

# FSAC Ltd

## Student Management Policy No. 8

---

# Allergy Management Procedure 8.2

---

# 2015

<b>Document Approval and Version Control</b>	
Version # 3.1 Last amended 27.08.2015	Approved by: Principal Name: Signed: Date:
Contact Officers: Position: Manager Human Resources Name: Craig Middleton	Next Review: 27.05.2016

1. POLICY STATEMENT	<b><u>Board Policy No. 8 – Student Management</u></b>
2. PROCEDURE STATEMENT	<p><b>The College duty of care and commitment to the health and wellbeing of all students and staff that attend the Colleges and their facilities, sanctioned activities and events, includes the provision of practices and procedures that take into consideration individual’s specific allergic and associated medical conditions.</b></p> <p>The College has a responsibility for students’ wellbeing. Anaphylaxis is a severe and sudden allergic reaction. Anaphylaxis is potentially life threatening and always requires an emergency response. It is therefore critical that school staffs, parents and caregivers are confident about the management and treatment of students who have been diagnosed by a medical practitioner as being anaphylactic or potentially anaphylactic. All staff should learn to recognise the symptoms and know how to react quickly and decisively to treat anaphylaxis.</p>
2.3. Scope	This procedure covers all students who attend the Colleges.
3. DEFINITIONS	Refer <a href="#">Glossary</a> for common definitions
4. PRINCIPLES	<p>There are two basic types of medical management plans for students</p> <ul style="list-style-type: none"> <li>• General College plans for precautions based on a whole of site approach</li> <li>• Individual plans for particular students and staff with intensive health care requirements.</li> </ul>
5. ACCOUNTABILITIES	<a href="#">Head of College</a> <a href="#">Staff</a>
6. PROCEDURE	<p>This sets out the detailed steps required to meet the policy and procedure objective.</p> <p>Due to the specific nature and response required for the three key allergic/medical issues that are encountered in the school environment, this policy deals which each separately.</p> <p>The key areas of coverage are:</p> <ul style="list-style-type: none"> <li>• Anaphylaxis Management</li> <li>• Asthma Management</li> <li>• Diabetes Management</li> </ul>
6.1. <b>Anaphylaxis Management</b>	<p>Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens or trigger substances that may cause anaphylaxis in school-aged children are peanuts, tree nuts, fish, shellfish, egg, cow’s milk, sesame, soy, insect stings, latex and certain medications.</p> <p><b>Health Care Plan</b> Parents/guardians have a responsibility to advise the school of their child’s medical condition and the particular requirements for the management of their child’s Anaphylaxis. A Written individual management plan incorporating medical recommendations, and a current photo, should be developed with the school in collaboration</p>

with the parents/guardians and doctor. This should be attached to the student's records

### **Symptoms and signs of anaphylaxis**

The symptoms and signs of anaphylaxis, usually but not always, occur within the first 20 minutes after exposure but in some cases can be delayed up to 2 hours or more. Rapid onset and development of potentially life-threatening clinical effects are characteristic markers of anaphylaxis.

Symptoms and signs of anaphylaxis (a severe allergic reaction) may include one or more of the following:

- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Dizziness/light headed
- Loss of consciousness and/or collapse
- Pale and floppy (young child).

Symptoms and signs of a mild to moderate allergic reaction may include one or more of the following:

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

### **Emergency Treatment Procedures Immediate Action required: For students or staff with an action plan for anaphylaxis (Australasian Society of Clinical Immunology and Allergy (ASCIA).**

- Follow emergency response plan as outlined in a student's/staff's Action Plan for Anaphylaxis
- If Action Plan indicates the use of an adrenaline auto injector (EpiPen). Staff if possible should administer the EpiPen
- Seek urgent medical assistance – call an ambulance (tell the dispatcher that the medical condition is anaphylaxis or a severe allergy)
- If unconscious and no pulse is evident, commence Cardio Pulmonary Resuscitation (CPR) and continue until ambulance arrives
- Contact parents/caregivers
- Maintain airway, breathing and circulation at all times
- Maintain close observation for possible relapse while waiting for ambulance or medical assistance.

### **For students or staff without an anaphylaxis action plan**

Severe allergic reactions or anaphylaxis can occur rarely when there is no history of known allergies. This situation should be treated as an emergency. Under these circumstances there will be no Action Plan.

