NUT ALLERGY POLICY

RATIONALE
St. John’s will adopt a Risk Minimisation approach with regard to particular foods (peanuts and tree nuts) which are most likely foods to cause anaphylaxis.

St. John’s does not endorse the implementation of specific food bans or attempts to prohibit the entry of food substances into the school.

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 butter rather than recommended
- Food bans at school are not recommended by allergy consumer organizations

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 allergic foods such as peanuts are not anaphylactic
- However more than 90% of fatal reactions to food 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 is an individual case depending 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 cause of anaphylaxis.

AIMS
- To assist in preventing life threatening anaphylaxis. (Based on advice from the Australian Society of Clinical Immunology and Allergy (ASCIA) and takes into account the published literature at the time of publication)
IMPLEMENTATION

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.

1.1 Obtaining medical information

Parents of children with allergies are asked to provide medical information at the time of enrolment and an ASCIA Anaphylaxis Action Plan (see Appendix 1) to be completed by a registered medical practitioner and include the following;

- Clear identification of child (photo)
- Documentation of the allergic triggers
- Documentation of the first aid response including any prescribed medication
- Identification and contact details of the doctor who has signed the action plan

As food allergies may change with time it is important that parents provide the school with an updated action plan at the start of each school year.

1.2 Education of carers

Recognition of the risk and understanding the steps that can be taken to minimize food anaphylaxis by all those responsible for the care of children in school is the basis of prevention. The parents of children in the class of a child with anaphylaxis will all be notified in the format of a letter sent home by the principal. (appendix 2)

Topics to be addressed in the educational process are:

- What is allergy?
- What is anaphylaxis?
- What are the triggers for allergy and anaphylaxis?
- How is anaphylaxis recognized?
- How can anaphylaxis be prevented?
- What should be done in the event of a child having a severe allergic reaction?
- Instruction on EpiPen® use (see Appendix 3).

Education of staff on these topics will be provided by appropriately qualified professionals such as allergy nurse educators, doctors or qualified first aid trainers and reinforced at the commencement of each school year.

1.3 Practical strategies to avoid exposure to known triggers

- Avoidance of specific triggers is the basis of anaphylaxis prevention.
- Appropriate avoidance measures are critically dependant on education of the child; his/her peers and school personnel.
- As a general principle children with a food allergy will be physically isolated from other children.

1.4 **Age appropriate education of children with severe food allergies**

Whilst it is primarily the responsibility of the parents that the child is taught to care for themself, the school also has a role to implement the care plan and reinforce appropriate avoidance and management strategies. As children mature they are able to take more responsibility for their own care.

2. **Food policy measures**

1. There is to be no trading and sharing of food, food utensils and food containers
2. Students with severe food allergies must only eat food that has been prepared at home or provided by the parent.
3. Bottles, other drinks and lunch boxes provided by the parents for their children must be clearly labelled with name of whom they are intended.
4. Photos of all the students with severe allergies will be displayed in prominent places around the school such as classrooms, playground duty bags, first aid room and canteen.
5. The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies to the particular children.
6. Food preparation personnel will be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. This includes the careful cleaning of food preparation areas after use and cleaning utensils when preparing allergenic foods.
7. 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 occasion casual skin contact will provoke urticarial reactions (hives). Simple hygienic measures such as hand washing and bench-top washing are considered appropriate.
8. A risk minimization policy for the school canteen will be implemented. This involves removal of items with the relevant nuts as an ingredient, but does not apply to those foods labelled “may contain nuts”.
9. Our risk minimization approach also includes asking parents of classmates to use alternatives to peanut butter and nutella on sandwiches and lunches and to avoid sending raw nuts and muesli bars that contain nuts if a class member has a peanut allergy.
10. On school camps where there are children with a severe nut allergy, it will be requested that foods containing nuts are not taken or supplied, consistent with the nut minimization policy in the school canteen.
11. Food handling guidelines will be provided for staff use in relation to cooking and the curriculum.
Reference:

ASCIA Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare centres. (June 2004) The Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak professional body of Clinical Allergists and Immunologists in Australia and New Zealand.

EVALUATION

This policy will be reviewed in accordance with the school improvement plan and policy timeline.
Appendix 1
IA) is the peak professional body of Clinical Allergists and Immunologists in Australia and New Zealand. (Forms.) Please find a copy at back of appendix.

