

## Allergens Policy

### Introduction

Food allergies are becoming increasingly common, although severe allergic reactions are relatively rare and are mostly caused by only a handful of foods with milk, eggs, nuts, fish, shellfish and sesame seeds being the most common. Food is present in many aspects of school life from meal times to science lessons, baking and after school cake sales. Heritage aims to provide as safe an environment as is reasonably possible for pupils, staff and visitors. This policy sets out the school's measures to manage the risks of allergic reactions.

### Purpose

The aim of this policy is to:

- Minimise the risk of any child suffering an allergic/anaphylactic reaction whilst at school;
- Establish effective risk management practices to diminish the possibility of accidental exposure to known allergens whilst recognising the risk can never be completely removed;
- Ensure effective emergency response to any allergic reaction situation.

### Responsibilities

The school has a number of pupils who have food allergies. Everyone in the community has a role in minimising the chances of an allergic reaction.

#### *School's Responsibility*

- Ensure that an Individual Medical Information Form is established and updated for each child with a known allergy and seek updated information from parents at the commencement of each academic year.
- Ensure that there is an effective system to regularly update and disseminate medical information to staff and others as appropriate regarding individual students.
- To regularly update the Pupil Medical Overview with relevant medical conditions, to inform staff of changes, and to make it available to all staff via Google Drive and on the board in the 'quiet staffroom'. Staff are responsible for familiarising themselves with this information and staying up to date with any changes.
- To summarise medical information, including allergies, on the Class Information Registers (also known as Class Lists), which are primarily used for and taken on trips.
- Provide training for relevant staff in the use of Adrenaline Auto Injectors (AAIs) (including differences in AAI designs) and the management of anaphylaxis, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Ensure that where pupils with known allergies are participating in a school trip, the risk assessment for the trip includes pupils' individual medical information and any relevant risk management strategies.
- Ensure that emergency medication is easily accessible at all times
- Break and lunchtime when food is present to be well supervised to ensure the safety of children with allergies.
- Staff to reflect on how food is used in lessons and adapt their planning accordingly.
- Food allergy awareness is discussed in PSHE lessons and Science lessons relating to nutrition, healthy eating & food labelling.
- Teasing about food allergies is not to be tolerated.

#### *Family's Responsibility*

- Provide ongoing, accurate and current medical information in writing to the school. Ideally, this should include written advice from a doctor, which explains the condition, defines the allergy triggers and any required medication.
- To report to the school any change in a child's medical condition during the year.

- Where necessary, provide the school with a minimum of two Adrenaline Auto Injectors (AAIs) and/or medication at the start of the academic year or as soon as an allergy is diagnosed during the school year. All medicines must be labelled, in-date, in the original packaging as dispensed by the pharmacist and include the instructions for administration, dosage and storage.
- Ensure that the school has an appropriate amount of medication in school and that any unused or expired medication is collected and/or replaced.
- Ensure that the contents of lunches and snacks brought to school are safe for the child to consume.
- Liaise with staff about appropriateness of any activities which may need to be avoided or flagged up as 'high risk' (e.g. cooking).
- Provide up to date emergency contact information and inform the school of any changes.
- Educate their child in self-management of their allergy, including which foods are safe and unsafe.

#### *Pupil's Responsibility*

- Not to exchange food with other children.
- To wash their hands before and after eating in case of contamination.
- Notify an adult immediately if they eat something they believe may contain the food they are allergic to.
- Notify an adult immediately if they believe they are having an allergic reaction, even if the cause is unknown.

#### *School Community Responsibility*

- If the school notifies the wider community that it is necessary to do so, ensure that any food brought into school should be nut free wherever possible.
- Ensure food brought into school for sale is clearly labelled with the ingredients.

#### **Staff Training**

The school will ensure all staff receive appropriate training, relevant to their level of responsibility.

Designated members of staff, who have agreed to help administer Adrenaline Auto Injectors (AAIs) will be trained in:

- recognising allergic reactions and anaphylaxis;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administration of an EpiPen auto-injector;
- differences in AAI designs to ensure all devices can be used with confidence in an emergency
- basic life support resuscitation.

The list of staff who are trained to administer AAIs is located on the First Aid Policy.

**ALL** Staff will be:

- trained to recognise the symptoms of an allergic reaction and anaphylaxis;
- familiar with steps to be taken in the event a pupil experiences an allergic reaction;
- aware of who the designated members of staff are;
- aware of the Allergens Policy.

#### **Action to be taken in the event of an Allergic Reaction**

Reactions are inherently unpredictable with each reaction being independent of another and not always to the same degree (e.g. sometimes a person could have a mild reaction, another time it can be more severe). **A reaction can occur without any reaction having occurred before.** Children are more likely to have a bad reaction if they have asthma that is not being managed correctly.

Because the onset of anaphylaxis can be very fast, an adrenaline auto-injector should be used without delay as soon as anaphylaxis is suspected (particularly if previous reactions have been

severe), followed immediately by dialling **999** to summon emergency medical help. An auto-injector should be administered, even if in doubt about severity, as the risks of delay outweigh any potential harm from unnecessary administration of adrenaline.

#### Symptoms of Mild to Moderate Allergic Reactions

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Runny nose
- Hives or itchy skin rash
- Difficulty breathing
- Sudden change in behaviour

#### Response to Mild to Moderate Allergic Reactions

- Alert a duty first aider without delay
- Give antihistamine (if prescribed and where prior parental written consent has been given) and/or;
- Contact parent or carer;
- If symptoms worsen **CALL 999**

#### Symptoms of Severe Allergic Reactions / Suspected Anaphylaxis

- Swelling of throat, mouth, eyelids or face
- Marked difficulty in breathing or choking (a feeling of closing up of the throat)
- Wheeziness
- Difficulty in swallowing and speaking
- Sudden feeling of weakness and dizziness (drop in blood pressure)
- Skin pale
- Sense of impending doom
- Collapse and unconsciousness
- Areas of hives anywhere on the body or generalised flushing of the skin
- abdominal cramps, nausea and vomiting

#### Response to Severe Allergic Reactions / Suspected Anaphylaxis

- Administer the student's Adrenaline Auto Injector (**AAI**) **immediately** (middle of outer thigh, upper leg). If in doubt use. Don't delay. Note the time the injection was given.
- **CALL 999 FOR AN AMBULANCE** and report anaphylaxis.
- Lie child flat and raise their legs (if breathing is difficult, allow them to sit, but don't change position suddenly. Child should lie down again as soon as they are able. Child **must** continue to lie down even if they start to feel better.)
- Monitor pupil's condition and observe for **ABC**:
  - Airway
  - Breathing
  - Circulation - if absent CPR may be required.
- A second dose of adrenaline Auto Injector (AAI) may be required after **5 minutes** if the condition has not improved or if there is deterioration after initial improvement. Note time injection given. **NB**: Use the **opposite thigh** for the second dose.
- Other medicines such as antihistamines and inhalers can be given as necessary.
- Ensure that used Adrenaline Auto Injectors (AAIs) are kept in a sealed rigid container and taken to A&E to show staff what has been used.

Authorised by	Jason Fletcher
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