

Allergy Awareness Activities



Acknowledgements

This primary school resource is an Allergy & Anaphylaxis Australia (A&AA) initiative. This revised version has been supported by the National Allergy Strategy 250K youth project, which has received funding from the Australian Government Department of Health.



This resource was initially funded by the Department of Health, Western Australia, as part of the Western Australian Anaphylaxis Project.

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Introduction

These activities provide the knowledge, understanding and skill development to foster allergy awareness and safety among Years 5–6 students. These understandings and skills are linked to the Australian Curriculum for

Health and Physical Education content strand of **Personal, Social and Community Health**. Specifically, the focus areas of food and nutrition, and safety, and the below content descriptions.

Personal, social and community health

Years 5 – 6

BEING HEALTHY, SAFE AND ACTIVE SUB-STRAND

Identities	Examine how identities are influenced by people and places (ACPPS051)
Help-seeking	Investigate community resources and ways to seek help about health, safety and wellbeing (ACPPS053)
Making healthy and safe choices	Plan and practise strategies to promote health, safety and wellbeing (ACPPS054)

COMMUNICATING AND INTERACTING FOR HEALTH AND WELL-BEING SUB STRAND

Interacting with others	Practise skills to establish and manage relationships (ACPPS055)
Health literacy	Recognise how media and important people in the community influence personal attitudes, beliefs and decisions and behaviours (ACPPS057)

CONTRIBUTING TO HEALTHY AND ACTIVE COMMUNITIES SUB-STRAND

Community health promotion	Investigate the role of preventive health in promoting and maintaining health, safety and wellbeing for individuals and their communities (ACPPS058)
Valuing diversity	Identify how valuing diversity positively influences the wellbeing of the community (ACPPS060)

Key understandings

- There are a range of personal and social factors that help keep a person healthy and safe, including avoiding foods and other things that they may be allergic to.
- **Awareness** of the signs and symptoms of an allergic reaction; the dangers of allergens and knowing what foods your friends are allergic to, can help people with allergies feel safe, strong and supported in any situation.
- **Avoidance** of exposure to allergens is the only way to prevent an allergic reaction. Ways to protect self and others from allergens include washing hands after eating something a classmate is allergic to; being aware if someone near you is eating a food you are allergic to or is allergic to a food you have; not sharing food with anyone with a food allergy; reading labels to check for known allergens; following the rule 'no adrenaline injector, no eat'; wearing a medical identification bracelet; not leaving drink bottles unattended and wearing shoes when outside if allergic to insects; avoiding latex or some medications.
- **Actions** such as getting adult help immediately if others feel sick or look like they are having an allergic reaction; helping those who may be bullied or pressured about their allergies; stopping friends with allergies from taking risks with their eating; telling an adult as soon as you have any signs or symptoms of an allergic reaction; and knowing where your adrenaline injector is at all times as this can help people with allergies feel safe, strong and supported in any situation.
- Positive self-talk is an important skill to maintain an optimistic outlook in situations involving allergens.
- Allergic reactions do not always lead to anaphylaxis, but we need to keep a close eye on those who may be at risk and get adult help immediately if an allergic reaction is suspected.
- A range of factors influence our safety choices in risky situations, such as family, peer, school, community and media influence.
- Adrenaline given as an injection using an adrenaline injector (EpiPen® or Anapen®) into the outer mid-thigh muscle (half-way between the hip and knee joint) is the first line treatment for anaphylaxis.
- Ninety percent of food allergic reactions are caused by the common allergy causing foods. These are peanut, tree nuts (e.g. walnut, almond, cashew), egg, milk (dairy), fish, crustacea, molluscs, soy, sesame and wheat.
- If these ingredients (as well as lupin, barley, oats and rye) are in a food product, manufacturers must include them in the ingredient list, no matter how small the amount. Precautionary allergen labelling e.g. 'may contain traces' is not covered under food labelling laws.
- Our school has an Anaphylaxis Management Policy to help support students with allergies.
- We all need to do what we can to help each other and stay healthy and safe.

Key skills to practise

- Identifying and making decisions about unsafe or bullying situations involving allergens.
- Responding to risky situations involving potential contact with allergens.
- Responding to risky situations involving an allergic reaction.
- Using 'avoidance' strategies around eating or handling food and avoiding other allergens.
- Using positive self-talk to promote health, safety and wellbeing.
- Responding to diversity with respect and by including others.
- Celebrating own unique qualities.
- Valuing differences by applying care, understanding and acceptance in situations involving allergens.

General capabilities

General capabilities are a key dimension of the Australian Curriculum. They encompass skills, behaviours and dispositions that students develop and apply to content knowledge and that support them in becoming successful learners, confident and creative individuals and

active and informed citizens (ACARA website: <https://acara.edu.au/curriculum/foundation-year-10/general-capabilities>).

This allergy awareness resource provides opportunities for students to develop and use the following capabilities.

