

ANAPHYLAXIS POLICY

PURPOSE

To explain to Mount Martha Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Mount Martha Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Mount Martha Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Mount Martha Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Mount Martha Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Mount Martha Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Mount Martha Primary School may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location and Storage of Adrenaline Autoinjectors and Plans

- Adrenaline Autoinjectors for individual students, or for general use, must be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes
- Adrenaline Autoinjectors will be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- Each Adrenaline Autoinjector will be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan in the student's medical box in the First Aid Room cupboard. An ASCIA Action Plan is also given to the classroom teacher and a copy held on the student file
- An Adrenaline Autoinjector for General Use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) will not be stored in the same location. These are kept in the First Aid Room in the Anaphylaxis Training file in the filing cabinet.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Mount Martha Primary School, we have put in place the following strategies:

- Staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a General Use EpiPen will be stored in yard duty bags and in the cupboard on your right as you enter the First Aid office.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending. A General Use EpiPen must be taken on all excursions.

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Classrooms, Classroom Teachers, and CRTs

- Keep a copy of the student's Individual Anaphylaxis Management Plan easily accessible in the classroom. The Adrenaline Autoinjector will be kept in the Student's individual medication box in the First Aid room cupboard.
- Swapping of food is to be discouraged generally in the school and particular attention/monitoring needs to be given during special events such as birthdays when students may bring treats to share. Class teachers could have alternatives (e.g. Minties) on hand for those children at risk.
- Develop awareness that all class members need to know of others' allergies and parents could be informed via letter re the needs of specific children in the class.
- Liaise with Parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with a food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Treats for the other students in the class should not contain the substance to which the student is allergic.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Staff must be aware of the possibility of hidden allergens in food and food packaging and remove these from the curriculum eg. Egg and Milk cartons, empty peanut butter jars, in art classes etc. (See addendum 1 at end of policy)
- Ensure all cooking utensils, preparation dishes, plates, knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Hand washing before and after eating is standard in all classrooms.
- Wiping tables after eating is standard in all rooms.
- The person conducting new staff induction will inform new and casual relief staff of the Black CRT Information folder that contains Student Medical Conditions and Mount Martha Primary Schools Anaphylactic Action Plan.
- All Adrenalin Autoinjectors will be stored in the First Aid room in each student's individual medication box in the cupboard.
- Lunch and snacks should be eaten in the classroom so that staff can monitor and ensure that food sharing does not occur.

Yard

- At least one staff member, in each area of the yard, on yard supervision must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- All staff must be familiar with the Communication Plan detailed in the MMPS Anaphylaxis Policy so that a student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All staff on yard supervision must be aware of the School's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Staff need to know that the Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are stored in the First Aid room in the medication cupboard. An Adrenaline Autoinjector is also stored in each Yard Duty Area Bag.
- Yard Supervision folders must have photos of all student's at risk of anaphylaxis and staff must be familiar with these details so that they can identify those students by face.

- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
- Keep grassy areas mown and outdoor bins covered.
- Students should keep drinks and food covered if taken into the yard.

Special events (eg. Sporting events, incursions, class parties, etc)

- When supervising an event there should be sufficient School Staff (at least one in each area of the event) trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- School Staff should avoid using food in activities or games, including as rewards.
- For special occasions, School Staff should consult with Parents of students at risk of anaphylaxis in advance to develop an alternative food menu or to request the Parents to send a suitable meal for the student.
- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
- Party balloons should not be used if any student is allergic to latex.

Out of School Settings

Excursions/Sporting events

- When supervising an event there should be sufficient School Staff (at least one in each area of the event) trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- A School Staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on excursions.
- School Staff should avoid using food in games or activities, including as rewards.
- School Staff must collect all student's individual medications (including Adrenaline Autoinjectors) and Action Plans from First Aid medication cupboard to take on the Excursion/Sporting event.
- A General Use Adrenaline Autoinjector must also be collected from First Aid if there is a student at risk of anaphylactic reaction.
- School Staff must take a First Aid Excursion Bag (at least one for each bus) on the excursion. All medications and First Aid equipment must be carried inside the bus so that it is accessible during the journey should it be required.
- For each excursion/ sporting event, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All School Staff members present during the excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- School Staff should consult with Parents of students at risk of anaphylaxis in advance to develop an alternative food menu or to request the Parents to send a suitable meal for the student.(If required)
- As another strategy for supporting the student who is at risk of anaphylaxis, Parents may be invited to accompany their child on the excursion.
- Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

- Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- School Staff must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food that is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

- School Staff should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.**
- If there are concerns about whether the food provider on a camp will be safe for students at risk of anaphylaxis, consider alternative means for providing food for those students.
- Use of substances containing allergens should be avoided where possible.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
- Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
- A General Use Adrenaline Autoinjector for General Use should be taken on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
- The Adrenaline Autoinjector should remain close to the student at risk of anaphylaxis and School Staff must be aware of its location at all times.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses and in cabins as traces left on furniture may also cause an anaphylactic reaction.

It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:

- it can create complacency among staff and students;
- it does not eliminate the presence of hidden allergens; and
- it is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

Outside School Hours Care programs

The Order does **NOT** apply to outside school hours care (OSHC) programs, whether run by the school or an external provider.

The *Education and Care Services National Law Act 2010* specifies that an 'outside school hours service' is an 'education and care service', and the requirements relating to the management of anaphylaxis are contained in Regulation 90(1)(a) of the Education and Care Services National Regulations.