Appendix 2
Letter from Principal attached at back of this appendix.

Appendix 3
Food and the Curriculum:
Food is an important part of everyday life. A good diet is essential for health and well-being. When food is handled in the classroom, the following topics need to be addresses:-

- Personal Hygiene Practices
- Hygiene Food Preparation Practices
- Cleaning Procedures

Personal Hygiene Practices
Good personal hygiene is essential to ensure that food is not contaminated with food-poisoning bacteria or other matter such as foreign objects or chemicals. Hands and other parts of the body can transfer food-poisoning bacteria to food. Every food handler must maintain a high standard of personal hygiene and cleanliness. Hair, jewellery and clothing can also contain and spread bacteria, as can ill food handlers or those with wounds or infections.

Some of the main principles are listed below:

Hand washing
- Wash hands before handling food.
- Always wash hands
  - After visiting the toilet
  - After handling raw food
  - After using a tissue, coughing or sneezing
  - After handling garbage
  - After changing nappies
  - After handling pets

Policy reviewed by Junior School Teachers July 2011
- After smoking
- After touching hair or other body parts

- Thoroughly wash hands, including back of hands, wrist, between fingers and under fingernails.
- Use soap and warm water for thorough hand washing. Dry hands with a paper towel.

**Hygienic Food Preparation Practices**

Food naturally contains bacteria and some food may contain food poisoning bacteria. Food needs to be handled correctly to ensure that they do not become contaminated, and that the bacteria already in the food do not have an opportunity to grow. If raw food is cooked thoroughly, most of these bacteria will be killed. However, if raw food comes into contact with other food which has already been cooked, or is ready-to-eat, the bacteria can transfer to this food – this is called *cross-contamination*. For this reason, it is important to keep raw food totally separate from cooked or ready-to-eat foods.

**Preparing Food**

- Use separate utensils, chopping boards and other equipment for raw and ready-to-eat foods to avoid cross-contamination.
- If this is not possible, thoroughly wash and sanitize equipment between uses.
- Thoroughly wash all fruit and vegetables before use.
- Look out for damaged food packaging. Do not use dented cans, leaking packages, cracked eggs, etc.

**Handling Food**

- Raw food which is to be cooked can be safely handled with bare hands.
- Cooked or ready-to-eat foods should be handled with utensils such as tongs, spoons, spatulas or disposable gloves.
- If gloves are worn, they must be changed at least hourly, or sooner if they become torn or if there is a change in task.
- Always wash hands before putting on gloves. Always put on new gloves when changing from raw food to ready-to-eat food.
- Never touch food with gloves that have been used for cleaning.

**Cooking and Heating**

- Thoroughly cook all foods, especially those of animal origin. When cooking meat, ensure juices run clear.
- If reheating food, ensure that it is brought to the boil and simmered for at least 5 minutes.
- Thaw frozen food before cooking. If the food is to be cooked from a frozen state, take extra care to make sure that the food is cooked right through.
- When thawing food, do so in the bottom part of the refrigerator. Microwave ovens can be used to that food provided that the food is cooked immediately afterwards.
- Never refreeze food which has been thawed.
Cleaning Procedures

Food preparation areas need to be thoroughly cleaned to remove food residues and dirt. Effective cleaning and sanitizing will minimize the risk of food contamination and food poisoning.

- All surfaces, appliances and equipment that come into contact with food are to be cleaned after use.

Cleaning should be carried out as follows:

- Pre-clean: Remove excess dirt and food scraps by sweeping, wiping or scraping and pre-rinsing with water.
- Wash: Remove surface grease and dirt, using hot water and a detergent
- Rinse: Remove loose dirt and detergent
- Sanitize: Use a sanitizing solution or commercially available food grade sanitizer. Mix 25ml to 1 litre cold water. Use separate cloth for sanitizer.
- Final rinse: Remove sanitizer with dry cloth and rinse clean.
- Dry: Allow to air dry.
Dear Parents,

I am writing to inform you that a student in (class) has a life threatening allergy to peanuts. We therefore request your co-operation in refraining from sending foods that contain peanuts or nuts to school.

We realize that this request may inconvenience you when preparing your child’s snack and lunch, and we express appreciation for your support and understanding about this issue.

Thank you for your assistance.

Paul Hartin
PRINCIPAL

Policy reviewed by Junior School Teachers July 2011