

Things in red are not generic and will need to be verified locally.

Severe food allergy & anaphylaxis

Summary and policies – FOR ALL STAFF

Key things to know

- Food allergies are increasing common. They can be fatal - although the risk of severe and life-threatening (anaphylaxis) reactions are small
- Avoidance of food allergy triggers is the main priority in allergy treatment
- If a serious reaction occurs it can happen very quickly - delays in giving auto-injectors (e.g. Epipen®) have been linked to poor outcomes and death
- **A child may have their first allergic reaction at school, it can cause anaphylaxis (life-threatening), so all staff should be able to recognise the signs and know what to do (see page 4)**
- There is no way to identify allergy sufferers who will go on to have a life-threatening reaction - this is why precautions are taken for all sufferers
- Children who are at risk of severe allergic reactions are not ill in the usual sense; they are normal children in every respect – except that if they come into contact with a certain food or substance
- The Food Standards Agency identifies 14 major allergens
- By law major allergens are highlighted in ingredients lists on food items in shops and restaurants
- Where there is a real possibility of cross contamination, food labels include a 'may contain' warning; the Anaphylaxis Campaign and Food Standards Agency advises that allergy sufferers avoid these products
- Hidden ingredients are also a major concern; for instance some pesto, used in pizza, is made using cashew nuts.

Summary of [SCHOOL NAME] severe allergy policies

Schools do not have to wait for a formal diagnosis before providing support to pupils with a suspected allergy. If a parent suspects or has an allergy diagnosed for a child in your care, please speak to the **headteacher/delegated staff member** as soon as possible. You will be given a copy of the school's severe allergy information pack and training if you're not already allergy/Epipen trained.

Healthcare plans

Individual healthcare plans are drawn up for each pupil with a medical condition. They detail the steps that a school should take to manage a child's condition.

Allergy and adrenaline auto-injector (Epipen®) training

Training takes place three times a year. We aim for staff to be trained prior to an allergic child joining their class, or at the earliest opportunity should a diagnosis occur during the school year.

Avoidance of allergy triggers

Avoidance of triggers is the main focus of allergy management. This includes checking ingredient lists, heeding allergy warnings on food packets, avoiding

allergens coming into contact with food, hands, work surfaces, cutlery and utensils used to serve food to an allergic child.

Trading or sharing food, utensils or containers is discouraged. For younger allergic children we ask that all staff are extra vigilant.

Communicating allergy information

Known allergy sufferers have their photograph displayed in their main classroom and also in the dining areas with a list of their allergens.

Supply teachers, occasional teachers and teaching assistants will also be informed verbally when they take over responsibility for a class containing an allergic child. If they are not allergy/Epipen® trained then they will be informed of where the nearest, trained member of staff is working on that day.

Parents/carers of pupils and the school caterers (where relevant) will be contacted in the event of any suspected allergic reaction, whether an Epipen® is administered or not. It is important to remember that children may not have a known allergy – or may have a known allergy but not an Epipen®.

Pupils are encouraged to ask about allergens and report suspected allergic reactions to staff including anything they are unfamiliar with or unsure about. We endeavor to cover allergens in class discussions and/or assemblies.

Awareness and non-medical effects of allergies

The school promotes awareness amongst students, staff and parents as it has a significant role to play in reducing the risk of allergic reactions occurring and in improved outcomes in the event of a serious reaction. [SCHOOL NAME] supports children who may be self-conscious about their condition and are at risk of bullying and/or developing emotional disorders such as anxiety or depression around their medical condition.

In school activities

Allergic children will be included in cooking and other activities involving food. Staff must take extra care not to use foods that any child is allergic to. The work area should be cleaned thoroughly before use and recipes thought out carefully. Staff should consider whether the activity is suitable or not. In severe circumstances, allergic children should be given an alternative, safe cooking activity so that they can be included. A risk assessment must be completed if a class will be using an ingredient any child is allergic to.

Treats and rewards

Food-allergic children may have their own individually labeled box containing allergen-free 'treat' foods for class celebrations (e.g. birthdays) or rewards.

Residential trips and days out

All protective measures continue during extracurricular activities such as school days out, residential trips and sporting fixtures.

Storage and availability of medication

Auto-injectors are stored in a safe but accessible place – usually in the child's classroom. This is because if needed, they will be needed extremely quickly. When allergic children are some distance away from their classroom, they should be accompanied by their emergency bag. **Children should know where their**

medicines are at all times and be able to access them immediately.

Recommendation to bring own pack lunch

The school nurse, advises allergic children bring a safe pack-lunch from home [check with your health authority – this is the case in some authorities].

Caterlink policy (our caterers)

Caterlink say they *“do not use nuts in education establishments, but are unable to guarantee products and dishes are totally nut free (for example, curry paste is made in a factory containing nuts, bread is baked in a factory handling nuts, some production lines have machines lubricated with nut oil).”* January 2012

In our kitchens:

Within the catering facilities, we take precautions to minimise the risk of allergic reactions. We do not knowingly use any nuts (including pine nuts and peanuts) or sesame seeds and associated nut products in our kitchens.

If a parent of an allergic child wishes to use the school meal service they must fill out Caterlink’s allergy form available from the school office.

Lunchtime and breaktime arrangements

An Epipen® trained member of staff is on duty in the dining hall and playground at all lunch and breaktimes.

Tuck shop, special dinners (e.g. Christmas and BBQ)

Policies above apply.

Appointment of school caterers

In the future, as allergy awareness and school dinner uptake increases, we hope that it will become possible to offer more allergic children reassurances that their school dinner is guaranteed safe.

Further Information: Please see [SCHOOL NAME] School’s ‘Severe Food Allergy & Anaphylaxis Information Pack and Policies’ from which this summary is taken.

www.nhs.uk/Tools/Pages/Food-allergy-myth-buster.aspx
www.anaphylaxis.org.uk

Lesson plans and videos are available free at:
<http://allergyadventures.com/for-schools.aspx>

Allergic Reactions and what to do

- Reaction to foods may be immediate or delayed
- Allergic reactions can occur in the classroom or playground as well as in the dining hall
- Initial symptoms may be mild and difficult to interpret
- It is not possible to predict the final severity of reactions from initial symptoms
- Allergy deaths have been associated with a delay in the administration of intramuscular adrenaline (such as Epipen[®], Jext[®], Emerade[®] auto-injectors).
- Treatment for an allergic reaction depends on the severity of the reaction

