Rationale

The school has received advice from a number of sources including Ministerial Order 90 on the best way to manage severe allergies. They suggest that the safest practice for any child at risk is to make the individual child responsible for, and fully aware that they must not eat any other food other than that provided from home. The school sees the wisdom of this advice for the long-term management of such a health risk. However, we also understand that young children can make mistakes and behave impulsively.

In order to provide a safe environment at school for all children, particularly those at risk from severe food allergies, the school has formalised a management plan. The philosophy behind the plan is to minimise the risk of a severe allergic reaction. Notices have been sent home to families with children in classes with an Anaphylactic child requesting that food containing substances dangerous to the child (peanuts and nuts will cause the most severe reaction) not be sent to school in lunches or snacks. Please note we are not asking that these items are to be banned – we are requesting that people avoid bringing them to school where they are a danger to anaphylactic children. This applies not only to the junior grades, but across the whole school. By reducing the presence of such foods in the school, we will be reducing the likelihood of the child coming into contact with them. By working together we can effectively manage such problems. If your child suffers from allergic reactions or has any other health concern, please inform the school.

Minimising the Risk

Starting school is an exciting time for many families, but for some it can be particularly stressful, especially for those who have children with life-threatening allergies or anaphylaxis. Anaphylaxis is a generalised allergic reaction which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular).

Some students attending WPS are seriously at risk of anaphylactic shock should they swallow a number of different types of food, but particularly peanuts, tree nuts, nut products or egg. Touching such products or even breathing in the fumes can cause a reaction, sometimes a mild to moderate one, but sometimes the reaction can be life-threatening.

Common Symptoms

Mild to Moderate Allergic Reaction

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, eyes, lips
- Vomiting, abdominal pain
Severe Allergic Reaction - Anaphylaxis

- Difficult or noisy breathing
- Swelling of the tongue
- Swelling or tightness of the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness
- Pale and floppy

Management Plan for Anaphylactic Reactions

- Family alert school of medical condition.
- School discusses child’s anaphylaxis/allergy with parent.
- All staff notified. Photograph of student to be placed in appropriate areas around the school e.g. staffroom, first aid rooms, farmhouse, CRT classroom booklets, back of classroom roll, individual backpacks required for identified students. Art teacher to be made aware that some paint may contain by-products that may trigger an anaphylactic reaction and not to use containers that have previously contained allergens.
- Family to provide school with Doctor’s Report and Emergency Treatment information – ‘Individualised Management Plan’
- Family to provide any up to date medical equipment or medication required for emergency treatment.
- Staff alerted to the whereabouts of the equipment and medication.
- Staff members to be trained annually in the use of the EpiPen®. Written consent to be provided by parents allowing staff to use EpiPen® or required medication.
- School community alerted and requested to avoid bringing food containing allergens to school, particularly in an anaphylactic student’s classroom.
- All classrooms and OSHC and Kitchen Garden programs to have information posters displayed regarding anaphylaxis and general hygiene.
- Classrooms teachers will manage and minimise risks where possible whilst students are eating.
- If a teacher is made aware of students regularly bringing in food with a high risk allergen a reminder letter will be sent home to students in that particular grade.
- Students throughout the school to be educated not to swap or share food. Students will also be educated each year about food allergy concerns and how these may be prevented. Students will be asked to design posters highlighting the need for harm minimisation.
- The parent community will be educated and kept informed through the school newsletter each term about high risk allergens and the strategies that minimise the risk.
- All teachers to encourage the students in their class to wash hands and table surfaces after eating such food.
- Work with parents to educate the student about foods that cannot be eaten or touched. Ensure that the student is aware of not accepting food from other children and that this is promoted at home and at school.
- In Kitchen/Garden and OSHC programs where food is served, the identified high risk allergens will not be served or used in the preparation of food.

Glossary

Allergy: the immunological process of reaction to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: a reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse, or cessation of breathing.

Anaphylaxis: a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly lungs or circulation systems.

Anaphylaxis “action plan”: a medical management plan prepared and signed by a Doctor; it must provide the child’s name and allergies, and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) action plan.

Anaphylactic children: those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.

Anaphylaxis management training: training provided by a person designated by the Principal which includes recognition of allergic reactions, treatment and practice with an Epipen® trainer. Training should also include strategies for anaphylaxis prevention.

Epipen® kit: a container, for example an insulated lunch pack. The kit should contain a current Epipen®, a copy of an anaphylaxis action plan, and telephone contact details for the child’s parents/primary care giver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary care giver cannot be contacted. The kit should also contain a container (such as a tooth brush holder) to store a used Epipen® until safe disposal can be arranged.

Intolerance: Often confused with allergy, intolerance indicates that the body is unable to absorb or breakdown nutrients. Lactose intolerance, which is due to a lack of intestinal enzyme, lactase, is an example of non-allergic cow milk tolerance. Lactase digests the milk sugar, lactose. The large quantities of undigested lactose act as a laxative. The immune system is not involved.