



# ST MARY'S COLLEGE ALLERGY AWARENESS GUIDELINES

## 1. INTRODUCTION

Anaphylaxis is a severe allergic reaction which is potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen to which they are allergic, usually a food, insect sting or medication.

The intent of these guidelines is to assist in preventing anaphylaxis and to provide advice for minimising the risk of anaphylaxis in schools and childcare services, including before and after school care. In developing these guidelines, the Australasian Society of Clinical Immunology and Allergy (ASCI) Anaphylaxis Working Party has taken into account established guidelines and has been mindful of the:

- Needs of the allergic child
- Difficulties in advocating measures that are not proven to be effective
- Stresses on parents, teachers and carers, and the allergic child and their peers
- Available epidemiological information on anaphylaxis in pre-school and school-age children

Although mild, moderate and even severe allergic reactions to foods, stings and bites are common in children, deaths are rare.

- The majority of food allergic reactions, even to highly allergenic foods such as peanuts, are not anaphylactic.
- The majority of food allergic and anaphylactic reactions occur in pre-school age children.
- The risk of anaphylaxis in an individual case depends on several factors including the age of the child (the greater the age, the greater the risk of fatality), the particular food involved, the amount of the food ingested, if a food-allergic child exercises soon after eating a specific food and the presence of asthma.
- Anaphylaxis is very unlikely to occur from skin contact to foods or exposure to food odours.

**NB:** While these guidelines indicate that every effort is made to reduce the risks associated with allergies it cannot be guaranteed that the School is 'free' of any particular product.

## **2. THE FOUR STEPS IN THE PREVENTION OF ANAPHYLAXIS IN CHILDREN AT RISK IN SCHOOLS, PRE-SCHOOLS AND CHILDCARE SERVICES**

- 1) Obtaining medical information about children at risk of anaphylaxis by the school, pre-school or childcare personnel.
- 2) Staff training about how to recognise and respond to a mild, moderate or severe allergic reaction, including training in the use of adrenaline auto injector devices.
- 3) Implementation of practical strategies to avoid exposure to medically confirmed allergens.
- 4) Age-appropriate education of children with severe allergies and their peers.

### **Obtaining Medical Information about Children at Risk of Anaphylaxis by the School:**

The initial step is for schools, pre-schools and childcare services to request medical information at the time of enrolment.

The next step is the provision of documentation by parents, including an ASCIA Action Plan for Allergic Reactions or an ASCIA Action Plan for Anaphylaxis, completed and signed by a registered medical practitioner.

The ASCIA Action Plan for Anaphylaxis includes:

- Identification of the child (photo)
- Documentation of confirmed allergens
- Documentation of the first aid response including any pre scribed medication
- Name and contact details of the medical practitioner who has completed and signed the ASCIA Action Plan
- Contact details of the parents or guardians

A signed ASCIA Action Plan for Anaphylaxis containing photo identification of the child is considered sufficient medical confirmation for schools, pre-schools and childcare services.

Patients should be under regular review by general practitioners for updating ASCIA Action Plans, renewal of adrenaline auto injector prescriptions and retraining on use of adrenaline auto injector device. Updated information should be provided to schools by parents and it is important that schools, pre-schools or childcare services ensure that the medical information is updated.

Following identification of children with allergies, staff should have a face-to-face meeting with the parents or guardians of each child at risk of anaphylaxis to discuss appropriate risk-minimisation strategies. In high schools, this meeting may also include the allergic child, particularly in upper high school.

### **Implementation of practical strategies to avoid exposure to medically confirmed allergens:**

Avoidance of confirmed allergens is the basis of anaphylaxis prevention. Appropriate avoidance measures are critically dependent on education of the child, their peers and all school staff.

Blanket food bans, for example, are generally unnecessary and are not recommended in late primary or high school.

As a general principle, it is not recommended that food allergic children in schools, pre-schools or childcare services are physically isolated from other children.

### **Age-appropriate education of children with severe allergies and their peers:**

Education of the allergic individual and their peers is an important risk-minimisation strategy. It is important for all children to be educated about allergies and anaphylaxis and the risk-minimisation strategies applicable to them (e.g. handwashing after eating, not sharing food, etc.).

### **General Policy Measures to Minimise Exposure to Confirmed Allergens:**

#### **A. FOOD ALLERGENS**

1. There should be no trading and sharing of food, food utensils and food containers.
2. It is ideal that children with severe food allergies should only eat lunches and snacks that have been prepared at home. If lunches are to be purchased from the school canteen, parents should check the appropriateness of foods by contacting the canteen manager.
3. 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.
4. The use of food in crafts, cooking classes, science experiments and special events may need to be restricted depending on the allergies of particular children. Often, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking).
5. Food preparation personnel should be instructed about measures necessary to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for allergic individuals first, careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods.
6. The risk of a life-threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts, appears to be very low. In some children, casual skin contact will provoke local urticarial reactions (hives) at the site of contact. Simple hygiene measures such as hand washing and bench-top cleaning are considered appropriate.

