

| | | | |
|---------------------------------|---------------------------------|-------------------------|-----------------------------|
| Section: | Children's Health and Safety | | |
| Policy: | Medical Conditions | Policy Number | 2.6 |
| Quality Area/s | 2 | Related Policies | |
| Review Date | Feb 2015; May 2018; April 23 | Modifications | April 2023; Reviewed Policy |
| Feb 2015; May 2018; April 23 | Feb 2015; May 2018; April 23 | Next review Date | |
| Relevant Legislation | | | |
| Further Reading | | | |

INTRODUCTION

Medical conditions include but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our school is committed to a planned approach to the management of medical conditions to ensure the safety and well-being of all children. Our school is also committed to ensuring our teachers and teaching assistants are equipped with the knowledge and skills to manage situations to ensure all students receive the highest level of care and to ensure their needs are considered at all times. Providing families with ongoing information about medical conditions and the management of these conditions is also a key priority.

AIM

Our school will minimise the risks around medical conditions of students by:

- collaborating with families of students with diagnosed medical conditions to develop a risk minimisation plan for their child;
- informing all staff, including casual staff, teachers and teaching assistants and volunteers, of any students diagnosed with a medical condition and the risk minimisation procedure;
- providing all families with current information about identified medical conditions of students enrolled at the school with strategies to support the implementation of the risk minimisation plan;
- ensuring all students with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff;
- ensure all direct contact staff are adequately trained in the administration of emergency medication.

PROCEDURE

The School will:

- ensure the Principal fulfils responsibilities in the management of medical conditions.

Enrolment of students into Karuna

The Principal will:

- ensure that any parent with a student enrolled at the school that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this Medical Conditions policy;
- inform parents of the requirement to provide the school with a medical management plan of their child's condition;
- collaborate with families of students with medical conditions to develop a risk minimisation ;
- plan to ensure the students safety and wellbeing;
 - to ensure that the risks relating to the students specific health care needs, allergy or relevant medical condition are assessed and minimised;
 - if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented;
 - if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a student and strategies for minimising the risk are developed and implemented;
 - to ensure that practices and procedures ensuring that all staff members and volunteers can identify the student, the students medical management plan and the location of the students medication are developed and implemented;
 - if relevant, to ensure that practices and procedures ensuring that the student does not attend the school without medication prescribed by the students medical practitioner in relation to their specific health care need, allergy or relevant medical condition are developed and implemented.
- ensure that all staff are aware of the medical management plan and risk minimisation plan;
- ensure that staff are adequately trained in procedures contained in the medical management plan;
- inform other families enrolled at the school of the need to prohibit any items which may present a hazard to students with diagnosed medical conditions.

Communication & Display of Medical Information

The Principal will:

- ensure all medical management and risk minimisation plans are accessible to all staff;

- ensure that all plans are current and kept up to date;
- develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the student;
- develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan;
- update the communication plan as needed.

Teachers and Teaching Assistants will:

- ensure they are aware of enrolled students with medical conditions and be familiar with the medical management and risk minimisation plans of each student diagnosed with a medical condition;
- consult the communication plan to ensure they are aware of their communication responsibilities.

Medical Conditions**Asthma & Anaphylaxis Management****The Principal will:**

- ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies;
- ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Teachers and Teaching Assistants will:

- be alert to the immediate needs of students who present with symptoms of anaphylaxis and asthma;
- administer emergency medication in accordance with their training, as required.

Documentation & Record Keeping**The Principal will:**

- ensure records are confidentially stored for the specified period of time as required by the Regulation;
- provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Teachers and Teaching Assistants will:

- complete a Medication Record when a student receives emergency medication;
- ask parents to sign a copy of the Medication Record, and provide a copy if required.

Policy availability

The medical conditions policy will be readily accessible to all teachers, teaching assistants, families and visitors, and ongoing feedback on this policy will be invited.

EVALUATION

The Teachers and teaching assistants respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate. The plans to effectively manage medical are developed in consultation with families and implemented. Regular reviews of procedures and policy are implemented.

2.6.1 Asthma Management

Adapted with permission from Asthma Foundation of Victoria, Asthma and the Child in Care Model Policy, Version 6.2, January 2011.