Activity	1	2	3	4
Literacy	✓	✓	✓	✓
Numeracy	✓	✓		
Information & communication technology	✓			✓
Critical & creative thinking	✓	✓	✓	✓
Ethical behaviour	✓	✓	✓	✓
Personal & social competence	✓	✓	✓	✓
Intercultural understanding	✓			

Key learning related to the Achievement Standard

This allergy awareness resource provides opportunities for students to work toward the Years 5 and 6 achievement standard. Specific contributions toward the achievement standard are highlighted below.

HEALTH AND PHYSICAL EDUCATION ACHIEVEMENT STANDARDS

Years 5 – 6

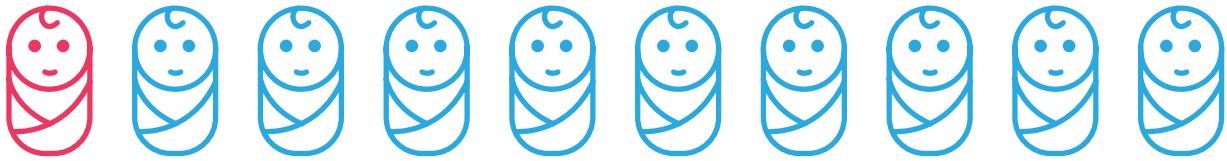
By the end of Year 6, students investigate developmental changes and transitions. They explain the influence of people and places on identities. They recognise the influence of emotions on behaviours and discuss factors that influence how people interact. **They describe their own and others' contributions to health, physical activity, safety and wellbeing.** They describe the key features of health-related fitness and the significance of physical activity participation to health and wellbeing. **They examine how** physical activity, **celebrating diversity** and connecting to the environment **support community wellbeing and cultural understanding.**

Students demonstrate fair play and skills to work collaboratively. **They access and interpret health information and apply decision-making and problem-solving skills to enhance their own and others' health, safety and wellbeing.** They perform specialised movement skills and sequences and propose and combine movement concepts and strategies to achieve movement outcomes and solve movement challenges. They apply the elements of movement when composing and performing movement sequences.

Allergy and anaphylaxis basics for teachers

What are allergies?

- Allergies occur when the immune system produces antibodies against substances in the environment (allergens) that are usually harmless. A food allergy is an immune system response, usually to a food protein, that the body mistakenly believes is harmful. When the individual eats the food, the immune system releases massive amounts of chemicals (including histamine), triggering symptoms that can affect a person's breathing, gastrointestinal tract, skin and/or heart and blood vessels.
 - It is estimated that in Australia one in ten babies and one in twenty children have a food allergy and some of them will experience a life-threatening allergic reaction (anaphylaxis)^{1,2}. Approximately 10–20 people die from anaphylaxis each year in Australia, however, we currently have no system to capture this information.
1. Osborne et al. Prevalence of challenge proven IgE-mediated food allergy using population-based sampling and predetermined challenge criteria in infants. *J Allergy Clin Immunol*. 2011; 127(3): 668–676
 2. Sasaki et al. Prevalence of clinic-defined food allergy in early adolescence: The SchoolNuts study. *J Allergy Clin Immunol*. 2018; 141(1):391–398



1 in 10 babies



1 in 20 children



1 in 50 adults

What are the symptoms of allergic reactions including anaphylaxis?

- Symptoms of a **mild to moderate allergic reaction** can include:
 - Tingling mouth.
 - Swelling of the lips, face and eyes.
 - Hives or welts.
 - Abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).
 - Symptoms of **anaphylaxis (a severe allergic reaction)** can include any one or more of the following:
 - Difficulty breathing or noisy breathing.
 - Swelling of the tongue.
 - Swelling/tightness in the throat.
 - Difficulty talking and/or a hoarse voice.
 - Wheezing or persistent coughing.
 - Persistent dizziness and/or collapse.
 - Young children may appear pale and floppy.
- Sourced from ASCIA Action Plan:** <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Mild to moderate allergic reactions may not always occur before anaphylaxis.
 - A severe allergic reaction usually occurs within 20 minutes to 2 hours of exposure to the trigger and if left untreated, can be fatal.
 - For students with food allergy, eating a small amount of food or drink (a crumb or a drop) that they are allergic to, can trigger anaphylaxis. Touching equipment (such as tables, pens) that have been contaminated by the food may cause a mild to moderate allergic reaction.
 - It is highly unlikely someone will have a severe allergic reaction (anaphylaxis) as a result of touch or smell of an allergen.
 - Some students are diagnosed with food allergy but are not prescribed an adrenaline injector because they have only ever had mild/moderate symptoms and have been assessed as being at low risk of anaphylaxis. These students still need to be careful to avoid the allergen and if they show signs of an allergic reaction, their friends need to tell an adult.

What are the main causes of allergic reactions?

- Ninety percent of food allergic reactions are caused by the common allergy causing foods. These are peanut, tree nuts (e.g. walnut, almond, cashew), egg, milk (dairy), fish, crustacea, molluscs, soy, sesame and wheat.
- Although these are the most common foods known to cause allergic reactions, any food can cause an allergic reaction (e.g. kiwi fruit, banana, chicken, mustard and celery).
- Other allergy triggers include insect stings or bites (particularly bee stings), some medications, latex and even exercise.
- Currently, there is no cure for food allergy. Avoidance of the food is the only way to prevent an allergic reaction.

