

Chiswick & Bedford Park Preparatory School

Nut Free Policy

Other related policies: Administration of Medicines, Health and Safety

BACKGROUND AND CONTEXT

Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylactic, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school. Peanut allergies are particularly common – with one in 70 school age children thought to be affected. Schools therefore need to consider how to reduce the risk of an allergic reaction.

1. NUT-FREE POLICY

Although we recognise that this cannot be guaranteed, Chiswick & Bedford Park Preparatory School ('the School') aims to be a Nut-Free school. This policy serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive. The school aims to protect children who have allergies to nuts yet also help them, as they grow up, to take responsibility as to what foods they can eat and to be aware of where they may be put at risk. We do not allow nuts or nut products in school lunch boxes.

Our 'Nut-Free Policy' means that the following items should not be brought into school:

- Packs of nuts
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars or sweets that contain nuts
- Cakes made with nuts
- Any other food item which may contain nuts or nut products

We do not use nuts in any of our food prepared on site at our school. Our caterers, Holroyd Howe, provide us with nut-free products. However, we cannot guarantee freedom from nut traces.

2. DEFINITION

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially fatal.

Anaphylaxis is a body's immune system reacting badly to a substance (an allergen) which is wrongly perceived as a threat. The whole body can be affected, usually within minutes of contact with an allergen, although sometimes the reaction can happen hours later.

3. STAFF

Staff and volunteers must ensure they do not bring in or consume nut products in school and ensure they follow good hand washing practice.

Caution must be taken at certain times of the year, such as Easter and Christmas. If staff distribute confectionery, care must be taken to ensure that no nuts are included in the product. Fruit sweets such as Haribo are a better alternative. Particular products that are a

cause for concern are: Celebrations, Roses, Heroes, Quality Street.

All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product must not be used in school. Packaging must be checked for:

- Not suitable for nuts allergy sufferers;
- This product contains nuts;
- This product may contain traces of nuts;

EpiPen trained staff are named First Aiders. Please check the school office for a list of qualified staff.

Children with any allergies, including nut allergies, have their name and a photograph displayed in the staff room and school office.

4. PARENTS AND CARERS

Parents and carers must notify staff of any known or suspected allergy to nuts and provide all medical and necessary information. This will be added to the child's care plan and if necessary a meeting will be organised with the school. Homemade snacks or party food contributions must have a label detailing all ingredients present and the kitchen environment where the food was prepared must be nut free. If you are unsure about a selection, please speak to a member of staff before bringing the food item into school.

The school requests that parents and carers observe the nut-free policy and therefore do not include nuts, or any traces of nuts, in packed lunches, birthday treats, snacks or party food.

5. CHILDREN

All children are regularly reminded about the good hygiene practice of washing hands before and after eating which helps to reduce the risk of secondary contamination. Likewise, children are reminded and carefully supervised to minimise the act of food sharing with their friends.

6. HEALTH PLANS AND EMERGENCY RESPONSE

We have individual healthcare plans for children with allergies and allergy lists are displayed highlighting healthcare plans in place, triggers and medication (medication will be stored, administered and documented in accordance with our Administration of Medicines Policy). Children with auto-injectors have their medication with them at all times. Other medication always accompanies children with allergies when they are off-site.

7. SYMPTOMS

The symptoms of anaphylaxis usually start between three and sixty minutes after contact with the allergen. Less commonly they can occur a few hours or even days after contact.

An anaphylactic reaction may lead to feeling unwell or dizzy or may cause fainting due to a sudden drop in blood pressure. Narrowing of the airways can also occur at the same time, with or without the drop in blood pressure. This can cause breathing difficulties and wheezing. