





# Allergy and Anaphylaxis Management Policy

	Ratified by Council	Reviewed by Principal
Date	17 March 2021	16 March 2023
Name	Justin Coombs	Jenny Dougan
Signature		

*West Coast Steiner School is committed to being a Child Safe Organisation, taking a preventative and participatory stance on child protection issues and promoting a child safe environment.*

PROVENANCE		
<b>Responsibility:</b> School Principal	<b>Review Cycle:</b> 1 year	<b>Date for Next Review:</b> April 2023
<b>Related Policies and Procedures</b>	Enrolment Policy Work Health and Safety Policy Student Health Care Policy Food Handling and Storage Policy Incursions, Excursions and Camps Policy	
<b>Relevant Legislation and Authority</b>	Occupational Safety and Health Act 1984 (WA) School Education Act 1999 (WA) School Education Regulations 2000 (WA) Work Health and Safety Act 2020 (WA) Poisons Act 1964 (WA) and Poisons Regulations 1965 (WA)	
<b>Appendices</b>	Appendix A: ASCIA Action Plan for Anaphylaxis Appendix B ASCIA Action Plan for Allergic Reactions Appendix C Camp Allergy Management Checklist Appendix D Allergy Aware Food Preparation and Sharing at School Events Community Guidelines	

VERSION MANAGEMENT		
Date	Changes Made	Author
17 March 2021	Complete review of both Management of Allergy Reactions – Anaphylaxis and Nut Aware Policy. Combined to create new document Allergy and Anaphylaxis Management Policy. Ratified by Council	L Lane
15 March 2022	Minor editing changes	L Lane
16 March 2023	Action plans updated for 2023	L Lane

# Policy

## Purpose

The purpose of this policy and associated procedures is to provide, as far as practicable, a safe and supportive environment in which the care and management of those members of our School community at risk of allergy or possible anaphylaxis is undertaken as part of a considered, whole School approach.

As an 'allergy aware school', West Coast Steiner School is committed to providing a supportive and inclusive environment where children at risk of severe allergies and anaphylaxis can participate safely in all aspects of school life. We work closely with the parents/carers to develop appropriate risk minimisation strategies for the student in the classroom, in the school environment and when the student is attending activities outside of the school campus such as excursions and camps. We ensure all employees are knowledgeable about children who are at risk and where possible, minimise the risk of exposure to known allergens for those students, and that staff are trained in the treatment of anaphylactic emergencies.

## Background

Allergies are very common and there are many different causes of allergy, with symptoms varying from mild to severe. 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, certain insect venom (particularly bee or wasp stings). Latex, found in such products as rubber gloves, balloons and swimming caps, is also recognized as a possible allergen. Any allergic reaction must be treated as a potential medical emergency requiring immediate treatment.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Severe reactions may occur unpredictably and can also occur in children not previously identified as being at risk. The key to prevention of anaphylaxis is an awareness of those children who are diagnosed at risk, an awareness of allergens, and a prevention of exposure to those allergens.

West Coast Steiner School adheres to the Australian Society for Clinical Immunology and Allergy (ASCIA) guidelines that recommends schools become 'allergy aware' rather than declaring schools to be 'nut-free', as it is not possible to guarantee such a position. ASCIA recognises that creating a completely allergen free environment within a school is difficult to implement and therefore recommends that the school develop strategies to promote allergy awareness.

There is likely to be a number of students in our School, in any given year, who experience anaphylactic reactions if exposed to allergens. The sensitivity is such that these children may have a reaction from just touching another child's hands or sharing toys and equipment with others who have been eating foods containing these allergens. For some of these students the anaphylactic reaction can be life threatening. We are also likely to have students at School who have an intolerance to certain types of foods, such as fish or seafood, or foods containing gluten, lactose or dairy.

Parents/carers will be advised at Class Parent meetings throughout the year of any allergies or food intolerances within their child's class group and made aware of the strategies in place to support students with allergies and/or intolerances.

West Coast Steiner School recognises the important role we have in educating our community in the awareness, prevention and management of allergies, and specifically anaphylaxis. Education is required for the child with the allergy, other students, parents/carers and School staff. Ongoing education throughout the School includes:

- children's education in the classroom – the link below provides relevant resources (<https://allergyfacts.org.au/allergy-management/5-12-years/primary-school-resources>)
- education of staff at Faculty meetings and through First Aid training
- anaphylaxis information posters throughout the School
- regular notes and articles included in the School Newsletter
- reviews of relevant Policies and Management Guidelines
- community awareness education sessions.