Why is it important to know about anaphylaxis?

- Avoidance of known allergens is crucial in the management of anaphylaxis. Schools need to work with parents/guardians and children to minimise a child's exposure to known allergens and reduce stigma, bullying and teasing that may result for some children. Knowledge of allergies will assist staff and students to better understand how to help children who have a severe allergy and are at risk of anaphylaxis.

How can anaphylaxis be treated?

- Adrenaline (also known as epinephrine) given as an injection using an adrenaline injector (EpiPen® or Anapen®) into the outer mid-thigh muscle (half-way between the hip and knee joint) is the first line treatment for anaphylaxis.
- Adrenaline injectors are designed so that anyone can use them in an emergency even the person having the allergic reaction, however, sometimes they may be too unwell to do this.
- Parents/guardians of students with known allergies to food, insect stings or bites, must provide an ASCIA Action Plan completed and signed by their child's doctor or nurse practitioner.
- Where the student has been prescribed an adrenaline injector, parents/guardians should provide the school with an adrenaline injector and ASCIA Action Plan for Anaphylaxis for their child, which should be stored unlocked and easily accessible to staff.
- If a student is having an allergic reaction, follow instructions on their ASCIA Action Plan.
- Someone experiencing anaphylaxis should not stand or walk – they should lay down with their legs out flat in front of them. If breathing is difficult, they can sit with their legs out flat in front of them (i.e. not on a chair).
- If someone is treated with an adrenaline injector, an ambulance must be called immediately to take them to a hospital for further treatment and close observation for at least four hours.

How can anaphylaxis be prevented?

- The key to the prevention of anaphylaxis is:
 - **Knowledge** of students who are at risk
 - **Awareness** of known allergies
 - **Avoidance** of known allergens
- Some children wear a medical identification bracelet to indicate allergies, however, any teacher caring for a student with a food or insect allergy, including the risk of anaphylaxis, must be aware of them being in their care.

Privacy considerations

It is important to be aware that some parents/guardians may not wish their child's identity to be disclosed to the wider school community. This may also apply to the student themselves. It is recommended that this be

discussed with the student's parents/guardians and written consent obtained to display the student's name, photograph and relevant treatment details in staff areas, sick bay, library, canteen and/or other common areas.

TUNING IN

Activity 1

Allergy Awareness

Making allergies manageable

PREPARATION

Activity sheet 1.1 The allergy awareness quiz – photocopy one per student

Activity sheet 1.2 Recognising an allergic reaction to food – place on interactive whiteboard or photocopy to A3

Explain that Australia has the highest incidence of food allergies in the world and that in Australia one in ten babies have a food allergy. Stress that having a food allergy is manageable if we are all more allergy aware. Explain that avoiding the trigger food is the only way to prevent an allergic reaction and we can all help those with allergies avoid their trigger food(s).

Ask

- Do you know someone with a food allergy?
- Do you know someone who is allergic to something else, maybe insects like bees and wasps, medicine like Penicillin or latex like in balloons, rubber gloves and swimming caps?
- Do you know how many students are affected by allergies in our school? (find this out prior to activity).
- Explain that to explore how allergy aware students in the class are, they are going to do a quiz.
- Students complete **Activity sheet 1.1 The allergy awareness quiz**, individually or in small groups.
- Discuss the correct answers and clarify misunderstandings.

Ask (and whiteboard key ideas)

- Were there any answers that surprised you? If so, why?
- What three questions do you think every person at this school should know the answer to so that our school is more allergy aware? Why?
- What could you do at our school to help those people with allergies avoid their triggers? (Remind them about their allergy: not sit with someone when you have a food you know someone is allergic to; make sure you wash your hands after eating something your classmate with food allergy is allergic to; never share your food; never try to trick them into eating food they are allergic to).
- What could you do if you have an allergy to help avoid your triggers at school? (Tell your friends about what you are allergic to and what the signs and symptoms might look like if you

have an allergic reaction; not sit with someone you know has a food or item like latex that you are allergic to; don't eat food that others may share with you; read labels to check for your known allergens; follow the rule 'no adrenaline injector, no eat'; wear a medical identification bracelet; don't leave drink bottles unattended and be sure to wear shoes when outdoors if you are allergic to insects).

