



SHUTTLEWORTH COLLEGE

**Managing Nut and
Other Allergies Policy**

1. POLICY STATEMENT

- 1.1 This is the Managing Nut and other Allergies Policy of Shuttleworth College School ("the School").
- 1.2 We are aware children who may attend the School may suffer from nut, food, bee/wasp sting and animal allergies and we are committed to taking all allergies seriously and dealing with matters in a professional and appropriate way.
- 1.3 As a School we are unable to guarantee an allergen free environment, rather we seek to minimise the risk of exposure by hazard identification, instruction and information. This will encourage self-responsibility to all those with known allergens to enable them to make informed decisions. The School is able to put in place robust plans for an effective response to possible emergencies that may arise.

2. ABOUT THIS POLICY

- 2.1 This Policy, and any other documents referred to in it, sets out our approach to ensuring we comply with our legal duties to make arrangements for children attending the School with medical conditions including those with food allergies under the Children and Families Act 2014, supported by statutory guidance *Supporting pupils at school with medical conditions* together with the *Wiltshire Children Trust – Anaphylaxis Risk Assessment* that will be undertaken yearly on each child with a known allergy to ensure an up to date Health Care Plan is in place for each affected child.
- 2.2 The common causes of allergies relevant to this policy are the 14 major food allergens:
- 2.2.1 Cereals containing Gluten
 - 2.2.2 Celery including stalks, leaves, seeds and celeriac in salads
 - 2.2.3 Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
 - 2.2.4 Eggs - also food glazed with egg
 - 2.2.5 Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
 - 2.2.6 Soya (tofu, bean curd, soya flour)
 - 2.2.7 Milk - also food glazed with milk
 - 2.2.8 Nuts, (almonds, hazelnuts, walnuts, pecan nuts, brazil nuts, pistachio, cashew

and macadamia (Queensland) nuts, nut oils, marzipan)

2.2.9 Peanuts - sauces, cakes, desserts, ground nut oil, peanut flour

2.2.10 Mustard - liquid mustard, mustard powder, mustard seeds

2.2.11 Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil

2.2.12 Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer).

2.3 Food allergies, more so nuts are the most common high risk allergy and, as such, demand 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.

2.4 The School approach could be to ban the 14 major food allergens detailed below, however it is impossible for the School to provide a guarantee that no such foods are present on the School grounds.

2.5 The School is committed to no food and drink sharing.

2.6 The School does not tolerate bullying. Children attending the School are expected to respect and be understanding of their class mates who may have an allergy and to take extra care when consuming and disposing of food in their presence.

2.7 This Policy has been approved by the Governing Body and the School's Health and Safety Committee

3. DEFINITIONS

We have set out below some of the terms used in this policy along with a brief explanation about what they mean.

3.1 **Allergy** – a condition in which the body has an exaggerated response to a substance (e.g. food or drug damaging immune response by the body to a substance, especially to a particular food, pollen, fur, or dust, to which it has become hypersensitive.

3.2 **Allergen** – a normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.

3.3 **Anaphylaxis** – Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites or

medicines).

3.4 Auto-Adrenaline Injector (AAI) device– A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intermuscular administration. This may also be referred to as an EpiPen, Anapen, Emerage or Jext which are particular brand names available in the UK.

3.5 Health Care Plan – A document setting out a child’s medical needs and how they should be handled to ensure a child with medical conditions is safe, well and involved at school. Details of any medication will be noted including any adrenaline device.

4. PROCEDURES AND RESPONSIBILITIES FOR ALLERGY MANGEMENT

4.1 Parent’s / Carer’s responsibilities to:

- 4.1.1 Notify the School of their child’s allergies on the new starter child contact and information form and update on any changes as and when they arise.
- 4.1.2 Work together with the School to develop a plan that accommodates your child’s needs throughout the School (including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus). Obtain information from your child’s GP to enable the School to draft an informed plan with input from the school nurse, any allergy specialist or paediatrician that may be connected.
- 4.1.3 Provide the School with a spare AAI
- 4.1.4 Provide written medical documentation, instructions and medications as directed by a doctor.
- 4.1.5 Provide the School with replacement medications upon expiry.
- 4.1.6 Educate your child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
- 4.1.7 Provide a “stash” of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
- 4.1.8 Speak to your child’s close friends about the signs and symptoms of a reaction, if your child is happy with them being involved.
- 4.1.9 Review policies and procedures with the School staff, school nurse, your child’s doctor and your child (if age appropriate) after a reaction has occurred.

