



ST JOHN'S
Anglican College

ALLERGY AND MEDICAL CONDITION MANAGEMENT PROCEDURE

Human Resources and Compliance

Version 5.0

Last Reviewed: 14 May 2021

1 Statement

St John's Anglican College is committed to the health and wellbeing of all students and staff that attend the College and its facilities. This includes the provision of practices and procedures that take into consideration people's specific allergic and medical conditions.

Anaphylaxis is a severe and sudden allergic reaction that is potentially life threatening and always requires an emergency response. It is therefore critical that employees, parents and caregivers are confident in the management and treatment of students who have been diagnosed by a medical practitioner as being anaphylactic or potentially anaphylactic. All employees should learn to recognise the symptoms and know how to react quickly and decisively to treat Anaphylaxis.

2 Scope

This procedure applies to the College Council members, employees and students of the College.

3 Principles

There are two basic types of medical management plans for students:



- general College plans for precautions based on a whole of site approach; and
- individual plans for particular students and staff with intensive health care requirements.

4 Mission

St John's inspires lifelong learning by living faith with the courage to lead self and serve others.

“where learning comes alive”

5 Vision

Every learner is empowered to excel and equipped to embrace the challenge of any future.

“developing people of good character”

6 Values

Faith – We are guided by faith in God, our community and our self.

Hope – We believe in the power of mindset and attitude. We foster a positive, safe, optimistic and empowering environment.

Love – We flourish by demonstrating cooperation, encouragement, compassion and joy.

Courage – We grow by being brave, confident, determined, resilient and putting in the effort.

Community – We are service-led and do so with respect by nurturing and celebrating relationships and traditions.

Justice – We stand for inclusivity, equity, acceptance of diversity and are stewards of the environment.

7 Student Protection

The following Statement of Commitment seeks to provide a foundation to reflect, encourage and support a child safe culture.

The Statement is to be implemented by all persons within an Anglican School or Education and Care Service.

Anglican Schools and Education & Care Services are committed to providing environments where children and young people receive the highest standard of care, where their rights are supported, and they have opportunity to thrive and be fruitful. Such environments nurture and safeguard the intelligence, dignity, safety and wellbeing of each child or young person, by placing them at the centre of thought, values and actions.

As reflected in our Ethos, our vocation is education, driven by a vision of humanity, shaped by the image of God made visible in Jesus, present in every human being.



- Every child: made in the image and likeness of God.
- Every child: loveable and loved, unique and unrepeatable.
- Outstanding education for the flourishing of people and the good of community.

Our faith is lived. We are hospitable and welcoming communities, who embody compassion, kindness, fairness, justice and love, and where exceptional pastoral care is practiced.

Working and serving the best interests of children and young people is in everyone’s best interest. This is achieved through sustaining living and learning environments that are safe, supportive and stimulating. Specifically, we:

- place emphasis on genuine engagement with children and young people;
- create conditions that reduce the likelihood of harm to children and young people;
- create conditions that increase the likelihood of identifying harm where it exists; and
- respond swiftly and appropriately to any concerns, disclosures, allegations or suspicions.

This commitment is sought to be consistently reflected through the decisions and behaviour of all persons within the School or Service, who are guided by effective governance, policies, tools and processes. This fosters a child safe culture, where acting in children and young people’s best interests is at the heart of what we do.

8 Definitions

Anaphylaxis:	is a severe and sudden allergic reaction that is potentially life threatening and always requires an emergency response.
Asthma:	is a respiratory condition marked by attacks or spasm in the bronchi of the lungs, causing difficulty in breathing.
Diabetes:	is a disease in which the body’s ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood.

9 Allergy and Medical Condition Management

Within the College environment it is critical that employees, parents and caregivers are confident in the management and treatment of certain medical conditions. All employees should learn to recognise the symptoms and know how to react quickly and decisively specifically to:

- Anaphylaxis;
- Asthma; and
- Diabetes.

This procedure sets out the detailed steps required for the management and treatment of these medical conditions.



9.1 Anaphylaxis Management

Anaphylaxis 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 are peanuts, tree nuts, fish, shellfish, egg, cow's milk, sesame, soy, insect stings, latex and certain medications.

9.1.1 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 Anaphylaxis. A written individual management plan, incorporating medical recommendations, and a current photo, should be developed by parents/guardians and the child's treating practitioner. This should be attached to the student's records.

9.1.2 Symptoms and signs of Anaphylaxis

The symptoms and signs of Anaphylaxis, usually but not always, occur within the first 20 minutes after exposure. However, in some cases, the symptoms can be delayed for 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 may include one or more of the following:

- difficulty with and/or noisy breathing;
- swelling of the tongue;
- swelling or tightness in the throat;
- difficulty talking or hoarse voice;
- wheeze or persistent cough;
- dizziness or light headed;
- loss of consciousness and/or collapse; or
- 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 and/or eyes;
- vomiting; or
- abdominal pain.

