



5.11 Management of ongoing medical conditions procedure

Asthma

Asthma is very prevalent in New Zealand. Symptoms of an attack include:

Shortness of breath	Difficulty breathing
Audible wheeze	Coughing
Increased respiratory rate	Difficulty speaking
Increased effort to breath using stomach muscles	

Guidelines

1. The parents/caregivers of a child with severe asthma should complete and sign a full medical protocol, that contains a care plan, at the school office.
2. Children need to hold their own inhaler in their desk or school bag because children may need their medication at any time.
3. An appropriate dose for most children suffering mild asthma is two puffs of their inhaler. This can occasionally be increased to six (via a spacer) if the asthma is moderate or severe.
4. If a child requires self-medication more frequently than four hourly, parents/caregivers should be notified and the child taken to a doctor by a senior member of staff following consultation with the principal.

Anaphylaxis

Guidelines

1. Parents/caregivers are encouraged to inform the school if their child has had an anaphylactic reaction or has a diagnosed allergy.
2. The Public Health Nurse will develop a care plan containing information about the details of allergy, the expected symptoms and the course of action if the child is exposed to a known allergen. It will be available at the school office and reviewed yearly.
3. Children with allergies are identified by photo with an attachment to each of the duty bags.
4. The PHN will work on an individual plan with the parents/caregivers.
5. Teachers on duty will carry photos of children with allergies and call for urgent staff support if they consider a child may be having a reaction in the playground.
6. 2 x action plans with photo of child - one to be kept in class, one to be kept in sick bay known to all staff
7. The Epipen will be stored in the office with the name of child and expiry date highlighted on the pen.
8. All teachers will be trained, on an annual basis, to use an Epipen and will do so if an anaphylactic event is suspected.
9. In-service for the entire staff to educate them about food allergies, signs and symptoms.

Avoidance of known triggers

10. All children with severe food allergies should only eat lunches, snacks and treats that have been prepared at home unless authorised by parents/caregivers in writing.

11. Parents/caregivers will be advised by letter if a child with a severe allergy joins the class if agreed to by the parents/caregivers of that child.
12. The use of food in crafts and cooking classes need to be restricted depending on the allergies of particular children
13. Teachers will consider food ingredients when handling food and take care to wash their hands before and afterwards.
14. Classes will follow any special requirements in a class member's plan to limit the risk of reactions.

Recognition of Anaphylaxis

Typical symptoms are: Hives, shortness of breath, swelling, confusion, unconsciousness

Response

15. For urgent help, stay with child and maintain airway.
16. Send other children with the emergency card to the staff room / office.
17. This emergency card will be in the duty bag if outside or in each class/ school room.
18. All children receiving emergency Epi Pen should immediately be transported to a hospital with the used EpiPen.
19. Identify a person and instruct them to call 111, then ask the office to call parents/caregivers.
20. Inform ambulance of anaphylactic shock.

Other chronic medical conditions e.g. diabetes

Guidelines

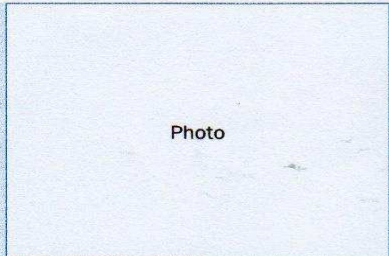
21. Parents/caregivers will be asked to identify any conditions that may require a special health plan on enrolment.
22. The PHN will work with the family to draw up a special health plan.
23. It will be decided with the parents/caregivers who will know about the child's condition with a view to providing informed support and care.
24. The school will ensure a photo ID of the child is attached to playground bags.
25. The school will arrange for any extra staff PD required for specific student health conditions.

Appendix 2 Action Plan

ACTION PLAN FOR Anaphylaxis (Insect allergy)

Name: _____

Date of birth: _____



Insect allergies: _____

Other allergies: _____

Family/carer name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

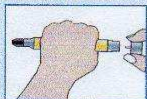
Plan prepared by: _____

Dr _____

Signed _____

Date _____

How to give EpiPen® or EpiPen® Jr



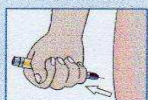
1. Form fist around EpiPen® and **PULL OFF** grey cap.



2. Place black 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 _____



4. Remove EpiPen® and be careful not to touch the needle. _____

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts

ACTION

- **if sting can be seen, flick it out immediately**
- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- abdominal pain, vomiting
- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance*- telephone 000 (Aus) or 111 (NZ)**
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 4 Contact family/carer**
- 5 Further EpiPen® doses may be given if no response after 5 minutes**

If in doubt, give EpiPen® or EpiPen® Jr

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 _____

ascia

australian society of clinical immunology and allergy inc.

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