INTRODUCTION

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our school recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

AIM

This Asthma Policy aims to:

- raise awareness of asthma amongst those involved with the school;
- implement strategies to support the health and safety of students with asthma enrolled at the school;
- provide an environment in which students with asthma can participate in all activities to the full extent of their capabilities;
- provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

PROCEDURE

The School will:

- provide *Emergency Asthma Management Training* to all staff.

The Principal will follow the communication plan as outlined below:

- provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;
- ensure at least one staff member who has completed accredited asthma training is on duty whenever students are present at the school;
- ensure Student Record Form contains the question: "Has your child ever had asthma?" (See Attachment 6);
- identify students with asthma during the commencement process and inform staff;
- provide families once identified with a copy of this policy and Asthma Action Plan upon commencement or diagnosis;
- store Asthma Action Plans (Attachment 1) in the students file;
- formalise and document the internal procedures for emergency Asthma First Aid;
- ensure that an emergency Asthma First Aid poster is displayed in key locations;
- ensure that the First Aid Kit contains a blue reliever medication (e.g. Airomir, Asmol, or

Ventolin), a spacer device, face mask, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs;

- ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit (e.g. regular checks of expiry dates on medication);
- provide a mobile Asthma First Aid Kit for use on excursions;
- encourage open communication between families and staff regarding the status and impact of a student's asthma;
- promptly communicate any concerns to families should it be considered that a student's asthma is limiting his/her ability to participate fully in all activities.

Teachers and teaching assistants will follow the communication plan and:

- ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years);
- ensure that they are aware of the students in their care with asthma;
- ensure, in consultation with the family, the health and safety of each student through supervised management of the students asthma;
- identify and, where practical, minimise asthma triggers;
- where necessary, modify activities in accordance with a student's needs and abilities;
- ensure that all regular prescribed asthma medication is administered in accordance with the information on the students written Asthma Action Plan;
- Administer emergency asthma medication if required according to the students written Asthma Action Plan. If no written Asthma Action Plan is available, the Asthma First Aid Plan outlined in this document should be followed immediately;
- promptly communicate to management or parents/guardians, any concerns should it be considered that a student's asthma is limiting his/ her ability to participate fully in all activities;
- ensure that students with asthma are treated the same as all other students.

Families will follow the communication plan and:

- inform staff, either prior to commencement or on initial diagnosis, that their child has a history of asthma;
- provide all relevant information regarding their child's asthma via the written Asthma Action Plan, which should be provided to the centre within seven (7) days of commencement;
- notify the Nominated Supervisor, in writing, of any changes to the Asthma Action Plan during the year;
- ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;
- ensure that they comply with all requirements and procedures in relation to the Medications Record;
- communicate all relevant information and concerns to teachers and teaching assistants as the need arises (e.g. if asthma symptoms were present the previous evening);
- ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Students will follow the communication plan and:

- wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

2.6.2 Anaphylaxis Management

INTRODUCTION

Anaphylaxis is a severe, life-threatening allergic reaction. Up to 2% of the general population and up to 5% (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The school recognises the importance of all staff/carers responsible for the students at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Staff/carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any school that is open to the general community. Staff/carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the school.

AIM

This Anaphylaxis Management policy aims to:

- minimise the risk of an anaphylactic reaction occurring while the student is in the care of the school;
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including correctly administering an adrenaline auto-injection device;
- raise the school community's awareness of anaphylaxis and its management through education and policy implementation.

PROCEDURE

The School will:

- ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years;
- ensure that this policy is provided to a parent or guardian of each student diagnosed at risk of anaphylaxis at the school.

Where a student diagnosed at risk of anaphylaxis is enrolled:-**The Principal will follow the communication plan outlined in the Asthma management section of this policy and:-**

- conduct an assessment of the potential for accidental exposure to allergens while students at risk of anaphylaxis are in the care of the school and develop a risk minimisation plan for the school in consultation with staff and the families of the students;
- ensure that a notice is displayed prominently in the main entrance of the school stating that a student diagnosed at risk of anaphylaxis is being cared for or educated at the school;
- ask all parents/guardians, as part of the placement procedure, prior to their child's attendance at the school, whether the child has allergies and document this information on the child's Student File. If the student has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;
- ensure that an anaphylaxis medical management action plan signed by the students Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the students anaphylaxis medical management action plan) is provided by the parent/guardian for the student while at the school;
- ensure staff on duty whenever students are present at the school have completed emergency anaphylaxis management training;
- ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded;
- ensure, where possible, that all relief staff members in a school have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- ensure all staff know the students at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
- ensure that no student who has been prescribed an adrenaline auto-injection device is permitted to attend the school without the device;
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the students allergies, this policy and its implementation;
- display an Australasian Society of Clinical Immunology and Allergy inc (ASCI) generic poster called Action Plan for Anaphylaxis Action Plan (Attachment 2) in a key location at the school, for example, in the class room, the staff room or near the medication cabinet;
- ensure that a student's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the child's Student File. This will outline the allergies and describe the prescribed medication for that student and the circumstances in which the medication should be used;
- ensure that all staff in a school know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit;
- ensure that the staff member accompanying student outside the school carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Staff responsible for the student at risk of anaphylaxis shall:

- ensure a copy of the students anaphylaxis medical management action plan is visible and known to staff in a school;
- follow the students anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- in the situation where a student who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
- Call an ambulance immediately by **dialling 000**
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a quarterly basis;
- ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to students and away from direct sources of heat;
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each student at risk of anaphylaxis is carried by a staff member on all excursions;
- regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month);
- provide information to the school community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of students shall:

- inform staff at the students enrolment, either prior to commencement or on diagnosis, of their child's allergies;
- develop an anaphylaxis risk minimisation plan with school staff;
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- provide staff with a complete auto-injection device kit;
- regularly check the adrenaline auto-injection device expiry date;
- assist staff by offering information and answering any questions regarding their child's allergies;
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child;
- comply with the school's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the school or its programs without that device.

2.6.3 Diabetes Management

INTRODUCTION

The management of a student's diabetic condition is dependent upon coordination between our school, the student's family and their doctor. Our school recognises the need to facilitate effective care and health management of students who have diabetes and the prevention and management of acute episodes of illness and medical emergencies.

AIM

This Diabetes Management Policy aims to:

- raise awareness of diabetes management amongst those involved with the school;
- provide the necessary strategies to ensure the health and safety of all students with diabetes enrolled at the school;
- provide an environment in which students with diabetes can participate in all activities to the full extent of their capabilities;
- provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

PROCEDURE

The school will:

- ensure all staff complete senior first aid training.

The Principal will:

- provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment;
- ensure at least one staff member who has completed accredited senior first aid training is on duty whenever students are being cared for or educated;
- ensure the Student Record form contains the question: "Has your child been diagnosed with diabetes?"
- identify students with diabetes during the commencement process and inform staff;
- provide identified families with a copy of this policy and Diabetes Action Plan prior to commencement or upon diagnosis;
- ensure that each Diabetes Action Plans (Attachment 4) received for students with a diagnosis of diabetes contain information for the students Diabetic Management and outline what to do in relation to any Diabetic Emergency the student might face;
- ensure families provide the school with the students testing kit and hypo pack if required;
- store Diabetes Action Plans in the students file;
- formalise and document the internal procedures for emergency Diabetes treatment;

- encourage open communication between families and staff regarding the status and impact of a student's diabetes;
- promptly communicate any concerns to families should it be considered that a student's diabetes is limiting his/her ability to participate fully in all activities.

Staff will:

- ensure that they maintain current accreditation in first aid;
- ensure that they are aware of the student in their care with diabetes;
- ensure that they are familiar with the symptoms and signs and the emergency treatment of a low blood glucose level;
- call an ambulance if they feel emergency treatment is required;
- ensure, in consultation with the family, the health and safety of each student through supervised management of the students diabetes;
- where necessary, modify activities in accordance with a student's needs and abilities;
- ensure that a student's Diabetes Action Plan is followed at all times;
- promptly communicate to management or parents/guardians, any concerns should it be considered that a student's diabetes is limiting his/ her ability to participate fully in all activities;
- ensure that students with diabetes are treated the same as all other students.

Families will:

- inform staff, either prior to commencement or on initial diagnosis, that their child has diabetes;
- provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should be provided to the centre within seven (7) days of commencement;
- keep their child's testing kit and hypo pack updated as required;
- notify the Nominated Supervisor, in writing, of any changes to the Diabetes Action Plan during the year;
- ensure that they comply with all requirements and procedures in relation to the Medications Record;
- communicate all relevant information and concerns to teachers and teaching assistants as the need arises;
- ensure, in consultation with the staff, the health and safety of their child through supervised management of their child's diabetes.