However, in young children, some risk- minimisation strategies (e.g. requesting that foods containing nuts not be sent to school in lunchboxes) in a class where there is a child with severe nut allergy may be considered.

#### **B. STINGS AND BITES**

1. Specify play areas that are lowest risk and encourage the student and their peers to play in this area.
2. Reasonable measures should be taken to decrease number of plants that are known to attract stinging insects or ticks and remove bee/wasp nests.
3. Ensure students wear appropriate clothing and shoes when outdoors.

4. Be aware of bees in pools, around water, and in grassed or garden areas.
5. Educate children to avoid drinking from open drink containers, particularly those that contain sweet drinks.
6. To help prevent tick bites, cover skin and brush clothing before coming indoors.

### **3 FOOD GUIDELINE MEASURES TO MINIMISE EXPOSURE TO CONFIRMED ALLERGENS IN SCHOOL-AGE CHILDREN**

Implementing risk-minimisation strategies with regard to particular foods (peanuts and tree nuts) is recommended; however, the implementation of blanket food bans or attempts to prohibit the entry of food substances into schools are not recommended in schools. Issues considered in not recommending blanket food bans include:

- 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;
- 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 may be 'considered' for a specific foodstuff such as peanut rather than recommended
- Food bans at schools are not recommended by allergy consumer organisations;
- The risk of complacency about avoidance strategies if a food is banned.

While we do not recommend blanket food bans, we do encourage staff to consider children with severe allergy in school activity planning (e.g. consideration of sites for excursions, consideration of foods for special food/cultural days).

For schools where there are children with severe allergies to nuts (peanuts and tree nuts), a risk-minimisation policy for school canteens should be implemented. This involves removal of items with the relevant nut/s as an ingredient, but does not apply to those foods labelled 'may contain traces of nuts'.

Risk minimisation in schools may also include asking parents of classmates not to send nut spreads (e.g. peanut butter) on sandwiches if a class member in early primary years (Reception to 7 years old) has peanut allergy. This is due to the higher risk of person-to-person contact in younger children.

On school camps, themed days or other special events 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.

These Guidelines have been reviewed by the ASCIA Anaphylaxis Working Party and the general ASCIA membership in April 2012. They have been adapted and updated based on the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Pre-schools and Childcare published in December 2004 in the Journal of Paediatrics and Child Health, Volume 40, Issue 12, page 669.

**In light of the above, it is requested that:**

- Parents/guardians, in the Junior School, do not send nuts or nut spreads such as 'Nutella' and peanut butter to school in lunchboxes, within the class of a student who is allergic to nuts.
- Treats for students in a Junior School class should not contain the substance to which a class member is allergic.
- Food is not brought into school by parents in relation to student gatherings in the Junior School, except under the supervision of school staff.

**SRC/Social Justice events and other food distribution/sale occasions**

Where parents supply food it is their responsibility to ensure the following precautions are followed:

- Ingredients List to be displayed clearly at the front of all food sold on food stalls (e.g. Social Justice Day).

**Class/Team Parties, celebrations**

Any Year Level, Class, subject or team activity involving food will be required to have the supervising adult (parent or teacher) make students aware of the foods on offer and provide guidelines to any suppliers about the avoidance of nut products or foods containing nuts. This may involve asking the class of a student with a specific food allergy not to bring in any foods containing this item.

**College Responsibilities and Strategies To Avoid Allergen Exposure**

St Mary's College will take all reasonable measures open to it to minimise allergen exposure to students and members of the school community. The School will make student medical information and Action Management Plans that have been supplied by parents available to supervising staff. School staff should make themselves familiar with the medical information relating to students under their supervision as recorded on the Student Information System.

**Staff Training**

The College seeks to train all staff in the use of EpiPens and the signs and symptoms of allergic reactions. Teaching Staff will be trained to ensure that coverage is provided for students, especially in relation to co-curricular activities.

**Sharing lunches**

Discussions are held with relevant classes/groups about the importance of students eating their own food and not sharing.

**Insect bite allergies**

Specified recreation areas that are safest to the student are identified and the student and their peers are encouraged to stay in the area. Allergic students must wear shoes at all times.

### **Latex Allergies**

Avoid use of party balloons and contact with swimming caps and latex gloves.

### **Science, crafts, cooking classes**

Careful planning of cooking sessions and science classes to attempt the removal of risk food items. Craft items can also be risk items (egg cartons, milk containers, peanut butter jars, cereal boxes)

### **Harassment**

Provoking food allergic children with food to which they are allergic should be identified as a risk factor and addressed by anti-harassment policies.

### **Staff Responsibility in an Emergency**

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