- What do you think a person might look like if they were having an allergic reaction? (Show **Activity sheet 1.2 Recognising an allergic reaction to food** or insect sting/bite and explain the difference between a mild to moderate allergic reaction and severe allergic reaction [anaphylaxis], stressing that anaphylaxis can be life-threatening).
- What action do you think you should take if you saw someone at school with any of these signs and symptoms? (Tell the person to stay calm, help them lay on the ground or sit on the ground if they are having trouble breathing, find someone to sit with them and get an adult's help immediately).
- How do you think you might feel if you had an allergy? (Scared, unhappy, disappointed, left out, special).
- What is some positive self-talk a person with an allergy can use to make him/herself feel better about their allergies? ("Everyone is different"; "I know how to stay safe around these foods/items"; "there is no need to be scared or unhappy, I just need to be careful"; "I am lucky to have good friends who will help me stay safe around these foods/items"; "I can get other treats instead of food treats"; "I get lots of love and care from my family" "my allergy doesn't stop me doing lots of fun things" and "my allergy makes me unique but I also share lots of qualities with others").
- What are some actions you could take to let a person with an allergy know you are there to support them and be their friend? (Help them if they are bullied about their allergies or being pressured into eating a certain food; stop them from taking risks with their eating; help them read food labels; eat with them if someone in the group is eating something that is unsafe and they have to move away; tell them that you will get help for them if they feel sick).
- What are some things that might stop you from doing the right thing in these risky situations? (Might be scared you will get bullied yourself; might not want to draw attention to your friend's allergy; might not want to feel left out; might be scared to go and get help if your friend looks sick).
- What is some positive self-talk you could use to make sure you do the right thing? (Remind yourself that being courageous is not always easy; remind yourself that bullying is not allowed at our school; remind yourself that good friends stick up for each other; remind yourself that getting an adult's help is the school rule when someone looks like they are having an allergic reaction; remind yourself that acting fast is the safest option; remind yourself of what could happen if you don't do the right thing).
- Why do you think we are learning about allergies? (Because being more aware of what triggers allergies can help those who have an allergy avoid these things and help others know what to avoid eating or using around people with allergies. When people are aware of the symptoms of an allergic reaction, they can act quickly to best manage the reaction. There is no cure for allergies. Avoidance is the only way to prevent a reaction).
- Students write a summary of this discussion in their own words and then prepare prompt cards and illustrations to use to help them with a discussion with their buddy class student (or another younger student) about allergy awareness e.g. The three most important things kids in Years 5 and 6 need to remember about keeping yourself or others safe from allergies.
- Send Parent **Information Sheet 1 Being Allergy Aware** home with students now and an information letter to parents if there are any students in your class with known allergies (see page 14 for sample). Leave extra copies in the school foyer, library and pick up areas.

Activity sheet 1.1

The allergy awareness quiz

How allergy aware are you?

Match the following questions with the correct answer. Remember, being allergy aware can help people with allergies feel safe, strong and supported in any situation.

1. Are all allergies harmless?	Adrenaline given using an adrenaline injector (EpiPen® or Anapen®) into the outer mid-thigh muscle (half-way between the hip and knee joint) is the most effective first line treatment for anaphylaxis.
2. Can people be allergic to any food?	There is no cure for food allergies. The only way to prevent an allergic reaction is to avoid the food. Everyone has a role to play in keeping those with allergies safe.
3. What are some examples of tree nuts?	Yes, people can be allergic to any food. However, the most common allergy causing foods are peanut, tree nuts, egg, milk (dairy), fish, crustacea (e.g. prawns), molluscs (e.g. oysters), soy, sesame and wheat.
4. Can a doctor cure a food allergy?	Tree nuts include pistachio, macadamia, walnuts, Brazil nuts, almonds, cashews, pecan, pine nuts and hazelnuts.
5. Can someone have anaphylaxis just from touching the food they are allergic to?	Most people need to eat a food for anaphylaxis to occur but contact with the food allergen should still be avoided. It is very rare for touch or smell to cause life-threatening reactions, but contact should still be avoided.
6. Do Australian manufacturers have to include the common allergens on the ingredient list if they are in the food product?	Some of the signs and symptoms of an allergic reaction (mild, moderate and severe) are vomiting, swelling of the face and lips, bumpy, red and itchy skin, difficulty breathing, and coughing.
7. Are food allergies more common in children than adults?	If someone is showing signs and symptoms of an allergic reaction you should get an adult's help immediately so they can so they can follow instructions on the ASCIA Action Plan.
8. What is the most effective first line treatment for anaphylaxis?	Allergies are not all harmless. Some allergies to foods, some medications and insect stings/bites can lead to a potentially life-threatening reaction called anaphylaxis. Anaphylaxis causes between 10–20 deaths.
9. What are some signs and symptoms of an allergic reaction?	In Australia, the common allergens (as well as lupin barley, oats and rye) must be labelled if they appear as an ingredient in a product, no matter how small the quantity is.
10. What should you do if you see someone showing signs and symptoms of an allergic reaction?	In Australia, one in 10 babies and one in 20 children have a food allergy, compared to one in 50 adults. So food allergy is more common in children than adults.

Teacher's answer sheet

1. Are all allergies harmless?

Allergies are not all harmless. Some allergies to foods, some medications and insect stings or bites can lead to a potentially life-threatening reaction called anaphylaxis, which leads to about 10–20 deaths in Australia each year.

2. Can people be allergic to any food?

Yes, people can be allergic to any food. However, the most common allergy causing foods are peanut, tree nuts, egg, milk (dairy), fish, crustacea (e.g. prawns), molluscs (e.g. oysters), soy, sesame and wheat.

3. What are some examples of tree nuts?

Tree nuts include pistachio, macadamia, walnuts, Brazil nuts, almonds, cashews, pecans, pine nuts and hazelnuts.

