to:

- all students within Legacies and all staff working with students

3 | Compliance

All employees are responsible for knowing, understanding and complying with this administrative regulation.

4 | Principles

The following principles apply.

- Legacies cooperates with arrangements made with health care providers.

- Legacies is committed to ensuring the provision of plans, programs and/or services that will enable students with health or medical concerns, including life-threatening allergies to attend and participate in school.

5 | Definitions

Allergic Asthma: means inflammation of tiny structures in your lungs that causes them to swell and restrict airflow.

Anaphylaxis: means an extreme allergic reaction that causes the throat to close, preventing air from getting through. Blood pressure can drop and the pulse can weaken, and if the restriction of air is prolonged an individual can become unconscious or fatal.

Child: means a child who is enrolled in an early childhood program.

Diabetes: a chronic disease in which the body either cannot produce insulin or cannot properly use the insulin it produces. Diabetes leads to high blood sugar levels, which can damage organs, blood vessels and nerves.

Emergency Response Protocol: means a written plan that outlines the actions required to address the specific needs of a student's particular health concerns.

Impairment: means any loss or abnormality of psychological, physiological, or anatomical structure or function.

Medical Alert Symbol/ID: A fashion accessory or tattoo that has information about your identity and medical condition. It helps emergency responders know how to help a patient if that individual is unable to speak during an emergency.

Medication: means a drug obtained either through prescription by a physician or over the counter purchase.

Medical Supports: means equipment or accessories required to maintain health (e.g. injectors, inhalers).

Parent: means the parent as defined in Section 1(2) of the Education Act of Alberta.

Risk Reduction Plan: means a plan a school creates to reduce the risk of exposure to allergens or other triggers affecting life-threatening medical conditions.

Self-administer: means the student assumes responsibility for independently carrying and taking medication.

Significant Health Concerns: means serious or life-threatening health conditions including, but not limited to, severe allergies, anaphylaxis, diabetes, and epilepsy.

Student: means a person identified in sections 1(hh) and 7 of the *Education Act* who is:

- a) enrolled in a school;
- b) is a resident of Alberta and has a parent who is a resident of Canada;
- c) at September 1 in a year is six (6) years of age or older; and is younger than nineteen (19) years of age, but
- d) does not include a child younger than 6 years of age who is enrolled in an early childhood services program.

Student Health Plan: means a formalized plan that provides a process of providing safe, consistent, and coordinated care of students and children diagnosed with a medical condition, and who may require staff to participate in the student or child's management and/or emergency care plan while at school.

6 | Regulation Statement

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| General | <ol style="list-style-type: none">1) A Student Health Plan is required for all students with medical conditions that may impact their access to meaningful education services.2) In addition to the Student Health Plan, an Emergency Response Protocol is required for all students with life-threatening allergies and other health conditions. |
| Annual Review | <ol style="list-style-type: none">3) All Student Health Plans and Emergency Response Protocols must be reviewed and revised annually and signed by the parent or independent student.4) Except as provided for in this regulation, no medications are to be given during school activities.5) Where students are self-administering, the medication must be restricted to a single day's dosage and handled in a safe and responsible manner. |
| Community Supports or Services Provided in Schools | <ol style="list-style-type: none">6) The medication and other health needs of a student may be met at school by a private practitioner or agency provided that arrangements are:<ol style="list-style-type: none">a) consistent with the provisions of this regulation;b) acceptable to and approved by the principal; andc) contained in a written agreement signed by the parent |

7 | Procedure

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| Parent Responsibility | <ol style="list-style-type: none">1) Parents and independent students are responsible for informing the school of a student or child's health needs or significant health concerns, including life-threatening allergies, which could affect the student or child's behaviour, learning or the welfare of other students and staff:<ol style="list-style-type: none">a) at the time of registration; |
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- b) at the beginning of each school year;
 - c) when the student changes schools; and
 - d) when health concerns change.
- 2) Parents and independent students are responsible for working with the principal or designate to complete a Student Health Plan and an Emergency Response Protocol, when the student:
 - a) is registered;
 - b) begins each school year;
 - c) changes schools; and
 - d) has a change in health concerns.
- 3) Parents and independent students are responsible for administering required medication at home.
- 4) Parents are responsible for:
 - a) ensuring all contact information including emergency contacts are kept current and up to date;
 - b) providing the principal with a recent photograph of the student or child;
 - c) the timing, dosage and administration of medication until the student is able to self-administer;
 - d) providing the student or child with the medical supports, such as monitors, injectors and inhalers, as prescribed to the student or child by a physician;
 - e) ensure the student or child has the medical supports readily available while at school, at off-site activities, on off-campus programs and at other school events and activities, including:
 - i. if dietary concerns are present, for diabetes as an example, providing snacks and lunches for the student;
 - ii. if life-threatening allergies are present, ensuring the dosage of the auto-injector provided to the school is appropriate to the age of the student or child; and

- f) checking expiry dates of medication and medical supports and replacing them as necessary;
- g) assisting the principal by supporting the provision of educational information about the specific health concerns, including life-threatening allergies and diabetes, to other parents, school council, and the school community; and
- h) advising the school bus carrier of the student's health needs.