OSHC - Anaphylaxis Policy

Adrenaline autoinjectors for general use

Mount Martha Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

An adrenaline autoinjector for general use will be stored in each of the Yard Duty bags and in the First Aid Office in a box labelled "General Use EpiPens".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Mount Martha Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Officer and stored at a hard copy is displayed inside the medicine cupboard behind the desk in the First Aid Room.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the First Aid room cabinet. • If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr</p> <p>Remove from plastic container</p> <ul style="list-style-type: none"> • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an AnaPen® 500, AnaPen® 300, or AnaPen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

[Note: **If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis.** Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)]

Communication Plan

This policy will be available on Mount Martha Primary School website so that parents and other members of the school community can easily access information about Mount Martha Primary School anaphylaxis management procedures. The parents and carers of students who are enrolled at Mount Martha Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Mount Martha Primary School procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive instructions in the Information for CRTs black folder on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#)

Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis.
- The Assistant Principal and First Aid Officer of Mount Martha Primary School are required to complete the 22303VIC [Verifiers Course](#) and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Mount Martha Primary School uses the ASCIA eTraining course (with 22579VIC, or 22578VIC or 10710NAT).

[Note, for details about approved staff training modules, see chapter 5 of the [Anaphylaxis Guidelines](#)]

Mount Martha Primary School Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by the Assistant Principal or the First Aid Officer who has successfully completed an anaphylaxis management course within the last 2 years.

Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located.
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector.
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Mount Martha Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- Policy and Advisory Library: [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Health Care Needs](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	September 2023
Approved by	Principal Karen Walker Reviewed at School Council Meeting 14 th September 2023
Next scheduled review date	September 2024

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Addendum 1 Hidden Allergens

Anaphylaxis to food may occur by:

- Being in the same room as the allergen or breathing in its vapours
- Touching the Allergen
- Being in contact with a person who has handled or eaten the allergen e.g. Kissing
- Ingesting the allergen

HIDDEN INGREDIENTS

COWS MILK	EGGS
<ul style="list-style-type: none"> • Milk, protein, solids, pasteurised, skim powder dried, condensed, whole, low fat, non-fat, whey, casein, caseinate, curds, rennet casein, butter, butter fat, buttermilk, yoghurt, cheese, cream, sour cream, custard. 	<ul style="list-style-type: none"> • Egg white, egg yolk, whole egg, powdered egg, meringue, eggnog, albumin, ovomucoid, ovalbumin. • Egg wash is often used as a glaze on baked goods, such as scones and sausage rolls, to give them a shiny appearance.
<ul style="list-style-type: none"> • Margarines and drink mixes (e.g. Milo) often contain milk powder 	<ul style="list-style-type: none"> • Some Ice-creams contain egg.
<ul style="list-style-type: none"> • Soy cheese may contain milk, in the labelled forms given above. 	<ul style="list-style-type: none"> • Seafood extender products may contain egg as a binder.
<ul style="list-style-type: none"> • Cow milk is sometimes found in caramel flavouring. 	<ul style="list-style-type: none"> • Mayonnaise and Lemon Butter spread usually contain egg.
SOYBEANS	PEANUTS
<ul style="list-style-type: none"> • Soy flour, nuts, protein, albumin, soy milk, ice-cream, yoghurt, cheese, soy sauce, miso, tofu, bean curd, textured vegetable protein, Soy Oil. 	<ul style="list-style-type: none"> • Prepared meats such as sausages and meat stuffing may contain peanuts.
<ul style="list-style-type: none"> • Soy may be contained in vegetable flavouring, starches or broths. 	<ul style="list-style-type: none"> • Renflax: Peanuts are often substituted for more expensive nuts in confectionery, sauces and pastries.
FISH	<ul style="list-style-type: none"> • Some Asian sauces may contain peanuts.
<ul style="list-style-type: none"> • Fish roe or caviar, Fish Sauce • Anchovies are in Worcestershire sauce and Caesar Salad 	<ul style="list-style-type: none"> • Peanut, peanut butter, satay sauce, oriental sauce, mixed nuts, ground nuts, peanut oil, vegetable oil. • Some shaving creams contain peanut oil
WHEAT	TREE NUTS
<ul style="list-style-type: none"> • Flour, (plain or self-raising, enriched, whole grain, whole meal, graham, high gluten or protein), farina, durum semolina, gluten, wheat (bran, germ, gluten, starch), bread, bread crumbs, corn-starch (may be made from wheat or corn), couscous, bulgur. 	<ul style="list-style-type: none"> • Common nuts are almond, brazil, cashew, hazelnut or filbert, walnut, pecan, pistachio, macadamia, pine or pinyon- any ingredient including the word "NUT" • Sesame seeds often cause problems in people who are allergic to nuts • Marzipan, nougat
<ul style="list-style-type: none"> • Some vegetable starches contain wheat. 	<ul style="list-style-type: none"> • Breakfast spreads e.g. Nutella
<ul style="list-style-type: none"> • Most soy sauce brands contain wheat 	<ul style="list-style-type: none"> • Nut oils or 'meals' e.g. almond meal as a substitute for flour in some baking
	<ul style="list-style-type: none"> • Coconuts and chestnuts are tree nuts but are the least 'reactive' nuts • Hand Creams may contain almond oil, coconut oil, peanut oil etc.