FRIARS PRIMARY (FOUNDATION) SCHOOL

Allergies Policy

Including Nut & Food Allergy

Agreed Policy

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| Review Date | | NEW | |
| Review Cycle | | 2 Years | |
| Agreed by Governing Body (Resources S/C) | | 13th November 2024 | |
| Review Date | | November 2026 | |
| Signed by Chair of Committee | Name | | Date |
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# Introduction

This policy sets out a whole school approach to the care and management of allergies within our school community, including but not limited to food, bee/wasp sting, animal or nut allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. The aim of this policy is to minimize the risk of any child suffering allergy-induced anaphylaxis whilst at school.

Whilst we are not able to guarantee a completely allergen free environment, we will seek to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

In line with the *Statutory Framework*, parents are asked to provide details of their child’s allergies on their Enrolment Form, which is submitted before starting Primary school.

# Policy Aims

The establishment of effective risk management practices to minimise the

* student, 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:

* School staff, including supply staff and students
* Parents/carers
* Volunteers

An allergic reaction to nuts is the most common high risk allergy, and as such demands more rigorous controls throughout the policy.

# Definitions:

**Allergy -** A condition in which the body has an exaggerated response to a substance (e.g. food and 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.

**Auto-Injector -** Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

**Minimized Risk Environment**- An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

**Health Care Plan**- A detailed document outlining an individual pupils condition treatment, and action plan for location of Auto-Injector.

# Food Allergies

True food allergies are reproducible adverse reactions to a particular food that involve the immune system. Virtually all known food allergens are proteins. They can be present in the food in large amounts and often survive food-processing conditions.

Allergic reactions are characterised by the rapid release of chemicals in the body that cause symptoms, which can occur within minutes or up to an hour or more after ingestion of the allergen. Whilst almost any food protein can cause an allergic reaction in some people, the most common food allergens in Europe include:

## The 14 allergens are:

1. Celery and celeriac
2. Cereals containing gluten – wheat, rye, barley, oats, spelt or kamut
3. Crustaceans (e.g. prawns, lobster, scampi, crab, shrimp paste)
4. Egg
5. Fish
6. Lupin (seeds and flour used in Europe for pastries and breads)
7. Milk
8. Molluscs - mussels, whelks, squid, land snails, oyster sauce
9. Mustard
10. Nuts and nut oil
11. Peanuts
12. Sesame
13. Soya
14. Sulphur dioxide and sulphites

Many allergens are hidden where you would least expect them to be. We ensure that our staff are familiar with the constituents of EVERY ingredient (e.g. Worcester sauce usually contains anchovies (fish), many gravy mixes contain milk, celery and gluten). Our staff examine the ingredients list on the packaging carefully and check with the supplier if necessary.

The proportion of the population with true food allergy is approximately 1-2% of adults and about 5-8% of children, which equates to about 1.5 million people in the UK.

Procedures

## General

* Parents and staff will work together to develop individual Health Care Plans.
* The school will establish and maintain systems for effectively communicating a child’s healthcare plans to all relevant staff.
* Staff will be trained in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
* Children will be given age appropriate education about severe food allergies.

## Medical Information

* Parents of children with known allergies will be asked to update their child’s information whenever there is a change and the office first aider will check information is correct at least annually.
* Parents must immediately report to the school any change in their child’s medical condition during the year.
* For children with known allergies, parents/cares must provide written advice from a doctor (GP), which explains their child’s condition, and defines the allergy triggers and any required medication.
* The office first aider and inclusion manager will ensure that a Health Care Plan is established and updated for each child with a known allergy.
* All Teachers and Teaching Assistants, Midday Supervisors and kitchen staff and other key staff must ensure that they are aware of any children with allergies in the classes that they have contact with and must review and familiarise themselves with the medical information for these children.
* If parents give permission, Action Plans with a recent photograph for any children with allergies will be posted in relevant rooms.
* When children with known allergies are participating in school excursions or other activities away from the school site, the risk assessments must include this information and a plan for minimising the risk of exposure to allergens and treating any adverse reaction that may occur.
* Children with known allergies may wear a medic-alert bracelet if they choose to.

## Parents’ Responsibilities

It is the parents’ responsibility to provide to the school in writing ongoing accurate and current medical information about their child.

