John Calvin School Albany
A School with the Bible

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H001	Chronic Illness & Allergy Policy
Purpose	This policy outlines the procedures to be observed in cases of students with chronic illnesses or disorders.
Authority	Asthma Foundation of WA www.asthmawa.org.au Diabetes Australia WA www.diabetes.health.wa.gov.au Epilepsy WA www.epilepsywa.org.au Department of Health WA www.health.wa.gov.au
Policy	John Calvin Schools shall provide reasonable care for each student afflicted with a chronic illness or severe allergy. A member of staff will be appointed to investigate any and all chronic illness needs listed in the Register of Student Health. Contact will be maintained with parents and / or medical professionals as needed. In cooperation with parents and / or medical professionals, required medication will be securely stored and issued as needed.
Delegation	Principal
Related Policies	Enrolment of Students Policy (PC007) Health Records Management Policy (H004) Administration of Medicine Policy (H011) Camps and Excursions Policy (I002)
Date approved	October 2007; October 2013; June 2019
Next Review Due	April 2025
Review Authority	Management
Keywords	Allergy; illness; asthma; diabetes; epilepsy; health records; anaphylaxis
Authorised by: **Chairman**	
Date:	
Author/Reviewer	Aniek Olde – November 2018

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H001 Chronic Illness & Allergy Procedure

A health condition that lasts three or more months, affects a child's daily living, requires frequent hospitalisation, extra home care, and/or extensive medical care and treatment is generally considered to be a *serious or chronic* condition.

Responding to the needs of students with chronic conditions, such as asthma, allergies, diabetes, and epilepsy (also known as seizure disorders), in the school setting requires a comprehensive, coordinated, and systematic approach. Students with chronic health conditions can function to their maximum potential if their needs are met. The benefits to students can include better attendance, improved alertness and physical stamina, fewer symptoms, fewer restrictions on participation in physical activities and special activities, such as field trips, and fewer medical emergencies. Schools can work together with parents, students, health care providers, and the community to provide a safe and supportive educational environment for students with chronic illnesses and to ensure that students with chronic illnesses have the same educational opportunities as do other students.

School responsibilities

1. At the point of enrolment and for the duration of the enrolment, ensure that updated student information is supplied and recorded in relation to a student's specific health care needs.
2. The Principal will be responsible for providing information to all staff, students and parents/guardians about a student's chronic illness and associated management strategies.
3. Provide information to the parent community on severe allergy and the risk of anaphylaxis (e.g. personally addressed or through the school newsletter, at appropriate intervals) especially in relation to special school events such as fundraisers, cultural days, camps and excursions.
4. Member(s) of staff shall establish and maintain contact with parents of students with a history of chronic illness, with the aim of fully informing the school about the best way of responding to each student's condition and to possible emergencies.
5. Depending on the number of students listed with chronic illness and the nature and severity of their condition, advice is also to be sought from the regular school nurse and if necessary from other medical professionals.
6. The Principal shall authorise the purchase and storage of medication needs such as EpiPens and/or asthma puffers as needed, and responsible staff shall make sure that such material is readily available, also for camps and excursions.
7. The Principal ensures there is regular staff training and refresher training on prevention, recognition and treatment of specific illnesses such as anaphylaxis and asthma which also includes regular relief staff.
8. Members of staff who receive such training are to share the basics of their learning via staff meetings and first aid posters with photographs and details of students with relevant chronic illnesses.
9. Staff are responsible for being familiar with the school's first aid emergency procedures, know the location of the Action Plan and know the location of medications.
10. Any and all incidents relating to student chronic illness are to be recorded and made known to the relevant parents and if necessary to medical professionals.
11. The Principal shall make sure that privacy exists for students who self-medicate and for blood glucose monitoring.

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12. Staff are to allow and/or remind students with diabetes to have snacks, to maintain their fluid intake, have toilet breaks and time off where needed.
13. Any sharps must be secured in a strong puncture resistant container, such as an Australian Standard Sharps container (available from Diabetes Australia, pharmacies and local councils) or a strong screw top plastic container or bottle. **Sharps must NOT be placed in any recycling bins.**

Parental responsibilities

1. Inform the principal, through the School's enrolment process or at the time of diagnosis of their child's chronic illness/allergies.
2. Provide an Action Plan completed by the child's medical practitioner & communicate any changes to the Action Plan as they arise.
3. Provide the adrenaline auto injector and any other medications to the school and replace the adrenaline auto injector and any other medications before the expiry date.
4. Alert staff to the additional risks associated with non-routine events and assist in planning and preparation for the student prior to school camps, field trips, in school activities, excursions or special events such as class parties or sport days.
5. For parents/guardians of students with food allergies:
    I. Supply alternative food options for their child when needed.
    II. Educate their child about only eating food provided from home.
    III. Reinforce that their child should not share food with other students.
    IV. Educate their child (Senior School students) about the responsibility of carrying, or having easy access to their adrenaline auto injector, action plan and any other medications as required by the student's action plan (e.g. antihistamine, asthma reliever medication).