4. Can a doctor cure a food allergy?

There is no cure for food allergies. The only way to prevent an allergic reaction is to avoid that food. Everyone has a role to play in keeping those with allergies safe.

5. Can someone have anaphylaxis just from touching the food they are allergic to?

Most people need to eat a food for anaphylaxis to occur. It is very rare for touch or smell to cause life-threatening reactions but contact with the food allergen should still be avoided.

6. Do Australian manufacturers have to include the common allergens on the ingredient list if they are in the food product?

In Australia, the common allergens (as well as lupin, barley, oats and rye) must be labelled if they appear as an ingredient in a product, no matter how small the quantity is.

7. Are food allergies more common in children than adults?

In Australia, one in 10 babies and one in 20 children have a food allergy, compared to one in 50 adults. So food allergies is more common in children than adults.

8. What is the most effective first line treatment for anaphylaxis?

Adrenaline given using an adrenaline injector (EpiPen® or Anapen®) into the outer mid-thigh muscle (half-way between the hip and knee joint) is the most effective first line treatment for anaphylaxis.

9. What are some signs and symptoms of an allergic reaction?

Some of the signs of an allergic reaction are:

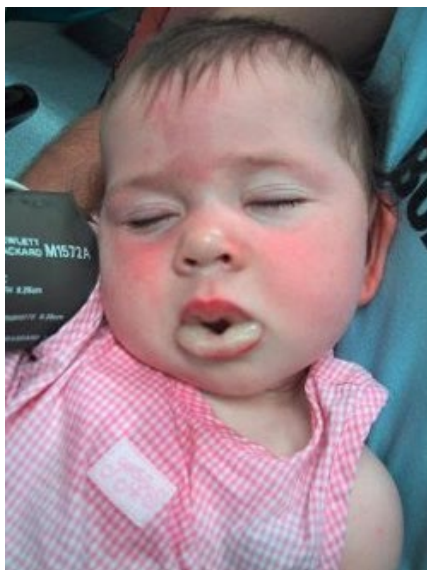
- vomiting
- swelling of the face, eyes and lips
- hives or welts that can appear as bumpy, red skin and be itchy
- difficulty breathing
- coughing
- swollen tongue or throat
- collapse

10. What should you do if you see someone showing signs and symptoms of an allergic reaction?

If someone is showing signs and symptoms of an allergic reaction you should get an adult's help immediately so they can follow instructions on the ASCIA Action Plan and give them their medication including their adrenaline injector (EpiPen® or Anapen®) if required. Someone experiencing anaphylaxis should not stand or walk – they should lay flat or sit with their legs out flat in front of them (i.e. sit on the ground and not on a chair). **Get a teacher's help even if your friend does not want you to.**

Activity sheet 1.2

Recognising an allergic reaction to food



Parent/Guardian Information Sheet

Being allergy aware

Dear Family

We are conducting an allergy awareness program in our classroom as part of our school health education program. Here are some facts to help you discuss allergy awareness with your child or children and some tips on what you need to do to help your child/children at school if he/she/other has a known allergy.

What are allergies?

An allergy is when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food, grass pollen, insects, pets, house dust mites, some medication and latex).

What is anaphylaxis?

Anaphylaxis is a severe allergic reaction that is potentially life-threatening.

What causes anaphylaxis?

The most common cause of anaphylaxis in children is food allergy. Any food can cause an allergic reaction, however 90% of reactions in Australia are caused by the common allergy causing foods. These are:

- Peanut
- Tree nuts (e.g. walnut, almond, cashews)
- Egg
- Milk (dairy)
- Fish
- Crustacea (e.g. prawns, crayfish)
- Molluscs (e.g. oysters)
- Soy
- Sesame
- Wheat

Other causes of anaphylaxis include:

- Insect stings and bites (bees, wasps, ants, ticks)
- Some medication
- Latex



Peanut



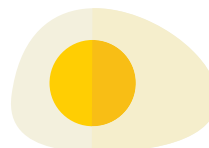
Crustacea
(e.g. prawns,
crayfish)



Tree nuts
(e.g. walnut,
almond, cashews)



Molluscs
(e.g. oysters)



Egg



Soy



Milk (dairy)



Sesame



Fish



Wheat

What are the signs and symptoms?

- Signs and symptoms of a mild to moderate allergic reaction:
 - Swelling of lips, face, eyes
 - Hives or welts
 - Tingling mouth
 - Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)
- Symptoms of a severe allergic reaction (anaphylaxis) include any one of the following signs:
 - Difficult/noisy breathing
 - Swelling of tongue
 - Swelling/tightness in throat
 - Difficulty talking and/or hoarse voice
 - Wheeze or persistent cough
 - Persistent dizziness or collapse

How can anaphylaxis be prevented?

The key to the prevention of anaphylaxis is:

- Knowledge of students who are at risk,
- Awareness of known allergens, and
- Avoidance of known allergens.

How can anaphylaxis be treated?

