

Peanut & Tree Nut Policy

Dated February 2003, Revised September 2003, 5/07/07, 23/08/12, 15/09/16, 14/07/20, 8/06/2021

Signed on behalf of Management Committee **Dated**

Aim

To protect the safety and wellbeing of children in our care who may have severe allergies to peanuts and tree nuts. The Centre has a duty of care to minimise the risk of exposure to a high-risk allergen to children and staff who are diagnosed at risk of anaphylaxis.

Background

The Peanut & Tree Nut policy is put into place because as a Centre we take responsibility for the health and wellbeing of our children, staff, families and visiting community. Although we appreciate that there are many other substances that children can have severe allergic reactions to, we have made this policy specific to peanuts and tree nuts. Our reasons for this are;

1. These are the most common allergens causing severe allergic reactions in children.
2. These substances are very hard to contain, eg. Nuts are small items that when spilt or dropped can easily be missed and picked up by another child; and, products such as peanut butter & Nutella are easily smeared onto surfaces.
3. Nuts are a potential choking hazard.

N.B. Tree nuts include walnuts, hazelnuts, cashew nuts, almonds, pecans, macadamias, pistachios, pine nuts, chestnuts and brazil nuts. This does not include coconut.

Related Policies

Medical Conditions Policy
Medication Policy
Anaphylaxis Policy
Nutrition Policy

Related Documents

Peanut & Tree Nut Allergy – Information Sheet

Implementation

Staff will be educated about the dangers that can be associated with peanuts and similar nut products to children/adults with severe allergies.

1. Information will be included in Centre handbook to educate and inform parents about the increase in severe allergies to these products and the life threatening dangers they possess. (Refer Peanut & Tree Nut Allergy – Information Sheet)
2. If a child is known to have an allergy to peanuts or tree nuts their parents will be consulted prior to enrolment with regard to the severity of the child's allergy and Parents will be required to provide an Emergency Action Plan signed by their Child's Doctor that outlines the symptoms and the emergency procedures to be followed in case of an allergic reaction. In addition, a Risk minimisation and Communication Plan will be completed by the family and educators.
3. The centre will provide information in the section handbook, as well as on notice boards, signage in the rooms and Website about the Nut & Tree Nut Policy and the reason the Centre enforces this policy.
4. Products such as peanut butter, Nutella, nut food bars and any other products that have nuts or peanuts listed in the ingredients will not be allowed within the Centre to prevent allergies arising and to protect any children or staff that may suffer from these allergies – This does not include products that contain the warning "may contain traces of nuts".

5. Children who have known allergies will be closely monitored while in care and if a reaction is seen to present educators MUST follow guidelines as set out in the centre's Anaphylaxis Policy.
6. Topical lotions and creams including nappy rash creams that have nut oil listed as an ingredient will not be used at the centre. This includes creams supplied by parents.
7. Parents are encouraged to discuss with staff any concerns or uncertainties they have about particular foods or topical lotions.
8. Signs are displayed at entrances informing families and visitors that there are children attending the Centre who are diagnosed as at risk of anaphylaxis.

Source

Allergy & Anaphylaxis Australia, Peanut, Retrieved 14/01/21 from <https://allergyfacts.org.au/allergy-anaphylaxis/food-allergens/peanut>

Allergy & Anaphylaxis Australia, Tree Nut, Retrieved 14/01/21 from <https://allergyfacts.org.au/allergy-anaphylaxis/food-allergens/tree-nut>

ACT Government, *Education and Care Services National Regulations, under the Education and Care Services National Law (ACT) Act 2011*

Australian Children's Education & Care Quality Authority (ACECQA) (2011), *National Quality Framework, Resource Kit, Guide to the National Quality Standard, Quality Areas, 1 & 5.*

Australian Government Department of Education, Employment and Workplace relations (2009) *Belonging, Being & Becoming, the Early Years Learning Framework for Australia*

Australasian society of clinical immunology and allergy (Jan 2010) Peanut, Tree Nut and Seed Allergy, Retrieved 14/07/20 from <https://www.allergy.org.au/patients/food-allergy/peanut-tree-nut-and-seed-allergy>

Next Review: January 2023

UPCCC is a Peanut and Tree Nut Free Centre

This Information Sheet provides information of Peanut and tree nut allergy and why we have decided to be a Peanut and tree nut free Centre. The information is based on information by the Australasian Society of Clinical Immunology and Allergy.

Peanut and tree nut allergy is most common in infants, but may appear for the first time in adults. 3% of infants have a peanut allergy. Exposure is hard to avoid and even trace amounts can trigger symptoms.

Allergic reactions to peanut and tree nuts can be severe

Symptoms of food allergy typically include hives (urticaria), swelling around the mouth, and vomiting, usually within 30 minutes of eating a food. Other symptoms include stomach pains, or diarrhoea. Symptoms of severe allergic reactions (anaphylaxis), include any of the following; difficult/noisy breathing, swelling of the tongue, swelling/tightness in the throat, difficulty talking/hoarse voice, wheeze or persistent cough, persistent dizziness and/or collapse. Young children may become pale and floppy. Deaths from food allergy are rare in Australia, but mild, moderate and severe allergic reactions are common. Peanuts and tree nuts are amongst the most common foods causing life threatening anaphylaxis.

Other allergies may also be present

Food allergy is more common in people who have other allergies like hayfever, asthma or eczema. As many children have allergies to other foods such as milk, egg or other nuts, your doctor may test for these allergies as well.