## Application

This policy applies to and is binding upon all students, parents, employees, work experience students, volunteers and contractors of West Coast Steiner School. For the purpose of this policy *'parent/carer'* includes step-parents, foster parents, legal guardians and grandparents.

## Definitions

**Allergy** is a condition in which the body has an exaggerated response to a substance (e.g. food & drug). This is also known as hypersensitivity. The reaction can be mild, moderate or severe and can be localised, systemic or anaphylactic.

**Allergen** is a normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

**Anaphylaxis** or anaphylactic shock is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites or medicines.

**Food Intolerance** is a broad term that is used to describe a wide range of adverse reactions to foods, that cause symptoms after eating some foods. Food intolerances involve the digestive system, whilst food allergies involve the immune system.

**Epi-Pen** (Adrenaline auto injector) is a device that automatically delivers a single fixed dose of adrenaline the brand name for syringe style device containing the drug Adrenalin that is ready for immediate inter-muscular administration.

## Policy Review and Dissemination

This policy and related procedures will be made available to the public and staff on the School website and is available to staff in the Policies and Procedures folder in Reception. The School Community will receive reminders to refer to this policy (and updated versions) through the School Newsletter.

All staff will be directed to read this document at the first staff meeting at the commencement of the school year. New staff will be informed of this policy as part of the School's Induction Program. The School will provide ongoing training to ensure that all staff members understand their responsibilities in relation to this policy.

The School may, at any time, make amendments to this policy to ensure continuous improvement. The policy will be reviewed annually by the School Principal.

# Implementation

The following procedures and responsibilities have been developed to assist with the identification and minimisation of risk related to allergic reactions and how to respond to an allergic reaction.

## 1. Communicating up to date Medical Information

### Parents/carers will:

- inform the School at enrolment about their child's known allergies
- provide an **up-to-date** ASCIA Action Plan (*Appendix A ASCIA Action Plan for Anaphylaxis* and *Appendix B ASCIA Action Plan for Allergic Reactions*) completed and signed by a registered medical practitioner to include
  - identification of the child (photo), parent/guardian contact details and details of the medical practitioner completing the Action Plan
  - documentation of and prescribed medication
  - instructions on Epi-Pen (if prescribed)
- immediately inform Reception Staff of any change to their child's medical condition and emergency contact details as soon as possible throughout the year.

### Reception Staff will:

- establish and maintain a register of children with allergies and their required treatment, which will be filed in Reception and a copy distributed to teachers
- notify all teachers via memo, as a new child is added to the register
- provide copies of the child's Action Plan for Anaphylaxis to the Class Teacher
- display a copy of each child's Action Plan for Anaphylaxis in the office and staffroom
- update Medical Health forms and ASCIA forms each year.

### Class Teachers will:

- display the student's ASCIA Action Plan in the classroom and in the Red Relief and Emergency Folder
- provide information to volunteers and casual relief staff regarding students at risk of anaphylaxis
- provide parents/carers of their class with information regarding any allergies or food intolerances present in their current year level.

## 2. Storing and Managing Medication

### Parents/carers will:

- provide a labelled, current Epi-Pen, in an insulated bag to maintain temperature between 15-25 degrees Celsius which will be kept in either the child's classroom or the office, depending on the severity of the allergy
- replace the Epi-Pen and any other emergency medications before the expiry date
- provide alternative food for school activities and excursions.

### Reception Staff will:

- ensure that the Epi-Pens are stored correctly in an insulated bag in an easily accessible place, and that they are appropriately labelled
- check at the end of each term that Epi-Pens and other medications are not out of date and arrange replacements as necessary
- ensure used Epi-Pens are replaced promptly
- arrange for additional age/weight appropriate, generic Epi-Pens for emergency use to be included in the School's First Aid kits
- update First Aid kits at the end of each term.

**Class Teachers will:**

- verify with parents that all students diagnosed with anaphylaxis have their prescribed Epi-Pen available at all times
- ensure that a student's medication and /or Epi-Pen are always in close proximity to the student, e.g. when the class is using the back oval for sport
- take a spare generic Epi-Pen, as well as the student's Epi-Pen, stored correctly in an insulated bag to maintain temperature between 15-25 degrees, relevant ASCIA Action Plans and means of contacting emergency assistance on all excursions and camps
- take a First Aid kit when on back oval duty, which includes a generic Epi-Pen, copies of student Action Plans, the teacher's School Emergency mobile and red card system for requesting immediate assistance for a medical emergency.

