



CRITICAL HEALTH CARE AND ANAPHYLAXIS MANAGEMENT GUIDELINES

These guidelines have been developed to assist in preventing life threatening health incidents and anaphylaxis. They are consistent with DECD Guidelines

- "The Management of Anaphylaxis in Education and Child Development" distributed to schools on 23/1/2009 and based on "ASCIA Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare".
- DECD Health Support Planning
 - *Education and childcare staff members are trained and expected to care for children and students in a manner which enhances their learning and independence, and which respects their privacy, dignity and right to feel and be safe at all times.*
 - *Health care management training for school, preschool and childcare staff is limited to supervision for safety and first aid. Additional care required by young people needs to be written by the doctor or treating specialist in a health care plan. Staff can then use the plan to develop a health support plan, detailing how staff will address the young person's health support needs.*
 - *The health care plan and support plan must reflect respect for the young person's privacy, dignity, safety and comfort. Confidentiality issues should be negotiated explicitly with the family.* DECD CHES Resources

Critical Health Care Management

Health Conditions likely to require "critical" reactions, include

- Seizures / Epilepsy
- Diabetes
- Physical defect or disability
- Anaphylaxis

Seizures / epilepsy

Students diagnosed with epilepsy, will have

- an individual Health Support Plan developed with the family by the principal, including information and strategies for
 - first aid
 - supervision for safety
 - personal care
 - behaviour support
- An epilepsy and seizure care plan, developed by the student's doctor, detailing:
 - description of usual seizure activity
 - most common seizure activity
 - other seizure activity
 - first aid
 - emotional support needs of the person
 - additional relevant information.

Therefore, at Braeview, children with epilepsy will

- Be encouraged to participate in a normal class and school program
- Be monitored for signs of seizures
- Treated with normal seizure first aid procedures should a seizure occur
- Managed by senior first aid staff during and after seizures

Diabetes

Children and students with well managed diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do. However, children and students with diabetes do need:

- emergency treatment, supervision and support in the event of a low blood glucose level
- unrestricted access to emergency treatment for low blood glucose levels
- to eat meals and snacks on time
- to eat snacks at additional times if involved in vigorous physical activity for more than 30 minutes
- unrestricted toilet privileges and access to drinking water
- additional planning with parents to accommodate changes in school routines, eg excursions, camps and other activities
 - extra supervision if unwell
- support, encouragement and privacy when monitoring blood glucose levels and injecting insulin at preschool/school.

Therefore, at Braeview, children with diabetes will

- Be encouraged to participate in a normal class and school program
 - Specific planning consideration needs to occur in relation to special events, parties, celebrations, excursions, camps excessive physical activity etc in conjunction with health care support plan and family
- Have a documented health care support plan, with
 - Details re individual day to day health monitoring and management procedures
 - Instructions for emergency management procedures
 - A copy provided for the class teacher and senior first aid officer
- Have unrestricted access to appropriate food
 - Hypo kits will be stored in both classroom and front office, ensuring access to glucose contain food and slowly absorbed carbohydrate based food
- Be supported and supervised to manage their own blood glucose level measurement

Additional resources: [Diabetes planning and support guide for education and children's services DECS 2008](#)

Physical defect or disability

Students with particular physical defects or disabilities should have a current Health Care Plan and be managed within the guidelines documented in such plans.

Current students at Braeview include students with physical difficulties which necessitate care if they were to be struck in vulnerable places eg kidneys, chest.

Fragile students who have been struck or are at risk, should be monitored by Senior First Aid staff and parents should be informed immediately or at the end of the day if all behaviours and symptoms appear normal after monitoring.

Anaphylaxis Management

The intent of these guidelines is to outline procedures for minimising the risk of food-induced anaphylaxis at Braeview School. Although allergic reactions to food are common in children, severe life threatening reactions are uncommon and deaths are rare.