9.1.3 Emergency treatment procedures (with an action plan)

- Follow emergency response plan as outlined in the student's/staff's action plan for Anaphylaxis.
- If action plan indicates the use of an adrenaline auto injector (EpiPen) then staff if possible should administer the EpiPen.
- Seek urgent medical assistance by calling an Ambulance (000) advise 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 the Ambulance arrives.
- Contact parents/caregivers.
- Maintain airway, breathing and circulation at all times.



- Maintain close observation for possible relapse while waiting for the Ambulance or medical assistance.

9.1.4 Emergency treatment procedures (without an 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.

Recognising 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 their legs if:
 - the person is dizzy or seems confused; or
 - has a reduced level of consciousness; or
 - unless this makes it more difficult for the person to breathe.
- follow the standard resuscitation measures if there is:
 - no pulse;
 - no breathing; or
 - loss of consciousness.
- if oxygen is available give at a high flow rate.

9.1.5 Reducing the risk

- Ensure consideration is given to changes from the usual school routine such as the use of relief teachers.
- Ensure consideration is given to students participating in excursions, camps, and sports carnivals including provision of full medical information and a student's action plan for Anaphylaxis.
- Ensuring consideration is given to the distance from the College, camp or location of a College activity to an Ambulance service or medical treatment.
- On 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 no food and drink sharing at the College.
- Promote hand washing before and after eating.
- Inform other class members, parents/caregivers of trigger substances and request that these foods are avoided.
- Ensure that bullying by provoking allergic students with potential allergens is recognised as a risk factor and addressed by anti-bullying policies.
- Encourage affected students to wear a medic alert.

9.1.6 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.



9.2 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 their 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 for example colds and flu;
- exercise;
- inhaled allergens for example pollens, mould, animal hair, dust mites and cigarette smoke;
- changes in temperature and weather;
- chemicals and strong smells; and
- some foods and food preservatives.

What are the main symptoms of Asthma:

- coughing;
- shortness of breath/rapid breathing;
- tightness in the chest; and
- wheezing (noisy breathing).

9.2.1 Health Care Plan

Parents/guardians have a responsibility to advise the College 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 by parents/guardians and the treating medical practitioner. This should be attached to the student's records.

9.2.2 How to recognise a student with poorly controlled Asthma

- frequent absenteeism from school due to Asthma;
- regular or prolonged use of reliever medication for symptoms of Asthma;
- tiredness or poor concentration; or
- 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.

9.2.3 Action to be taken by staff

- Know where the Asthma first aid kits are located in the College.
- Know how to implement emergency treatment in the event of an Asthma attack.



9.2.4 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 reliever medication a few minutes before exercise or take medication as prescribed;
- start exercise with a warm-up program; and
- finish exercise with a cool-down session.

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

9.2.5 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

9.2.6 Asthma first aid plan

Step 1

Sit person upright and give reassurance.

Step 2

Without delay give 4 separate puffs of a reliever. The medication is best given one puff at a time via a spacer (administer using the puffer on its own if a spacer is unavailable). Ask the person to take a breath 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 (000). Continuously repeat steps 2 and 3 while waiting for the Ambulance.

9.3 Diabetes Management

The increasing prevalence of diabetes in younger people means that staff are highly likely to have a student with Diabetes under their care. The College has a legal responsibility to provide a safe environment and 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 regarding hypoglycaemia and safety in sport).

9.3.1 Health care plan

Parents/guardians have a responsibility to advise the College 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 by parents/guardians and the treating medical practitioner. This should be attached to student's records.

9.3.2 Needs of students with Diabetes

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

- extra consideration;
- extra supervision;
- extra toilet privileges;
- to eat at additional times, especially before or during sport;
- extra consideration if unwell; and
- special provision for privacy if testing blood glucose levels and injecting insulin at the College or using an insulin pump.

9.3.3 Treatment of 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 lower them. Maintaining a balance so the level of glucose is neither too high or too low is very important; however, this is difficult to achieve.

- 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);
- Most young diabetics are fitted with an insulin pump, which will continue to administer insulin (basal). It is important when a person is going into a hypo that the pump is either disconnected or the insulin is suspended until they are feeling better. Bolus delivery occurs prior to eating.
- 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 minutes.
- Follow up by giving additional carbohydrate food. After 10 to 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 to 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 the student to travel home. Students who have experienced a 'Hypo' should not travel home unaccompanied.

9.3.4 Special Considerations

Low blood glucose levels, Hypoglycaemia (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 low blood glucose levels, 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 a severe 'Hypo'.

9.3.5 Warning signs of Hypoglycaemia

Hypoglycaemia may progress from mild to severe if left untreated.

