

# Allergy Awareness Policy

## And Procedures

### Policy Statement

The aim of this policy is to promote awareness amongst children and parents/caregivers about allergic reactions suffered by children after coming into contact with certain products. The policy also aims to alert parents to the potential severity of Anaphylactic reactions and provide information on how parents can help prevent such reactions by being aware of which products to avoid.

### Information on Allergies

Many children have allergies. If exposed, allergic reactions include hives, swollen eyes, wheezing and asthma symptoms. A few reactions however, can be life threatening. Some children are severely allergic to food products such as nuts and eggs, even a tiny amount could be fatal within minutes. Children who have severe allergies to such food substances are exposed to a health risk not only when peanut products are consumed in their environment or shared with them, but from residue left on toys, play surfaces and other equipment (cross-contamination). These children are termed ANAPHYLACTIC ie suffer from ANAPHYLAXIS.

### What is ANAPHYLAXIS?

(A big word for a big reaction)

ANAPHYLAXIS (pronounced ana-fil-ax-is) is the most severe form of an allergic reaction that can result in death. An anaphylactic (or full body shock) can occur within seconds of exposure to an allergen or it may occur as a delayed reaction several hours after exposure. Anaphylaxis is a critical medical emergency that requires immediate treatment with adrenaline by injection to prevent permanent injury or loss of life. (Adrenaline opens up the airways and blood vessels in the body).

#### Reducing the risk of anaphylaxis: key principles

1. Obtain up-to-date medical information and developing a health-care plan.
2. Staff training in recognition and management of acute allergic reactions.
3. Awareness that unexpected allergic reactions might occur for the first time outside of home in those not previously identified as being at high risk.
4. Age appropriate education of children with severe allergies and their peers.
5. Implementation of practical strategies to reduce the risk of accidental exposure to known allergic triggers.

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## Safety first at Childcare/Preschool

Education is required for:

- The *child* with allergy (to tell others of the nature of their allergy, enquire about the presence of allergic triggers in food and to refrain from accepting food from others);
- *Other students* (about the potentially serious nature of allergy, hand washing after eating, not sharing food with a child with FA, how to help the child having an allergic reaction);
- *Parents and guardians* (about school policies to minimise the risk of anaphylaxis); and
- *School staff* (to consider risks when planning school activities; to communicate with parents/guardians and the student at an age appropriate level; to have policies discouraging swapping of food among children; and to have policies addressing the potential for bullying and teasing of the allergic child).

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**Because it is not possible (nor practical) to remove all possible allergic triggers from a school/childcare environment, the aim therefore is to implement age-appropriate and practical strategies to *reduce the risk* of inadvertent exposure, and review these policies annually, or if a reaction does occur.**

### Reducing the risk of allergen exposure in children with food allergy (FA)

- Young children with FA ideally should only consume food provided by parents/guardians from home.
- Bottles, other drinks and lunch boxes provided by the parents for their children with FA should be clearly labelled with the name of the child for whom they are intended. This is of particular importance in infants with cows milk allergy to minimise consumption of incorrect baby formula.
- Food should not be given to children with FA in childcare and primary school without parental engagement and permission.
- Implement strategies to avoid trading and sharing of food, food utensils or food containers.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, BBQs, assemblies, cultural events) needs to be considered and may need to be restricted depending on the allergies of particular children and their age.
- In craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking) and substitution of non-food containers for egg cartons, particularly in younger children.
- When planning for excursions or outings, catering requirements of the food allergic child and emergency planning (including access to emergency medication and medical care) should be considered early.

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## Parent/Caregiver Responsibilities

One way to ensure the safety of these children whilst attending our centre is to become allergy aware and to develop an environment that will minimize the risk of exposure to allergens. In the event that accidental exposure may occur, the centre has an emergency response First Aid procedure in place.

**Your assistance is vital.**

### Responsibilities of all Parent/Caregivers

- **Due to nuts and eggs being a high allergen, we ask for your understanding and cooperation by not sending any food containing WHOLE NUT PRODUCTS or WHOLE EGGS (eg Boiled egg, Curried egg sandwich).**
- Parents are asked to ensure collage materials (eg. boxes/plastic containers) are free from possible contamination Eg. by washing thoroughly or shaking out crumbs/dust etc. We ask for no egg cartons to be donated.
- Children should be encouraged by his/her family (and staff) not to share food from their lunchbox with others.

### Parent/Caregivers responsibilities of a child with a food allergy

- The centre must be informed of all allergies, if any, upon enrolment of a child.
- Parents of children with allergies must fill out a **CARE PLAN and EMERGENCY PROCEDURE PLAN.**
- Information on whether or not a child wears Medic Alert identification also needs to be provided.
- Parents/caregivers of an anaphylactic child must make sure the appropriate medication is made available to the centre to use in the event of an emergency.

All medication, eg. Phenergan, Epipens used for the treatment of anaphylaxis must have clear instructions on a pharmacy label and stored in a secure location. All staff must know of its location in the event of an emergency.

- Parents /caregivers must make arrangements with staff for medication to be taken on any excursions out of the centre.
- Any suspicions of allergies the parents/caregivers have noted must be further investigated by a qualified practitioner.
- The centre must be notified of any changes to a child's condition that may affect their existing care at the Centre.
- The anaphylactic child should be encouraged by his/her family (and staff) not to accept food from other children.

### **Staff responsibilities**

- All children will be encouraged not to share food with each other and to sit down when eating.
- Centre staff will supervise children whilst eating.
- Children's lunches and snacks are to be monitored regularly by a staff member in order to assess potential risks and to educate the children in being allergy aware.
- In the event that a child brings a snack containing an allergen, staff will remove the food and return to parent/caregiver at the end of the day with a reminder.
- Centre staff will ensure any activities provided for the Centre will be allergy free (eg. cooking or seed play).

- Any food not eaten is to be placed back in lunchboxes.
- Empty wrappers to be placed back in children's lunch boxes.
- Centre staff will ensure that any soaps and sunscreens used at the Centre are free from "nut oil" (eg. do not contain peanut or nut oil).
- From time to time Centre staff will remind parents/caregivers and children about to policy (eg in newsletters).
- All centre staff will undergo training in the use of Epipens.
- Children who may have anaphylactic reactions need to be identified to any relief and volunteer workers who may help the centre from time to time and instructed what actions are to be taken in the event of an anaphylactic emergency.

This policy will be reviewed and evaluated regularly by both staff and Governing Council on an annual basis and modified as required to ensure continued relevance to the centre.

**Endorsed: December 2017**  
**Review Date: December 2019**