

Management of Food and Allergies Policy

(Ratified by School Council: March 2026)

PURPOSE:

Food allergies are currently on the increase. Research shows that 1 in 10 children less than 5 years old have food allergies. Up to 2% of the population will have food allergies for life.

Glen Waverley Primary School has several students each year that have been diagnosed with a potentially life-threatening food allergy.

An allergic reaction triggered by a small amount of food can be rapid in onset and progress quickly to a life-threatening emergency. This policy is written to accompany the school's Anaphylaxis Policy to ensure risk to students is minimised.

GUIDELINES:

All staff members have a professional responsibility to know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in the Health Hub. Their complaint should always be taken seriously. Photos of students with known food allergies and their associated symptoms are distributed to staff at the beginning of each year and updated as the school is made aware of changes to student needs. This is also displayed in the staffroom and the Health Hub.

The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

- the age of the child at risk
- the age of their peers
- what the child is allergic to
- the severity of the child's allergy
- the environment they are in
- the level of training carers have received.

Whilst every child at risk of anaphylaxis in Victorian Schools and Children's Services must have an ASCIA Action Plan for Anaphylaxis provided by their doctor, each child at risk must also have an Individual Management Plan which details strategies to help reduce risk for that child. This Individual Management Plan is developed on enrolment after the School has a face-to-face meeting with parents. Once the plan is agreed to by the parents and School, the plan is signed off by both parties. The Individual Management Plan for each child is to be reviewed yearly OR after a reaction in case management strategies are to be changed. As the child gets older and has more understanding of personal management, strategies do differ. A child may also outgrow an allergy or develop another allergy.

All GWPS staff complete Level 2 First Aid course and annually update their CPR and anaphylaxis training. They are expected to maintain this at all times. An anaphylaxis briefing and EpiPen training are delivered twice a year.

IMPLEMENTATION:

RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food Brought to School for brain food, morning tea or lunch	<ul style="list-style-type: none"> • This food may not be shared between students. • Circulate a letter to the parent community on severe allergy and the risk of anaphylaxis. This may go to the class, year level, or school. • Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.
Special Events, Community Functions	<ul style="list-style-type: none"> • Plan for children with food allergies when planning any fundraisers, cultural days or community events etc. Notices should be sent to the parent community discouraging specific food products. E.g., nuts • Invite the parents of the child with an allergy to the function where possible.
Food Rewards	<ul style="list-style-type: none"> • Food rewards should be discouraged, and non-food rewards encouraged. • Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom.
Class parties / Birthday celebrations	<ul style="list-style-type: none"> • Discuss these activities with parents of allergic child well in advance • Send a notice home to all parents prior to the event, discouraging specific food products. • The teacher should ask the parent to attend the party as a 'parent helper' • Child at risk of anaphylaxis should not share food brought in by other students. Ideally, they should bring own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in freezer in a labelled sealed container. • Younger students should be supervised if handing out party food, which should occur at the end of the day so that all parents can approve intake of sugary foods or treats.
Cooking	<ul style="list-style-type: none"> • Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school.
Science Experiments	<ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods
Students picking up papers/rubbish	<ul style="list-style-type: none"> • Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged.
Music	<ul style="list-style-type: none"> • Sharing of wind instruments is not permitted
Art & Craft	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis did not contain allergens. e.g., egg cartons where the student has an egg allergy. • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.
Canteen	See Food Services Policy
Hand Washing	<ul style="list-style-type: none"> • Classmates encouraged to wash their hands after eating
Casual Relief Teachers	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community.</p> <ul style="list-style-type: none"> • Teaching and Learning Leaders (TaLL) should provide information on the student cohort for these educators as required. • A free online training course for teachers and Children's Service staff is available whilst waiting for face-to-face training by a DET nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au. This course

	can also be done as a refresher
Class Rotations	<ul style="list-style-type: none"> • All teachers will need to plan for children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.
Class pets/ pet visitors /school farmyard	<ul style="list-style-type: none"> • Be aware that some animal feed contains food allergens. E.g., nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food. • Chickens hatching in classroom. Children's Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Generally speaking, simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Some suggestions to reduce the risk of a reaction and still enable the child with allergy to participate in the touch activity. • The allergic child can touch a chick that hatched the previous day (i.e., a chick that is more than just a couple of hours old); no wet feathers should be present. • Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth. • If there is concern about the child having a skin reaction, the child should wear gloves. • All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safeguards in place.
Incursions	<ul style="list-style-type: none"> • Prior discussion with parents if incursions include any food activities
Excursions, Sports carnivals, Swimming program	<ul style="list-style-type: none"> • Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. Staff will be made aware of all students at risk of severe allergic reactions by sight, and the location of Epipens. All staff will be trained to recognise and treat anaphylaxis.
Staff should also:	<ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, investigate other form of emergency communication i.e. walkie talkie. • Increase supervision depending on size of excursion/sporting event i.e., if students are split into groups at large venue e.g., zoo, or at large sports venue for sports carnival. • Add a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g., food containing nuts). • Check if excursion includes a food related activity, if so, discuss with parent. • Ensure that all teachers are aware of the location of the emergency medical kit containing an adrenaline auto-injector.
School Camps	<p>Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Parents of children at risk should have a face-to-face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life-threatening allergic reaction

has occurred, and adrenaline is required.

- Staff to practise with adrenaline autoinjector training devices (EpiPen® and AnaPen® Trainers) and view DVDs prior to camp.
- Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e., consider locked gates etc in remote areas.
- Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.
- Parents should be encouraged to provide two adrenaline auto-injectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.
- Clear advice should be communicated to all parents prior to camp on what foods are not allowed.
- Parents of a child at risk of anaphylaxis and the school need to communicate about food for the duration of the camp with the staff. Teachers will communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food.
- Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well by school staff.

Discussions by school staff with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:

1. Possibility of removal of peanut/tree nut from menu for the duration of the camp.
2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e., egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example.
3. Awareness of cross contamination of allergens in general i.e., during storage, preparation and serving of food.
4. Discussion of menu for the duration of the camp.
5. Games and activities should not involve the use of known allergens.
6. Camp organisers need to carefully manage domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up.

RELATED LEGISLATION:

Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
Ministerial Order 706 (MO706) - School Requirements

RELATED POLICIES:

Food Service Policy
Anaphylaxis Policy
First Aid Policy
Administration of Medication Policy

POLICY EVALUATION:

Evaluation will be conducted every two years by the Education Committee (School Council)

DUE DATE FOR REVIEW:

Due for review in March 2028.