Student responsibilities

It is the responsibility of students diagnosed with a chronic illness, such as asthma, to carry or have quick access to their medication.

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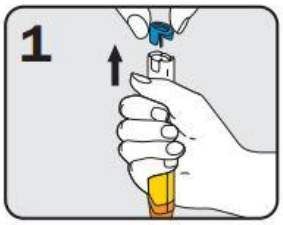
Appendix 1 | ASCIA Action Plan

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

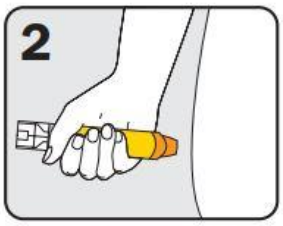
ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

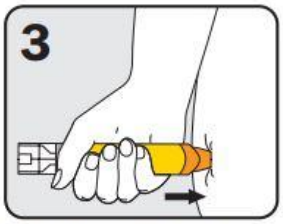
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



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

REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk
- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

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What is anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It can occur when a receptive person is exposed to an allergen (such as a food or insect sting). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline is required to halt progression and can be lifesaving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts and other nuts, shellfish and fish; and in pre-school age children, milk and egg)
- insect stings (e.g. bees, wasps, jumping ants)
- medications (e.g. antibiotics, aspirin)
- latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an anaphylactic reaction can be influenced by a number of factors including exercise, hot weather and in the case of food allergens, the amount eaten.

In the case of severe food allergies, an anaphylactic reaction is usually triggered by ingestion of the food.

The school can help by assisting the student in the avoidance of allergens and ensuring that an **emergency response plan** is in place for all activities.

The early recognition of the signs and symptoms of anaphylaxis may save lives by allowing earlier administration of first aid and contact of the appropriate emergency medical services.

Who is at risk of anaphylaxis?

- Children who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed.
- Those who have had a previous anaphylactic reaction are at increased risk.

How can you recognise an anaphylactic reaction?

- Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours.
- A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.

Common symptoms are:

- flushing and/or swelling of the face
- itching and/or swelling of the lips, tongue or mouth
- itching and/or a sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- hives, itchy rash and/or swelling about the face, body or extremities
- nausea, abdominal cramps, vomiting
- shortness of breath, repetitive coughing and/or wheezing
- faint, rapid pulse, low blood pressure
- light headedness, feeling faint, collapse
- distress, anxiety and a sense of dread

Staff responsibility in an emergency

In an emergency, all staff have a duty of care. Staff are to use common sense which dictates that, while they should not act beyond their capabilities, they are expected to do as much as they can to take appropriate action.

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Appendix 2 Diabetes

What is Diabetes?

Diabetes is a condition caused by an imbalance of sugar, or glucose, in the blood. Because all human cells require sugars as food, the body takes in complex sugars in a normal diet. So that the body's cells can use these sugars, an organ called the pancreas secretes a protein hormone called insulin, which attaches to the sugars. This allows the cells to recognise the sugars as food, and absorb the necessary glucose. Diabetes is due to an imbalance in the production of vital insulin. It is estimated that one in twelve Australians have diabetes, and this rate is increasing.

Type 1 diabetes is the least common form of diabetes and usually affects children and young adults. In Type 1 diabetes, a body's pancreas cannot produce insulin because the cells that actually make the insulin have been destroyed by the body's own immune system. This insulin must be replaced. People with Type 1 diabetes must have insulin every day in order to live. Up until now, insulin can only be injected. Type 1 diabetes is not caused by lifestyle factors.

Type 2 diabetes usually affects mature adults, but increasingly younger people even children are getting Type 2 diabetes. It is the most common form of diabetes. Type 2 diabetes is a lifestyle disease and is strongly associated with high blood pressure, high cholesterol and body shapes where there is extra weight around the waist.

People with Type 2 diabetes are insulin resistant, meaning that their body's pancreas is making insulin but the insulin is not working as well as it should, so it must make more. Adopting a healthy lifestyle may delay the need for tablets and/or insulin.

There may be occasions when the administration of medication (injections or tablets) is necessary to support students with diabetes during regular school hours or during other activities such as excursions, sports days or camps.

Some students have been trained and are equipped to self-medicate. In such instances the school has a duty to take reasonable steps to ensure that the self-administration is carried out safely.