For a child with a known allergy or a newly-diagnosed allergy, parents must send a letter to the school confirming the allergy and giving the following information:

* The allergen (the substance the child is allergic to).
* The nature of the allergic reaction (e.g. rash, breathing problems to anaphylactic shock).
* What to action must be taken if the child has an allergic reaction, including any medication, dosages and how it is to be administered.
* Any control measures that can be put in place to prevent an allergic reaction occurring.

It is the parents’ responsibility to ensure that the contents of any snacks and lunches that their child brings in to school are safe for the child to consume. Friars has a strict no sharing of food and drink policy.

Parents should liaise with staff about the suitability of ingredients for any food-related activities (e.g. cooking) and provide a list of all food products and food derivatives that their child is known to be allergic to.

All parents/carers, regardless of whether or not their child has a known allergy, must ensure that any snacks and lunches that their child brings in to school are free of peanuts and other nuts. The school will ensure that parents/carers are regularly reminded of this and will monitor the contents of lunchboxes and snacks.

## Auto-Injectors (Epipens)

If a child has an allergy requiring an Auto Injector (brand name Epipen etc), or the risk assessment deems it necessary, a Health Care plan must be completed and signed by the parents.

* It is the parent’s/carer’s responsibility to ensure that the auto-injector is in school and in date. The Auto-Injector must be clearly labelled and in a suitable container.
* Any child with an allergy requiring an Auto-Injector will not be allowed to attend school without an in-date Auto-Injector.
* The Auto-Injector will be located securely in an agreed location in a box clearly labelled with the child’s name and photograph and with a copy of the ‘administration of medicine’ guidance for that child.
* Parents/carers must ensure that the school has up to date emergency contact information.

## Staff responsibilities

It is the responsibility of every staff member to familiarise themselves with this policy and to adhere to the school’s health & safety regulations regarding food and drink.

Every teacher, supply teacher, teaching assistant, midday supervisor, kitchen staff member and anyone else who has regular contact with children must ensure that they are aware of any children with allergies in the classes or groups that they work with. This information is available in each class’s medical bag and on noticeboards in the staff room, school office, school kitchen and Site Manager’s office.

* All staff are to encourage all children to wash their hands before and after eating.
* Staff should monitor any snacks and packed lunches that children bring in from home to ensure that they do not contain peanuts, nuts or other known allergens. (We cannot, however, guarantee that foods do not contain traces of nuts.)
* Children should not be permitted to share any food or drinks that they have brought from home under any circumstances.
* After eating, all tables must be cleaned with an approved solution.
* Staff will be offered Auto-Injector training and all staff will be made aware of the location of Auto-Injectors for children who need them.
* Emergency medication should be easily accessible at all times, especially at times of high risk such as school trips and off-site visits.
* Staff should consult with parents/carers in advance about the suitability of any planned food-related activities (e.g. snacks, food sample sessions, cooking).

## Catering Staff responsibilities

* Catering staff will do their best to ensure that foods prepared and served are allergen-free for each individual. It is understood that some foods are labelled as having been prepared or manufactured in an environment that may previously have been used for preparing products containing nuts.
* Catering staff will ensure that they are able to support children with food allergy by being able to help a child to identify the foods they should/should not eat. If they are not able to do so they will make sure they ask someone who can.
* Each child with a food allergy will be shown where the alternative food choices are located and taught that all serving implements are to be kept for that food only.
* The office first aider will liaise with parents, catering staff and the school nurses with regard to any changes in a child’s dietary needs and the school medical database updated accordingly.

## New pupils with allergies

If a child’s Enrolment Form states that they have an allergy, a Health Care Plan must be in place before the child starts attending sessions. A risk assessment should be carried out and any actions identified must be put in place. This assessment should be stored with the child’s Health Care Plan.

## Diagnosis of an allergy for an existing pupil

If a child already attending Friars is diagnosed with a new allergy, a team meeting will be set up as soon as possible to update all relevant staff of the details of the child’s allergy and treatment.

Staff who come into contact with the child will be made aware of what treatment/medication is required and where any medication is stored.

## In the event of a child suffering an allergic reaction:

* Parents/carers will be contacted immediately.
* If medication has been prescribed, this will be administered as per training and in line with the school’s Administering of Medicine policy.
* If the child becomes distressed or their symptoms become more serious an ambulance will be called.
* Staff will endeavour to keep calm, make the child feel comfortable and give the child space.
* If an ambulance is called and arrives before the parent/carer has arrived, a member of Staff will accompany the child to hospital.