STATUTORY LEGISLATION & CONSIDERATIONS

Education and Care Services National Regulations 2011: 90, 91, 94

SOURCES

Community Child Care Co-operative

Asthma Association

ASCIA

Westmead Hospital

ATTACHMENTS

Attachment 1 My Asthma Action Plan

Attachment 2 Action Plan for Anaphylaxis

Attachment 3 Anaphylaxis Nut Allergen Card

Attachment 4 Diabetes Management Plan

Attachment 5 Diabetes Information for Schools

Attachment 1

My Asthma Action Plan

| When my asthma is WELL CONTROLLED | When my asthma is GETTING WORSE | When my asthma is SEVERE | How to recognise LIFE-THREATENING ASTHMA |
|---|--|--|--|
| <ul style="list-style-type: none"> No regular wheeze, or cough or chest tightness at night time, on waking or during the day Able to take part in normal physical activity without wheeze, cough or chest tightness Need reliever medication less than three times a week (except if it is used before exercise) Peak Flow* above <input type="text"/> <p>What should I do?</p> <p>Continue my usual treatment as follows:</p> <p>Preventer</p> <p>Reliever</p> <p>Combination Medication</p> <p>Always carry my reliever puffer</p> | <ul style="list-style-type: none"> At the first sign of worsening asthma symptoms associated with a cold Waking from sleep due to coughing, wheezing or chest tightness Using reliever puffer more than 3 times a week (not including before exercise) Peak Flow* between <input type="text"/> and <input type="text"/> <p>What should I do?</p> <p>Increase my treatment as follows:</p> <p>See my doctor to talk about my asthma getting worse</p> | <ul style="list-style-type: none"> Need reliever puffer every 3 hours or more often Increasing wheezing, coughing, chest tightness Difficulty with normal activity Waking each night and most mornings with wheezing, coughing or chest tightness Feel that asthma is out of control Peak Flow* between <input type="text"/> and <input type="text"/> <p>What should I do?</p> <p>Start oral prednisolone (or other steroid) and increase my treatment as follows:</p> <p>See my doctor for advice</p> | <p>How to recognise LIFE-THREATENING ASTHMA</p> <p>Dial 000 for an ambulance and/or 112 from a mobile phone if you have any of the following danger signs:</p> <ul style="list-style-type: none"> extreme difficulty breathing little or no improvement from reliever puffer lips turn blue <p>and follow the Asthma First Aid Plan below while waiting for ambulance to arrive.</p> <p>A serious asthma attack is also indicated by:</p> <ul style="list-style-type: none"> symptoms getting worse quickly severe shortness of breath or difficulty in speaking you are feeling frightened or panicked Peak Flow* below <input type="text"/> <p>Should any of these occur, follow the Asthma First Aid Plan below.</p> <p>Asthma First Aid Plan</p> <ol style="list-style-type: none"> 1 Sit upright and stay calm. 2 Take 4 separate puffs of a reliever puffer (one puff at a time) via a spacer device. Just use the puffer on its own if you don't have a spacer. Take 4 breaths from the spacer after each puff. 3 Wait 4 minutes. If there is no improvement, take another 4 puffs. 4 If little or no improvement CALL AN AMBULANCE IMMEDIATELY (DIAL 000 and/or 112 from mobile phone) and state that you are having an asthma attack. Keep taking 4 puffs every 4 minutes until the ambulance arrives. <p>See your doctor immediately after a serious asthma attack.</p> |
| <p>Name:..... Date:..... Best Peak Flow*:..... Next Doctor's Appointment:.....</p> <p style="font-size: small;">* Not recommended for children under 12 years</p> | | | |

My Asthma Action Plan

This written Asthma Action Plan will help you to manage your asthma. Your Asthma Action Plan should be displayed in a place where it can be seen by you and others who need to know. You may want to photocopy it.

Australian Government
 Department of Health and Ageing

What happens in asthma?

Asthma inflames the airways. During an asthma attack, the air passages (airways) of the lungs become inflamed, swollen and narrowed. Thick mucus may be produced and breathing becomes difficult. This leads to coughing, wheezing and shortness of breath.

Asthma Triggers

Common asthma triggers are house dust mite, pollens, animal fur, moulds, tobacco smoke, and cold air. It is unusual but some foods may trigger asthma attacks.

Exercise is a common asthma trigger but can be well managed with pre-exercise medication and warm-up activities.

My known asthma triggers are:

Before exercise I need to warm up properly and take the following asthma medication:

Useful telephone numbers

- Asthma Foundation 1800 645 130 for information and advice about asthma management
- My pharmacy:.....

How your preventer medicine helps

Your preventer medicine reduces the redness and swelling in your airways and dries up the mucus. Preventers take time to work and need to be taken every day, even when you are well.

Preventer medications are: Qvar (beclomethasone), Flutide (fluticasone), Intal Forte CFC-Free (sodium cromoglycate), Pulmicort (budesonide), Singulair (montelukast) and Tilade CFC-Free (nedocromil).

How your reliever medicine helps

Your reliever medicine relaxes the muscles around the airways, making the airways wider and breathing easier. It works quickly to relieve asthma symptoms, so it is essential for asthma first aid.

Reliever medications are: Aiomir, Asmol, Epaq and Ventolin (all brands of salbutamol) and Bricanyl (terbutaline).

How your symptom controller helps

Symptom controllers can help people who still get symptoms even when they take regular preventer medicines. If you need a symptom controller, it should be taken with your preventer medication. It should not be taken instead of a preventer.

Like your reliever medicine, your symptom controller helps widen the airways. But while your reliever works for around 4-6 hours, symptom controllers work for up to 12 hours at a time. However, they are not good for quick relief of symptoms so they should not be used for asthma first aid.

Symptom controllers are: Foradil and Oxis (both brands of formoterol), and Serevent (salmeterol).

There are **combination medications** that combine a symptom controller and a preventer in one puffer.

Combination medications are: Seretide (fluticasone and salmeterol) and Symbicort (budesonide and formoterol).

Your GP can advise you on the availability under the Pharmaceutical Benefits Scheme of the drugs mentioned above.

My medications are

Preventer

Reliever


Symptom Controller

Combination Medication

Other Comments

reprinted November 2006

Attachment 2



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____


Plan prepared by:

Dr: _____


Signed: _____

Date: _____


How to give EpiPen®




1
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2
PLACE ORANGE END against outer mid-thigh (with or without clothing).



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



4
REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at www.allergy.org.au/health-professionals/anaphylaxis-resources

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance* - 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If In doubt, give adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

Karuna Montessori School

Education For Life

Attachment 3

TREE NUT Allergen Card



Ingredients to avoid if you are allergic to tree nuts*:

- Almonds
- Artificial nuts
- Brazil nuts
- Carponata
- Cashews
- Gianduja (a nut mix)
- Hazelnuts/Filberts
- Hickory nuts
- Indian nuts
- Macadamia nuts
- Marzipan/almond paste
- Non-gai nuts
- Natural nut extract
- Pecans/mashuga nuts
- Pine nuts*
- Pistachios
- Pralines
- Shea nuts
- Walnuts

*Pine nuts are also known as: pinyon, pignoli, pignollia, pinon and pignon

Any food containing nut or nut derivatives must be avoided (eg nut butters, nut meal, nut oil).

Allergy specialists often advise those with tree nut allergy to also avoid peanuts.

Products which may contain tree nuts include:

- African dishes
- Asian/Indian dishes
- Baked goods
- Biscuits
- Breakfast cereals
- Cereals
- Chocolate
- Chocolate spreads
- Dried fruit mixes
- Flavouring (natural/artificial)
- Flavoured coffees, drinks
- Frozen desserts
- Health food bars
- Ice cream
- Lollies
- Marzipan
- Mexican dishes
- Nougat
- Pastries
- Pesto
- Salads
- Snack foods
- Vegan dishes

*This is not a complete or comprehensive list of ingredients to avoid but is intended as a helpful aid for living with tree nut allergy. It is NOT meant to replace medical advice given by your doctor.

Those with nut allergy generally do not need to avoid coconut and nutmeg.