Reliable diagnosis of food allergy is important

Unnecessary avoidance of certain foods, for example based on self-diagnosis, may have adverse nutritional consequences. In order to avoid unnecessary dietary restrictions, it is important to have reliable methods to diagnose food allergy. Your doctor will normally ask a series of questions that may help to narrow down the list of likely causes of allergy such as foods or medicines consumed that day, or exposure to stinging insects. This approach will also help to exclude conditions that can sometimes be confused with food allergy. Skin or blood (IgE/ RAST) allergy testing helps confirm or exclude potential triggers. While the results of allergy tests are a useful guide in determining whether a person is allergic, they are not a reliable guide to how severe a reaction will be. Talk to your doctor to get help with understanding the test results.

Unorthodox so-called "allergy tests" are unproven

There are several methods of unorthodox "tests" for food allergy. Examples include cytotoxic food testing, Vega testing, kinesiology, iridology, pulse testing, Alcat testing, Rinkel's intradermal skin testing, **reflexology**, **hair analysis** and **IgG food antibody testing**. These are unreliable, have no scientific basis and have no useful role in the assessment of allergy. **ASCIA** advises against the use of these tests.

Peanuts and tree nuts are hard to avoid

Peanuts and nuts are widely used in cooking. This poses significant problems for people with severe peanut or tree nut allergy. Laws require that any product, which contains peanuts or tree nuts traces, must be labelled to that effect, so the labels of all foods should be checked before purchase. Some manufacturers will also label their products as possibly containing traces of nuts. In such situations, multiple products may be made on the same production line and cross-contamination with traces of nuts cannot be guaranteed. The risk of cross contamination is greatest for those with severe food allergies. Occasionally nut products or oils have been used as unlabelled ingredients in cosmetics such as massage oils. For example, the term *Arachnis oil* on the label is the scientific name for peanut.

The following list provides some examples of foods that can contain peanut or tree nuts. While peanut/nuts may not always be present, foods in this list should be examined carefully to ensure that no peanuts/nuts are present.

Foods that may contain peanuts or tree nuts:

Baked goods	Biscuits	Cereals
Chinese meals	Crackers	Egg rolls
Ice creams	Health bars	Indonesian dishes
Kebabs	Marzipan	Mixed nuts

Pastries	Peanut oil	"Natural" flavourings
Peanut butter	Sweets	Spaghetti sauces
Soups	Thai dishes	Vegetable fats & oils
Pesto	Arachnis oil	Bouillon/Worcestershire sauce
Nougat	Muesli	Hydrolyzed vegetable protein
Chocolates	Nutmeg	Vegetarian dishes
Animal and bird feeds	Lotions, shampoos & creams Promethium (progesterone cream derived from peanuts)	

Other foods may also cause allergic reactions

Despite the name, "peanut", they are actually legumes, coming from the same family as soy, lentils and peas. Fortunately, the majority of peanut allergic people can eat these other foods with safety.

Other nuts and seeds can cause severe allergy

Even though there is little similarity between peanut allergens and those present in tree nuts, there is an increased risk of other food allergies in peanut allergic children. For this reason, (and because of the risk of peanut contamination in "mixed nuts"), it is usually recommended that peanut allergic people avoid all nuts. Some people, on the other hand, are allergic to tree nuts alone or to sunflowers, sesame or poppy seeds. The management of these patients is similar to that of peanut allergic patients.

Highly purified peanut oil contains little allergen

Refined peanut oils (not cold-pressed) have been shown to be safe in small studies. Unfortunately, it is difficult to guarantee that the oil is sufficiently refined to remove all traces of allergen. This particularly applies to restaurants which use peanut oils for cooking, as peanut proteins may leach into the oil during cooking, and the oil may be re-used a number of times. In general therefore, avoidance of peanut oil is frequently advised.

Avoidance is the only proven treatment for peanut/tree nut allergy

The only proven treatment for peanut/tree nut allergy is avoidance. It is therefore fortunate that omitting peanuts or tree nuts from the diet has no adverse nutritional consequences. Children should bring their own nut free food with them to school. They should also be encouraged not to swap food. In common eating and food preparation areas, where there are children with severe peanut allergy, particularly in day care centres and pre-schools, all nut-containing foods should be avoided.

Research into food allergy is ongoing

The increased frequency of peanut and tree nut allergy is driving research into areas trying to find out why it has become more common, and how to treat and prevent it. Research has shown that early exposure to peanut reduces the risk of peanut allergy developing in high risk infants. Allergen immunotherapy (desensitisation) studies are trying to see if peanut allergy can be switched off once the allergy has developed.

Action Plans are essential

The average nut-allergic person will have an accidental exposure every couple of years. The difficulties of avoiding peanuts/tree nuts completely make it essential to have an Action Plan and plans to prevent, reduce exposure.

Nut allergy can be effectively managed

The good news is that in concert with a trained allergist and a network of supportive contacts, people with allergy to peanuts / tree nuts can learn to live with their condition. The knowledge that EpiPen (an automatic device for administering adrenalin) is available and is life-saving offers reassurance. Research continues to find new ways of more effectively treating this condition. The "Food Anaphylaxis Children Training and Support Association" (FACTS) (www.allergyfacts.org.au) offers valuable updates and tips for dealing positively with food allergies.

It is important to note that information contained in this bulletin is not intended to replace professional medical advice. Any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

Source:

Australian Society of Clinical immunology and Allergy (ASCIA) (2019) *Information for Patients, Consumers and Carers, Peanut, Tree nut and Seed allergy*. Retrieved 14/01/21 from <https://www.allergy.org.au/patients/food-allergy/peanut-tree-nut-and-seed-allergy>