



## **ALLERGY AND ANAPHYLAXIS MANAGEMENT POLICY**

**To be read in conjunction with the St John's Medical Conditions Policy**

Date of approval	20/02/2023
Approved by	M McNeill, Excalibur Safeguarding Officer
Owner	G Deery, Academy First Aider
Review date	20/2/2024

## **POLICY STATEMENT**

Values:

St John's Academy, Marlborough believes that the safety and wellbeing of pupils and staff within our school community, suffering from specific allergies and who are at risk of anaphylaxis, is the responsibility of the whole school community. The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies.

### **The School is committed to:**

- Providing, as far as practicable, a safe and healthy environment in which people at risk of allergies and anaphylaxis can participate equally in all aspects of the school program.
- The encouragement of self-responsibility and learned avoidance strategies amongst pupils suffering from allergies.
- Raising awareness about allergies and anaphylaxis amongst the school community.
- Ensuring each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Close liaison with parents/guardians of pupils who suffer allergies, to assess risks, develop risk minimisation strategies, and management strategies for their child.
- Facilitating communication to ensure the safety and wellbeing of the person with allergy who is at risk of anaphylaxis.

## **PURPOSE**

The aim of the policy is to:

- Minimise the risk of an allergic/anaphylactic reaction while the person is involved in school related activities.
- Ensure that staff members respond appropriately to an allergic/anaphylactic reaction by recognising and initiating appropriate treatment, including competently administering an AAI (Auto Adrenaline Injector device).
- Raise, within the St John's community the awareness of allergy/anaphylaxis and its management through education and policy implementation

## **BACKGROUND**

Any allergic reaction, including anaphylaxis occurs because the body's immune system reacts inappropriately in response to a substance that it perceives as a threat.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. It can occur within minutes of exposure to the allergen or the reaction may develop over hours. It can be life threatening if not treated quickly with adrenaline.

The common causes of allergies relevant to this policy are nuts, (in particular peanuts), dairy products, eggs, wasps, bees, and ants. The allergy to nuts is the most common high-risk allergy.

## **DEFINITIONS**

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, (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.

## Definitions

- *Allergy* A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.
- *Allergen* A normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.
- *Anaphylaxis*, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
- *Adrenaline Auto Injector device (AAI)* A syringe style device containing the drug adrenaline, which is ready for immediate intramuscular administration. Epi-Pen, Emerade, or Jext are particular brand names.

## KEY STRATEGIES

### General Aspects

St John's will ensure:

- The establishment of clear procedures and responsibilities to be followed by staff in meeting the needs of children with additional medical needs.
- The involvement of parents, staff and the child in establishing an individual medical care plan.
- Ensuring effective communication of individual child medical needs to all relevant teachers and other staff, including caterers.
- Ensuring First Aid Staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Parents of children with packed lunches / cake sales will be requested to give careful thought to eliminating food that may be of risk to those members of staff and pupils who suffer from such allergies.

### Nut Related Aspects

- If the school is aware of a child who suffers a nut allergy, the school lunch caterer will be made aware of our risk minimisation policy and will be requested to eliminate nuts and food items with

nuts as ingredients from meals as far as possible. This does not extend to those foods labelled “may contain traces of nuts”.

- The caterers are provided with a list including photos of the students suffering severe allergic reactions annually.
- Children are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare.

### **Dairy and Egg Related Aspects**

- Children with dairy product or egg allergies are managed by the School in consultation with the parents on a case-by-case basis.

### **Insect Related Aspects**

- Diligent management of wasp, bee and ant nests on School grounds and proximity. This must include the effective system for staff reporting to management, and a system of timely response to eradicating nests.

### **Latex Related Aspects**

- If a child is allergic to latex, they should avoid contact with some everyday items including, rubber gloves (unless latex free), balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments.

## **ALLERGEN AWARENESS/AVOIDANCE**

The School will promote food allergy information (including anaphylaxis) through PHSE, and/or Science/Home Economics lessons.

The ‘banning’ anything in schools is inadequate, as may encourage a false sense of security. Our environment is contaminated with potential allergens, ideally, anaphylactic children must learn to avoid specific triggers. While the key responsibility lies with the anaphylactic individual and his/her family, the school community must also be aware of the risks and consequences.

Nuts should not knowingly be used in any area of the curriculum. Whilst this does not guarantee a nut free environment, as traces of nuts are found in a great deal of foodstuffs it will certainly reduce the chances of exposure to pupils with allergies. It is important that no one is complacent about allergen exposure around the school and pupils, staff and parents will be informed of the potential harm of allergens.

While the aim is to significantly diminish the risk of accidental exposure to known food and other allergens it can never be completely removed.

## **EDUCATIONAL VISITS**

The group leader will check with any food provider and ensure ‘safe’ food is provided, or that an effective control is in place to minimise risk of exposure for pupils with allergies.

The group leader will ensure they or another supervising staff member is trained in the use of Emergency rescue medication, and capable of performing any possible required medical treatment as outlined in the IHCP.

Parents should ensure the student has his/her in date, AAI on the visit, and that he/she will be responsible for it.

If in doubt over the risk of a pupil with an allergy taking part on an education visit the group leader should seek advice from the Parent, Academy First Aiders.