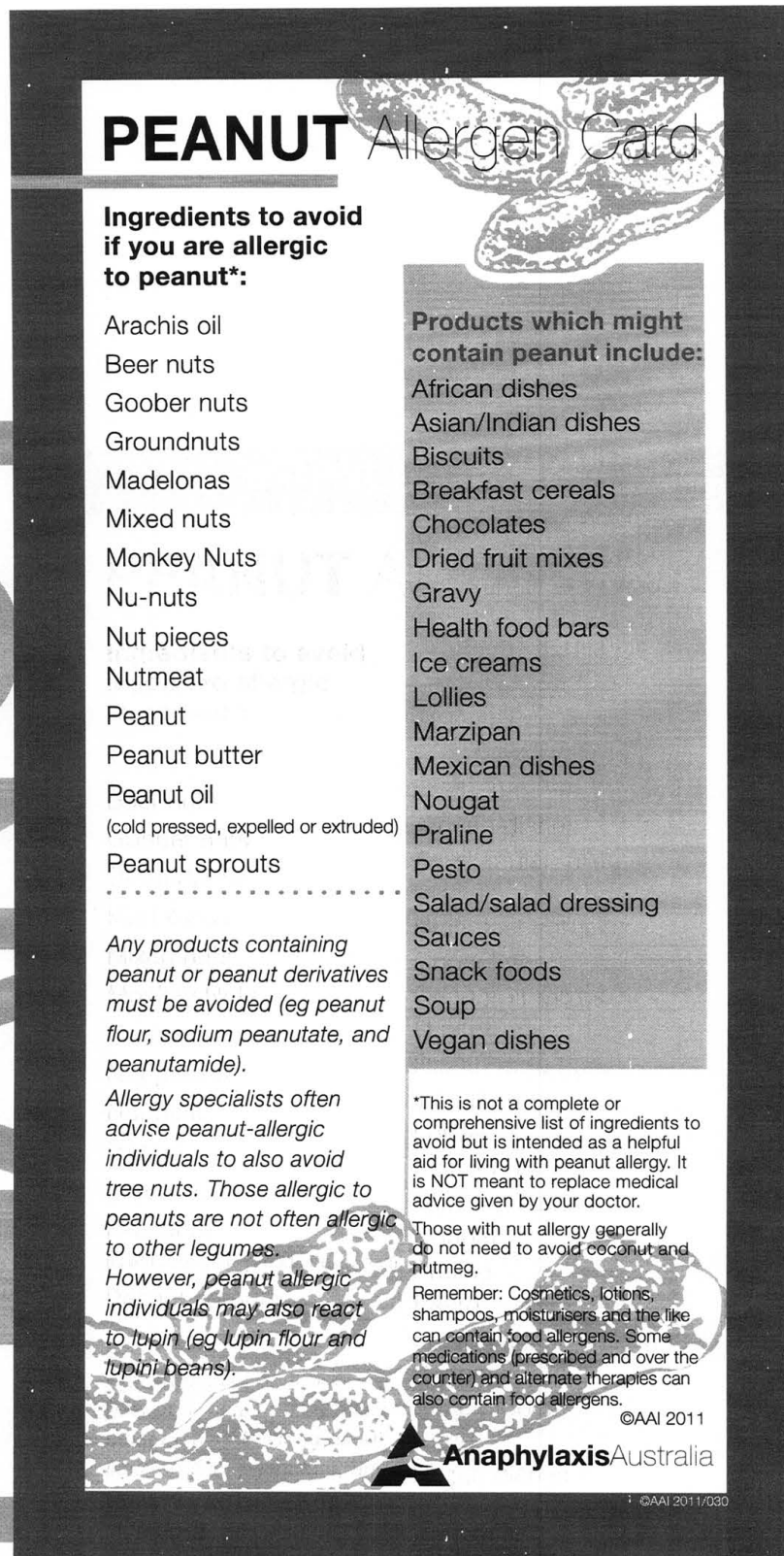
Remember: Cosmetics, lotions, shampoos, moisturisers and the like can contain food allergens. Some medications (prescribed and over the counter) and alternate therapies can also contain food allergens.

©AAI 2011



AnaphylaxisAustralia

©AAI 2011/030



PEANUT Allergen Card

Ingredients to avoid if you are allergic to peanut*:

- Arachis oil
- Beer nuts
- Goober nuts
- Groundnuts
- Madelonas
- Mixed nuts
- Monkey Nuts
- Nu-nuts
- Nut pieces
- Nutmeat
- Peanut
- Peanut butter
- Peanut oil
(cold pressed, expelled or extruded)
- Peanut sprouts

.....

Any products containing peanut or peanut derivatives must be avoided (eg peanut flour, sodium peanutate, and peanutamide).

Allergy specialists often advise peanut-allergic individuals to also avoid tree nuts. Those allergic to peanuts are not often allergic to other legumes. However, peanut allergic individuals may also react to lupin (eg lupin flour and lupini beans).