- Adrenaline given using an adrenaline injector (EpiPen® or Anapen®) into the outer mid-thigh muscle (half-way between the hip and the knee joint) is the first line treatment for anaphylaxis.
- If a student is treated with an adrenaline injector, an ambulance must be called immediately to take the student to hospital.

What can you do if your child is at risk of anaphylaxis?

- Inform staff of your child's allergies and discuss how to minimise risk of an allergic reaction.
- Work with school staff to complete an Individual Anaphylaxis Health Care/Management Plan.
- Provide the school with a copy of your child's ASCIA Action Plan that has been completed by a doctor or nurse practitioner and has a current (less than one year old) photograph of your child.
- Provide an adrenaline injector for students with an ASCIA Action Plan for Anaphylaxis. Check expiry.
- Make sure the ASCIA Action Plan is renewed at least every 12–18 months when your child is reviewed by their doctor and receives a new adrenaline injector prescription.

What can you do to help your child support a classmate who has an allergy?

- Talk with your child about not sharing food or offering food to students with food allergy.
- Talk with your child about washing hands after eating, if they have eaten the food a classmate is allergic to.
- Talk with your child about the signs and symptoms of an allergic reaction, including anaphylaxis and the importance of getting an adult's help if they see anyone with these symptoms.

Download the Be A Mate resources including a bookmark, brochure and poster: <https://allergyfacts.org.au/allergy-management/5-12-years/be-a-mate-resources>

The Be a Mate Bookmarks are available to purchase in quantities of 30, 100 or 500 from the A&AA shop: <https://allergyfacts.org.au/shop/posters-brochures-and-bookmarks>

FINDING OUT

Activity 2

Food labelling for allergies

PREPARATION

Activity sheet 2.1 Reading ingredient lists – photocopy one per student

Clean, empty food packaging e.g. boxes, bottles and plastic containers

Teaching tip

Ensure that the empty food packages are free of any food (including crumbs or smears).

- Explain that while being able to read the nutrition information panel and ingredients list on packaged foods is a healthy skill for everyone to have (because it gives us valuable information about the kilojoules or energy; fats; salt and sugar in the food so we can make healthier food choices), it is a lifesaving skill for people with food allergies.
- Explain the common allergy causing foods are responsible for 90% of all food allergic reactions – (peanut, tree nuts, egg, milk (dairy), fish, crustacea, molluscs, soy, sesame and wheat). These food allergens as well as lupin barley, oats and rye must always be listed on the ingredients list of packaged foods if they are present, no matter how small the amount.
- Explain that some labels include 'may contain...' statements for allergens (e.g. 'may contain traces of peanuts') if there is a chance of allergens being present due to cross contamination. It is not a legal requirement that manufacturers do this, so a product that doesn't have a 'may contain' statement might not be safer than one that does.
- Stress that reading food labels can often be a confusing task for people with food allergies because the foods are often listed in scientific names not the everyday ones. This will gradually change over the next 5 years with new labelling laws requiring the allergen to be listed under its 'everyday' plain English name (e.g. anything containing milk must have milk on the label and not just words casein or whey which are milk proteins).
- Read through **Activity sheet 2.1 Reading Ingredient lists** with students. Students complete the matching activity individually.
- **Answers:** (peanut – ground nuts), (tree nuts – pistachio, almond), (egg – albumin), (milk – casein, hydrolysed whey), (fish – tuna, anchovy, salmon), (crustacea -crayfish, crab, prawns), (mollusc – oyster), (soy – tofu), (sesame – tahini), (wheat – gluten).
- Distribute empty and clean boxes and bottles of packaged foods and ask students to review packaging as a group and then identify allergens:
 - Any allergens or traces of allergens
 - Any alternate or scientific names used instead of the everyday allergen food name.
- Record and graph the results as a whole class activity and compare with individual and group predictions. Discuss findings as a class.

Ask or conduct a Think, pair, share

- Tell your partner what you learnt from this activity.
- Why do you think it's so important for people with food allergies to read the labels of packaged foods every time they eat that food, not just the first time they eat it? (because the ingredients and/or manufacturing process may have changed from the first time they ate this food).
- How could you help a friend with a food allergy always remember to read the label before eating a packaged food?
- Why do you think the rule 'No adrenaline injector – no eat' is particularly important if someone with a food allergy is not sure what is in a food item?
- Reading food labels is one way that food allergies can be avoided. Remind the students again of some other things that everyone can do to help those with food allergies avoid their allergen? (remind them about their allergy; not sit with someone when you have a food you know someone is allergic to; make sure you wash your hands after eating, especially if you eat something your classmate is allergic to; never share your food; never try to trick them into eating food they are allergic to).
- Food labels are one reliable source of information about food allergies. Where else could a person with a food allergy get information? (parents, doctors, hospital staff, the media, Allergy & Anaphylaxis Australia website, Allergy & Anaphylaxis Australia pamphlets, Allergy & Anaphylaxis Australia helpline, 250K website, the internet) – Whiteboard responses.
- With your partner, rank these sources of information from most reliable (1) to least reliable (5). Discuss responses and clarify that Allergy & Anaphylaxis Australia and other government department sites may be more reliable than personal blogs and uploads on YouTube.
- Students devise a way to explain to a younger student with a food allergy how reading food labels; using the 'No adrenaline injector – no eat' rule and accessing reliable information can help them stay safer.
- Students make a personal spelling list from any new or difficult words from the Activity sheets.
- **At Home Activity:** Students locate three nutrition information panels on packaged foods at home and explain to their family/caregivers the ingredients that are common allergens.

