Policy Rationale

CCAE is committed to:
- Providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all activities;
- Raising awareness about anaphylaxis and CCAE’s anaphylaxis management policy in the CCAE community;
- Engaging with parents/guardians of students at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student;
- Engaging with adult students at risk of anaphylaxis in assessing risks and developing risk minimisation strategies.

Philosophy: Protection of students in CCAE; inclusive and non-discriminatory; educating parents of U18 year olds; raising community awareness.

Student’s needs: To be accepted as normal – not singled out as different; to feel safe: to be protected from their allergens.

Parent’s needs: To reduce their anxiety and feel confident that their student is safe; to feel that their concerns are taken seriously.

Staff needs: Training; clear action plans to follow; opportunities to practice and refresh knowledge; to reduce their anxiety in dealing with an anaphylactic response; to debrief after an incident; sufficient notice of the introduction of new policy.

Management needs: That /students understand the seriousness of allergies and how they can assist CCAE to avoid allergens; to be educated in regard to anaphylaxis; appropriate policies are written, adhered to and regularly updated; staff are prepared to act in emergency situations; Action Plans are prepared with input from a student’s parent/guardian.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The prevalence of allergies is increasing. Approximately 1 in 20 Australian children have food allergy and 1 in 50 having peanut allergy. The most common allergens are:
- peanuts
- eggs
- tree nuts (e.g. cashews)
- cow’s milk
- fish and shellfish
- wheat
- soy
- sesame
- certain insect stings (particularly bee stings)

The key to prevention of anaphylaxis is knowledge of those students who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between CCAE and is important in helping students avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.
Policy Aims

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring at CCAE
- Ensure CCAE staff are adequately trained to respond appropriately and competently to an anaphylactic reaction.
- Raise awareness about diagnosis throughout CCAE community through education and policy implementation.

This policy applies to:

- All students diagnosed by a medical practitioner as being at risk of anaphylaxis;
- All students enrolled at CCAE including their;
- Relevant members of CCAE (e.g. volunteers working at the CCAE service);
- All CCAE staff and the licensee.

Policy – Duty of Care

CCAE will ensure personal details provided by students are collected, used, disclosed, stored and destroyed (when no longer needed) according to the Privacy Act 1988 and other regulatory requirements. The need to display personal details included on the student’s Anaphylaxis Management Plan will be discussed with students and their written consent obtained prior to display.

CCAE will ensure that, except in an emergency, medication is not administered to an enrolled student without the written authority of the parent/guardian or student. In all other circumstances, CCAE will require the written authority (including the Student’s Anaphylaxis Management Plan) to administer any medication to their student.

CCAE has a duty of care to take reasonable care for the health and well-being of students in their care. This duty of care requires staff members to:

- Take reasonable care to eliminate or minimise foreseeable risks of personal injury to students under their supervision, due to the susceptibility of some students to allergies, special care must be taken to protect these students if the condition is known or ought to be known and exposes them to special risk of injury.
- Seek appropriate medical assistance for students in the event of an allergic reaction such as calling an ambulance or seeing a medical practitioner
- Render whatever first aid is reasonable in circumstances where there is insufficient time to arrange for a student to be seen by a medical practitioner or be admitted to hospital via ambulance

In order for CCAE to discharge it’s duty of care, CCAE will need to ensure that members of staff are appropriately trained in the prevention, identification and treatment of students who may experience an allergic reaction.

Policy – Education of students

CCAE staff will include information and discussions about food allergies in the programs they develop for the students, to help students understand about food allergy and encourage empathy, acceptance and inclusion of the allergic student.

Policy – Staff training

A number of staff will be trained in the prevention, recognition and treatment of anaphylaxis in CCAE, including the use of adrenaline autoinjectors.

CCAE will need to determine which of their staff should be trained to ensure that someone in close proximity to the student is always on hand to act in an emergency.

CCAE will have adrenaline autoinjectors to allow staff to practice using the devices.

Anaphylaxis emergency procedures will be conducted and evaluated every six months to ensure staff are confident in the procedure and able to act in an emergency.

Policy – Risk minimisation strategies
Strategies used to reduce the risk of anaphylaxis for individual students will depend on the nature of the allergen, the severity of the student’s allergy and the maturity of the student.

Wherever possible CCAE will minimise exposure to known allergens by:

- A student at risk of food anaphylaxis should only eat lunches and snacks prepared at home. They must not eat foods prepared at CCAE.
- Special care will be taken to avoid contamination occurring at CCAE by taking extra care when cleaning surfaces and garden maintenance near entrances.

Some students have severe allergic reactions to insect venoms. Prevention of insect stings from bees and wasps include measures such as:

- wearing shoes when outdoors
- closing windows in classrooms, cars and buses
- taking care when drinking from can or when walking in grasses which are in flower.

CCAE staff will regularly inspect for bee and wasp nests on or near the property and store garbage in well-covered containers so that insects are not attracted.

Particular care will be taken when planning cooking or craft activities involving the use of empty food packaging to avoid inadvertently exposing the student to allergens. The same level of care will be employed to outside activities.

CCAE staff will help the student at risk of anaphylaxis to develop trust and confidence that they will be safe while they are at CCAE by:

- talking to the student about their symptoms to allergic reactions so they know how to describe these symptoms when they are having an anaphylactic reaction;
- taking the student’s concerns seriously;
- making every effort to address any concerns they may raise.

**Procedure – Identifying allergic students**

Prior to enrolment or as soon as an allergy is diagnosed, CCAE will request an Anaphylaxis Management Plan for the student.

At the time of enrolment, students will be asked to identify if they have special dietary needs or allergic reaction to foods or other substances. Whenever a student with severe allergies is enrolled at CCAE, or newly diagnosed as having a severe allergy, all staff will be informed of:

- The student’s name and program;
- Where the student’s Individual Anaphylaxis Management Plan will be located;
- Where the student’s adrenaline autoinjector is located;
- Which staff member(s) will be responsible for administering the adrenaline autoinjector.

New and relief/casual staff will be given information about student’s special needs (including students with severe allergies) during the orientation process.

CCAE will discuss the provision of a Medic Alert bracelet for the student at risk of anaphylaxis with.

**Procedure – Emergency procedure**

A student’s Individual Anaphylaxis Management Plan should be completed and given to CCAE’s manager. This includes:

- approval of the Plan
- consent to display the student’s Anaphylaxis Management Plan
- consent for the information contained within the Plan to be made available to both CCAE staff and emergency medical personnel (if necessary)
A student’s Individual Anaphylaxis Management Plan

- must include information relating to transport to hospital in an ambulance after an anaphylactic reaction.
- will be placed in a prominent position for staff to access. The need to display the student’s Anaphylaxis Management Plan will be fully discussed with the student and/or parent/guardian and their authorisation obtained for this.

All information on the student’s Individual Anaphylaxis Management Plan will be reviewed annually with the student to ensure information is current. A student’s Individual Anaphylaxis Management Plan should be reviewed prior to special activities (e.g. excursions) to ensure information is current and correct, and contingencies are pre-planned.

Early recognition and prompt treatment for an anaphylactic reaction can be life-saving. Staff will therefore routinely review a student’s Anaphylaxis Management Plan to ensure they feel confident in how to respond quickly in an emergency.

Students are responsible for supplying the adrenaline autoinjector and ensuring that the medication has not expired.

CCAЕ will request a student review their Individual Anaphylaxis Management Plan after an anaphylaxis event and submit the reviewed plan to the manager.

The student’s adrenaline autoinjector (and any other medication), must be labelled with the name of the student and recommended dosage. Medication must be located in a secure position, but available to CCAЕ staff.

- Consideration must be given to keep the adrenaline autoinjector away from excessive light, heat or cold when deciding on a suitable location.
- CCAЕ staff will check the adrenaline autoinjector regularly to ensure it is not discoloured or expired and therefore in need of replacement. Staff will advise the student at the earliest opportunity if the adrenaline autoinjector needs to be replaced.

Adrenaline autoinjectors are available in different dosages, namely:

- a smaller (junior) dosage of adrenaline for students between 10-20kg (1-5 years of age);
- a higher dosage of adrenaline for students over 20kg (or students 5+ years of age).

Where it is known a student has been exposed to their specific allergen, but has not developed symptoms, if applicable, the student’s parents/guardians will be contacted. A request should be made to collect the student and seek medical advice. CCAЕ should closely monitor the student until the arrive. Immediate action should be taken if the student develops symptoms.

It is possible that a student (with no history of a previous anaphylaxis) may have their first anaphylactic reaction whilst at CCAЕ. If CCAЕ staff believe a student may be having an anaphylactic reaction and CCAЕ has an adrenaline autoinjector for general use, this should be administered immediately and an ambulance called. If CCAЕ does not have an adrenaline autoinjector for general use, staff must follow emergency First Aid procedures and ring for an ambulance immediately.

**Procedure – Reporting procedures**

After each emergency situation the following will need to be carried out:

- Staff involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge of CCAЕ at the time of the incident;
- If necessary, send a copy of the completed form to the insurance company; and
- The Supervising Officer will inform CCAЕ management about the incident.

Staff will be debriefed after each anaphylaxis incident and the student’s Individual Anaphylaxis Health Care Plan evaluated. Staff will need to discuss their own personal reactions to the emergency that occurred, as well as the effectiveness of the procedures that were in place. It is important to learn from each incident.

Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

**Evaluation**

This policy will be reviewed after each event, or bi-annually if no event is registered.