



Allergy Awareness Policy

Market Weighton Infant School is an Allergy Aware School where the health and safety of our children is paramount. We have a small number of children with life threatening food allergies. The basis of our approach is risk minimisation and education.

Aims

- To safely support children with severe allergies and anaphylaxis.
- To develop and maintain a health care plan when dealing with children who have critical life-threatening allergies.

Prevalence of food allergies

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. Students with a food allergy may react to tactile (touch) exposure or inhalation exposure. Not every ingestion exposure will result in anaphylaxis but the potential always exists. Whilst peanut allergy is the most likely to cause anaphylaxis and death, eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for the vast majority of total food allergies.

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.

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.

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)

Prevention strategies

School Community:

As an “Allergy Aware School” no peanuts, peanut paste, peanut butter (including dippers), nuts, “Nutella” spread or nutty muesli bars are provided by the school, and we ask parents to be considerate when sending in snacks/packed lunches for their child. A list of foods that must not be brought to school is given to all parents and is available on the school website. Parents are asked not to send in food from home, either shop bought or home-made (for example, for birthday celebrations).

Parents are informed of this through a variety of means including: letter, website and induction meetings. New families are informed of this policy when starting at the school, with reminders published in the newsletter.

Children:

Class teachers may talk to specific classes with vulnerable children about allergy safety and the seriousness and potential life-threatening nature of allergies that may take place in the classroom environment.

Children are encouraged to wash hands after eating and soap dispensers are provided. If any potentially harmful food is brought to school by mistake, children are encouraged to inform their class teacher so that risks may be minimised.

Staff:

School staff undergo regular anaphylaxis first aid training including the identification of signs and symptoms of an allergic reaction and use of appropriate medication to cater for these situations e.g: EpiPen.

Individual anaphylaxis health care plans for children with food allergy are kept in the school office and classroom of “at risk” children. Photographs are displayed in the classroom and staff are expected to familiarise themselves with these.

Staff should be extra cautious if a child with allergies reports feeling unwell, with appropriate first aid being given, or advice sought from parent.

EpiPen and anaphylaxis plan kits are required to be taken wherever a vulnerable child goes e.g. on the school field, away from the classroom and on school trips. A mobile or other communication device must be available on each trip for emergency calls. It will normally be stored in the child’s classroom.

School staff are requested to avoid bringing peanut butter, nuts etc to school in keeping with the whole school policy.

Staff must remove any food containing nuts, safely store it out of reach and hand over to the child's parent at home-time.

Parent/carers should:

- Inform the school in writing that their child is at risk of anaphylactic reaction and give details of their allergies.
- Notify the school via a healthcare plan of any advice from the child's treating medical practitioner. The action plan must contain a photo of the child, a list of known allergies, parent contact information, symptoms and signs of mild and severe allergic reactions and actions to undertake in the event of an emergency.
- Provide written authorisation for the school to administer the EpiPen or other medication or to assist a child to administer the medication.
- Provide 2 EpiPens to the school for use with their child. They will need to ensure that the EpiPens are clearly labelled (with child's name, date of birth and class) and not out of date, and replace them when they expire or after one has been used. In the event of shortages, follow manufacturers guidelines and advice regarding expiry dates.
- Teach and encourage the child to self-manage when it is age appropriate to do so.

Planning for the individual child: entry into school

Prior to entry into school (or, for a child who is already in school, immediately after the diagnosis of a life-threatening allergic condition), the parent/carer should meet with the school and school nurse to develop an individualised anaphylaxis plan.

Classroom protocols / guidelines

All staff, volunteers, students will be educated about food allergies.

All staff / volunteers / students / supply teachers of children in the class are to be notified that there is a child with a life threatening food allergy and the foods which cause this allergy.

School kitchen /lunch-time supervisors

All kitchen staff will be advised of any food allergies and it needs to be ensured that they can identify the children at risk (ie. display photograph in kitchen / meet child).

If appropriate, a meeting can be arranged between the child's parent and kitchen staff so that they are fully informed about the child's allergies. Support can also be sought from the local authority's school meals team.

Children with a severe food allergy will be seated in the hall in a designated place where dinner supervisors will monitor their well-being throughout the meal.

Lunch-time supervisors will be trained to notice the signs and symptoms of an allergic reaction and will be trained how to give the appropriate emergency first-aid.

This policy is aligned with the principles of the local authority's document "Medical Conditions at School"

www.eastridinglocaloffer.org.uk/EasySiteWeb/GatewayLink.aspx?allId=625740

and the Dfe's "Supporting Pupils at School with Medical Conditions" (April 2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

and should not contradict these principles.

There will be an **annual review** of this policy by the Governors.

First introduced: July 2016

Approved by Governors: February 2019

Staff Informed: February 2017

Due for review: Spring 2020

Equality Analysis Impact

Title of Policy: Allergy Awareness Policy

Considered at Committee meeting: PW&C

Date: Spring 2019

Review: Spring 2020

Is there relevance to equality?

1. Does the policy have an adverse effect on employees, pupils or the wider community and therefore have a significant effect in terms of equality? If yes, then please answer questions 2 and 3.	Yes	No
2. Does the policy have an adverse effect upon a group with protected characteristics? (sex, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, age)	Yes	No
3. Does the policy affect one or more of the equality objectives set by the school? (Refer to the Equal Opportunities Policy below) 2 Aims and objectives 2.1 At Market Weighton Infant School we do not discriminate against anyone, be they staff or pupil or parent, on the grounds of ethnicity, religion, attainment, age, disability, gender or background. 2.2 We promote the principle of fairness and justice for all through the education that we provide in our school. 2.3 We seek to ensure that all pupils have equal access to the full range of educational opportunities provided by the school. 2.4 We constantly strive to remove any forms of indirect discrimination that may form barriers to learning for some groups. 2.5 We ensure that all recruitment, employment, promotion and training systems are fair to all, and provide opportunities for everyone. 2.6 We challenge personal prejudice and stereotypical views whenever they occur. 2.7 We value each pupil's worth, we celebrate the individuality and cultural diversity of the community centred on our school, and we show respect for all minority groups. 2.8 We are aware that prejudice and stereotyping are caused by poor self-image and by ignorance. Through positive educational experiences, and support for each individual's legitimate point of view, we aim to promote positive social attitudes, and respect for all.	Yes	No

If the answer to question 2 or 3 is yes, a full equality analysis will need to be completed by the SLT Lead before the next committee meeting. Please detail the objective and explain the relevance of the policy to the objective and protected characteristics below.