Carleton St Hilda's C of E Primary School

Allergy safety policy

Mission Statement

Our mission statement 'Open hearts, open minds, learning together with God' underpins all the work that we do.

Rationale

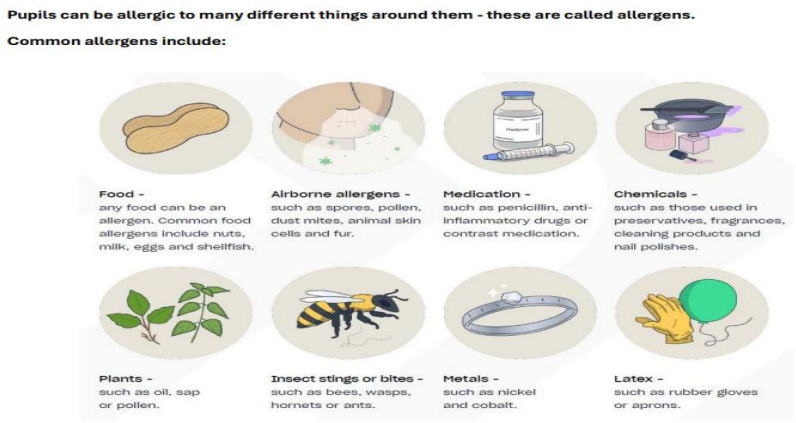
At Carleton St Hilda's CE Primary School, we believe that every child is a gift from God, and as such brings with them unique talents and characteristics which are to be nurtured and celebrated. Teaching and learning across all areas are set within a Christian context and our core set of Christian Values underpins our whole school curriculum as well as the daily life of the school. Integral to this is our commitment to the safety and wellbeing of all the children in our care, as we recognise that unless children are safe and well, they are unable to learn fully. This policy underpins good practice, and ensures that each child's entitlement to safety is protected. This policy is updated annually.

Introduction:

This policy demonstrates Carleton St Hilda's commitment to reducing the risk to pupils and staff with allergies, intolerances, coeliac disease and wider food hypersensitivities. Throughout this policy, we aim to highlight the procedures the school will follow to ensure that schools are doing everything they can to maintain safety and that all staff are appropriately trained and able to deal with situations where pupils experience allergic reactions.

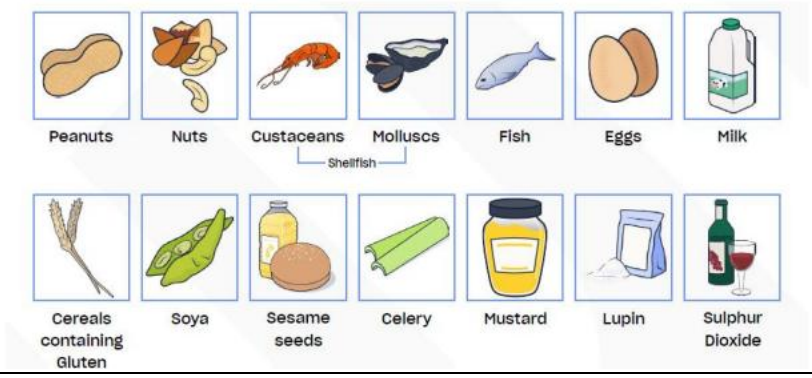
A named member of the senior leadership team in each school setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy. **Our named person is Jane Curl (Headteacher)**

Awareness training



The 14 food allergens

There are 14 food allergens as contained within the law:



Allergy awareness training should ensure all staff:

• Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;

• Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;

• Understand the difference between food allergy, coeliac disease and food intolerance;

• Know where to find information on **allergy triggers**;

• Can identify the range of **symptoms** of allergic reactions;

• Understand and can recognise **anaphylaxis**;

• Know how to respond in an **emergency**, including:

1. calling emergency services and informing parents;
2. how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
3. training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);

• Understand the **impact** allergy can have on a child or young person's wellbeing;

• Understand our school **allergy safety policy**;

• Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;

• Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;

• Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation

arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

What is an allergy?	• An adverse reaction by the body's immune system to a specific allergen. • An allergic reaction can occur even after being exposed to just a trace of the allergen and can be life-threatening. • Symptoms of an allergy are often mild but can be very severe. • The most common symptoms include sneezing, itchy skin and rashes, stomach cramps, nausea and vomiting. Symptoms of anaphylaxis include difficulty breathing, a drop in blood pressure and a loss of o consciousness. • Allergies can present themselves differently, and each person may show different symptoms. • These are most likely to occur either while eating or soon after eating the allergenic food but, in some cases, can develop hours - or even days - later. We will address this difference later.
What is an intolerance?	• An adverse reaction by the body to a specific food ingredient. o It is unrelated to the immune system and, therefore, is not life-threatening. Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts. • Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.
What is coeliac disease?	• Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed. • The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb some nutrients from o food. • The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.
Who does it affect and how?	• No one is born with an allergy. They can develop at any age and are dependent on a multitude of factors. Similarly, food intolerances and Coeliac disease can occur at any stage in a person's life. Currently, there is no known 'cure' for food hypersensitivities - instead, they are conditions that need to be managed throughout an individual's life. • Allergic reactions can be life-threatening, known as anaphylaxis. They occur because the body's immune system has overreacted to an allergen. They can cause swelling of the airways, and the person will need immediate medical attention. • Severe allergies can be triggered by even trace amounts of the allergen.

	• If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

Staff will be trained in allergy awareness and emergency response, at least annually. (recorded on the training matrix)

Induction arrangements for new staff, as well as arrangements to ensure supply and cover staff have received allergy awareness training by accessing the power points provided by the school nursing team and signing to say that the training has been completed.

Symptoms of anaphylaxis

The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

Think ABC:

➢ Airways: Severe swelling of the airways, often indicated by difficulty speaking or swallowing.

