

# Allergy Awareness Activities



## Acknowledgements

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# Introduction

These activities provide the knowledge, understanding and skill development to foster allergy awareness and safety among Years 9–10 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, mental health and wellbeing, and safety, and the below content descriptions.

## Personal, social and community health

Years 9 – 10

### BEING HEALTHY, SAFE AND ACTIVE SUB-STRAND

Help-seeking	Plan, rehearse and evaluate options (including CPR and first aid) for managing situations where own and others' health, safety and wellbeing may be at short or long term risk (ACPPS091)
Making healthy and safe choices	Propose, practise and evaluate responses in situations where external influences may impact on their ability to make healthy and safe choices (ACPPS092)

### COMMUNICATING AND INTERACTING FOR HEALTH AND WELL-BEING SUB STRAND

Interacting with others	Investigate how empathy and ethical decision making contribute to respectful relationships (ACPPS093)
Health literacy	Critically analyse and apply health information from a range of sources to health decisions and situations (ACPPS095)

### CONTRIBUTING TO HEALTHY AND ACTIVE COMMUNITIES SUB-STRAND

Community health promotion	Plan, implement and critique strategies to enhance health, safety and wellbeing of their communities (ACPPS096)
Valuing diversity	Critique behaviours and contextual factors that influence health and wellbeing of diverse communities (ACPPS098)

## Design and Technologies

Years 9 – 10

### KNOWLEDGE AND UNDERSTANDING STRAND

Food specialisation	Investigate and make judgements on how the principles of food safety, preservation, preparation, presentation and sensory perceptions influence the creation of food solutions for healthy eating (ACTDEK045)
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# Key understandings

## Health and Physical Education and Design and Technologies

- There is a range of knowledge, skills and strategies (such as planning ahead; early help seeking; assertive communication; positive self-talk; emergency care) needed to appropriately respond to situations where allergies may put your own or others' wellbeing at risk.
- **Awareness** of the signs and symptoms of an allergic reaction; common allergens and what your classmates are allergic to, can help people with allergies feel safe and supported in any situation.
- **Avoidance** of the known allergen is the only way to prevent an allergic reaction. Ways to minimise risk include washing hands after eating something your classmate is allergic to; not sharing food or eating and drinking utensils with students with food allergy; reading labels to check for known allergens; following the rule 'no adrenaline injector, no eat'; wearing a medical identification bracelet; not kissing someone who has just eaten a known allergen; not leaving drink bottles unattended and wearing shoes outside if allergic to insects; avoiding latex or certain medications if you have a latex or medication allergy.
- **Actions** such as getting adult help immediately or administering an adrenaline injector if others have an allergic reaction; helping those who may be bullied or pressured about their allergies; stopping classmates with allergies from taking risks with their eating; telling an adult or friend 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 and supported in any situation.
- Allergic reactions can be life threatening and while they do not always lead to anaphylaxis, we need to get an adult to follow the ASCIA Action Plan and administer an adrenaline injector immediately if it is a severe allergic reaction (anaphylaxis). Information on the ASCIA Action Plan will help step someone through an allergic reaction and advise on what needs to happen.
- Adrenaline (epinephrine) given using an 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.
- There are a range of settings and circumstances where allergy risks may occur e.g. school canteen; science and home economics classrooms; school excursions and camps; restaurants; shopping centres; parties; air travel – anywhere there are food and insects.
- 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) 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.
- Early adolescence is a time when those with allergies become less dependent on their families for their safety and more exposed to risky situations around allergens.
- Strong, respectful relationships support students with allergies, promoting health and wellbeing and the inclusion of others
- Everyone who works in food service needs to be aware of the risks that food allergies pose and know their obligations when preparing and serving food to those with food allergy.
- Both the customer and the food service business play a role in preventing an allergic reaction.
- The law requires that accurate information is provided (verbally or in writing) when a customer asks about allergens in foods they may eat.
- 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 stay healthy and safe.

