

Nut Free Policy

As part of the ongoing safety awareness at Tambelin, the school adheres to a TOTAL NUT FREE policy throughout the entire school. This includes bringing food to school-related activities.

Parents and children need to be mindful of any products containing nuts when preparing lunches or snacks. Parents of children who, historically, have suffered any anaphylactic reaction to any foods or insect bites, need to provide the school with an up-to-date medical action plan, signed by their treating doctor.

The following are guidelines for all parents of students at Tambelin, which, if followed, will minimise the risk of an allergic, possibly life-threatening, reaction to a member/s of the school population.

Don't send to school:

- any fresh nut products
- any spread containing nuts (all nuts, eg: peanut butter, nutella)
- any muesli bar, biscuit or other product THAT LISTS NUTS AS AN INGREDIENT
- packages of mixed fruit (eg: trail mix) that contain nuts as well
- recycled containers that may have contained nuts, eg: Cereal, peanut butter jars, biscuits

Please:

- don't use 'nut' ingredients if preparing food for a special school event (eg: birthday cake, cultural food, sports day picnic)
- if your child eats a nut product for breakfast (eg: peanut butter on toast), washing hands *before* arriving at school will reduce the chance of exposing an allergic child to nut allergen at Tambelin (eg: on the bathroom taps, computer mouse, climbing equipment, etc).

All children are to be discouraged from swapping food.

*Products that state 'May include traces of nuts' may be sent to school until further advised, please remind your child not to share foods at school as per the statement these foods **may contain traces of nuts**.*

Tambelin will promptly update all parents if circumstances change and there is a need to modify policy information. Please sign and return the completed slip below, thank you.

I have read the above guidelines and understand the implications for our family. These being that any foodstuffs containing nuts must not be sent to school, that my child/children will be discouraged from sharing any part of their lunch and that when supplying school with recycled packaging care will be taken to ensure that these containers have not previously stored nut products.

Name: _____ Signature: _____

Date: ____/____/____



T A M B E L I N

INDEPENDENT SCHOOL GOULBURN

Is A Nut Free Zone

Last updated, June 24, 2013

More Nut And Peanut Allergy Information...

Nuts! They sure can cause you trouble if you're allergic to them - and a growing number of kids are these days. So what kind of nuts are we talking about? Peanuts, for one, though they aren't truly a nut. (They're a legume like peas or lentils.) A person can also be allergic to nuts that grow on trees, such as almonds, walnuts, pecans, and cashews.

Why Does the Body Go Nuts Over Nuts?

When someone has a food allergy, his or her body sort of misfires. Instead of treating a nut or peanut like any old food, the body reacts as if the nut or peanut is harmful. In an attempt to protect the body, the immune system produces antibodies (special chemicals designed to fight infections) against that food.

The antibodies then cause mast cells (which are a type of immune system cell in the body) to release chemicals into the bloodstream, one of which is histamine. The histamine then causes symptoms in a person's eyes, nose, throat, lungs, skin, or gastrointestinal tract.

What is Anaphylaxis?

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular). A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening.

What causes Anaphylaxis?

Common triggers of anaphylaxis include:

Food

Milk, eggs, peanuts, tree nuts, sesame, fish, crustaceans and soy are the most common food triggers, which cause 90% of allergic reactions, however, any food can trigger anaphylaxis. It is important to understand that even trace amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to skin contact or even the smell of a food (e.g.fish).

Insect Venom

Bee, wasp and jumper ant stings are the most common causes of anaphylaxis to insect stings. Ticks and fire ants also cause anaphylaxis in susceptible individuals.

Medication

Medications, both over the counter and prescribed, can cause life threatening allergic reactions. Individuals can also have anaphylactic reactions to herbal or 'alternative' medicines.

Other

Other triggers such as latex or exercise induced anaphylaxis are less common and occasionally the trigger cannot be identified despite extensive investigation.

Signs and Symptoms

The signs and symptoms of anaphylaxis may occur almost immediately after exposure or within the first 20 minutes after exposure. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis.

Allergic symptoms may initially appear mild or moderate but can progress rapidly. The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

Common Symptoms

Mild to moderate allergic reaction

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

Severe allergic reaction- ANAPHYLAXIS

- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (young children)

Diagnosis

A person who is suspected of having a food allergy should obtain a referral to see an allergy specialist for correct diagnosis, advice on preventative management and emergency treatment. Those diagnosed with severe allergy must carry emergency medication as prescribed as well as an Anaphylaxis Action Plan signed by their doctor. Food allergic children who have a history of eczema and/or asthma are at higher risk of anaphylaxis. Administration of adrenaline is first line treatment of anaphylaxis.

Management & Treatment

Anaphylaxis is a preventable and treatable event. Knowing the triggers is the first step in prevention. Children and caregivers need to be educated on how to avoid food allergens and/or other triggers.

However, because accidental exposure is a reality, children and *caregivers need to be able to recognise symptoms of an anaphylaxis and be prepared to administer adrenaline according to the individuals Anaphylaxis Action Plan. Research shows that fatalities more often occur away from home and are associated with either not using or a delay in the use of adrenaline.*

Adrenaline can be purchased in the form of an auto-injector known as the EpiPen. The EpiPen auto injector is an intra-muscular injection of adrenaline for the emergency treatment of anaphylactic reactions.