Some facts:

- The majority of food reactions, even to highly allergenic foods such as peanuts are not anaphylactic
- The majority of food allergic and anaphylactic reactions occur in preschool age children.
- While very few school age children experience an anaphylactic episode, the results are likely to be serious - this indicates the importance of food avoidance for those school age children considered to be at risk.
- The risk of anaphylaxis in an individual case depends on a number of factors including the age of the child, the particular food involved, the amount of the food ingested and the presence of asthma.
- Peanuts and other nuts are the most likely foods to cause anaphylaxis.
- Anaphylaxis is very unlikely to occur from skin contact or exposure to food odours

Prevention of food related anaphylactic reactions in children at risk at Braeview School

- We will ensure an Anaphylaxis Care plan is completed (through initial enrolment interview), for each child by their medical practitioner, including the following
 - Clear identification of the child (photo)
 - Documentation of the allergic triggers
 - Documentation of the first aid response including any prescribed medication
 - Identification and contact details of the doctor who has signed the action plan.
- We will document a health support plan detailing information such as storage of the EpiPen, strategies for excursions and camps, who is trained to administer EpiPen etc
- We will ensure relevant staff receive education concerning the risk of food anaphylaxis.
 - Understanding food allergy and anaphylaxis
 - What is allergy?
 - What is anaphylaxis?
 - What are the triggers for allergy and anaphylaxis?
 - How is anaphylaxis recognised?
 - How can anaphylaxis be prevented?
 - What should be done in the event of a child having a severe allergic reaction?
 - Instruction on EpiPen® use
- We will implement practical strategies to avoid exposure to known triggers.
 - All classes to be "Nut Aware"
 - Letter to all parents in Week 1 each year
 - Prohibit sharing of food between students and encourage parents to reinforce with children
- We will support children to become aware of managing their severe food allergies.
 - Work with parents to identify home and school strategies
 - Implement the care plan and reinforce appropriate avoidance and management strategies.

FOOD POLICY MEASURES

- There should be no trading and sharing of food, food utensils and food containers.
- It is ideal that children with severe food allergies should only eat lunches and snacks that have been prepared at home.
- Bottles, other drinks and lunch boxes provided by the parents for their children should be clearly labelled with the name of the child for whom they are intended.
- The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children.
- Food preparation personnel should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Examples would include the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods.
- The risk of a life threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts, appears to be very low. On occasions casual skin contact will provoke urticarial reactions (hives). Simple hygiene measures such as hand washing and bench-top washing are considered appropriate.
- Food removal should only occur following recommendation by a relevant medical specialist and the provision of documentation of this recommendation.
- A risk minimisation policy for school canteens should be implemented. This involves removal of items with the relevant nut as an ingredient, but does not apply to those foods labelled "may contain traces of nuts".
- Parents of Junior Primary students will be asked by letter to minimise risk by not providing peanut butter or Nutella on sandwiches if a class member has peanut allergy. This is due to the higher risk of person to person contact in younger children.
- On school camps where there are children with severe nut allergy, it should be requested that foods containing nuts are not taken or supplied, consistent with the nut minimisation policy in the school canteen.
- Bullying by provoking food allergic children with food to which they are allergic should be recognised as a risk factor and addressed by anti-bullying policies.

FIRST AID PROCEDURES

There is no additional resourcing to assist students with food allergies.

Management strategies will vary slightly for each student, by negotiation with class teachers, however the following general strategies will apply.

General class strategies

- Students in classes where there are food allergic students will generally eat food in class, under teacher supervision, prior to being dismissed for recess or lunch.
- Children will not share food
- Class parties will be managed in accordance with the requirements of the Food allergic student
- EpiPens will be stored in the Front Office
- Class teachers and nearby staff will be trained in EpiPen use
- If student is showing signs of allergy classroom teacher will
 - Ring through to the Front Office and the Action Plan will begin
 - call an ambulance and contact parents
 - Implement the anaphylaxis action plan
 - oversee remaining students until senior staff arrive
 - Senior first aid officer will alert senior staff and immediately proceed to location.
 - attempt to remove child from class if safe and possible (or request next class teacher to remove remainder of class
 - First aid officer to administer EpiPen as per the anaphylaxis action plan or wait for and senior staff if help is required to manage student

Yard Strategies

- Relevant staff will be briefed about Food allergic students, symptoms and strategies at the beginning of each year
- Photo ID of Food allergic students will be included in duty bags
- If student is showing signs of allergic reaction, yard duty teacher will immediately contact front office.
- Duty teacher will wait with child, reassure them, implement documented strategies and keep other students clear
- Senior First Aid officer will ensure senior staff are informed, collect EpiPen from office and administer EpiPen immediately as per the action plan, on location
- When EpiPen has been administered, call an ambulance and contact parents