**Student
Responsibility**

- 5) When developmentally appropriate, students with significant health concerns, including diabetes and life-threatening allergies, must:
 - a) be able to communicate with and inform the school of their significant health concerns;
 - b) be aware of the triggers and how to minimize their risk of exposure to them;
 - c) know how to recognize the symptoms of a significant reaction;
 - d) promptly inform a teacher or an adult as soon as they sense a reaction, the appearance of symptoms such as low or high blood sugars or choking, and impairment;
 - e) keep medical supports such as injectors, monitors, or inhalers or other medical supports handy or in a known location, at all times;
 - f) know how to monitor their health, use an injector, monitor, or inhaler, or take the required medication;
 - g) when dietary concerns are present, for health concerns such as diabetes or food-allergies, consume only the foods and drinks brought from home unless authorized by the parent in writing;
 - h) not share medication
 - i) work as a collaborative partner if receiving an accommodation.

**Principal
Responsibility**

- 6) The principal is responsible for:
- a) ensuring the registration process provides for the opportunity to ask if a student or child has significant health concerns, including the risk of a life-threatening allergy;
 - b) utilizing the Student Health Services Guide to support the planning the coordination and management of protocols, services and responses regarding students with significant health concerns, including diabetes and life-threatening allergies;
 - c) involving parents in all phases of planning;
 - d) keeping student health files, within the OSR, for students with significant health concerns, which will contain:
 - i. the Student Health Plan;
 - ii. the Emergency Response Protocol;
 - iii. copies of any prescriptions;
 - iv. any instructions from health professionals;
 - v. the provision for and information regarding storage of medical supplies, including inhalers, injectors and monitors;
 - vi. a current emergency contact list;
 - vii. provision for the collection and storage of prescribed/required medical supports such as injectors or inhalers;
 - viii. procedures to be followed;
 - ix. photographs of the student or child;
 - x. off-campus, off-site, and/or lunch program procedures;
 - e) ensuring that an Emergency Response Protocol is developed specific to each individual, in cooperation with parents or independent students and other health care professionals as necessary, including:
 - i. provision for the collection and storage of prescribed/required emergency medical supports such as injectors or inhalers;
 - ii. procedures to be followed;

- iii. location of the medication and/or medical supplies;
 - iv. photographs of the students;
 - v. a communication plan; and
 - vi. off-campus, off-site, and/or lunch program procedures; and
- f) keeping the Emergency Response Protocol in a readily accessible location at the school;
 - g) notifying parents that the student's picture and the Emergency Response Protocol will be displayed in a manner to inform staff who need to have access to the information to serve the best interest of the student;
 - h) advising all staff members, substitute teachers, and other professionals working in contact with a student or child of significant health concerns, including diabetes and life-threatening allergies, as soon as possible;
 - i) consulting with and advising parents regarding school procedures; and
 - j) developing a Risk Reduction Plan for reducing the risk of exposure to allergens for students with life-threatening allergies, including special events, classroom practices and off-site activities

**Staff
Responsibility**

- 7) Staff working with students with significant health concerns, including diabetes and life-threatening allergies, must:
 - a) know the student's Emergency Response Protocol;
 - b) follow school policies and practices for reducing risk in classrooms, common areas and school sponsored events;
 - c) avoid introducing known items/substances which could trigger a significant response;
 - d) avoid allergenic foods and substances for classroom events or activities;
 - e) discourage the sharing or trading of food;
 - f) encourage an empathetic understanding of significant health concerns and the seriousness of the consequences with other students;

- g) facilitate appropriate communication with parents;
- h) leave information about students with significant health concerns in an organized, prominent and accessible format for substitute teachers and other temporary staff; and
- i) discuss significant health concerns in appropriate terms with all individuals working directly with students, and explain school rules and the school's Emergency Response Protocol.

**Annual
Training**

- 8) The principal must ensure that all school-based staff receiving training annually, or more frequently if required, in the awareness and understanding of life-threatening allergies including recognition of triggers, symptoms, reactions, the use of auto-injectors and the Emergency Response Protocol.
- 9) Anaphylaxis training will be completed online and administered through Safety Advisory Services.

**Medication
During School
Activities**

- 10) If a student or child requires medication during school or off-site activities:
 - a) parents will ensure they supply the medications required for the school or off-site activity;
 - b) the Student Health Plan and the Emergency Response Protocol must be received from the parent and approved by the principal;
 - c) the administration of medication must be supervised by a staff member;
 - d) administration of medication must be supervised with sensitivity and in a manner which allows for privacy;
 - e) prescription medications must be in pharmacy labelled containers clearly marked with:
 - i. the student or child's name;
 - ii. dosage;
 - iii. time of administration of medication; and
 - iv. storage requirements;
 - f) over the counter medications must be in the original container clearly marked with:
 - i. the student or child's name;

ii. dosage;

iii. time of administration of medication; and

iv. storage requirements; and

g) the conditions for the supervision of the administration of medication mutually agreed upon by the principal, the supervising staff member, and the parents are documented in the Student Health Plan.

