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| <b>Policy Name</b>                      | <b>Nut Minimisation Policy</b>                        |
| <b>Related Policies and Legislation</b> | Risk Management Policy & Procedure                    |
| <b>Policy Category</b>                  | Student Wellbeing & Safety                            |
| <b>Relevant Audience</b>                | All Treetops Community                                |
| <b>Date of Issue / Last Revision</b>    | 11 September 2010<br>23 March 2017<br>27 October 2022 |
| <b>Date Set for Review</b>              | October 2025  |
| <b>Person/s Responsible for Review</b>  | Treetops Administration                               |

## Nut Minimisation Policy

### Purpose

There are a number of students in our school community who have significant allergic reactions to foods or other allergens. Anaphylaxis is the most severe form of allergic reaction, is potentially life threatening and is normally diagnosed by a medical professional with an accompanying anaphylaxis plan.

### Background

The peak body, the Australasian Society of Clinical Immunology and Allergy (ASCIA), consumer groups and Government bodies do not recommend blanket food bans. *“Banning specific foods from an environment will not eliminate the risk of accidental exposure”* (ASCIA). However, implementation of strategies to minimise the risk of allergen exposure is recommended.

Accordingly, Treetops does not place a blanket ban on any particular food group, but adopts an ‘education approach’ within our broader school community and will apply a range of strategies, given consideration to submitted anaphylaxis management plans, the year levels and age of the students and contemporary advice and training that is available and applied within schools.

If a child has an anaphylaxis management plan parents must submit this to the school at the beginning of the year (or at other time as a new or revised plan is updated by a medical professional). We also request parents ensure that Epipens are within current use dates.

It is possible to minimise the risk factors within the school environment with parent and staff assistance in adopting the following strategies:

- Parents should ensure that they are aware of advice from the school as to which classes/who has nut allergies within their child's class.
- A class may ban a particular food. If any foods are supplied to the school, i.e. birthday cakes and "special lunch" they should not contain specifically 'banned' foods and/or they should state the ingredients used (many children have 'intolerances' so it is useful to know food contents).
- Parents should ensure that good hygiene and allergen practices are followed, i.e. if their child has eaten nuts or nut extract before school that they brush their teeth and wash their hands and face thoroughly.
- Parents and staff cooking in school should ensure that they are aware of anaphylaxis allergens plans and allergens that apply to their class groups. If they are doing food based activities / activities, teachers should communicate to parents (and students) the proposed use of ingredients/allergens as appropriate to their group i.e. nuts, nut extract if they are to be used.
- Parents and staff should continue vigilance when there is a change from usual routines e.g. excursions, family picnic days at school, sports days, discos.
- Staff should ensure that if they have eaten nuts or known allergens that they follow good hygiene/allergen practice as appropriate to their class grouping (i.e. wash their hands and face thoroughly).

Treetops Montessori School trusts that non-allergic members of our community will continue to be sympathetic and responsible in the provision of foods / understandings of others in the consumption of allergens inside and outside the school environment.

Parents/guardians of students at risk of anaphylaxis should:

- Notify school of their child's allergies and provide appropriate medical information.
- Ensure that the school is notified of changes to the child's medical condition.
- Provide an ASCIA Action Plan for Anaphylaxis (sometimes called an Anaphylaxis Health Care Plan) completed by the child's doctor.
- Provide an adrenaline autoinjector clearly labelled with child's name (if one is prescribed) to the school. For high schools, students should ensure that they are carrying their additional adrenaline autoinjector with them whilst at school if this has been agreed to as part of their ASCIA Action Plan.
- Re-supply the adrenaline autoinjector once used or expired.
- Provide any other medication indicated on the child's ASCIA Action Plan and ensure that it is in date.
- Promptly replace the child's adrenaline autoinjector if used or out of date and provide an updated ASCIA Action Plan.
- Assist the school in the development / implementation of an individual ASCIA Action Plan for their child.
- Educate the child about their allergies and how to minimise the risk of exposure (e.g. not sharing food if allergic to food, or taking precautions when outdoors if allergic to insects).