Diabetic emergencies appear in two forms **hypoglycaemia** and **hyperglycaemia**.

Hypoglycaemia, or low blood sugar, is a dramatic imbalance where the tissues, especially the brain cells, become starved of essential blood sugar. This condition is the more common type and especially dangerous as its onset is rapid. The result of further deprivation of sugar is that the casualty becomes unconscious and death may follow within hours.

Common causes of low blood sugar levels include:

- Skipping or delaying meals and snacks
- Not eating enough carbohydrate (starchy) food
- Too much insulin or diabetes tablets
- Extra physical activity without eating extra food.

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Low Blood Sugar – Sign and Symptoms

- Pale
- profuse sweating
- Hunger
- Dizziness
- tingling around the mouth and lips
- slurred speech
- confused or aggressive – may appear to be drunk
- rapid pulse
- shaking or seizure
- tiredness or weakness
- drowsiness which may lead to becoming unconscious

Staff responsibility in an emergency

Low Blood Sugar – Care and Treatment

Call '000' for an ambulance

If conscious:

- 5 – 7 jelly beans, or
- 3 glucose tablets, or
- 150ml of soft drink (not diet) , or
- 2 – 4 teaspoons of sugar or honey, or
- 100ml of Lucozade
- repeat if casualty does not improve after 5 -10 minutes
- on recovery, assist with medication and encourage ingestion of carbohydrate (starchy) food such as a piece of fruit, a glass of milk, a sandwich or 2 – 4 dry biscuits

If unconscious:

- place casualty in recovery position
- if Glucagon is available it may be given in an emergency by a suitably instructed person.
- **DO NOT** attempt to give insulin injection
- **DO NOT** give any food or drink by mouth to an unconscious diabetic.

Hyperglycaemia, or **high blood sugar**, is an imbalance of blood sugar, which usually requires the affected person to supplement their insulin requirements by periodic injections of the hormone. A casualty who is unable to obtain this supplement is liable to collapse into a serious state called diabetic coma. This condition can develop over many hours or days.

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Common causes of high blood sugar levels include:

- Sickness or infection
- Stress
- Too much carbohydrate (starchy) food at once
- Not enough insulin or diabetes tablets
- Other tablets or medicines.

High Blood Sugar - Signs and Symptoms

- hot, dry skin
- feeling constantly thirsty
- passing large volumes of urine, frequently
- smell of acetone (nail polish remover) on the breath
- drowsiness and extreme tiredness
- blurred vision
- weight loss
- Infections
- unconsciousness, progressing to coma.

What should staff do?

High Blood Sugar - Care and Treatment

- definitive treatment for high blood sugar requires medical expertise
- when in doubt if the casualty has low or high blood sugar, treat as for low blood sugar.

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Appendix 3 Asthma

Asthma affects up to one in four children and one in seven adolescents. It is important for teachers and staff to be aware of the symptoms, triggers and the management of asthma in the school environment. Asthma is the most common reason for school non-attendance and hospital admissions in school age children.

What is asthma?

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).

How can students with poorly controlled asthma be recognised?

- 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 parent so they can seek medical advice.

What action should I take as a member of school 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.

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Can students with asthma 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 inhaler 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.

What are the signs of an asthma attack?

The symptoms of asthma depend on whether the attack is mild, moderate or severe.

Mild	Moderate	Severe
Cough	Persistent cough	Persistent cough
Soft wheeze	Unable to run around and exercise without wheezing or coughing	Unable to run around and exercise without wheezing or coughing
Breathlessness or tight chest	Talks in phrases	Talks in phrases
Talks in sentences	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		

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Appendix 4 Epilepsy

What is Epilepsy?

The human brain is the most complex organ in the body. It is made up almost entirely of nerve cells. At any given moment there are millions of electrical impulses running through the brain. The brain is constantly receiving and responding to hundreds of messages from the environment and the internal organs of our body.

A seizure is a disruption in the normal pattern of these electrical impulses in the brain, caused by the brain cells firing simultaneously at a much faster rate.

Depending on where a seizure starts and spreads in the brain, they can result in changes in sensation, awareness or consciousness, behaviour, or movement.

Some seizures are severe and recognised as a seizure, whilst others are subtle and may not be noticed by most people.

Anyone can have a seizure under certain circumstances and not all seizures result in a diagnosis of epilepsy. It is only when there is a tendency to have recurrent seizures that epilepsy is diagnosed.

Can anyone get Epilepsy?

Yes, epilepsy can affect anyone regardless of age, level of intelligence, gender, culture or background. It is a common brain condition affecting approximately 1-2% of Australians.

What causes Epilepsy?