Activity sheet 2.1

Reading ingredient lists

Reading the ingredient list on packaged foods is a skill that helps us make healthy food choices, but it takes some practise. It is particularly important that people with food allergies read the ingredient lists of packaged food every time because this will help them avoid the food(s) they are allergic to.

Tips for everyone

TIPS FOR PEOPLE WITH EGG ALLERGY

Some other names for eggs on food labels	Products that may contain eggs
<ul style="list-style-type: none">• Albumin• Egg solids• Egg white• Egg yolk• Flavoproteins• Meringue mix• Ovalbumin• Powdered eggs	<ul style="list-style-type: none">• Cakes and biscuits• Custards• Frozen desserts• Mayonnaise• Mousse• Omelette• Pavlova• Quiche• Rissoles• Salads and salad dressings• Soups and sauces• Soufflé

TIPS FOR PEOPLE WITH MILK (DAIRY) ALLERGY

Some other names for milk on food labels	Products that may contain milk
<ul style="list-style-type: none">• Ammonium caseinate• Casein• Hydrolysed whey• Lactalbumin• Whey protein• Whey solids• Whitener	<ul style="list-style-type: none">• Cakes and biscuits• Custards and puddings• Frozen desserts• Batter fried foods• Dips• Deli meats• Flavoured drinks• Frozen desserts• Fruit Juice• Margarine spreads• Meat pies• Pastries

TIPS FOR PEOPLE WITH PEANUT ALLERGY

Some other names for peanuts on food labels	Products that may contain peanuts
<ul style="list-style-type: none"> • Beer nuts • Groundnuts • Mixed nuts • Nut pieces • Peanut oil 	<ul style="list-style-type: none"> • Cakes and biscuits • Breakfast cereals • Chocolates • Dried fruit mixes • Muesli bars & snack foods • Ice creams • Salads and salad dressings • Soups and sauces

TIPS FOR PEOPLE WITH TREE NUT ALLERGY

Some other names for tree nuts on food labels	Products that may contain tree nuts
<ul style="list-style-type: none"> • Almonds • Brazil nuts • Cashews • Hazelnuts • Macadamia nuts • Almond paste • Pecan • Pine nuts • Pistachios • Walnuts 	<ul style="list-style-type: none"> • Cakes and biscuits • Breakfast cereals • Chocolates • Dried fruit mixes • Muesli bars & snack foods • Ice creams • Pastries • Salads and salad dressings • Soups and sauces

Be a food allergy detective. Match up common food allergens that are responsible for 90% of all food allergic reactions with other names that they may be listed on an Ingredients List (e.g. milk ↔ casein).

Remember, some foods may have more than one name.

Food	Synonym
Peanut	Tuna
Tree nut	Pistachio
Egg	Albumin
Milk (Dairy)	Crayfish
Fish	Anchovy
Crustacea	Oyster
Mollusc	Hydrolysed Whey
Soy	Casein
Sesame	Tofu
Wheat	Crab
	Almond
	Prawns
	Salmon
	Tahini
	Ground Nuts
	Gluten

SORTING OUT

Activity 3

Taking action and managing influences on safety choices

PREPARATION

Activity sheet 3.1 Taking action – photocopy one per group

Six large envelopes

Revise the actions students could take to let a person with an allergy know they are there to support them and be their friend? (Help them if they are bullied about their allergies or being pressured into eating a certain food; stop them from taking risks with their allergen or eating; help them read food labels, eat with them if someone in the group is eating something that is unsafe and they have to move away; tell them that you will get help for them if they feel sick).

Ask

- What are some things that might stop you from doing the right thing in these risky situations? (Might be scared you will get bullied yourself; might not want to draw attention to your friend's allergy; might not want to feel left out; might be scared to go and get help if your friend looks sick).
- What is the most important action you can take if you see someone having an allergic reaction? (Tell the teacher or person in charge immediately so they can follow the student's ASCIA Action Plan which may mean administering their adrenaline injector such as an EpiPen® or Anapen®).
- Students form small groups and assign one scenario from **Activity sheet 3.1 Taking action** and large envelope to each group. Ask students to paste their scenario to their envelope.
- Give groups three to five minutes to consider their scenario and brainstorm a range of solutions to their problem. The solutions are listed and enclosed in their envelope.
- Students pass their envelope to the next group and the process is repeated. Remind students not to read the solutions identified by the previous group.
- Repeat the process until groups have completed all the scenarios. Groups then review all the ideas suggested in their envelope and decide which solution(s) would be the most effective or the one they would feel confident to use and present findings to the class.
- Each group presents their solution as a role-play.
- At the end of each role-play, sit the characters down and assign a student from the same group to represent the 'brain' of each character in the role-play. The 'brain' should stand behind their character and when asked, reveal the hidden thoughts or feelings that may not have been expressed by their character.