### 3. Establishing Risk Management Practices to Minimise Exposure to Triggers

**Parents/carers will:**

- educate their child about the responsibilities of having access to their Epi-Pen and any antihistamine on their care plan
- educate their child about not sharing food with other children
- alert class teachers of the additional risks associated with non-routine events and advise staff of the supportive requirements for the student prior to school camps, excursions, in school activities or special events, such as sports days
- carefully consider food choices for all children to help avoid sending foods to school that may contain allergens e.g. do not send nuts, nut spreads or products containing nuts
- ensure thorough washing of hands and face if these foods have been consumed before coming to School
- help their child understand the importance of frequent and thorough hand washing.

**Class Teachers will:**

- consult parents/carers in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required)
- advise other parents in their class where a child has an allergy of likely allergens and request they not bring allergen related foods to School, and to label ingredients for all foods brought to social functions where food might be shared
- ensure materials in art/craft or science classes used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton, play dough) and provide an alternative for the child to use
- minimise the risk of accidental exposure to the allergic child should food need to be consumed inside the classroom (e.g. lunches consumed inside classrooms on rainy days)
- refer to the *Camp Allergy Management Checklist* (see Appendix C) when planning for camps
- ensure students wear appropriate clothing and footwear when outdoors
- be mindful of the types of duties asked of students that may put them at increased risk of an allergic reaction e.g. picking up litter by hand, cleaning away dishes after eating on camp
- be aware of possible insect allergies - bees in pools, around water and grassed or garden areas, ticks on excursions or camps – further information is available from [www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy](http://www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy)
- ensure there is no sharing of wind instruments (e.g. recorders)
- be mindful that the student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

**All Staff will:**

- refer to and comply with the procedures set out in the *Food Handling and Storage Policy* when considering the use of food in crafts, cooking classes, science experiments and special events, and where appropriate use alternatives (e.g. wheat-free flour for play dough or cooking)
- follow food preparation safety measures to prevent cross-contamination during the handling, preparation and serving of food at all School events.

**Leadership Team will:**

- take appropriate steps when planning any fundraisers, festival days, stalls for fetes, or other special events involving food e.g. notifying the parent community to discourage specific food products where appropriate and where food is provided, requesting a list of ingredients be made available (see *Appendix D Allergy Aware Food Preparation and Sharing at School Events Community Guidelines*)
- arrange allergy free produce or suitable alternatives where possible when organising menus or goods for sale to the student body
- provide food handling and storage guidelines to the organisers of School community events, e.g. West Coast Steiner School Community Association (WCSCCA)
- incorporate allergy management strategies into the risk assessments for all School events, excursions and camps
- ensure management of wasp and ant nests on School grounds.

## 4. Responding to an Allergic Reaction

**All Staff will:**

- know the identity of the students in their care with anaphylaxis and understand the causes, treatment and symptoms of anaphylaxis
- know the School's First Aid emergency procedures and where to locate the student's Anaphylaxis Care Plan and Epi-Pen, as well as the location of the School's generic Epi-Pens
- follow the procedures on the student's Anaphylaxis Care Plan when responding to an anaphylactic event
- be aware that unexpected allergic reactions might occur for the first time at School in those not previously identified as being at high risk
- check all teachers and volunteers present during an excursion or camp are aware of any student at risk of anaphylaxis and understand the agreed upon emergency procedure which sets out clear roles and responsibilities in the event of an anaphylactic reaction.

**Leadership Team will:**

- establish the processes for an appropriate emergency response in an anaphylaxis emergency
- ensure one or more staff members who have been trained in the recognition of anaphylaxis and the administration of the Epi-Pen, will accompany the student on field trips or excursions
- debrief staff and students following an anaphylactic event and involve School Counsellor as required.

## 5. Educating the School Community about the Management of Allergies

### Parents/carers will:

- educate their child (age-appropriate) about the responsibility of informing teachers and supervisors if they experience symptoms.

