Food Allergy Risk Minimisation Policy

April ‘07
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BACKGROUND

Food allergy occurs in around 1 in 20 children. Fortunately, the majority of food allergies are not severe and usually improve with time, particularly in children. However, when severe reactions occur they are frightening for patients and those involved in their care.

People who suffer from a food allergy need to identify the cause, recognize the early symptoms of an allergic reaction and start treatment early. Children, particularly younger children, will need to have special measures in place if there is a possibility of a severe allergic reaction.

HOW IS FOOD ALLERGY MANAGED?

People who are known to suffer from food allergy, or in the case of children, staff members responsible for their safety and care, need to:

- identify and avoid the cause (if possible)
- recognize the early symptoms of an allergic reaction
- know what to do if it happens.

WHAT IS ANAPHYLAXIS?

While the majority of allergic reactions to food are mild, some individuals may develop difficulty in breathing due to asthma or throat swelling, or a drop in blood pressure. This is known as Anaphylaxis and is a potentially life threatening condition if not treated immediately with specialist medication.

An allergy to peanuts is one of the most common triggers.

THE FOUR KEY STEPS IN THE PREVENTION OF FOOD ANAPHYLACTIC REACTIONS IN CHILDREN IN SCHOOLS:

1. **Obtaining current medical information about children at severe risk.**

   All children identified with severe allergies need to have an Anaphylaxis Action Plan (see Appendix 1). This plan must be signed by the child’s doctor or specialist.

2. **Training for those responsible for the care of children concerning the risk of food anaphylaxis and first aid procedures to be followed.**

   - whole school awareness process promoting a nut free environment
   - individual letter to all parents in a class if a class member has a severe allergy issue, requesting support to create a safe environment (see Appendix 2)
   - promotion of general hygiene amongst students to wash hands before and after eating
   - forbid the sharing of food (on a daily basis).
3. **Implementation of strategies to minimize/prevent the risk of exposure to known triggers:**

All staff as well as maintaining a current Basic Casualty Care certificate will be trained in responding to anaphylaxis and particularly in administering an EpiPen.

4. **Education of children and community about severe food allergies:**

- ensure that all affected children have an anaphylaxis kit labelled with each child’s name and readily accessible, including at sport, on excursions and camps etc.
- volunteers should not be put in a position to be the sole supervisor of at risk students in school or during extra-curricular activities
- information articles are included in the newsletter once per term (see Appendix 3)
- standard letter to parents where a child in the class has a severe allergy response (Appendix 2)
- ensure all staff are aware of at risk students in the school
- any harassment of food allergic students to be addressed by the anti-bullying policy.

**GENERAL FOOD POLICY MEASURES:**

- there should be no trading and sharing of food, food utensils and food containers.
- 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.

**AGE APPROPRIATE EDUCATION OF CHILDREN WITH SEVERE FOOD ALLERGIES:**

Whilst it is primarily the responsibility of parents that the child is taught to care for themselves, the school also has a role to implement the care plan and reinforce appropriate avoidance and management strategies.

As children mature they should be able to take more responsibility for their own care.
APPENDIX 1

Action plan for Anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer

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.

3. Push down HARD until a click is heard or felt and hold in place for 10 seconds.

4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/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
3. Contact family/carer
If in doubt, give EpiPen® or EpiPen® Jr

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Dear Parents,

There are several children in our school who have severe allergic reactions to certain foods that could rapidly result in ANAPHYLAXIS.

**What is Anaphylaxis?**
The majority of allergic reactions to food are mild. Hives, eczema and vomiting are the most common complaints. Some individuals develop difficulty breathing due to asthma or throat swelling, or a drop in blood pressure. This is known as **ANAPHYLAXIS**. An allergy to peanuts is one of the most common triggers; however other food sources such as cheese, eggs etc., can evoke similar responses in some children.

Some of these children are in your child’s class. To support their safety and welfare, we ask that you very carefully consider the foods that you send to school with your child. Sharing of these foods may trigger a possibly life threatening situation.

**We ask that you do not send any food to school with your child for lunch, recess or class parties containing nuts.**

Your support in this will ensure a safe school environment for the affected children and remove a huge amount of stress and worry from their parents.

Thank you for your support.

If you wish to have further discussion about this issue please contact me directly.

Yours sincerely,

Shane Paterson
PRINCIPAL
APPENDIX 3

KEEPING THEM SAFE

We all worry about the safety of our children when they are away from our care. For some families this worry can be greater due to health complications. Several children in our school suffer severe allergic reactions to nuts and other products that can quickly escalate to a life threatening response called anaphylaxis. For this reason we promote a NUT FREE environment at St. Michael’s Lutheran School to provide a safe environment for all children and reduce the stress and worry of parents and staff.

In the worst cases the child does not even have to eat a peanut. A severe anaphylactic reaction can occur simply from skin contact. It can occur from something as simple as a child eating a peanut butter sandwich and then, with a minute amount on their hand, touching the skin of a child with the allergy.

We encourage you not to send peanuts and products that contain them to school with your child.