Ask

- What might your character be afraid of?
- What might your character be hoping will happen?
- What might be stopping your character from doing what is right or safe?
- What would help your character get on and do this (maybe some positive self-talk or some help from someone else)?
- At the conclusion of the hidden thoughts role-play, ask the class to offer any further advice to the characters in the scenario.
- Students choose one scenario and imagine they are one of the characters and write a letter to a friend from this person's point of view explaining the situation, how they felt and what they did to make the situation better. OR
- Students prepare a table that outlines examples of how safety choices in risky situations (e.g. food allergies, road safety, drug use) are influenced by:
 - their family
 - their peers
 - their school
 - the media
 - governments

Activity sheet 3.1

Taking action

Tran is going to a pizza night at his friend Brad's place after the football grand final. Tran is allergic to crustacea (e.g. prawns) and is worried that he might offend his hosts if he makes a 'big deal' when they come to order the pizzas.

What could Tran do or say to keep himself safe?

Tiki has invited Carly over to her house after school. Tiki knows Carly is allergic to tree nuts. She and her Mum have gone to a special effort and checked on the labels of the muesli bars and yoghurt to see that they do not contain tree nuts. Carly says she has never tried these products before and doesn't feel safe about eating them.

What could Tiki do or say to make Carly feel safer?

Kieran is very allergic to bee stings. The only way he can avoid anaphylaxis is to avoid being stung by a bee.

What could Kieran, his friends and his teacher do or say to help keep him safe?

Su-Lin's friend Meg got a lift with Su-Lin's Mum to their friend's 12th birthday party. As she got out of the car, Meg threw the small bag that she usually keeps her EpiPen® in back onto the back seat of the car and said: "It's too much hassle to take it. I'll get it when we go home."

What could Su-Lin do or say to keep Meg safe?

Toby is part of a Year 6 sub-committee that is working with teachers and parents to organise the Graduation Dinner for the end of the year. They have chosen to go to a Thai restaurant. Toby remembers that two boys in their class are allergic to peanuts but is too shy to speak up in front of the adults and remind everyone of this fact.

What could Toby do or say to help keep the two boys safe?

Ali and her friend Levi are at a pizza place after going to the movies together. Ali goes to the toilet and when she comes back Levi's face and lips are swollen, and he looks like he is having trouble breathing. It is still 20 minutes before Levi's Mum is coming to pick them up and Ali does not know anyone else in the restaurant.

What could Ali do or say to keep Levi safe?

Kim is attending her cousin's wedding and sees balloons are everywhere at the wedding reception. Kim is allergic to latex but doesn't want to make a fuss.

What could Kim do to stay safe?

REFLECTION

Activity 4

What does this all mean to me?

PREPARATION

A collection of dice – one (die) per group of six students

Activity sheet 4.1 Allergy Awareness, Avoidance and Action Toss a Die – photocopy one per group

- Students form groups of four. Give each group a die and a copy of Activity sheet **4.1 Allergy Awareness, Avoidance and Action Toss a Die**.
- Explain that one person in the group is to roll the die and answer the question on the sheet that corresponds with the number thrown.
- The other group members listen to the student's response. The person to the left of the speaker must ask one question about what they have heard. After the speaker answers the question the die is passed to the person on the left and the process is repeated.
- Students can re-roll the die if the same number is rolled or give an alternative viewpoint to the same situation.
- Repeat until all group members have had the opportunity to answer two questions each.
- At Home Activity: Students design a pamphlet, poster or PowerPoint presentation that raises key awareness, avoidance and action messages around allergies for:
 - Students in Years 5 and 6.
 - Parents
- Display in school library or office areas or use with buddy classes.

Activity sheet 4.1

Allergy Awareness, Avoidance and Action Toss a Die

Roll the die. Answer the question that corresponds to your number. The person on your left will now ask you another question based on your answer.

Once you have answered their question, pass the die to them and repeat the process until everyone has answered 2 questions. Don't worry if someone rolls the same number as you – they may have a different opinion, so listen to their answer.

Questions

1. Which foods cause 90% of food allergies?

2. What are some sign and symptoms of someone having an allergic reaction?

3. What can we do as a class to help those students with allergies avoid their triggers?

4. What can those with food allergies at our school do to avoid their triggers?

5. Why do you think raising the awareness of food allergies in our school will help those students with food allergies feel safe, strong and supported in every situation?

6. What do you do at our school if you see someone who looks to be having an allergic reaction?

7. What could you say to someone who is being teased about their allergy to make them feel more supported?

8. What could you say to someone who is teasing a student about their allergy to stop them from teasing again?

9. Do you think keeping someone safe from allergies is everyone's responsibility or just the person with the allergy's responsibility? Why?

10. Why should a person with a food allergy always read the labels on processed foods, even if they have eaten this food before?

11. What is the emergency treatment that an adult uses when someone at our school has a severe allergic reaction (called anaphylaxis)?

12. What are some actions a person with a bee allergy can take to stay safer at school?