



Food Allergy Policy

1. Introduction

This policy has been prepared to assist in preventing life threatening anaphylaxis and is based on advice from the Australasian Society of Clinical Immunology and Allergy (ASCI) and takes account of the published literature at the time of publication.

St Joseph's Primary School will adopt a Risk Minimisation approach with regard to particular foods which are the most likely foods to cause anaphylaxis.

St Joseph's does not endorse the implementation of blanket food bans or attempts to prohibit the entry of all allergens/food substances into the school.

St Joseph's School is **Allergy Aware** where the health and safety of our students is paramount. Enrolled within our school are students with food allergies. The basis of our approach is risk minimisation and education.

Issues considered in not recommending blanket food bans were;

- the practicalities of such measures
- the issue that for school age children an essential step is to develop strategies for avoidance in the wider community as well as at school
- the lack of evidence of the effectiveness of such measures
- other guidelines and position statements and experts do not recommend such measures
- some guidelines state that such a policy should be "considered" for a specific foodstuff such as peanut rather than recommended a blanket ban
- food bans at schools are not recommended by allergy consumer organisations
- the risk of complacency about avoidance strategies if a food is banned.

Research clearly shows that although allergic reactions to food are common in children, severe life threatening reactions are uncommon and deaths are rare.

- The majority of food reactions, even to highly allergenic foods such as peanuts are not anaphylactic.
- However more than 90% of fatal reactions to foods have occurred in children aged 5 years and older. 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.

2. The four steps in the prevention of food anaphylactic reactions in children at risk in schools



1. Obtaining medical information about children at risk by school personnel.
2. Education of those responsible for the care of children concerning the risk of food anaphylaxis.
3. Implementation of practical strategies to avoid exposure to known triggers.
4. Age appropriate education of children with severe food allergies.

Aims:

The St Joseph's School Food Allergy Policy aims to:

- Safely support, within the school environment, students with severe allergies and anaphylaxis.
- Develop and maintain a school action and implementation plan when dealing with students who have threatening allergies.
- Provide a position for the community on food management, hygiene, safe food handling, parent education, student education and tuckshop and classroom protocols to proactively and reactively support these students.

Whilst peanut allergy is the most likely to cause anaphylaxis and death, eight foods (**peanut, tree nut, milk, egg, soy, wheat, fish and shellfish**) account for the vast majority of total food allergies.

When the symptoms to the allergic reaction are widespread and systemic, the reaction is termed "anaphylaxis". Anaphylaxis is the most severe and sudden form of allergic reaction and should be treated as a medical emergency.

Symptoms of food allergies

Symptoms and signs of anaphylaxis, usually but not always, occur within the first 20 minutes after exposure but can in some cases be delayed for two hours or more. Symptoms and signs may include one or more of the following:

- Difficulty and/or noisy breathing.
- Swelling of the tongue.
- Swelling or tightness in the throat.
- Difficulty talking or a hoarse voice.
- Wheeze or persistent cough.
- Dizzy/light headed.
- Loss of consciousness and/or collapse.
- Pale and floppy (young child).

Banning specific foods will not eliminate the risk of accidental exposure and cannot be enforced. However, **food restrictions**, with appropriate education and communication, may have a role to play in very young children who have insufficient maturity to protect themselves (e.g. childcare through to early primary school or children with developmental delay). Young children often share toys where cross-contamination with food may result in allergic reactions from oral exposure or greater person-to-person contact. Much of the focus is on accidental peanut or tree nut exposure, as reactions may occur after exposure to tiny amounts, and as these foods are the most common trigger for childhood anaphylaxis. Thus, St Joseph's requests that nut products are not sent in lunch boxes, to reduce the risk of accidental exposure in very young children.



PREVENTION STRATEGIES

School Community

- As an "Allergy Aware School" no peanuts, peanut paste, peanut butter (including "dippers"), nuts, "Nutella" spread or nutty muesli bars are permitted within the school.
- The school tuckshop will not sell nut products. Any products that may contain nut traces will be clearly identified as such.
- Families who supply home-baking for tuckshop or special occasions will be reminded of this through the school newsletter. All ingredients must be clearly documented and accompany the baked food. This should be approved by a staff member before distribution. We would ask for and encourage providing a list of ingredients of home bake to be provided to a staff member.
- New families are informed of this policy when starting at the school, with reminders published regularly in the newsletter, at our Orientation Day and on our Parent Information nights.

Students

- Education about food safety and the seriousness and potential life-threatening nature of allergies takes place within the classroom environment. Staff training - as part of appropriate First Aid management.
- Students are encouraged to wash hands after eating and soap dispensers are provided.
- If any potentially harmful food is brought to school by mistake children are encouraged to inform the classroom or duty teacher so that risks may be minimised.
- All students are reminded that it is best not to share or swap food.
- Any inappropriate behaviour relating to an "at risk" student's food allergy will be taken seriously and dealt with immediately by the teacher on duty and reported to a member of the Administration Team.

Staff

- School staff will undergo annual anaphylaxis first aid training including the identification of signs and symptoms of an allergic reaction and use of appropriate medication to cater for these situations. E.g. EpiPen.
- Individual anaphylaxis plan posters for children with a food allergy are posted in the home room, sickbay and in the class rooms of 'at risk' students. The medical details, including a photograph, of each child with a food allergy will also be contained in "Medical Alert" folders. Regular and relief staff are expected to familiarise themselves with these.
- EpiPen and anaphylaxis plan kits are required to be taken to school excursions and sporting events.
- A mobile or other communication device must be available on each trip for emergency calls.
- School staff are requested to avoid bringing peanut paste or nuts to school in keeping with the whole school policy.
- The School staff must make parents aware of atypical school occasions (as children get older there are more occasions when food will just arrive without notice) and events where changes to exposure to allergy foods are increased. These include, but are not limited to: student birthdays/farewells when parents might bring in cakes or ice blocks for the class; sport or swimming carnivals, school dances and other events not held at the school premises where food supervision is more difficult and students



use outside tuckshops; craft days; class market stalls; class celebrations; sausage sizzles; fundraisers and mission days where students or others may bring and share or sell food brought from home; Christmas and Easter where students and staff may swap chocolates, lollies or presents.

Families of at risk students

In terms of the child with the allergy, while it is a matter for the parents as to whether the identity of the child with the allergy is revealed to the other students and the parents, it is in the best interests of the child that this occurs. The information about the child's allergies MUST be communicated to all school staff as they would have a responsibility to act if they saw the child exhibiting any of the symptoms described.

Parents should supply:

1 medical kit containing: an EpiPen; an unlaminated colour copy of the child's anaphylaxis plan; any other prescribed medications such as anti-histamine or Ventolin. These will be kept in a prominent position within the first aid room.

An anaphylaxis plan poster with colour photos of the child in uniform, laminated and signed by the child's doctor. These will be displayed in the sickroom. A summary of all students on plans will distributed to all staff and displayed in the staffroom, classrooms and canteen

Identification bracelet, wrist band or similar. (i.e. Medicalert bracelet).
(www.medicalert.com.au)

Replacing the EpiPens and other medication required for the treatment of such allergies will be the responsibility of the child's family. It is also advisable to replace photos/anaphylaxis posters every year as the student grows.

Parent/caregivers should:

- Inform the principal in writing that their child is at risk of anaphylactic reaction.
- Notify the school via an "Action Plan for Anaphylaxis" of any advice from a treating medical practitioner. The action plan must contain a photo of the student, a list of known allergies, parent contact information, symptoms and signs of mild and severe allergic reactions, and actions to undertake in the event of an emergency. This plan must be signed by a treating medical practitioner.
- Provide written authorisation for the school to administer the EpiPen or other medication or to assist a child to administer the medication.
- Provide an EpiPen to the school for use with their child. They will need to ensure that the EpiPen is clearly labelled and not out of date, and replace it when it expires or after it has been used.
- Teach and encourage children to self-manage.

Planning for the Individual Student: Entry into School

Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the school to develop an individualised anaphylaxis plan.

Classroom Protocols/Guidelines

All teachers, aides, volunteers, students will be educated about food allergies.



All parents/guardians of students in the class to be notified that there is a student/s with a life-threatening food allergy and the foods which cause this allergy. Request sent home with a list of foods that must not be brought to school.

IN CONCLUSION

At St Joseph's School we seek to ensure the safety and well-being of all members of our school community. We believe an effective partnership between home and school will ensure the successful inclusion of students with life-threatening allergies. We are committed to responsible and achievable management practices in reducing foreseeable risks associated with the support of students with anaphylaxis within the school environment.

Reference:

ASCIA Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare centres. (2015 Update)

The Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak professional body of Clinical Allergists and Immunologists in Australia and New Zealand.