11) If the principal approves a student or child to receive medication during a school activity, subject to section 10, the following will apply:

a) the student will be expected to assume as much responsibility as developmentally appropriate for the handling and administration of the medication under supervision; and

b) the approval will remain in effect only as long as the arrangements are satisfactory to the principal and the supervising staff.

12) Only a health professional, the parent or the individual student will administer injection of medication in non-emergency situations.

13) Instructions provided by physicians and parents, through the Student Health Plan, relating to student or child medication are to be made known to staff and followed with reasonable care.

**Transport and
Storage**

14) When medication is being brought to school or to a school activity:

a) the medication must be transported and stored in a safe and secure manner that meets the instructions provided by the student or child's parent and/or physician;

b) unused medication will be returned to the parent at the end of the school activity or at the end of the school year.

Communication

15) With the consent of the parent, the principal and the appropriate classroom teacher(s) must ensure that:

a) the student or child's classmates are provided with information on significant health concerns, including life-threatening allergies, in a manner that is appropriate for the age and maturity level of the students; and

- b) strategies to support acceptance and understanding are incorporated in this information.

16) Information parents provide regarding a student or child's medical status and needs will be made known to school staff in accordance with the wishes of the parent or independent student and/or in accordance with the need of staff for the information, as determined by the principal.

17) The school bus carrier and off-site service providers will be advised, when appropriate, of the individual student or child's health concerns, including life-threatening allergies.

18) Parents of the student or child, school council, and the school community are advised regularly of this regulation, school procedures and the strategies for reducing the risk of exposure to allergens for students or children with life-threatening allergies;

**Information
Sharing**

19) Subject to the provisions of applicable provincial law and regulation, information is shared with approved agencies when it is in the best interest of the student or child to do so.

**Emergency
Response
Procedures**

20) Identify and communicate the secure and accessible school location of emergency medical supplies and medications supplied by parents, if they are not in the student's possession.

21) All individuals working with the student or child with significant health concerns are aware of the location of the emergency medical supplies and medication including injectors and inhalers.

22) When a student or child is judged to require immediate medical attention or suffers an accident, staff are expected to act as follows:

- a) if a student is seriously injured, if there is uncertainty about the seriousness of an accident or there is anaphylaxis, call or designate another adult to call 911;

- b) contact a parent as soon as possible;

- c) provide adult supervision until relief is provided by a parent or by medical personnel;

- d) if time does not permit or a parent cannot be contacted, take immediate action to provide medical attention until Emergency Medical Services take over and advise the parent as soon as is reasonably possible thereafter; and

- e) file an Accident/Injury/Illness report.

23) Emergency treatment of specific conditions is handled in accordance with directions provided by the parent, physician or the emergency response protocol.

- 24) In any emergent situation, contact the parent as soon as possible.
- 25) After an incident, debrief the incident, responses and the emergency response protocol with staff involved and the parents or independent student to inform plans moving forward.
- 26) If a student or child is taken to a medical facility by emergency personnel without contact having been made with a parent, the principal or designate will endeavour to arrange for the student to be accompanied by an adult until one of the following occurs:
 - a) a parent arrives;
 - b) medical staff assumes responsibility (if within the city); or
 - c) the student or child is discharged by medical staff and the adult returns the student or child to school or school activity.
- 27) Decisions regarding medical treatment must be left to medical staff, the parent and the student.
- 28) Students or children will not be transported for medical reasons by school staff or volunteers.
- 29) School staff may administer medication in an emergency, without pre-authorization, if the employee has reason to believe that the student is experiencing an anaphylactic reaction.
- 30) Consistent with section 6(d), Student Health Files are stored in the OSR and need to be accessible to all staff working directly with a student.
- 31) A school office record is to be maintained which includes:
 - a) names of students or children who take or receive medications;
 - b) medications taken by these students; and
 - c) emergency contacts given by the parent or physician.
- 32) Upon request by the parent of the student or independent student, health information of the student will be placed on the official student record.
- 33) Records are retained according to the approved record retentions guidelines.

**Student
Records**

Reporting

- 34) When there is an event with a student or child that results in, or may result in, medical intervention of any kind, the principal must ensure that the accident, incident, or illness is reported

**School
Purchased
Auto-injectors**

- 35) Schools must purchase and store a minimum of one epinephrine auto-injector for emergency response to anaphylaxis.
- 36) Auto-injectors need to be replaced annually and the expiry date should be carefully monitored. A newly purchased auto-injector acquired at the beginning of the year, should have an expiry date past the end of the school year.
- 37) The school purchased auto-injector is for the rare occasions when an unexpected anaphylactic response is occurring in which the medication is not available, such as a newly diagnosed allergy.
- 38) School purchase of an auto-injector does not release parents or students from the responsibility of purchasing and supplying their own medical treatments to the school.
- 39) School purchase auto-injectors are an express requirement for on-site activities only. The requirement to provide an additional auto-injector does not apply to off-site activities.
- 40) Auto-injectors are disposed through the approved processes.

8 | History

Approval	March 15, 2022
Next Review	June 2023