

AP 327 – Medical Alert Conditions

Background

The District recognizes that there are students with potentially life threatening conditions who may require emergency care while at school. This procedure addresses the identification of students with medical alert conditions and delineates responsibilities of school district staff, parents, and health providers in providing a safe school environment for these students.

Procedures

1. The safety, health and well-being of students is a joint responsibility of parents, school personnel, and students. It is expected that school personnel will work with parent/student/family physician, Public Health Nurse, Medical Health Officer or designate to develop a comprehensive plan to address the needs of each identified medical alert condition student.
2. Examples of medical alert conditions include:
 - Diabetes – detailed procedures can be found in AP 323 – Support for Students with Type 1 Diabetes (T1D)
 - Epilepsy
 - Anaphylaxis and/or history of severe allergic response - detailed procedures can be found in [AP 330 – Allergic Shock \(Anaphylaxis\)](#).
 - Severe Asthma - immediate medical treatment required
 - Blood clotting disorders such as hemophilia that require immediate medical care in the event of injury
 - Serious heart conditions
3. Roles and Responsibilities
 - 3.1 The parents/guardians have the primary responsibility for:
 - Communicating information about serious medical conditions of their child to the school
 - Completing the AP 323-1 Diabetes Support Plan and Medical Alert Information, AP 323-2 Diabetes Medication Administration Form, [AP 327-1 Medical Alert Planning Form](#), [AP 328-1 Request for Administration of Medication at School and/or AP 330-1 Anaphylaxis Emergency Plan](#)
 - Assuring that the prescribed medication, etc. is available to the school as required by Abbotsford School District protocols and reviewing the information annually
 - Providing the necessary equipment where it is recommended that students carry emergency supplies i.e.: Asthma – inhaler, Diabetes – dextrose candies, Anaphylaxis – adrenaline injection kit
 - Informing the school of any changes taking place in the health of the student
 - Removing all medication at the end of each school year and re-delivering it for the following year

3.2 The principal and the school staff have the responsibility for:

- Ensuring the safety and well-being of students during school hours and during after-school activities organized by the school, by alerting staff involved with the student to have appropriate training as related to the Medical Alert Planning Form
- Collecting information from parents/guardians of medical alert condition students by requesting they fill in AP 323-1 Diabetes Support Plan and Medical Alert Information, AP 323-2 Diabetes Medication Administration Form, [AP 327-1 Medical Alert Planning Form](#) and/or [AP 328-1 Request for Administration of Medication at School](#)
- Informing parents of any changes in the classroom environment that may create a health concern for a student with a medical alert condition
- Preparing appropriate information for any teachers-on-call who work with students with medical alert conditions under his/her authority
- Providing a safe and appropriate storage area for medication at school or on field trips
- Informing ALL parents when the environment of the school is changed by actions of district employees such as when pesticides are sprayed, weeds sprayed, or major school repairs such a painting, roofing, tarring, redoing carpets, or when any substances with strong fumes are used
- Providing a safe and supportive environment for students with medical alert conditions so they can participate in activities leading toward the goals of schooling
- Returning all medication to parents at the end of each school year

4. Should an emergency occur, [AP 323 - Support for Students with Type 1 Diabetes \(T1D\)](#), [AP 326 – Student Illness or Injury at School](#), [AP 328 – Administration of Medication to Students](#) and [AP 330 – Allergic Shock \(Anaphylaxis\)](#) shall apply.

Appendix: [AP 327-1 Medical Alert Planning Form](#)

AP 327-1 Medical Alert Planning Form



School Year _____ School Attended: _____

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name: _____ Birthdate: (Y/M/D) _____

Parent or Guardian: _____ Home Phone: _____ Bus. Phone: _____

Emergency Contact Name: _____ Phone: _____

Physician: _____ Phone: _____

Potential life threatening medical condition diagnosed as: _____

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem: _____

PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and/or when the child's condition or medication changes. The plan is updated by the student's parent/guardian in consultation with the family physician, and reviewed as needed with the appropriate school staff.

◆ Symptoms to watch for are: _____

◆ Precautions in the classroom are: _____

◆ Emergency Plan school staff need to follow (step by step):

Medication Needed: Yes No Name of Medication: _____

If Yes "Request for Administration of Medication at School" form must be filled out and provided to the school.

Note: Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by parent/guardian (minimum annually)

Date

Parent/Guardian

Date

Physician