



Allergy Awareness Policy



Ivy House School is an Allergy Aware School where the health and safety of our school community is paramount. We recognise members within our community (pupils, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods. The basis of our approach is risk minimisation, support and education.

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 where possible self-responsibility to all those with known allergens to make informed decisions on food choices or for the staff member/carers acting on a child's behalf. It is also important that the School has robust plans for an effective response to possible emergencies. The School also aims to support children and families living with allergies to understand the impact on social and emotional health and wellbeing. This ultimately has an influence on their ability to learn.

Definitions

<i>Allergy</i>	A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.
<i>Allergen</i>	A normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.
<i>Anaphylaxis</i>	Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
<i>Adrenaline device/ Auto Injector</i>	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/ Ana pen or Jext which are particular brand names.

Prevalence of food allergies in children

Food allergies affect approximately 1 in 50 children. It is likely that at school children will encounter, and may accidentally ingest, one of many products which cause an allergic reaction. People with a food allergy may react to tactile (touch) exposure or inhalation exposure. Allergies are at best mild rashes and coughing, but at worst can be a matter of life and death. According to UK government statistics, 17% of fatal allergic reactions in children occur while they are at school. What's more is no two situations are alike. Multiple children in a school could have allergies, potentially all to different foods. Not every ingestion exposure will result in anaphylaxis but the potential always exists. When the symptoms to the allergic reaction are widespread and systemic, the reaction is termed "anaphylaxis". Anaphylaxis is the most severe and sudden form of allergic reaction and should be treated as a medical emergency.

The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at Ivy House School or attending any school related activity. 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 (tree 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).

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.

Symptoms of food allergies

Symptoms and signs of anaphylaxis usually, but not always, occur within the first 20 minutes after exposure, but can in some cases be delayed for two hours or more. Whilst symptoms and signs are individual to each child, discussions with parents will help the school to identify what their common symptoms may be. However, the school is aware that the usual symptoms and signs may change. Some of the more common symptoms and signs may include one or more of the following:

- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling and tightness in the throat
- Difficulty in talking or a hoarse voice
- Wheeze or persistent cough
- Dizzy/lightheaded
- Loss of consciousness and/or collapse
- Pale and floppy (young child)

Responsibilities

Parents/Carers must inform the school of any known food allergies upon entry to the school. A care plan should be provided from the hospital and updated on each hospital visit. This information is passed on to the relevant people including staff, school nurses and CaterLink who provide catering to the school.

All staff will complete the Flick learning module on "Allergens" and be aware of children with known allergies within the school. First Aid trained staff will cover treatment for Anaphylaxis as part of their routine training and will require auto injector training. Children who may require auto injectors will come into school with them carry them around for immediate use if required. The nursing team will also support with the administration of auto injectors who may be able to administer a second dose if needed. Class staff will check daily to ensure that the child is sent into school with them, they are in date and that they are sent home.

A list with pictures will be sent out to all staff outlining pupils with known allergies and will be updated and shared as required if new information is received by the school. This information is also available in the school kitchen and staff room. The school will be conscious of the potential for the social and emotional impact and raised anxiety levels on the child and their family following an allergic reaction and will signpost to additional support services if required when liaising with parents. Following an allergic reaction, it may be that the sufferer can feel unwell for a considerable period of time.

Educational Visits

All academic staff must check the requirements of all pupils they are taking off site. This is part of the offsite risk assessment. Where food intolerance has been identified, this must be relayed to the relevant people if they are purchasing or providing food/refreshments.

Staff must also:

- Physically check that pupils have any relevant medication before leaving site, including auto injectors.
- Staff supporting the educational visit must be suitably trained i.e. able to administer an auto injector if required
- Ensure that all food being taken from the school has been clearly labelled and they are aware of any foods that should not be given to pupils (also any foods that pupils may purchase outside of the School during the trip).

Charity Events

If the School hosts any 'staff coffee mornings' or 'bake days' for charity it is important that no food poses a risk to the end user, however, this is difficult to monitor. Where products are not made on site, but sold by the School, appropriate signage should be in place. This will state the following: *'This item was not produced at Ivy House School; therefore, we cannot guarantee that it does not contain nuts or any other allergen'*. All products should be plated separately, and stored as such (wrapped where possible) to prevent cross contamination to other items for sale. It should be left to the discretion of the person buying the food or staff/parent/carer on their behalf that they accept the risk that allergens may be present.

School Tuck Shop

The School Shop procures many items that are available to the pupils to buy. Items that are individually wrapped will carry their own labels on the branded packaging. There are currently no items that are made on site. Where possible during storage and display items that are known to contain nuts (although they are individually wrapped and sealed during the manufacturing process) should be stored separately to other food items. This is to try to limit cross contamination to sufferers.

Appendix A

Management of severe allergies (ANAPHYLAXIS)

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 pupil 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 to take:

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

- Ring (9) 999 immediately to get the ambulance on the way and state that it is anaphylaxis.
- Pull the nurse call cord to get immediate assistance
- If applicable use the person's auto injector
- Ensure that accident forms are filled out if applicable.