➢ Breathing: Difficulty breathing, often indicated by wheezing or noisy, laboured breathing or an odd, repetitive cough after ingesting food.

➢ Circulation: Dizziness, feeling faint, tired or confused or having pale/clammy skin may indicate issues with circulation, which is known as an "altered conscious state."

If a pupil displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient, they are allergic to, a swift response is vital.

This is considered a medical emergency, and the emergency anaphylaxis response plan must be followed:

➢ Lay the child down flat wherever possible with the head slightly elevated.

➢ Administer the adrenaline auto-injector (AAI) without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.

➢ After administering the AAI, raise the child's legs. The child can sit up at short intervals if they feel more comfortable, but ideally, they should remain in this position.

➢ Call 999, stating anaphylaxis.

➢ After five minutes, a second AAI can be administered in the outer thigh of the opposite leg if possible.

➢ If the pupil stops breathing, commence CPR and locate the defibrillator (if there is one).

➢ Call parents/carers as soon as possible.

➢ Do not leave the pupil unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil.

All pupils must go to the hospital following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a secondary reaction. If one or two of their AAIs has been used, the hospital will need to replace them before the child is discharged.

Wellbeing

The **wellbeing** of our children with allergy will be promoted, since the risk posed by allergy (and the possibility of anaphylaxis) as we recognise that it can be a significant cause of anxiety. Bullying of children with an allergy will be addressed using the school policy. Where required, further support will be provided through the Family Learning Mentor or other outside agencies.

Minimising risk

We will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens.

This includes:

• Measures to manage the risks of exposure to a food allergen through food provided by the school.

• Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff). Awareness through newsletters.

• Where children and young people have known allergy to airborne or contact allergens, the school, will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.

• An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.

• Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Catering

The school will operate in line with the Food Information Regulations 2014 (1169/2011) when it comes to providing allergy labelling on all food provided. Information linked to the 14 food allergens will be clearly highlighted on all food provided on site and any food that is pre-packed for direct sale (PPDS) - such as sandwiches or salads - will be provided with a full ingredients list.

Pupils with allergies and food hypersensitivities will be identified through a list provided to all catering staff and supervisors, along with a picture of the pupil. White wristband may be provided in agreement with the pupil and parent/carer.

The school will also operate within guidance from the Department of Health, including adhering to the following:

• Careful measures will be in place to avoid allergenic cross-contamination, including two-step cleaning procedures and separate preparation areas for allergenic ingredients.

• Parents/carers who provide packed lunches and water bottles must ensure that these items are clearly labelled with the child's name.

• Open communication is always taught and encouraged; this includes pupils communicating with catering staff and supervisors to ensure that the food they consume is suitable and safe for them.

• Pupils can ask for additional reassurance if they have any concerns over a dish offered to them.

Individual children and young people

Identification

Parent/Carer responsibilities

Parents provide school with information about their child when first starting school (information booklet) and they inform us of any medical conditions and allergies, their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices).

Parents/carers are responsible for ensuring that any required medication is in-date and provided as required. (The school will also keep a note of this information).

Parents/carers must ensure that appointments with GPs or allergy specialists are attended as required and that relevant information arising from these is passed on to the school.

Parents/carers should provide the school with the pupil's signed Individual Healthcare Plan.

A record is kept of all individuals with allergies, including whether children have Individual Healthcare Plans and/or an Allergy Action Plan.

We gather information about known allergies, for example from the child, their parents and their previous setting – through the transition process and the information booklet that is completed by parents before their child starts at the school.

Individual Healthcare Plans

Children have an Individual Healthcare Plan (IHP) if:

• they have an allergy which has a functional impact on them in their school, college or setting;

• they are at risk of harm as a result of their allergy and

• they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school setting for supporting the child with their medical condition or allergy, including in emergency situations.

Set out how children with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

Pupil responsibilities

Pupils must actively engage in learning regarding allergies and hypersensitivities, regardless of whether they themselves experience them.

They are encouraged to support their peers and must always be kind and understanding.

Pupils who are old enough and able should be encouraged to carry their medication, including AAIs and, where appropriate, know how to administer medication themselves.

Pupils with food hypersensitivities are encouraged to communicate with catering staff and lunchtime supervisors regarding the ingredients in the meals served.

Prescribed adrenaline

The school will ensure that children who are prescribed adrenaline devices have rapid access to their devices at all times, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

"Spare" adrenaline devices

• "spare" adrenaline devices should be used only with parental permission and are kept in the main office – top shelf of the wardrobe.

•"spare" adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date;

• "spare" adrenaline devices when they are used or go out of date (including safe disposal of adrenaline autoinjectors as they contain a needle – in the needle bin located in the main office (yellow).

• In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes.

• "Spare" adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Clearly marked "**emergency anaphylaxis kit**" containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

No child is more than five minutes from adrenaline devices. Adrenaline devices are always stocked and stored in pairs.

Visits and trips

Arrangements and adjustments will be put in place to ensure children with allergy are able to participate in visits and trips, and do so safely (including access to adrenaline where required. This will be set out in risk assessments and included on EVOLVE. School will work with the family to ensure a safe and age-appropriate risk assessment is put in place. Children at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency.

Serious incidents and "near misses"

The school will record, report and respond to serious incidents or "near misses" involving allergy safety. This will be completed on the Lancashire 'near miss' accident forms. It will be saved onto the school system and a copy added to the child's CPOM records.

Information sharing

The school will share information about children with allergy, in agreement with the parents.

Awareness of the allergy safety policy

The school will raise awareness of the policy by publishing it on the school website.

All staff should be aware of and understand the policy, as part of annual allergy awareness training.

The policy will be shared with governors through the Resources Committee.