## Roles and Responsibilities of School Principals

Principals are responsible for establishing procedures and checking that the following management of students at risk of anaphylaxis occurs:

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| <b>Identification of students at risk</b> | <ul style="list-style-type: none"><li>• Seek information from the parent/guardian about allergies that affect their child on enrolment and as part of regular health updates.</li><li>• Ensure that the parent/guardian supplies the school with an ASCIA Action Plan for Anaphylaxis, completed by the student's doctor and an adrenaline autoinjector for the student (to be kept at school if prescribed).</li><li>• Implement an Individual ASCIA Action Plan for each student known to be at risk of anaphylaxis.</li></ul>  |
| <b>Training</b>                           | <ul style="list-style-type: none"><li>• Encourage staff to undertake education in the recognition, treatment and prevention of anaphylaxis – remember to include casual staff.</li><li>• Verify that an adequate number of staff, including staff responsible for first aid, have completed anaphylaxis training and keep a register of staff trained.</li><li>• Have adrenaline autoinjector trainers available for staff to practise. These should be stored in a different location to the actual adrenaline containing devices. To order EpiPen trainer devices, go to: <a href="http://www.allergy.org.au/schools-childcare">www.allergy.org.au/schools-childcare</a></li></ul>  |
| <b>Risk minimisation</b>                  | <ul style="list-style-type: none"><li>• Promote good communication between all relevant stakeholders concerning the school's nut minimisation (anaphylaxis) policy and procedures.</li><li>• Risk minimisation strategies should be implemented to minimise exposure to known allergens.</li><li>• Conduct risk management planning for both on and offsite activities. These activities require additional advanced planning in consultation with parents/guardians.</li><li>• Establish a process for checking the adrenaline autoinjector expiry dates of adrenaline autoinjectors.</li><li>• Consider the inclusion of adrenaline autoinjectors for general use in first aid kits.</li><li>• Review and assess risk minimisation strategies at least yearly.</li><li>• Include allergy issues in school's anti-bullying policy to ensure zero tolerance for bullying students with allergies.</li></ul> |
| <b>Emergency response</b>                 | <ul style="list-style-type: none"><li>• Have a planned emergency response (e.g. school emergency response procedure, camp emergency response procedure). Yearly practise drills should be considered.</li></ul>   |

## Risk Minimisation - Assessing the Risk of Allergen Exposure

Students are most at risk when:

- The routine is broken (e.g. sports carnivals)
- They are at recess and lunch
- They are off the school site (e.g. excursions, camps)
- Immediate access to medical services is not available
- Staff changes occur (e.g. relief/casual staff)
- Participating in activities involving food (e.g. cooking lessons)

It is important to ensure that at times when students are most at risk, suitable strategies are in place to ensure a timely response to an anaphylactic reaction.

### Anaphylaxis management in WA schools

#### Risk minimisation - foods

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| Staff involved in food preparation | <ul style="list-style-type: none"><li>• Staff should be trained about food selection, handling and storage of foods with food allergy in mind.</li></ul>  |
| Class activities                   | <ul style="list-style-type: none"><li>• Identify foods used in activities that contain known allergens and replace with other suitable foods where possible.</li><li>• Make sure food containers (e.g. egg cartons and yoghurt containers) are clean.</li></ul> |
| Consider the age of the child      | <ul style="list-style-type: none"><li>• Implement age appropriate avoidance strategies for routine and non-routine activities such as meal times, cooking, art, sports days, special occasions (e.g. birthdays), incursions and excursions.</li></ul>           |
| Sharing                            | <ul style="list-style-type: none"><li>• Avoid sharing food or eating utensils (close supervision may be required at meal times for younger students).</li></ul>   |
| Cleaning                           | <ul style="list-style-type: none"><li>• Keep surfaces clean and prevent cross-contamination during handling, preparation, storage and serving of food.</li></ul>  |
| Communication                      | <ul style="list-style-type: none"><li>• Promote good communication between parent/guardian, staff, volunteers and the student.</li></ul>  |

A more comprehensive list of risk minimisation strategies is available from the following websites:  
[www.allergy.org.au/schools-childcare](http://www.allergy.org.au/schools-childcare)

ASCIA dietary avoidance information sheets may also be useful:  
[www.allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy](http://www.allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy)