



## **Allergy Aware and Nut-Free Policy**

Although we recognise that this cannot be guaranteed, Werrington aims to be an allergy aware and Nut-Free school. This policy serves to set out all measures to reduce the risk to children and adults who may suffer an anaphylactic reaction if exposed to an allergen to which they are sensitive. The school aims to protect children who have allergies yet also help them, as they grow up, to take responsibility as to what foods they can eat and to be aware of where they may be at risk.

### **Anaphylaxis**

Anaphylaxis ("ana-fil-ax-is") is a severe and potentially life-threatening allergic reaction, often happening within minutes but sometimes after hours. It occurs because the body's immune system reacts inappropriately to a substance it wrongly perceives as a threat. An interaction between the substance ('allergen') and an antibody called Immunoglobulin E (IgE) releases chemicals, such as histamine, causing an allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many pupils (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing and breathing difficulties, and a high pitched sound (stridor) on breathing in.

### **Allergens that can trigger anaphylaxis include:**

- Foods e.g. peanuts, tree nuts (such as almond, walnut, cashew, pecan, hazelnut), milk, cheese and other dairy foods, egg, wheat, fish, shellfish, seafood, celery, celeriac, sesame, mustard, soya, fruits, etc.
- Insect stings e.g. bee, wasp
- Medications e.g. antibiotics such as penicillin, pain relief such as ibuprofen, aspirin
- Latex e.g. rubber gloves, balloons, swimming caps
- More rarely, animals e.g. horses, cats, dogs. In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis. This is not an exhaustive list. Pupils can have more than one allergy.

The severity of reaction can be influenced by a number of factors, including minor illnesses (such as a cold), asthma, exercise, and in the case of food the amount eaten, touched or inhaled.

Food: Severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods (e.g. cheese) are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.



- Insect stings: severe reactions are often faster, occurring within 10-15 minutes

Symptoms vary depending on the allergen:

### Symptoms

The symptoms of anaphylaxis usually start between three and sixty minutes after contact with the allergen. Less commonly they can occur a few hours or even days after contact.

### **Other symptoms:**

- Swollen eyes, lips, genitals, hands, feet and other areas (this is called angioedema)
- Itching
- Sore, red, itchy eyes
- Changes in heart rate
- A sudden feeling of extreme anxiety or apprehension
- Itchy skin or nettle-rash (hives)
- Unconsciousness due to very low blood pressure
- Abdominal cramps, vomiting or diarrhoea, or nausea and fever.

Anaphylaxis varies in severity. Sometimes it causes mild itchiness and swelling, but in some people it can cause sudden death. If symptoms start soon after contact with the allergen and rapidly worsen, this indicates that the reaction is more severe.

### Health Plans and Emergency Response

We have individual Healthcare plans for children with allergies and Allergy Lists are displayed highlighting Healthcare plans in place, triggers, medication (Medication will be stored, administered and documented in accordance with our Managing Medicines in school Policy).

A spare AAI (Adrenalin auto-injector) can be used if the pupil's prescribed AAI is not available, for example because it is broken or expired, and should only be administered to a pupil known to be at risk of anaphylaxis: - whose own prescribed AAI cannot be administered correctly, without delay; and where consent has been given by a parent or where appropriate-where consent has been given by the parent or where appropriate the pupil

Any AAI held by a school should be considered a spare or back-up device and not a replacement for a pupil's own AAI. Current guidance from the Medicines and Healthcare



products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two at all times.

- In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services should be called on 999 and advice sought from them as to whether administration of the spare emergency AAI is appropriate.
- An ambulance must always be called on 999 whenever an AAI is used. The pupil may appear better, but anaphylaxis can return. Monitoring in hospital is required.
- Some pupils who are prescribed AAIs also have inhalers for asthma. Symptoms of anaphylaxis and an asthma attack could look similar. If in doubt, use the AAI and inhaler and call 999.

### **School trips including sporting activities**

- Schools should conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safeguarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Where appropriate, schools may wish to consider taking spare AAI(s) obtained for emergency use on some trips.

### **Parents of children with allergies/pupils with allergies (where appropriate) should:**

- Speak about their concerns and create an independent healthcare needs plan (IHP) with the school
- Give permission for all relevant staff to be made aware of the allergy, this could include catering managers, lunchtime staff, sports staff, etc.
- Clearly label medicines, lunch boxes, drinks, etc. with the pupil's name Schools can:
- Arrange a time to meet with the parents/pupil to discuss support and create an IHP
- Seek parental consent (or pupil consent, where appropriate) to inform all relevant staff about the pupil's allergy, this may include catering managers, lunchtime staff, sports staff, etc.
- Ensure measures to prevent cross-contamination during handling, preparation and serving of food are followed. For example, preparing food for pupils with allergies first; careful cleaning (using warm soapy water) of food preparation/storage areas, chopping boards and utensils
- Make staff aware of how to check labels for allergens. Unlabelled food poses more risk of allergen exposure than packaged food labelled with allergy information



- Ensure pupils are not given unplanned food, e.g. unlabelled/homemade birthday cake. Parents/ pupils could provide in date allergen-free packaged treats in a clearly labelled box, to be kept at school as an alternative
- Implement policies to avoid trading and sharing of food, food utensils or food containers
- Consider if any food used in crafts, cooking classes, science experiments, special events (e.g. fêtes, assemblies, cultural events) need to be changed/restricted to prevent a reaction. For example, wheat-free flour could be used for play dough or cooking, egg cartons for crafts could be substituted
- Ensure early thought is given regarding catering requirements and emergency planning (including access to emergency medication and medical care). This could include sporting events, excursions (e.g. restaurants and food processing plants), school outings,

### Training

Staff will require effective training in order to administer the spare AAI in an emergency. Roles around staff training are set out fully in the Supporting Learners with Healthcare Needs statutory guidance. The overarching points are:

LAs - provide support, advice and guidance, including how to meet the training needs of staff. Governing bodies - ensure staff are appropriately trained, supported, and that their roles (including any delegation) are clear and understood by all.  
Head-teachers - ensure a sufficient number of trained staff are available to support pupils.

The Supporting Learners with Healthcare Needs statutory guidance states that staff should be trained to recognise the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. Therefore staff should be trained in these areas, and practical instruction on using different types of AAI. Training resources can be found online, including at <http://www.sparepensinschools.uk> although this is not a substitute for face-to-face training. The school nurse or local health board may be able to provide advice on arranging training. Parents/pupils may also have the contact details of allergy healthcare professionals.

#### **It would be reasonable for all staff to:**

- Be trained to distinguish the range of signs and symptoms of an allergic reaction;
- Recognise that anaphylaxis may start with mild symptoms (e.g. skin rash);
- Understand how quickly a reaction can progress into anaphylaxis
- Appreciate the longer it takes to administer an AAI, the less effective it may be;
- Know the location of the AAI kit(s);



- Understand the AAI Emergency Policy and Emergency AAI Register; and
- Be aware of who to contact in an emergency.

Epi Pen trained staff are named First Aiders. Please check the school office and the Staffroom noticeboard for a list of qualified staff.

### Nut Free

This policy is to ensure that we do not use nuts in any of our food prepared on site at our school. Our suppliers provide us with nut-free products. However, we cannot guarantee freedom from nut traces. We do not allow nuts or nut products in school lunch boxes as stated in our school lunch policy. Our "Allergy Aware School" means that the following items should not be brought into school:

- Packs of nuts
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars or sweets that contain nuts
- Sesame seed rolls (children allergic to nuts may also have a severe reaction to sesame)
- Cakes made with nuts

### Staff

Staff and volunteers must ensure they do not bring in or consume nut products in school and ensure they follow good hand washing practice.

Caution must be taken at certain times of year such as Easter and Christmas. If Staff distribute confectionary, care must be taken to ensure that no nuts are included in the product. Fruit sweets such as Haribo are a better alternative. Particular products that are a cause for concern are: - Celebrations - Roses - Heroes - Quality Street.

All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product must not be used in school. Packaging must be checked for:

- o Not suitable for nut allergy sufferers;
- o This product contains nuts;



- o **This product may contain traces nuts;**
- o **Indicating this is unsuitable for school consumption.**

### **Parents and Carers**

Parents and carers must notify staff of any known or suspected allergy to nuts and provide all medical and necessary information. This will be added to the child's care plan and if necessary a meeting organised with the class teacher. Homemade snacks or party food contributions must have a label detailing all ingredients present and the kitchen environment where the food was prepared must be nut free.

The school requests that parents and carers observe the *Allergy Aware* and nut-free policy and therefore **do not** include nuts, or any traces of nuts, in packed lunches.

### **Children**

All children are regularly reminded about the good hygiene practice of washing hands before and after eating which helps to reduce the risk of secondary contamination. Likewise children are reminded and carefully supervised to minimise the act of food sharing with their friends. Whole school assemblies are planned throughout the year to keep children updated about allergies and cross contamination, good hand washing and hygiene thus keeping the triggers and symptoms fresh in their memories in order to reduce Anaphylaxis.