There are many causes for seizures and a thorough medical examination should be undertaken to determine diagnosis. **However, up to 50% of people with epilepsy have no known cause for their seizure disorder.** Anything that results in damage to brain tissue or causes scarring on the brain may lead to abnormal electrochemical patterns within the brain resulting in seizures. In some cases, epilepsy is caused by:

- Head injury
- Stroke or brain haemorrhage
- Lack of oxygen to the brain for a prolonged period (eg birth trauma, cardiac arrest, drug overdose)
- Brain infections
- Brain malformations
- Brain tumours
- Genetic factors
- Conditions affecting the brain (eg Alzheimer's,)
- Chronic alcohol or drug abuse.

Recognising seizures

The three most common seizures are: **Tonic-clonic; Complex Partial, and Absence**

Tonic-Clonic (previously called ‘Grand Mal’) seizures

These are the most universally recognised seizures. They begin with a sudden loss of consciousness and often a cry. If standing, the person will fall to the ground. The body becomes stiff (**tonic**) followed by jerking of the muscles (**clonic**). Breathing is shallow or temporarily suspended causing the lips and complexion to look grey/bluish. Saliva (sometimes also blood if the tongue was bitten) may come out of the mouth, and there may

be loss of bladder control. The seizure usually lasts approximately 2 minutes. It is followed by a period of confusion, agitation or sleep. Headaches and soreness are also common afterwards.

Complex Partial seizures vary widely, depending on where they start and spread within the brain. Consciousness or awareness is altered, producing a vague, confused or dreamlike appearance. The person may respond, often inappropriately, and display strange, random and repetitive behaviour. This behaviour commonly presents as chewing, fidgeting, taking off clothes, walking around, or mumbling. There is often a period of confusion after the seizure and little, if any, memory of the event. These seizures can last approximately 30 seconds to 3 minutes.

Absence (previously called "Petit Mal") seizures can occur in adults but they usually start in childhood. They are characterised by staring, loss of facial expression, unresponsiveness, cessation of activity and sometimes eye blinking or upward eye movements. They start and end abruptly, lasting from 2-20 seconds. There is usually an immediate recovery of mental function and resumption of previous activities, with no memory of the event. Absence seizures are often mistaken for daydreaming or lack of concentration and can disrupt learning by creating gaps in information received.

Common triggers for seizures are:

- Lack of sleep
- Missed medication(s)
- Extreme fatigue or physical exhaustion/stress
- Emotional stress (conflict, death, fear & anxiety, emotional upsets, money concerns)
- Hormonal fluctuations during the menstrual cycle
- Drug toxicity (too much antiepileptic medication)
- Boredom, lack of activity or interest
- Consumption of alcohol or drugs
- Fever associated with colds and infections

Avoiding triggers helps to reduce the risk of seizures in people with epilepsy.

What should staff do?

First aid for seizures

- Stay calm and remove hazards or anything that may cause injury
- Only move the person if they are in danger
- Check the time at the onset of the seizure and record how long the seizure lasts
- DO NOT try to restrain the person during a tonic clonic seizure
- Gently guide them away from obstacles if they are having a complex partial seizure
- DO NOT put anything in the person's mouth
- For a tonic clonic seizure, put something soft under the person's head or support their head with your hands, and when the jerking stops, gently roll the person onto their side with their top leg bent at the knee (recovery position)
- Stay with, and comfort the person as they regain consciousness. Ask them a few questions so that you know the person has actually regained consciousness.

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Call an ambulance when:

- You are in any doubt
- The seizure occurs in water
- You arrive after the seizure has started
- Injury has occurred
- Food, drink or vomit in mouth during seizure
- The jerking lasts longer than 5 minutes, or longer than normal for that person
- Another seizure follows quickly
- A complex partial seizure lasts longer than 15 minutes
- The person has breathing difficulties after the jerking stops
- The person has diabetes
- It is the first known seizure.

What is the school's procedure in the event of an Anaphylactic Emergency?

If a staff member becomes aware that a student is experiencing an anaphylactic reaction, they should be mindful of the need to do the following:

- administer the Epi-Pen (which is injected into the student's thigh in the prescribed way)
- **Generally** - where possible stay with the student and place him/her in a comfortable position
- an appropriate person calls 000 (landline) for an intensive care ambulance and also notifies the school office (08 9841 3840)

Once assistance is contacted, the staff member should remain with the student until he/she is in the care of ambulance officers or other medical personnel such as hospital staff

Family Notification - contact the student's parents or carers only after consultation with the school administrator, Deputy Principal or Principal (NB remembering that they may hear earlier from another student with a mobile phone and/or see a social media post before communication from the school).