4.2 Child’s responsibilities:

- 4.2.1 Do not exchange food with others.
- 4.2.2 Do not eat anything with unknown ingredients.
- 4.2.3 Be aware that cosmetics may also contain allergens.
- 4.2.4 Be proactive in the care and management of your food allergies and reactions.
- 4.2.5 Notify an adult immediately if you believe you are having a reaction, even if the cause is unknown.
- 4.2.6 Always wear your medical alert bracelet or some other form of medical identification.
- 4.2.7 Safely carry your AAI in accordance with school guidelines on you and notify a member of staff should any issues or concerns arise.
- 4.2.8 Respect and be understanding of other children's need who may have an allergy.

4.3 School responsibilities:

We have set out below the School's responsibilities having regard for the School's responsibilities under the Children and Families Act 2014 and government guidance titled *Supporting pupils at school with medical conditions*.

4.3.1 Medical information

- 4.3.1.1 The School has a first aid-room and employs a full-time medical officer.
- 4.3.1.2 Various medical supplies are stored in the School first aid room to attend to any allergic reaction.
- 4.3.1.3 Specifically, there are 2 spare AAI's (1 child dose and 2 adult dose) stored in the first aid room. The AAI's are replaced before their expiry date.
- 4.3.1.4 Emergency kits in the School should be checked termly to ensure they are stored correctly, are still in date, and ready for use. At present these are checked daily by the School.
- 4.3.1.5 The School will maintain a medicine register recording the date any medication is given and replaced.
- 4.3.1.6 The School will undertake a detailed Annual Risk Assessment of each child with a known allergy to help ensure pupils with allergies are kept safe. This risk assessment will help inform the child's Health Care Plan (see para 4.3.3.6)
- 4.3.1.7 The School will seek updated medical information on the new starter child contact and information form at the commencement of each academic year and amend/ update the child's records accordingly.
- 4.3.1.8 Any child with a known allergy shall receive a Health Care Plan that is drafted with his/ her parent/ carer together with input/ information/ advice/

guidance from the school nurse, GP, any allergy specialist/ paediatrician. This plan is signed by the school making it a tri-party agreement between the pupil's family, the school and the health team involved.

4.3.1.9 Any member of staff with interaction and teaching responsibilities of any child with known allergy/ allergies is responsible for reviewing and familiarising themselves with the child's medical information.

4.3.1.10 Action plans with a recent photograph of each child with a known allergy are securely posted in relevant rooms at the School with parental/ carers permission.

4.3.1.11 Details of every child with a known allergy are recorded on the child's electronic dinner money account visible to catering staff when processing a food purchase made by a child.

4.3.1.12 A medical form accompanies any child with known allergies who may be attending a school excursion.

4.3.2 Staff responsibilities

4.3.2.1 All School staff are responsible for familiarising themselves with this policy and to adhere to health and safety regulations regarding food and drink.

4.3.2.2 As part of the staff first aid training, all staff are trained every 12 months to use an AAI

4.3.2.3 School excursions always have a first aid trained member of staff.

4.3.2.4 All staff are to promote no food or drink sharing.

4.3.2.5 All staff are to promote hand washing before and after eating and outdoor or sport activities.

4.3.2.6 All tables and work surfaces are cleaned with an approved solution.

4.3.3 Catering matters

4.3.3.1 All tables and worktops are cleaned with an approved solution.

4.3.3.2 All food sold in the School canteen is allergy coded.

4.3.3.3 The School uses a thumb print identification system (pupil biometric date) when food is purchased by a child at the School dinner hall. Any food purchased by a child with a known allergy will be flagged by the system to the School staff, at the point of sale if the food contains an ingredient that the child is known to be allergic to.

5. School response in the case of a child suffering an allergic reaction

5.1 If your child has a Health Care Plan in place, this will be followed.

5.2 A member of staff will contact the child's parent/ carer.

5.3 It is essential members of staff involved or tending to a child remain calm throughout.

5.4 Any medication to be administered will be done so in accordance with the training received and in-line with any agreement/ arrangement that may be in place.

5.5 If a child is in a distressed state or their symptoms appear to become more serious we shall telephone the emergency services on 999.

5.6 If an ambulance arrives before the child's parents have arrived, in such circumstances a member of staff shall travel with the child to the hospital.

6. Useful resources and resources used

6.1 Children and Families Act 2014

6.2 Supporting pupils at school with medical conditions guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

6.3 Allergy UK – www.allergyuk.org

6.4 Anaphylaxis Campaign – Making Schools Safer Project:

<https://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/>

6.5 Wiltshire Children Trust – Anaphylaxis Risk Assessment

6.6 Anaphylaxis Campaign – Frequently Asked Questions: School

<https://www.anaphylaxis.org.uk/wp-content/uploads/2019/07/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf>

6.7 Spare Pens In Schools - www.sparepensinschools.uk