



Allergy Management Policy

Last reviewed: - Autumn 2022

Next review date: - Autumn 2024

Appendices Included:

A: School Management of severe allergies (ANAPHYLAXIS)

B: Definitions

Modifications 2022:

Additional information about the processes used for children with severe allergies/intolerances detailed
Who to contact if you have a concern about the policy being adhered to included

STATEMENT:

- This policy is concerned with a whole school approach to the health care and management of those members of the school community suffering from specific allergies.
- Bedgrove Infant School is aware that staff and children who attend may suffer from food, bee/wasp sting, animal or nut allergies and believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.
- Bedgrove Infant School does not guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self- responsibility and plan for effective response to possible emergencies.
- Bedgrove Infant School is committed to children not sharing food and drink.
- Parents are asked to provide details of allergies on admission to our school.

AIM:

The intention of this policy is to minimise the risk of any child or member of staff suffering an allergic reaction whilst at school.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the child, staff, parent and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.
- This policy applies to all members of the school community including: staff, parents, guardians, volunteers, supply staff, students.

Role of other parents:

- Snacks and lunches provided by parents should be peanut and nut free.
- The school will ensure that parents are regularly reminded of the importance of nut free lunchboxes and snacks.

The common causes of allergies relevant to this policy are the 14 major food allergens:

- Cereals containing Gluten
- Celery including stalks, leaves, seeds and celeriac in salads
- Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
- Eggs - also food glazed with egg
- Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- Soya (tofu, bean curd, soya flour)
- Milk - also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- Peanuts - sauces, cakes, desserts, ground nut oil, peanut flour
- Mustard - liquid mustard, mustard powder, mustard seeds
- Sesame Seeds - bread, bread sticks, tahini, humus, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
- Lupin, seeds and flour, in some bread and pastries
- Molluscs, (mussels, whelks, oyster sauce, land snails and squid).

The allergy to nuts is the most common high risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect to the individual can be both life-threatening and uncomfortable, if suffered.

ALLERGY MANAGEMENT:

Procedures and Responsibilities

- The involvement of parents and staff in establishing individual risk assessments/ Health Care Plans.
- The establishment and maintenance of practices for effectively communicating a child's healthcare plans to all relevant staff.
- Staff training in anaphylaxis management, including awareness of triggers, and first aid procedures to be followed in the event of an emergency.
- Age appropriate education of the children with severe food allergies.

Medical Information

- Parents will initially highlight on a child's school admission form before starting school.
- For children with a food allergy, parents will then be asked to fill out a risk assessment form. This will enable parents to explain the condition, define any allergy triggers and any required medication. If needed, additional written or oral advice will be obtained from a doctor or allergy nurse.
- Any change in a child's medical condition during the year must be reported to the school.
- The Headteacher and Deputy Headteacher will ensure that, where needed, a Health Care Plan is established and updated for children with allergies.

Epi-pens

Where Epi-pens (Adrenalin) are required in the Health Care Plan:

- Parents/guardians are responsible for the provision and timely replacement of the Epi-pens. Two Epi-pens will be required.
- Epi-pens are located in the first aid room. These are out of reach of children but quickly accessible for staff.
- Epi-pen training will be refreshed for all staff when we have a child that requires an Epi-pen.

Parents' Role

Parents are responsible for providing medical information about their child's allergy in writing, by filling out our initial risk assessment form for food allergies. The form includes:

- The allergen (the substance the child is allergic to).
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock).
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.
- If a child has an allergy requiring an Epi-pen, or the risk assessment deems it necessary, a Health Care Plan must be completed and signed by the parents.
- It is the responsibility of the parent to provide the school with up to date medication/ equipment clearly labelled in the original container.
- In the case of life saving medication like Epi-pens the child will not be allowed to attend without it.
- Parents are also required to provide up to date emergency contact information.
- Snacks and lunches brought into school are provided by each child's parent. It is their

responsibility to ensure that the contents are safe for the child to consume.

- Parents should liaise with staff about appropriateness of snacks and any food-related activities (e.g. cooking, science experiments)

Staff Role

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- If a child's admission form states that they have an allergy, then the parents must fill out the risk assessment form before the child starts attending school. Any actions identified to be put in place. If a child has an allergy requiring an Epi-pen, or the risk assessment deems it necessary, a Health Care Plan must be completed and signed by staff and parents.
- Upon determining that a child attending school has a severe allergy, a team meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.
- All Staff to read the Allergy by Class list on One Drive to be aware of children with known allergies.
- All staff who come into contact with the child will be made aware of what treatment/medication is required and where any medication is stored.
- Snack time food is monitored by staff and are peanut, nut free and other allergens depending on the children attending. All staff will know the procedures at snack and lunch time to ensure the safety of children with allergies. However, staff cannot guarantee that foods will not contain traces of nuts.
- All children with severe allergies and/or intolerances will wear a RED Lanyard for clear identification during lunchtime
- These children have their food prepared following a specific routine in the kitchen using a RED lunch tray.
- Nothing is to be added to a red tray unless approved by Lead MDS or the Kitchen Manager.
- All staff who plate-up or hand out a RED tray must sign to agree that what has been served is in accordance with allergies.
- All staff will promote hand washing before and after eating.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- As part of the staff first aid course, Epi-pen use and storage has been discussed.
- We may ask the parent for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication will be easily accessible, especially at times of high risk.
- Staff should liaise with parents about snacks and any food-related activities; parental consent should be sought.

Actions

In the event of a child suffering an allergic reaction:

- We will delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available, it will be administered as per training and in conjunction with the Medication Policy.
- If parents or responsible adult have not arrived by the time ambulance arrives a member of staff will accompany the child to hospital.

Reporting concerns about management of children with allergies

If anyone has a concern about any aspect of the school's systems and procedures they have a duty to report these to ensure the children are provided with safe food to consume.

- Staff should report concerns to a Designated Safeguarding Lead who will ensure the matter is dealt with as necessary.
- Parents should report concerns to the office for the attention of a member of the Senior Leadership Team who will ensure the matter is fully explored.

Appendix A

School Management of severe allergies (ANAPHYLAXIS)

All staff must make themselves aware of the School First Aid Policy. This outlines Anaphylaxis and the recognition and treatment that should be followed. Below is the extract from the School First Aid Policy.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- **Peanuts and tree nuts** – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. **sesame, dairy products, egg, fish, shellfish and soya**)
- **Insect stings** (bees, wasps, hornets)
- **Latex** (gloves and PPE)
- **Drugs** (illegal and prescription)

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
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- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness



When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. **They should not stand up.**
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action to take:

Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken

- Ring (9) 999 immediately to get the ambulance on the way.
- Use the person's Epi-Pen located in the Medical Room
- Inform parents of the child
- Accompany child to hospital if parents have not arrived at the school
- Reassure any children or staff who may have witnessed the incident

Appendix B

DEFINITIONS:

Allergy	A condition in which the body has an exaggerated response to a substance (e.g. food or drug) also known as hypersensitivity.
Allergen	A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
Anaphylaxis	Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.
Epi-pen	Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter- muscular administration.
Minimised Risk Environment	An environment where risk management practices (eg risk assessment forms) have minimised the risk of (allergen) exposure.
Risk Assessment/ Health Care Plan	A detailed document outlining an individual child's condition, treatment and action plan.