Recognition of the symptoms and/or signs as being anaphylactic may also be a problem. The following steps should be followed:

- Seek urgent medical assistance, call an ambulance (if suspected, tell the dispatcher that the medical condition is anaphylaxis or a severe allergy)
- Lay the person flat and elevate the legs if the person is dizzy or seems confused or has a reduced level of consciousness, unless this makes it more difficult for the person to breathe
- Follow standard resuscitation measures if there is no pulse, no breathing or loss of consciousness, if oxygen is available give at a high flow rate.

#### **Reducing the risk**

- Ensure consideration is given to changes from usual school routine such as the use of relief teachers.
- Ensure consideration is given to students participating in excursions, camps, and sports carnivals including the provision of full medical information and a student's Action Plan for Anaphylaxis to outside school venues.
- Ensuring consideration is given to the distance from the school, camp or location of a school activity to an ambulance service or medical treatment.
- On school camps where there are students with severe nut allergy, it should be requested that foods containing nuts are not taken to or supplied by camp organisations.
- Include information on severe allergic reactions in curriculum.
- Encourage a no food and drink sharing at school.
- Promote hand washing before and after eating.
- Informing other class members' parents/caregivers of trigger substances and request that these foods are avoided.
- Ensuring that bullying by provoking allergic students with potential allergens is recognised as a risk factor and addressed by anti-bullying policies.
- Encouraging affected students to wear a medic alert.

#### **For the classroom**

Avoid the use of high risk allergens such as peanuts and tree nuts in curricular activities:

- Review curriculum materials to ensure that they do not advocate the use of high risk allergens such as peanuts and tree nuts
- Be aware that craft items can be risk items (for example, egg cartons, milk containers, peanut butter jars)
- Avoid the use of party balloons where latex is a known allergen.

## **6.2. Asthma Management**

People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers, their airways narrow, making it hard for them to breathe. There are two main factors that cause the airways to become narrow:

- The inside lining of the airways becomes swollen (inflammation).
- The muscle around the airways tightens (bronchoconstriction).

#### What Triggers Asthma Symptoms:

- Viral infections – e.g. colds and flu
- Exercise
- Inhaled allergens – e.g. pollens, moulds, animal hair, dust mites & cigarette smoke
- Changes in temperature and weather
- Chemicals and strong smells
- Some foods and food preservatives

#### What Are The Main Symptoms Of Asthma:

- Coughing
- Shortness of breath/rapid breathing
- Tightness in the chest
- Wheezing (noisy breathing)

#### **Health Care Plan**

Parents/guardians have a responsibility to advise the school of their child's medical condition and the particular requirements for the management of their child's asthma. For children with special requirements a written individual management plan incorporating medical recommendations, and a current photo, should be developed with the school in collaboration with the parents/guardians and doctor. This should be attached to the student's records.

#### **How to recognise a student with poorly controlled asthma**

- Frequent absenteeism from school due to asthma
- Regular/prolonged use of reliever medication for symptoms of asthma
- Tiredness/poor concentration
- Unable to exercise or play sport due to asthma

If you recognise a student who may have poorly controlled asthma, consider informing the parents so they can seek medical advice.

#### **Action to be taken by staff**

- Know where the asthma first aid kits are located in the school
- Know how to implement emergency treatment in the event of an asthma attack

#### **Students with asthma and exercise**

Exercise is important for health and development. Students with asthma should be encouraged to be active. With good management most students with asthma can exercise normally. Any sporting activity (except SCUBA diving) is suitable for students with asthma. However, swimming is an activity less likely to trigger exercise-induced asthma (EIA). Endurance exercises (e.g. cross-country running) may trigger an asthma attack.

Students who have asthma symptoms during exercise (EIA) should:

- Take their blue reliever medication a few minutes before exercise or take medication as prescribed

- Start exercise with a warm-up program
- Finish exercise with a cool-down session

Exercise should only be avoided when the student is unwell or when symptoms of asthma are present.

