Anaphylaxis Policy

RATIONALE:

- This policy has been prepared to assist in preventing life threatening anaphylaxis and is based on advice from the Australasian Society of Clinical Immunology and Allergy (ASCIA) and takes account of the published literature at the time of publication.

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

- the school will comply with Ministerial Order 706 and associated guidelines

AIMS:

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

IMPLEMENTATION:

- in the event of an anaphylactic reaction, the school’s first aid and emergency response procedures and the student’s Individual Anaphylaxis Management Plan must be followed

- Adrenaline Autoinjectors are purchased by the school, in the event they may be needed for a student, not currently diagnosed with anaphylaxis

- 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 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.

- 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 allergenic foods such as peanuts are not anaphylactic
• However more than 90% of fatal reactions to foods 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 in an individual case depends 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 foods to cause anaphylaxis.

• Anaphylaxis is very unlikely to occur from skin contact or exposure to food odours.

• The four steps in the prevention of food anaphylactic reactions in children at risk in schools
  o Obtaining medical information about children at risk by school personnel.
  o Education of those responsible for the care of children concerning the risk of food anaphylaxis.
  o Implementation of practical strategies to avoid exposure to known triggers.
  o Age appropriate education of children with severe food allergies.

• Obtaining medical information

• Parents of children with allergies are asked to provide medical information at the time of enrolment, and to update when there are any changes, and an ASCIA Anaphylaxis Action Plan (see Appendix 3) to be completed by a registered medical practitioner and includes the following:
  o Clear identification of the child (photo)
  o Documentation of the allergic triggers
  o Documentation of the first aid response including any prescribed medication
  o Identification and contact details of the doctor who has signed the action plan.
  o Identification of children by Medic Alert bracelets (provided by parents)

• 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.

• Education of carers

• Recognition of the risk and understanding the steps that can be taken to minimise food anaphylaxis by all those responsible for the care of children in schools, is the basis of prevention.

• Topics to be addressed in the educational process are:
  o What is allergy?
  o What is anaphylaxis?
  o What are the triggers for allergy and anaphylaxis?
  o How is anaphylaxis recognised?
  o How can anaphylaxis be prevented?
  o What should be done in the event of a child having a severe allergic reaction?
  o Instruction on EpiPen® use (see Appendix 4).
• Education of all 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.

• 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 all school personnel.
• As a general principle children with a food allergy will not be physically isolated from other children.
• 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 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.

• Food policy measures
  o There is to be no trading and sharing of food, food utensils and food containers.
  o Students with severe food allergies must only eat food that has been prepared at home or provided by the parent.
  o Bottles, other drinks and lunch boxes provided by the parents for their children must be clearly labelled with the name of the child for whom they are intended.
  o Photos of all students with severe allergies will be displayed in classroom attendance rolls, playground duty bags, first aid room, and provided to specialist teachers.
  o The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children.
  o 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 of utensils when preparing allergenic foods. (Appendix 2)
    o 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
    o Our risk minimisation approach also includes asking parents of classmates to use alternatives to peanut butter and nutella on sandwiches and lunches and avoid sending raw nuts and muesli bars that contain nuts if a class member has a peanut allergy. (Appendix 1)

• 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 minimisation policy in the school canteen.
• Bullying by provoking food allergic children with food to which they are allergic will be recognised as a risk factor and addressed by anti-bullying policies.
• Food handling guidelines will be provided for staff use in relation to cooking and the curriculum.
EVALUATION

This policy and program will have a major review every three years.

ACHIEVEMENT MEASURES

Use of annual parent survey to measure parent satisfaction and perception of school performance in this area.

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 (ASCLA) is the peak professional body of Clinical Allergists and Immunologists in Australia and New Zealand.
Appendix 1

Sample Parent Letter

Date

Dear Parents,

I am writing to inform you that a student in (class) has a life threatening allergy to peanuts.

St Joachim’s does not endorse the implementation of blanket food bans or attempts to prohibit the entry of food substances into the school, instead we adopt a Risk Minimisation approach with regard to particular foods (peanuts and tree nuts) which are the most likely foods to cause anaphylaxis.

We therefore are seeking your support in selecting alternate foods that do not contain peanuts or nuts to school so as to assist us in minimising the risk to this child’s physical health.

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.

I have attached the school’s Anaphylaxis Policy so as to provide the context in which I seek your assistance.

With kindest regards and appreciation for your understanding in this matter.

Mr Paul Dwyer
Principal
Appendix 2

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 addressed:

- Personal Hygiene Practices.
- Hygienic 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:

Handwashing

- 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
  - 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 handwashing. Dry hands with a paper towel.

Hygienic Food Preparation Practices

Food naturally contains bacteria and some food may contain food poisoning bacteria. Foods need 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 sanitise 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 five 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 thaw 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 sanitising will minimise 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.
• Sanitise: Use a sanitising solution or commercially-available food grade sanitiser. Mix 25ml to 1 litre cold water. Use separate cloth for sanitiser.
• Final rinse: Remove sanitiser with dry cloth and rinse clean
• Dry: Allow to air dry.
Appendix 3

- All staff will receive annual training and a briefing on administration of epipen auto injectors
- A sufficient number of staff (including at least 1 administration staff member) to be trained to a Level 2 First Aid certificate, and with up-to-date CPR qualifications.
- A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a locked cupboard in the first aid room.
- First aid kits will also be available in each classroom, as well as the administration office.
- A supply of medication for teachers will be available in a locked drawer in the staff room.
- Any children in the first aid room will be supervised by a staff member at all times.