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 a mild 'Hypo' include:

- sweating, paleness, trembling, hunger and weakness;
- changes in mood and behavior (e.g. crying, argumentative outbursts, aggressiveness); and
- 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; and
- headache, abdominal pains and nausea.

Signs of a 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); and



- unconsciousness or seizures (jerking or twitching of face, body or limbs).

9.3.6 Treatment of severe Hypos

- Call an Ambulance and inform the dispatcher 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 specialized help using either injections of glucose or a special injection of glucagon.

9.3.7 Physical activity

Regular physical activity is to be encouraged as with other students, however 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.

- 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 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.

9.3.8 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 medical practitioner urgently. If parents or guardians are not available ring an Ambulance.

9.3.9 Exams

Student with Diabetes perform at their best when their Diabetes is in good control. The student can apply for special provision for exams. 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 the exam in case of a 'Hypo'; and
- Easy access to toilets and additional toilet privileges; and
- Special provision for Senior School exams.

9.3.10 Camps and Excursions

Students are able to attend **camp**s when there is appropriate supervision for the 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; and
- emergency contact details.

When planning **excursions**, the following will need to be considered:

- timing of meals;
- timing of insulin injections, management of insulin pump and blood glucose tests;
- the student’s 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 while travelling on the bus.

9.3.11 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.

10 Privacy

Personal information that may be collected is obtained, stored and released in accordance with the *Privacy Act 1988*. For further information please refer to the *College’s Privacy Procedure*.

11 Accountabilities and Responsibilities

The table below outlines the accountabilities and responsibilities for governing and managing the College.	
College Council:	Is responsible for ensuring the proper and effective management and operation of the College. This includes defining and monitoring the strategic direction, developing and monitoring policies, monitoring the effectiveness of the College Council and College, and establishing control and accountability systems.
Principal:	Is responsible for the administration and implementation of the College’s strategic direction, policies and procedures and control and accountability systems developed by the College Council. The Principal works closely with and is accountable to the College Council for leading the College to deliver high quality curriculum and educational outcomes, excellence in teaching and learning, a strong College community and driving market growth.
Manager Human Resources and Compliance:	Is responsible for ensuring the achievement of College strategic objectives through the development and application of best practice Human Resource Management principles and practices that comply with legislative requirements. The Manager Human Resources and Compliance works closely with and is accountable to the Principal for developing, implementing and evaluating an appropriate policy framework compliant with all statutory requirements.
Employees:	Are expected to abide by all College policies and procedures.



12 Related policies, procedures and other documents

12.1 Policies

Duty of Care Policy

Risk Management Policy

Student Management Policy

Student Protection in Anglican Schools Policy

Student Welfare Policy

Workplace Health and Safety Policy

12.2 Procedures

Anti-Discrimination Procedure

Behaviour Management Procedure

Drug and Alcohol Procedure

Pastoral Care Procedure

Privacy Procedure

Student Protection in Anglican Schools Procedure

Students with Disabilities Procedure

Vaccine Preventable and Infectious Diseases Procedure

12.3 Other documents

Australian Privacy Principles

Child and Youth Risk Management Strategy

College Vision, Mission and Values Statement

Duty of Care Statement

Risk Management Plan

Safeguarding Our Students, Student Protection Policy and Procedures Guide for Volunteers and Visitors to Anglican Schools

Student Code of Conduct

Student Protection Resource Sheets

12.4 Legislation

Anti-Discrimination Act 1999 (Qld)

Child Protection Act 1999



Allergy and Medical Condition Management Procedure

Education (Accreditation of Non-State Schools) Act 2017

Education (Accreditation of Non-State Schools) Regulation 2017

Education Services for Overseas Students Act 2000

Education Services for Overseas Students Regulations 2019

Information Privacy Act 2009

National Code of Practice for Providers of Education and Training to Overseas Students

Privacy Act 1988

Right to Information Act 2009

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

Working with Children (Risk Management and Screening) Act 2000

Working with Children (Risk Management and Screening) Regulation 2020

13 Approval

This procedure was issued on 17 May 2021 under the authority of the Principal. This document represents the current policy of the College until it is revised or rescinded.

14 Managing this procedure

14.1 Review

This procedure is to be reviewed every two years or earlier if necessary. The Manager Human Resources and Compliance is responsible for reviewing or making approved modifications to the procedure and distributing.

14.2 Breach of Policy

All employees are expected to abide by College policies and procedures, failure to do so may lead to disciplinary action ranging from counselling to dismissal.

15 Document information

Version Control

Version	Date	Description	Author
4.0	24/05/2018	Procedure review and update	Manager HR and Compliance
	11/09/2018	Final Draft	Manager HR and Compliance
5.0	14/05/2021	Procedure review and update	Manager HR and Compliance



16 Authorisation

Maria McIvor
Principal
Date: 17 May 2021