### **Signs of an asthma attack**

#### **Mild**

- Cough
- Soft Wheeze
- Breathlessness or tight chest
- Talks in sentences

#### **Moderate**

- Persistent cough
- Unable to run around and exercise without wheezing or coughing
- Talks in phrases

#### **Severe**

- Persistent cough
- Too breathless to talk or exercise
- Distressed
- Gasping for breath
- May be pale, sweaty and have blue lips
- Can only manage a word or two between breaths

### **Asthma first aid plan**

#### **Step 1**

Sit person upright and give reassurance.

#### **Step 2**

Without delay give 4 separate puffs of a reliever (AiroMir, Asmol, Epaq or Ventolin). The medication is best given one puff at a time via a spacer device\*. Ask the person to take 4 breaths from the spacer after each puff of medication.

#### **Step 3**

Wait 4 minutes.

#### **Step 4**

If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000). Continuously repeat steps 2 and 3 while waiting for the ambulance.

\*Administer using the puffer on its own if you do not have a spacer available.

## **6.3. Diabetes Management**

The increasing prevalence of diabetes in younger people means that as a teacher it is highly likely that you will have a student with diabetes in your class at some time. The Colleges have a legal responsibility to provide a safe environment, adequate supervision. When the College knows that certain students have diabetes, staff (including relief staff)

need to know enough about diabetes to ensure the safety of those students (especially in regard to hypoglycaemia and safety in sport).

### **Health care plan**

Parents/guardians have a responsibility to advise the school of their child's medical condition and the particular requirements for the management of their child's diabetes. For children with special requirements, a written individual management plan incorporating medical recommendations, and a current photo, should be developed with the school in collaboration with the parents/guardians and doctor. This should be attached to the student's records.

### **Needs of students with diabetes**

Diabetes is rarely the cause of significant absenteeism. Students with diabetes can do everything their peers do but they will need:

- Extra consideration
- Extra supervision
- Extra toilet privileges
- To eat at additional times, especially before or during sport
- Extra consideration if unwell
- Special provision for privacy if testing blood glucose levels and injecting insulin at school or using an insulin pump.

### **Treatment mild or moderately severe hypos**

Most children with diabetes are treated each day with:

- 2 to 4 injections of insulin via an insulin pump. The dose is adjusted according to blood glucose tests done several times during the day; and
- A regular pattern of snacks and meals

The timing of injections and food intake is most important. Carbohydrate foods are essential and raise blood glucose levels, while insulin and exercise lowers them. Maintaining a balance so the level of glucose is neither too high nor too low is very important; however, this is difficult to achieve.

### **Special Considerations**

Low blood glucose levels – hypoglycaemia or “hypo”

A blood glucose level below 4mmol/L is regarded as low. Brain function and behaviour deteriorate if the brain is not supplied with enough glucose for its needs. Too much insulin and/or exercise, or not enough carbohydrate foods may cause a low blood glucose levels (hypoglycaemia or hypo), depriving the brain of energy. Hypoglycaemia may be dangerous. Treatment is needed promptly to raise the blood glucose level to prevent a mild hypo from progressing to severe hypo.

**WARNING SIGNS OF HYPOGLYCAEMIA** (Hypoglycaemia may progress from mild to severe if left untreated)

### **Hypoglycaemia without symptoms**

Occasionally a routine blood glucose test will show a result less than 4mmol/L without hypo symptoms being evident. Urgent treatment is still needed to prevent progression to a severe hypo.

**Signs of mild hypo include:**

Sweating, paleness, trembling, hunger, weakness; changes in mood and behaviour (eg crying, argumentative outbursts, aggressiveness); inability to think straight, lack of coordination.

Additional signs of moderately severe hypo include

Inability to help oneself; glazed expression; being disoriented, unaware or seemingly intoxicated; inability to drink and swallow without encouragement; headache, abdominal pains and nausea.

**Signs of severe hypo progress to include:**

Dizziness and unsteadiness, inability to stand; extreme disorientation, inability to respond to instructions; inability to drink and swallow (leading to danger of inhaling food into lungs); unconsciousness or seizures (jerking or twitching of face, body or limbs).

**Mild or moderately severe hypos**

- Never leave a child alone who has a hypo
- Act swiftly, early treatment will prevent a mild hypo progressing to a severe one. **If in doubt treat.**
- Give easily absorbed carbohydrate foods such as:
  - Fruit juice
  - Soft drink that contains sugar
  - Glucose tablets
  - Sugar, honey, jam or sweetened condensed milk
  - Jelly beans

Repeat this treatment if there is no positive response within 10 mins.

