

Nut Allergy Aware

As part of the ongoing safety awareness at Milawa Primary School, our School is NUT ALLERGY AWARE. Parents and children need to be mindful of any products containing nuts when preparing lunches or snacks. Parents of children who have suffered any anaphylactic or severe allergic reaction to any foods or insect bites, must provide the School with an up-to-date medical action plan, signed by their treating doctor. This Policy has been adopted to help prevent any potentially life threatening situations for children with these allergies.

What does "nuts" include:

Peanuts and Tree Nuts (Almond, Brazil, Cashew, Hazelnut, Macadamia , Pecan, Pine, Pistachio and Walnut)

Please don't bring along any foods with:

- ✗ Peanut butter, "Nutella" or other spreads containing nuts.
- ✗ Fresh nut products.
- ✗ Any muesli bar, biscuit or other product that lists nuts as an ingredient.
- ✗ Any products that contain nut mix ingredients e.g. L.S.A (Linseed, Sunflower Seed, Almonds).
- ✗ Packages of mixed fruit (e.g. trail mix) that contain nuts.
- ✗ Oil such as peanut oil used for cooking.
- ✗ Nut shells, husks or packaging to be used for art or creative activities.

If your child eats a nut product before attending School (e.g. peanut butter on toast) we ask that you check that they have washed their hands and face.

Any staff members that have consumed a nut product will ensure that they have washed their hands and face. Any staff members who consume nut products shall do so in the staff room.

All children are to be discouraged from swapping food as some children in our School also have allergies and/or intolerances to other foods. Teachers will try to check lunch boxes and remove anything not appropriate.

Products that state 'May contain traces of' may be sent to School until further advised.

Thank you for your cooperation in helping to make Milawa Primary School a safe place for all children.

Anaphylaxis Policy

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Purpose

To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.

To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.

To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans

The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - includes an up to date photograph of the student.

The student's individual management plan will be reviewed, in consultation with the student's parents/carers:

- annually, and as applicable,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if their child's medical condition changes, and if relevant provide
- an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

Communication Plan

The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by (insert staff members name)

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the school's first aid and emergency response procedures

Staff Training and Emergency Response

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The principal will identify the school staff to be trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

ASCIA Action Plan for Anaphylaxis

Signs and symptoms of an allergic reaction

A **mild to moderate reaction** will include one or more of these symptoms:

- ✦ Swelling of lips, face, eyes
- ✦ Hives or welts (raised red areas over face and body)
- ✦ Tingling mouth
- ✦ Abdominal pain, vomiting

ACTION

- ✦ If insect allergy, flick out sting if visible.
- ✦ Stay with person and call for help
- ✦ Locate EpiPen (or EpiPen Jr if aged 1 – 5 years)*

Watch for any one of the following signs of **Anaphylaxis (Severe Allergic Reaction)**

- ✦ Difficulty/noisy breathing
- ✦ Pale and floppy (infants/young children)
- ✦ Swelling of the tongue
- ✦ Swelling/tightness in the throat
- ✦ Difficulty speaking/hoarse voice
- ✦ Wheeze/persistent cough
- ✦ Loss of consciousness and/or collapse

A severe allergic reaction can be life threatening and requires immediate attention.

ACTION

- ✦ Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- ✦ Give EpiPen (or EpiPen Jr if aged 1 – 5 years)*
- ✦ Phone ambulance by dialling 000
- ✦ Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

SOURCE: ASCIA ACTION PLAN FOR ANAPHYLAXIS www.allergy.org.au

**NOTE, At this stage EpiPens (adrenaline auto-injector) are NOT provided in the Milawa Primary School first aid kit. The Australasian Society of Clinical Immunology and Allergy (ASCIA) has not yet developed guidelines regarding the inclusion of EpiPens in first aid kits, mainly due to the inconsistency of rules regarding inclusion of medications in first aid kits, which vary throughout Australia and New Zealand.*