### Class Teachers will:

- have regular, age-appropriate discussions with their class, to deliver these key messages
  - always take food allergies seriously – severe allergies are no joke
  - do not share your food or drink with friends who have food allergies
  - avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects
  - not everyone has allergies – discuss common symptoms
  - wash your hands before and after eating if appropriate
  - if a school friend becomes sick, get help immediately
  - be respectful of a school friend's medical kit.
- support students as they mature to take on greater responsibility for their own care, such as providing them with opportunities to tell others of the nature of their allergy, encouraging them to enquire about the presence of allergic triggers in food and to refrain from accepting food from others.

### Leadership Team will:

- arrange for staff to be appropriately trained in how to prevent exposure to known allergens
- arrange for annual staff training in responding to an anaphylactic event, delivered by community health nurses or as part of ongoing First Aid and Asthma management training
- encourage relief staff who work regularly at School to attend anaphylaxis training sessions
- remind staff that additional refresher training can also be undertaken via the ASCIA website [www.allergy.org.au](http://www.allergy.org.au)
- maintain a register of staff completion of approved training in First Aid, Asthma and Anaphylaxis management
- communicate information to the parent community on severe allergy and the risk of anaphylaxis
- bring awareness to the School community through the newsletter of strategies the School has in place and the need to follow information provided by the School, to prevent allergic reactions.

### All Staff will:

- undertake face to face training every year on allergy management and how to recognise and respond to an anaphylactic reaction.

## 6. Reporting, Reviewing and Monitoring Policies and Procedures


### Leadership Team will:

- establish a process for reviewing anaphylaxis events, in consultation with parents, to identify if there are strategies that could be implemented to reduce the likelihood of future adverse events
- determine whether the anaphylaxis event meets the requirements of a reportable incident. If so, the School Principal will report this as part of the Reportable Incident notification, as soon as possible within 48 hours, to the Director General using the critical and emergency incident report form available from the Department of Education's website
- record the incident in the Incident Register for reporting to School Council
- notify the School Council Chair of any reportable incidents.



# Appendices

## Appendix A: Action Plan for Anaphylaxis

  
australian society of clinical immunology and allergy  
www.allergy.org.au

### ACTION PLAN FOR Anaphylaxis

Photo

Name: \_\_\_\_\_ Date of birth: DD / MM / YYYY

Confirmed allergen(s): \_\_\_\_\_

Family/emergency contact(s):

1. \_\_\_\_\_ Mobile: \_\_\_\_\_

2. \_\_\_\_\_ Mobile: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.


Signed: \_\_\_\_\_ Date: DD / MM / YYYY

Antihistamine: \_\_\_\_\_ Dose: \_\_\_\_\_

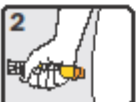
This plan does not expire but review is recommended by: DD / MM / YYYY

#### How to give adrenaline (epinephrine) injectors


##### EpiPen®



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE




2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)




3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:  
EpiPen® Jr (150 mcg) for children 7.5-20kg  
EpiPen® (300 mcg) for children over 20kg and adults


##### Anapen®




1 PULL OFF BLACK NEEDLE SHIELD



2 PULL OFF GREY SAFETY CAP from red button



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4 PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:  
Anapen® 150 Junior for children 7.5-20kg  
Anapen® 300 for children over 20kg and adults  
Anapen® 500 for children and adults over 50kg

#### MILD TO MODERATE ALLERGIC REACTIONS

##### SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

##### ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

#### SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)


Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

#### ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR


Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.


© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

## Appendix B: Action plan for Allergic Reactions



ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au

### ACTION PLAN FOR Allergic Reactions



Photo

Name: \_\_\_\_\_ Date of birth: DD / MM / YYYY

Confirmed allergen(s): \_\_\_\_\_

Family/emergency contact(s):

1. \_\_\_\_\_ Mobile: \_\_\_\_\_

2. \_\_\_\_\_ Mobile: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_ (doctor or nurse practitioner)  
who authorises medications to be given, as consented by the patient or parent/guardian,  
according to this plan.

Signed: \_\_\_\_\_ Date: DD / MM / YYYY

Antihistamine: \_\_\_\_\_ Dose: \_\_\_\_\_

This plan does not expire but review is recommended by: DD / MM / YYYY

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

### MILD TO MODERATE ALLERGIC REACTIONS

**SIGNS:**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting -  
these are signs of anaphylaxis for insect allergy

Mild to moderate allergic reactions may not always occur before anaphylaxis

**ACTIONS:**

- Stay with person, call for help
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

### SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTIONS FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk**
  - If unconscious or pregnant, place in recovery position - on left side if pregnant
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright
- GIVE ADRENALINE INJECTOR IF AVAILABLE**
- Phone ambulance - 000 (AU) or 111 (NZ)**
- Phone family/emergency contact**
- Transfer person to hospital for at least 4 hours of observation**

**IF IN DOUBT GIVE ADRENALINE INJECTOR**

Commence CPR at any time if person is unresponsive and not breathing normally

Adrenaline injector doses are:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

Instructions are on device labels.