# Key skills to practise

- Identifying and planning to manage situations involving allergens.
- Responding to situations involving an allergic reaction.
- Using techniques and procedures to work safely with foods and equipment, especially when eating or handling food. When possible, avoiding the use of allergens.
- Complying with safety procedures and processes to reduce risk when allergens are used.
- Adapting recipes to accommodate food allergies where possible.
- Using creative and collaborative processes to work with a group to manage allergy safely, such as students with food allergy having their own workspace and equipment if others in the group are using an allergen to which they are allergic.
- Recognise instances of discrimination or harassment and act responsibly to support own and others' rights and feelings, and the health, safety and wellbeing of others.

# 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 9 and 10 achievement standard. Specific contributions toward the achievement standard are highlighted below.

## HEALTH AND PHYSICAL EDUCATION ACHIEVEMENT STANDARD

### Years 9 – 10

By the end of Year 10, students critically analyse contextual factors that influence identities, relationships, decisions and behaviours. They analyse the impact attitudes and beliefs about diversity have on community connection and wellbeing. They evaluate the outcomes of emotional responses to different situations.

**Students access, synthesise and apply health information from credible sources to propose and justify responses to health situations.**

Students propose and evaluate interventions to improve fitness and physical activity levels in their communities. They examine the role physical activity has played historically in defining cultures and cultural identities.

**Students demonstrate leadership**, fair play and cooperation **across a range of movement and health contexts. They apply decision-making and problem-solving skills when taking action to enhance their own and others' health, safety and wellbeing.** They apply and transfer movement concepts and strategies to new and challenging movement situations. They apply criteria to make judgements about and refine their own and others' specialised movement skills and movement performances. They work collaboratively to design and apply solutions to movement challenges.

## Allergy and anaphylaxis basics for teachers

- 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 food containing their allergen, 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)<sup>1,2</sup>. Approximately 10–20 people die from anaphylaxis each year in Australia.
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 signs and symptoms of allergic reactions including anaphylaxis?

- Signs and 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)
  - Signs and symptoms of a **severe allergic reaction (anaphylaxis)** 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
- 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, having a small amount of food or drink (i.e. a crumb of peanut, a sip of milk) or touching hands or mouths (i.e. kissing) that have been contaminated by the food can cause an allergic reaction.
  - It is highly unlikely that someone will have a severe allergic reaction (anaphylaxis) as a result of touch or smell of an allergen. The food allergen almost always needs to be eaten for a severe allergic reaction to occur.
  - Some students are diagnosed with food allergy but are not prescribed adrenaline 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 classmates need to tell an adult.

**Sourced from ASCIA Action Plan:** <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

## 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 students to minimise exposure to known allergens and reduce stigma, bullying and teasing that may result for some young people. Knowledge of severe allergies will assist staff and students to better understand how to help individuals who 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 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, canteen, library and/or other common areas.

# TUNING IN

## Activity 1

# Allergy awareness – everyone's responsibility

### PREPARATION

**Activity sheet 1.1 Swapfacts sheets** – photocopy enough for one card per student

### Teaching tips

This 'swapfacts' activity could also be conducted in small groups rather than a whole class activity.

This is a revision activity and covers much of the content from Years 7–8.

- Explain that Australia has one of the highest incidences of food allergies in the world and that one in ten Australian babies and one in

twenty Australian school aged children have a food allergy. Stress that having a food allergy is manageable if we are all more allergy aware because we can all help those with allergies avoid these triggers. Avoiding the trigger allergen (e.g. food or bees) is the only way to prevent an allergic reaction.

### Ask

- Do you know someone with a food allergy?
- Do you know someone who is allergic to something else, maybe insects like bees, wasps or ants, medicine like penicillin or latex like in balloons, rubber gloves and swimming caps or even exercise?
- State the total number of students in the school. Using the statistic that one in twenty children have a food allergy, ask the students to calculate the predicted number of students with allergy at the school. Discuss.
- Do you know how many students are affected by allergies in our school? (find this out prior to activity). Ask the students to stand up and

choose a corner of the room. Students move to the corner of the room they think represents the number of students with allergy in the school. Corner 1 = 0–5 students, Corner 2 = 6–10 students, Corner 3 = 11–20 students and Corner 4 = 21 plus students (student number per corner can be recalculated depending on size of school).

- Reveal the number and ask students to return to seats.
- Ask the students to calculate and compare the school to the Australian average. Discuss, and ask: Is the school above or below the Australian average of one in twenty Australian school aged children with allergy? What does this mean for the school?

- Why do you think some people may know more about allergies than others? (Our knowledge and attitudes towards allergies are influenced by family, friends, community and past experiences).
- Explain that our behaviour around those with allergies is influenced by our knowledge of allergies and their triggers. This knowledge can help all students help those with allergies **avoid** their triggers and also know what **actions** to take should an allergic reaction occur.
- Distribute one 'swapfact' card to each student from **Activity sheet 1.1 Swapfacts sheets**. Explain that the cards give a question and an answer.
- Students are to move around the room until a signal is given (e.g. clapping) then find a partner and ask their partner to respond to the question on their card. Once the answer has been given by the partner, this answer is checked against the correct answer on the card. Students repeat the process with their partner and then move on again when the signal is given and repeat the same process again four or five times so students are exposed to a range of facts.

## Ask or conduct a Think, Pair, Share

- Did you learn anything new about allergies and particularly food allergies from your classmates? What?
- Where else can you get information about food allergies? (Friends, parents, teachers, health promotion information, doctors, dietitians, Internet, social media, movies, documentaries, reference books at libraries).
- Which of these sources do you think would give you reliable information? (Teachers, doctors, dietitians, government websites are reliable sources. Internet, the media and even parents sometimes may be unreliable sources).
- 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; ensure that Home Economics/Food Technology classroom benches and other classes that use food are wiped down with warm soapy water to avoid cross contamination; wash your hands after eating something your classmate is allergic to; never share your food or drinking or eating utensils with classmates with food allergy; 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 are the signs and symptoms if you have an allergic reaction; don't eat food that others may offer you; read labels to check for your known allergens; follow the rule 'no adrenaline injector, no eat'; wear a medical identification bracelet; know where your adrenaline injector is at all times; tell your close friends how to use your adrenaline injector; don't leave drink bottles unattended and wear shoes when outside if you are allergic to insects).
- What **action** do you think you should take if you saw someone at school with the signs and symptoms of a severe allergic reaction (anaphylaxis)? (Tell the person to stay calm; help them to lay on the ground or sit on the ground with their legs out flat in front of them if they are

having trouble breathing, find someone to sit with them and get an adult's help immediately so they can bring the adrenaline injector and follow instructions on the ASCIA Action Plan. Some students who carry their adrenaline injector may be able to self-administer the adrenaline injector).

- What is some positive self-talk you could use to make sure you do the right thing? (Remind yourself that being brave or courageous is not always easy; 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. If you are unsure whether someone is having a reaction, it is best to get help and be safe rather than sorry).

- **Students write:**

- three **facts** they have learnt from this activity
- two '**so-what**' (how this relates to me or my school) comments
- one question they would still like answered about allergies in their workbooks.
- Students join with a partner and present their 3,2,1 reflect responses. Encourage students to discuss and answer the question posed by their partner.
- Hear interesting 'facts', 'so what's' and 'questions'
- Send **Parent Information Sheet 1 Being allergy aware** home with students now. Leave extra copies in the school foyer, library and pick up areas.

# Activity sheet 1.1

## Swapfacts Sheet

### Question 1

#### What is a food allergy?

**A:** A food allergy is an immune system response usually to a food protein that the body mistakenly believes is harmful. It is not the same as food poisoning or a reaction to a food additive.

### Question 2

#### What are some triggers other than food that can cause allergies?

**A:** Triggers that cause allergies are called allergens. Other allergens include house dust mites; grass pollen; some medications; insects such as bees, wasps and ants; latex; moulds; dogs and cats.

### Question 3

#### Which foods cause 90% of all food allergic reactions?

**A:** Peanuts, tree nuts (e.g. almond, cashew, walnut) eggs, milk (dairy), fish, crustacea (e.g. prawns, crayfish), molluscs (e.g. oysters) sesame, soy and wheat.

### Question 4

#### What percentage of Australian children have a food allergy?

**A:** Around 5% of Australian children have a food allergy.

### Question 5



**If you saw someone with these symptoms would you think they had:**

a) Chickenpox   b) Been hit by a football   c) An allergic reaction

**A:** An allergic reaction to food. A severe allergic reaction can happen very quickly after eating and be fatal.

### Question 6

#### Can any food cause an allergic reaction?

**A:** Yes, any food can cause an allergic reaction (e.g. kiwi fruit, banana, chicken, mustard and celery).

### Question 7

#### What does anaphylaxis mean?

**A:** Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening.

### Question 8

#### What could you do at school to help a friend avoid the foods they are allergic to?

**A:**

- Wash your hands after eating foods that may contain an allergen your friend is allergic to.
- Don't offer them food.
- Don't share drink bottles or food containers with them.
- Never trick them into eating food or having a drink they are allergic to. Stick up for them if they are being teased.
- Keep work surfaces, and utensils clean in the Home Economics rooms.

### Question 9

#### What should you do at school if someone looks like they are having an allergic reaction?

**A:** Help the person stay calm and help them to lay down on the ground or sit with their legs out flat in front of them. Find someone to sit with them so you can immediately get an adult's help. Ask them where their adrenaline injector is and ask them if they can self-administer.

### Question 10

#### How could someone with a food allergy avoid an allergic reaction while at school?

**A:**

- Tell their friends about their food allergies.
- Wash hands before eating.
- Clean food preparation areas and utensils before use.
- Don't share or accept food or drinks from others.
- Read labels to check for known allergens.

### Question 11

#### Does the Australia New Zealand Food Standards Code require products to be labelled for food allergens if they contain any of the common allergens, no matter how small the quantity?

**A:** Yes. The Food Standards Code requires that the common allergens (peanuts, tree nuts, fish, crustacea, mollusc, milk, eggs, soy, sesame, wheat and lupin) be listed no matter how small the quantity. Some products may have a precautionary allergen label (e.g. "may contain traces of...") but this is not regulated.

### Question 12

#### Is eating just a small amount of a food OK if you are allergic to this food?

**A:** No, even a tiny amount of this food (a crumb or a drop) may cause an allergic reaction. This tiny amount could be on food preparation areas, utensils and in someone's mouth if you kiss them!

## Parent/Guardian Information Sheet

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, 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
- Exercise



Peanut



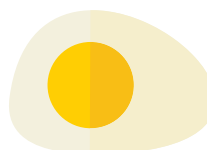
Crustacea  
(e.g. prawns,  
crayfish)



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)
- Signs and Symptoms of a **severe allergic reaction (anaphylaxis)** include any one of the following:
  - Difficult/noisy breathing
  - Swelling of tongue
  - Swelling/tightness in throat
  - Difficulty talking and/or hoarse voice
  - Wheeze or persistent cough
  - Persistent dizziness or collapse
  - Pale and floppy (young children)

### How can anaphylaxis be prevented?

The **key to the prevention** of anaphylaxis is:

- **Knowledge** of students who are at risk,
- **Awareness** of known allergies, 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 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 the student 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.

### A&AA Information for the high school years:

<https://allergyfacts.org.au/allergy-management/13-18-years>

### National Allergy Strategy 250K youth project

The 250K project aims to provide information and support for young people living with severe allergy. The primary target is 11–25 years old individuals. Visit: <https://teen.250k.org.au>

### Free 250K bookmarks are available from the

**A&AA shop:** <https://allergyfacts.org.au/shop/nasr/250k-bookmarks-x-10>



# FINDING OUT

## Activity 2

# Managing food allergies at school

### PREPARATION

Access the Allergy & Anaphylaxis Australia's online videos Dating and Travelling (2 mins each)

<https://allergyfacts.org.au/resources/videos-from-a-aa>

**Activity sheet 2.1 Living with an allergy** – photocopy one per student

### Teaching tips

Allergy & Anaphylaxis Australia (A&AA) and NSW Food Authority's Be Prepared. Be Allergy Aware. outlines management, food preparation and food service strategies to avoid the risk of food allergies. Similar strategies could be applied to a school Design and Technologies classroom. (Available at [www.foodauthority.nsw.gov.au/Documents/retail/be\\_prepared\\_be\\_allergy\\_aware.pdf](http://www.foodauthority.nsw.gov.au/Documents/retail/be_prepared_be_allergy_aware.pdf))

- Explain that students with food allergies often feel supported by friends – they feel safer and less stressed about managing their food allergy because their friends know about their food allergy, look out for them, and consider their safety in different situations.
- Watch the **Dating and Travelling videos** and ask students to record the key messages of both:
  - Food allergies are serious.
  - It's important to let friends, classmates and the people who are preparing your food know that you have a food allergy.
  - A small amount of food or drink you are allergic can trigger an allergic reaction.
  - Swollen tongue or throat, difficulty breathing, coughing, difficulty talking, dizziness and collapse are symptoms of anaphylaxis and require immediate treatment with adrenaline given as an injection using an injector (EpiPen® or Anapen®).
  - A person with a food allergy must have their adrenaline injector close by at all times.
  - Having supportive friends makes living with a food allergy easier.
- Explain that recorded deaths from anaphylaxis, although rare, are most often young people and have most often occurred in situations away from home where the emergency medication has not been readily available and/or has not been administered in a timely manner. Therefore, it is important at these times when the student is most at risk, that suitable strategies are in place.
- Explain the school's anaphylaxis emergency response plan to an allergic reaction, e.g. teachers need to be contacted immediately, the patient must be kept lying or sitting down with legs out flat in front of them, where students' ASCIA Action Plans and adrenaline injectors are kept in the school, that an ambulance must be called. What happens on excursions and camp must adhere to the school's Anaphylaxis emergency response plan.

- Note that some students, as part of their Individual Anaphylaxis Health Care/Management Plan, may carry their adrenaline injector, as well as keep one on-site at the school.
- Stress that a severe allergic response (anaphylaxis) can be rapid in onset (as short as 5 minutes) and commonly occurs within 20 minutes to two hours after eating.
- Brainstorm situations at school when a student with a food allergy is most at risk.
- **Responses may include when:**
  - They don't tell the people making their food that they have a food allergy.
  - They eat a food without checking the label.
  - Their routine is broken (e.g. sports carnivals, incursions) and they do not have an adrenaline injector with them.
  - They are off the school site (e.g. excursions, camps).
  - Immediate access to medical services is not available.
  - They are being bullied or teased about their allergy.
  - Staff changes occur (e.g. relief/casual staff).
  - They don't tell someone if they are unwell.
  - They participate in activities involving food (e.g. cooking lessons).
  - They accept food without a label off their classmates.

## Ask

- What **actions** could you take to let a classmate with an allergy know you are there to support them? (E.g. 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, 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 skills would you need to overcome these barriers? (Positive self-talk; courage; assertive communication; help-seeking skills; recognising an emergency).
- What are some things we could do in the Home Economics classroom to help classmates with food allergies avoid their triggers? (Wash hands after handling food; cover and label stored food; clean work surfaces after use; wash utensils well after use; have a dedicated area for preparing allergen free meals; read food labels). Washing your hands properly with liquid soap and warm water can help prevent food borne illness as well as protect people from food allergens. Hand sanitisers do not remove the allergen from your hands.
- How do you think someone with a food allergy may feel during a Design and Technologies lesson if they are not certain that everyone has followed the rules to prevent food cross contamination? (May feel unsafe, nervous, anxious, left out, unheard, angry).
- What could this person do or say to feel more positive? (Talk to teacher and friends about their food allergy and the importance of following the rules to prevent cross contamination; talk to them about the signs and symptoms of their allergic reactions; use positive self-talk; be assertive when friends are not following the cross-contamination rules).
- 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 (EpiPen® or Anapen®), keep the person calm and still in a lying position or sitting on the ground with legs flat in front of them if they are having breathing difficulty).
- In small groups students complete **Activity sheet 2.1 Living with an allergy** and report findings to the whole class.

# Activity sheet 2.1

## Living with an Allergy

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### Constant vigilance key to good life

Rikki Nayler considers herself an anaphylaxis veteran.

Diagnosed with life-threatening tree nut allergies at the age of six, the now 21-year-old has grown up knowing that every meal is a potential risk. Regular food reactions — she has one every 18 months or so — remind her of the need for constant vigilance.

She lives in hope that one day she might grow out of the condition but, in the meantime, she refuses to let it slow her down.

"I am definitely an advocate of living a full life," Ms Nayler says. "I consider myself a veteran having lived with it for 15 years and I believe I've lived a very positive and involved, really exciting life so far. I've done a lot of travel around the world and I lived overseas for a few months."

She says young people with anaphylaxis should not have to avoid or limit activities.

"It just requires some forward planning and a positive attitude," she said. "There are plenty of situations you're going to face where you'll have to compromise or you won't be able to eat certain things but it's about staying positive and looking at what you can do or having alternative solutions to problems."

As a teenager, Ms Nayler's biggest challenges were peer pressure, others not always taking her seriously or thinking she

was attention-seeking, and risky situations involving drinking and dating, with a high risk of cross-contamination from shared glasses or shakers and from kissing.

"My three things ultimately for getting through were being proactive, being confident, and speaking out about your situation," she says. "You just have to have the confidence to say to people, 'Actually no, I am really allergic,' and, if they're putting you in a situation you don't want to be in, just take yourself out of the situation and tell someone about it. You don't necessarily want to be the one that takes action but you can tell someone else."

Ms Nayler has adapted to life in the workforce by educating her colleagues about her allergy, familiarising them with her action plan and teaching them how to use the

EpiPens she carries. Shared workspaces can be risky, so she ensures nobody uses her keyboard or stationery and keeps hand sanitisers and wipes at her desk to avoid cross-contamination from items such as muesli bars.

Her employer, Corporate Sports Australia, has helped by acquiring EpiPens for every floor and, when planning work functions, calling ahead to alert restaurants of her allergy. It's something Ms Nayler habitually does when eating out. She has her favourite restaurants — places such as 1907, downstairs from her office, where the staff will happily alter any dish to make it allergy-safe for her — but she hasn't always found venues so accommodating.

"I've had some horrendous experiences where restaurants have said 'No, we won't serve you'," she says. "They've been too busy to pay attention or they just can't guarantee it but they've actually refused to serve me. You do learn the good places to go but, even so, you have to be vigilant and ask the questions."

She says that while there was virtually no awareness of life-threatening allergies when she was first diagnosed, things are changing as the numbers of affected people increase.

"When you go to a restaurant and talk to the waiter about your dietary requirements, people are generally now a lot more receptive to helping you or giving you the right information."

"In the past they used to give you a blank stare or say 'We can't help you'. Awareness is definitely improving, and the food labelling as well."



Tree nut allergy: Rikki Nayler, at Restaurant 1907 on Queen Street, Perth where the staff ensure food is safe for her to eat.

Picture: Simon Santi

1. What skills has Rikki developed to manage her tree nut allergy?

2. How has Rikki educated her friends and workmates so that she avoids her allergen?

3. What dishes and 'hidden' ingredients would Rikki have to watch out for on menus to avoid tree nuts (e.g. pesto contains cashews or pine nuts)?

4. What questions would Rikki need to ask if she went to a restaurant to ensure she does not get served her allergen?

5. What changes would you recommend all restaurants and food providers undertake to:

- a. ensure good preparation and hygiene practices to protect all customers?
- b. improve communication about the content of their meals and preparation practices to customers with food allergies?

# **SORTING OUT**

## **Activity 3**

# **Predicting and responding to the risks**

### **PREPARATION**

Access the A&AA online video How to give an EpiPen®:

<https://allergyfacts.org.au/resources/videos-from-a-aa>

or Access the A&AA online video How to give an Anapen®:

<https://allergyfacts.org.au/resources/videos-from-a-aa/how-to-give-anapen>

Eating out with food allergies Help Sheet – Allergy & Anaphylaxis Australia – one per student

[https://allergyfacts.org.au/images/pdf/Eating\\_out\\_with\\_food\\_allergies.pdf](https://allergyfacts.org.au/images/pdf/Eating_out_with_food_allergies.pdf)

Adrenaline injector trainer (EpiPen® or Anapen® trainer)

- Explain that recent studies show that teenagers are the highest risk group for dying from anaphylaxis to food. Risks are sometimes hard to avoid, especially when those with food allergies are trying to fit in or not stand out in a crowd. But when it comes to anaphylaxis, taking even the smallest risk might lead to a very serious allergic reaction.
- Explain that the video they are about to watch demonstrates how to use an adrenaline injector, which is the first line treatment for anaphylaxis. Knowing how to use an adrenaline injector could save someone's life.
- Show the EpiPen® or Anapen® video and ask students to record the key messages:
  - Food allergies are serious.
  - It's important that friends of the person with food allergy are aware of their allergy and how to use an adrenaline injector.
  - Know the signs and symptoms of an allergic reaction.
  - Call an ambulance if anaphylaxis occurs.
  - Using an adrenaline injector device is simple and can save lives.
  - Keep the ASCIA Action Plan with the adrenaline injector at all times.
  - Having supportive friends and classmates makes living with a food allergy easier.
  - Show the adrenaline injector to students.

## Ask or conduct a Think, Pair, Share

- What might be some reasons that a person with a food allergy might choose not to take their adrenaline injector out with them? (Hard to wear with a certain outfit; too much hassle; might get lost; too bulky; don't want to look different).
  - If you had a food allergy do you think you would teach all your friends how to use an adrenaline injector or just your closest friends? Why?
  - If you had a friend with a food allergy, how could you make going out around food easier for your friend? (Pick places to eat where you know they can eat safely; help them read food labels; remind them of any risks; remind them to take their adrenaline injector with them).
  - Students generate a range of scenarios or problems that where someone with a food allergy may be influenced to choose an unsafe option or behaviour or where they may be at risk.
  - The scenario should include a character plus supporting information.
    - **Who** is influencing the character (e.g. peers or adult) or is the influence coming from the character's own thoughts?
    - **What** kinds of things are said, done or thought to influence the character's behaviour or put them at risk?
    - **Where** is the situation happening (e.g. at a friend's place, at a restaurant, at the shops?)
    - **How** is the character feeling in this situation?
- An example is provided:** Anna is 15 years old and allergic to nuts. She is invited to her boyfriend Phil's place for dinner. Phil's Mum serves an apple pastry dessert. Anna is worried that the base of the dessert may contain nuts but feels too embarrassed to ask his Mum because she doesn't want to appear fussy. Phil's Dad has made a big fuss about how fantastic the dessert is.
- Alternatively hand out cards with the following scenarios written on them:
    - Playing drinking games at a party.
    - Sharing an alcoholic drink at a party.
      - Drinking from somebody else's drink bottle in sports class.
    - Kissing someone who has just eaten an allergen at a party.
    - Eating a known allergen just because everyone else is eating it – to fit in.
    - Not telling friends about food allergy.
    - Just trying a little bit of a food with unknown ingredients.
    - Tasting new food from a different culture.
    - Eating something again because you have checked the food labels six months ago and it was okay.
    - Being teased about a food allergy and feeling pressured to eat just a small amount.
    - Eating at a restaurant and being unsure of ingredients in items listed on the menu.
    - Going out without your adrenaline injector.
    - Eating something that you are allergic to because it is not in the ingredient list but labelled as 'may contain traces of...'
  - Give each group a scenario card, ensuring that it was not a scenario originally created by the group.
  - Students discuss the scenario and predict what outcomes or problems could occur. Share the predictions generated by each group then ask students to decide which option they would choose after considering the positive and negative consequences.
  - Students write or role-play a story in which the problem is brought to a solution or role-play various responses to the problem and see how they might work in 'real life'.



# REFLECTION

## Activity 4

# Putting knowledge into action

### PREPARATION

Access to computer or copies of:

1. **Help Sheet Eating out with food allergies** – download at [https://allergyfacts.org.au/images/pdf/Eating\\_out\\_with\\_food\\_allergies.pdf](https://allergyfacts.org.au/images/pdf/Eating_out_with_food_allergies.pdf)
2. **Travel information** – download at <https://allergyfacts.org.au/resources/help-sheets/travel-info>
3. **Be prepared be allergy aware pamphlet** – download at [www.foodauthority.nsw.gov.au/Documents/retail/be\\_prepared\\_be\\_allergy\\_aware.pdf](http://www.foodauthority.nsw.gov.au/Documents/retail/be_prepared_be_allergy_aware.pdf)

**Activity sheet 4.1 Putting allergy knowledge into action** – photocopy one per student

### Teaching tip

**Access to the A&AA website** (<https://allergyfacts.org.au>) **may also be useful for this research task.**

- Reinforce that helping to prevent allergic reactions is everyone's responsibility not just the responsibility of those who have an allergy and their families. Explain that the fact that consumers have a legal right to receive, on request, written or verbal information on allergen content when buying takeaway foods or eating out. Discuss the Food Standards law requiring packaged foods to include any of the 11 key allergens in the ingredient list, no matter how small the amount.
- The National Allergy Strategy has developed free online training for people working in food service including cafes, restaurants, childcare, schools and camps, as well as hospitals. Senior food technology students should complete the All about Allergens for Schools online course to gain food allergen management knowledge and a certificate of completion. ([www.foodallergytraining.org.au](http://www.foodallergytraining.org.au))
- Stress that individuals as well as politicians and government agencies can help build a healthy community and that as customers with food allergy, they can help keep themselves safe, by planning ahead and making careful food choices.
- Students form small groups and brainstorm ideas for each of the three scenarios on **Activity sheet 4.1 Putting allergy knowledge into action.**
- Students then choose one scenario and use the corresponding resource listed in Preparation above to prepare a detailed response to the questions.
- Students may choose to present their findings as a report, a presentation App or an oral presentation.

# Activity sheet 4.1

## Putting allergy knowledge into action

**1. Tamsin is looking for a restaurant to go to with her friends for her 15th birthday. Tamsin is allergic to eggs.**

- What can Tamsin do **before** she chooses a restaurant to increase her chances of avoiding her allergen?
- What can Tamsin do before ordering and eating her **meal** at her chosen restaurant to increase her chances of avoiding her allergen?
- What can Tamsin's friends do before Tamsin orders and eats her **meal** to increase her chances of avoiding her allergen?
- What could Tamsin's friends do if she showed signs of an allergic reaction?
- What would you recommend to restaurants and food providers to improve safety for customers with food allergy?

**Help Sheet Eating out with food allergies will help you with your research** – download at: [https://allergyfacts.org.au/images/pdf/Eating\\_out\\_with\\_food\\_allergies.pdf](https://allergyfacts.org.au/images/pdf/Eating_out_with_food_allergies.pdf)

**2. Georgia is flying to Kuala Lumpur with her hockey team in the school holidays for an interschool hockey competition. Georgia is allergic to peanuts.**

- What can Georgia do prior to agreeing to go on the tour?
- What can Georgia do **before** she gets on the plane to increase her chances of avoiding her allergens on the flight and while she is away?
- What can Georgia do **during the flight** to increase her chances of avoiding her allergen?
- What can Georgia's friends do **during the flight** and **while she is away** to increase her chances of avoiding her allergen?
- What could Georgia's friends do if she showed signs of an allergic reaction while on the flight or away?
- What changes would you recommend all airlines do to improve safety for customers with food allergy?
- What cultural considerations does Georgia and others need to be aware when travelling to other countries?

**Travel help sheet will help you with your research** download at: <https://allergyfacts.org.au/resources/help-sheets/travel-info>



**3. Callum is setting up a new café with his family. He knows that both the customer and the food service business play a role in preventing an allergic reaction while eating out. He takes food allergies seriously.**

- What can Callum do **before** he opens the café to train his staff and get some good systems in place to improve safety for customers with food allergy?
- What can Callum and his staff do **when preparing a meal** for someone with an allergy to improve safety for customers with food allergy?
- What can Callum and his staff do when a customer advises him that he or she has a food allergy?
- What could Callum and his staff do if a customer showed signs of an allergic reaction?
- What would you recommend all restaurants and food providers do to improve safety for the customer with food allergy?

**Be prepared be allergy aware pamphlet will help you with your research** – download at:  
[www.foodauthority.nsw.gov.au/Documents/retail/be\\_prepared\\_be\\_allergy\\_aware.pdf](http://www.foodauthority.nsw.gov.au/Documents/retail/be_prepared_be_allergy_aware.pdf)

- Research one scenario and present your detailed findings as a written report, a PowerPoint presentation, or oral presentation (5 minutes).
- All answers are to be 3–4 paragraphs in length. You will be marked on your
  - Clarity or presentation skills
  - Understanding of key content covered about food allergies
  - Evidence of further research.