- Follow up by giving additional carbohydrate food. After 10-15 minutes or once a positive response is evident, give some carbohydrate food such as bread, biscuits or pasta.
- Adult supervision is needed until the student has fully recovered. If symptoms improve sufficiently the student may return to normal activities in approximately 15-30 minutes. If no improvement is apparent in this time, repeat the treatment. If symptoms remain notify the parents/guardians, doctor or ambulance. After a severe hypo the child may have trouble concentrating for several hours.
- Advise parents/guardians of the hypo and discuss arrangements for student to travel home. Students who have experienced a hypo should not travel home unaccompanied.

**Severe hypo**

- Call an ambulance and inform the operator that there is a **diabetes emergency.**
- Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow in case it is inhaled.
- Lie the student on one side and protect from injury.
- Check the airway and breathing. Check the mouth is clear to allow unobstructed breathing.
- Severe hypos causing unconsciousness, seizures or extreme disorientation cannot be treated by giving sweet foods or drinks by mouth. They require urgent specialised help using either injections of glucose or special injection of Glucagon.



### **Physical activity**

Regular physical activity is to be encouraged as with other students but it does require extra care and planning. As exercising muscles use more glucose for energy, blood glucose levels may fall during, immediately after or several hours after physical activity.

#### **What To Do:**

- Give extra carbohydrate food before sport
- Give additional food for each hour of physical activity (each hour if vigorous).
- Give extra food after the sport as well, especially if the sport has been particularly vigorous or lengthy.
- More supervision is needed during physical activity
- Food/drinks for treatment of a hypo need to be available on site.
- Any sport (e.g. abseiling) in which a hypo may cause risk to either the student or someone called upon to help, should be modified or only considered after careful planning. It should always occur under strict supervision.
- Water sports need very careful planning and supervision, as a hypo increases the risk of drowning.

### **Sick days**

Students with diabetes should never be sent to sick bay alone or left unattended when feeling unwell. Vomiting is a danger signal. Students with diabetes who are unwell, and especially when vomiting, need to be seen by a doctor urgently. If parents or guardians are not available ring an ambulance.

### **Examinations**

Students with diabetes perform at their best when their diabetes is in good control. The student can apply for special provision for exams and QCS. During a hypo, the brain function is disturbed. After a hypo, brain function may not return to normal for several hours and, even then, students may not do as well as expected in an examination. High blood glucose levels may also affect the ability to concentrate.

#### **STUDENTS WITH DIABETES MAY NEED:**

- Food during examination in case of a hypo
- Easy access to toilets and additional toilet privileges

Special provision for Senior School examinations.

### **Camps and Excursions**

#### **Camps**

Students are able to attend camps when there is appropriate supervision in management of their diabetes. **Parents/guardians need to meet with organisers prior to the camp and provide:**

- A written list of special needs
- Adequate supplies for treatment and testing
- Details of insulin dosage
- Extra food and snacks when necessary
- Emergency contact details.

#### **Excursions**

When planning excursion the following will need to be considered:

- Timing of meals
- Timing of insulin injections, management of insulin pump and blood glucose tests
- The student will need to carry an adequate supply of food (e.g. crackers, biscuits and dried fruit) without relying on being able to purchase food when needed.
- Permission should be sought from the bus company so that the child may eat snacks whilst travelling on the bus.

#### **Special Occasions**

If there is a special occasion or party coming up in class where “treats” are to be served, it is important to talk to the family first, if possible. This allows the family to discuss the options, such as what food they are happy for the child to have or to think of alternatives for all the children to enjoy. Foods such as popcorn, sandwiches, pizza, fruit and ice-cream are suitable. Low joule (diet) soft drinks can be provided.

## **7. PROCEDURE ADMINISTRATION**

In accordance with procedure development and review protocol this procedure will be recorded as an authorised procedure approved by the Heads of College, at its meeting of the date shown on the front of this procedure document.

The procedure will be reviewed twelve months from the date of the approval shown herein.

Notwithstanding the scheduled review, should any circumstance change materially before the 12 month review period, the procedure will be immediately reviewed in order to maintain appropriate accuracy, relevance and authority.