Products which might contain peanut include:

- African dishes
- Asian/Indian dishes
- Biscuits
- Breakfast cereals
- Chocolates
- Dried fruit mixes
- Gravy
- Health food bars
- Ice creams
- Lollies
- Marzipan
- Mexican dishes
- Nougat
- Praline
- Pesto
- Salad/salad dressing
- Sauces
- Snack foods
- Soup
- Vegan dishes

*This is not a complete or comprehensive list of ingredients to avoid but is intended as a helpful aid for living with peanut allergy. It is NOT meant to replace medical advice given by your doctor.

Those with nut allergy generally do not need to avoid coconut and nutmeg.

Remember: Cosmetics, lotions, shampoos, moisturisers and the like can contain food allergens. Some medications (prescribed and over the counter) and alternate therapies can also contain food allergens.

©AAI 2011

AnaphylaxisAustralia

©AAI 2011/030

Attachment 4



diabetes information for schools

management healthcare plan management healthcare plan for students with type 1 diabetes

Name: _____

Address: _____

Age: _____

Year: _____

Contact Details: _____

1. _____

2. _____

Hypoglycaemia – “Hypo” (Low Blood Glucose Level – BGL)

Treatment for hypoglycaemia:

- Easily absorbed carbohydrate e.g. fruit juice.
- Followed by snack or meal e.g. apple or sandwich or glass of milk.
- Repeat treatment if necessary.
- A hypo kit should be close to the child at all times.

- The child will need to sit quietly immediately following the hypo and may not be able to resume class work straightaway.
- Child should not be left alone.
- Child may not be able to concentrate on school work for several hours following the hypo.

Mild – moderate hypo

- Recognise and adequately treat symptoms of hypoglycaemia immediately.
- Treat as hypoglycaemia when BGL is under 4 mmol/l.
- A blood glucose test may show a result less than 4mmol/l in the absence of hypo symptoms.

Severe hypo

- Recognise when child is unable to swallow and instigate first aid:
 - Coma position.
 - Keep airway clear.
 - Stay with child.
 - Call ambulance.
 - Call parent.



The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia. In NSW, syringes and disposable needles under the NDSS are co-funded by the NSW Department of Health. The NDSS Agent in NSW is Australian Diabetes Council.

Attachment 5

diabetes information for schools

Physical activity

- Be aware that physical activity lowers the BGL.
- Be aware that prior to and possibly during physical activity the child should have a "top up" snack.
- Parents should provide extra hypo kits and snacks for physical activity, excursions, camps, etc.
- If a child is using an insulin pump they may need to detach the actual pump for contact sports and swimming and re-attach following the activity.

Meals:

- Child should eat carbohydrate food regularly every 2-3 hours.
- Child should eat all snacks/meals provided.
- Child should not exchange meals with another child.

High BGLs

- If BGL is above 15mmol/L:
 - Encourage child to drink water.
 - Allow extra toilet breaks.
 - Check BGL in 2 hours. If still elevated, contact parent.
 - If child is vomiting - contact parents. If parents are unavailable, contact ambulance and state 'diabetes emergency'.

Sharps disposal

- Care should be taken to place sharps in an appropriate container either provided by the school or by the student with their diabetes equipment.

Infection control

- Teacher and/or teachers aides must wear gloves when performing blood glucose monitoring.

Current situation: Blood glucose testing

- It is best for the child to test their BGL in class because:
 - Hypos commonly occur during class time.
 - The child will miss class work if sent to the office.
 - It removes the mystique for the other children and gets them used to the child's diabetes management.
 - This may reduce teasing and bullying.
- Number per day (one to two – discuss with parent.
NB not all children require blood glucose testing while at school).

Time(s): _____

Place: _____

Insulin injections or insulin pump

- Negotiation between parent/carer and school staff in regards to insulin injections/pumps is essential for good diabetes management at school. Young children (primary school age) require more supervision than adolescents. Schools have a duty of care to provide this supervision.
- The insulin pump is worn at all times, but can be detached when needed e.g. during sport or swimming.
- Method:
 - pen
 - syringe/needle
 - insulin pump

Time(s): _____

Place: _____

Emergency phone number 000
 Australian Diabetes Council
 Kids and Teens Careline
 1300 136 588



A joint initiative of Australian Diabetes Council and International Diabetes Federation