**ALWAYS GIVE ADRENALINE INJECTOR FIRST** and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.



## Camp Allergy Management Checklist

This checklist helps both camp staff and groups attending camps prepare for a safer camp experience for those at risk of anaphylaxis. The list is meant as a guide and does not include every safety measure a facility could implement.

- Have majority of staff (including chef/cook) had specific anaphylaxis training?
- Have relief staff been trained?
- Are all staff aware of attendees with FOOD and INSECT allergies? (i.e. attendees that have an ASCIA Action Plan for Allergy/Anaphylaxis +/- an adrenaline/epinephrine autoinjector)
- Who is responsible for the camps catering? Do they have information on attendees and what food they are allergic to?
- Has the catering supervisor/chef spoken directly with attendee with food allergy/their parent?
- Can the allergen be removed or minimised? (Remember: food bans do not work and are not to be trusted).
- Always keep labels so food content can be checked. If food arrives without a label, call manufacturer and ask for printed ingredient list .e.g. bread from bakery.
- Be aware of cross contamination of foods during storage, preparation, cooking and serving of foods. (for detailed information on appropriate food preparation for those with food allergy, consider purchasing A&AA Food Service Kit through our online shop [www.allergyfacts.org.au](http://www.allergyfacts.org.au)).
- Designated staff member (that has done anaphylaxis training) to be introduced to attendee/s with food allergy at beginning of camp. This staff member is to be available at meal times to facilitate reading labels and checking of food.
- Can you create a safer dining table for the attendees with specific food allergy? (especially if primary school aged) e.g. no milk in cups or bowls of cereal on the table where an attendee with milk allergy is sitting.
- Have you considered inviting an attendee to supply their own food (especially attendees with multiple food allergy)? If so, how will you manage storage, preparation and serving of their food?
- Are there any activities planned that involve food? Consider non-food activities/rewards.
- Are attendees allowed to bring snacks and treats from home? How will this be managed?



**Allergy & Anaphylaxis  
Australia**  
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## Appendix D

### Allergy Aware Food Preparation and Sharing at School Events Community Guidelines

As an "allergy aware school", West Coast Steiner School is committed to providing a supportive and inclusive environment where children at risk of severe allergies and anaphylaxis can participate safely in all aspects of school life. We are likely to have students in our School, in any given year, who experience anaphylactic reactions if exposed to allergens. The sensitivity is such that these children may experience a reaction just from touching the hands of another person who has eaten foods containing these allergens. We are also likely to have students who have an intolerance to certain food types, which when consumed, can make them very unwell.

In keeping with the Australian Society for Clinical Immunology and Allergy (ASCIA) recommendations and our School's Allergy and Anaphylaxis Management Policy, we ask our community to assist us with keeping all our children as safe as possible, by adhering to the following guidelines when preparing food at School or bringing food into the School grounds for community events. We acknowledge that it is not possible to entirely eliminate the risk of a reaction, but we can work together to minimise risk by;

Providing food options that are:

- Nut free
- Sesame free
- Gluten free
- Soy free
- Dairy aware (a small amount of dairy contained with baked food but not the main ingredient)

And offering vegetarian and vegan alternatives.

Including recipes for dishes that list the ingredients and are clearly labelled:

Recipe Name	
<i>This recipe is</i>	<i>Yes/No</i>
Nut free	
Sesame free	
Gluten free	
Soy free	
Dairy aware	
Vegan (no eggs or honey)	
Refined sugar free	

Following food handling and hygiene procedures:

- thoroughly wash hands before and after handling foods that are known to be highly allergenic
- use new gloves when handling foods that are known to be highly allergenic
- use different utensils and equipment for preparing highly allergenic foods
- wash contaminated kitchen utensils in hot soapy water or in the dishwasher.
- Use hot soapy disposable paper towels to wipe surfaces, i.e. do not use a dishcloth.
- Avoid cross contamination. Take care not to contaminate butter and other spreads.