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 **Allergy Procedures & Processes**

**November 2023**

**Rationale:**

We recognise that a number of our school community (children, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

We are committed to a whole school approach regarding the care and management of those members of the school community. This document looks at food allergy and intolerances.

The school’s position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. This will encourage self-responsibility to all those with known allergens to make informed decisions on food choices and to provide help and assistance for our youngest children. It is also important that the school has clear plans for an effective response to possible emergencies.

The intent of this document is to set out the school’s expectations for all, that minimise the risk of any person suffering allergy-induced anaphylaxis or reaction to food intolerance whilst at school or attending any school related activity.

The document sets out guidance for staff to ensure they are suitably prepared to manage the day to day needs of children with food allergies and to address emergency situations should they arise. The document also outlines the expectations of all those involved in the preparation or distribution of food within the school and of parents and other individuals, in informing the school of any food allergies.

**Intent:**

The school is committed to proactive risk food allergy management through:

• Ensuring that robust systems in place to ensure accurate and timely sharing of information relating to food allergies and intolerances with clearly defined responsibilities via our Medical Files

• Supporting children with the management of food allergies and intolerances

• The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies

• Working with catering providers to ensure that food labelling, menu planning and all aspects of food preparation, support the needs of those within our school community who have food allergies

• Promotion of staff awareness and annual training on food allergies/intolerances, possible symptoms (including anaphylaxis) recognition and treatment.

**Allergens:**

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, houmous, 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).

Some children and staff may also be allergic to particular medication (e.g. penicillin, ibuprofen), insect stings (e.g. bee, wasp, hornet) and latex (e.g. rubber gloves, swimming hats, balloons).

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.

**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, which triggers an allergic reaction in the immune system of a susceptible person.

**Anaphylaxis**: Anaphylaxis, or anaphylactic shock, is a severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines). It may be sudden or delayed.

**Adrenaline device**: A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intramuscular administration. This may also be referred to as an Epi-Pen at our school.

**School Processes:**

Sacred Heart School have clear medical procedures and allocate responsibilities to be followed by all staff in meeting the needs of children with additional medical conditions. We recognise that medical information is sensitive and confidential. This process includes:

* Parents of children with allergic reactions, who require medication to control their condition, must complete a Medical/Dietary Information Form and provide the school with up to date information about dosage and symptoms as well as up to date medicine. This information will be shared with the relevant staff including MDSAs and the catering staff
* The Deputy Headteachers will oversee the admin staff/class teacher in working with the parents to ensure an Individual Medical Care Plan is in place.
* Risk Assessments (Appendix 1) will be written by the class teacher in conjunction with parents/carers for children who have severe allergies (i.e. who have Epipens or equivalent). These are detailed documents which relate to the curriculum and plans for the yeargroup as well as signs, symptoms and treatment for individual children. Activities will be inclusive for all children in the yeargroup. These will be added to the class medical file alongside the careplan for the child. Risk assessments are updated at least annually and more often if needed, for example if additional allergies become apparent.
* Ensuring staff first aid training includes allergy and anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency
* Lessons dealing with allergy awareness to take place annually for all children across the school to promote understanding, inclusivity and kindness.
* Photographs and details of the needs of high profile children will be shared with all staff including MDSAs and the catering staff
* Medical files shared with all staff involved with children with medical needs at the beginning of the new school year (including new staff that join during the year as per Staff Induction Programme). All staff have a duty to ensure that they have read and thoroughly understood the medical needs of individual children in their care
* Parents are responsible for ensuring that the school is kept up to date with all medical conditions and ensuring prescribed medicines are in school and in date – the school support parents by checking children’s prescribed medications annually
* If attending a trip or visit off site, the Trip Leader must ensure that the correct medication is taken and the Evolve form (medical section) is completed
* All parents are reminded of the ‘Nut Free School’ rule frequently throughout the year. Parents are asked not to use Nutella, peanut butter, etc.
* All parents are also reminded that we are an Allergy Aware school and as such consider the needs and safety of children with allergies in our school community to keep them safe. For example – packed lunch items are never to be shared.
* Children are not allowed to bring sweets or cakes into school to share with other children
* Staff are aware that if there is any form of using food products in the curriculum, for example in Design Technology lessons, they must be sure to check the Medical Files for food allergies and ensure that activities are inclusive for all children in the yeargroup.

**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. 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

• 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 child 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 take:** (Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

* Act FAST but CALMLY
* Use the child’s/persons adrenaline device\*, or the emergency Kitt pack located in the KS2 medical room.
* Ring 999 immediately
* Someone to alert SLT and locate the nearest first aider to come and assist.

• Ring the child’s parent

* Ensure that the Site Team are aware that an ambulance is coming onto site
* Staff will be trained annually on how to use the adrenaline device. This will be delivered as part of safeguarding training.

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**Appendix 1 Anaphylaxis Risk Assessment**

This form should be completed by school with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

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| Child/Young Person Name:            | Date of Birth:      |
| Setting/School: Sacred Heart Primary SchoolPhase: Primary:      | Teacher/TAs:      |
| Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse): |
| Date of Assessment:       | Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):  |
| **I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:****Signatures:**Headteacher: Date      Parents/Carers Date     Child/Young Person Date       |
| What is this child/young person allergic to?Allergen exposure risks to be considered Ingestion [ ]  Direct contact [ ]  Indirect contact [ ]  |
| Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES [ ]  NO [ ] Is the child prescribed adrenaline auto-injectors (AAIs)? YES [ ]  NO [ ] Summary of current medical evidence seen as part of the risk assessment (copies attached) |
| Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part. Please keep activities inclusive to children with allergies through adapting resources, ingredients, activities. |
| **Activities** |
| Crayons/painting: |
| Creative activities: i.e. glue, pasta, paint |
| Science type activity: i.e. bird feeders, planting seeds, food |
| Musical instrument sharing (cross contamination issue): |
| Cooking (food prep area and ingredients): |
| Meal time:  kitchen prepared food (is allergy information available): packed lunches: |
| Snacks (is allergy information available): |
| Drinks: |
| Celebrations: e.g. Birthday, Easter: |
| Hand washing: |
| Indoor play/PE (AAIs to be with the child or within 5 minutes max in designated storage area): |
| Outdoor play/PE (AAIs to be with the child or within 5 minutes max in designated storage area): |
| School field (AAIs to be with the child or within 5 minutes max in designated storage area): |
| Offsite trips (are staff who accompany trip trained to use AAI and aware of specific risk assessment for allergy child): |
| **Allergy Management** |
| Does the child know when they are having an allergic reaction? |
| What signs are there that the child is having an allergic reaction? |
| What action needs to be taken if the child has an allergic reaction?  |
| Medication is stored in one secure place for child - are there any occasions when this will not be within 5 minutes reach if required? Yes **[ ]** No **[ ]** If Yes state when and how this can be adjusted:Consider child carrying AAIs with them depending on age etc, for example in preparation for High School. Discuss this with parents. |
| If the child is trained and confident can the medication be carried by them throughout the day? Yes **[ ]** No **[ ]** If No state reason: |
| Does the child have two of their own prescribed AAIs? |
| How many staff need to be trained to meet this child’s need? |
| Are there backup spare AAIs available and where are they located? |
| **Outcome of Risk Assessment** **New Allergy Action Plan/Individual Healthcare Plan required?** **YES [ ]  NO [ ]**  **Existing Allergy Action Plan/Individual Healthcare Plan to be updated?** **YES [ ]  NO [ ]**  |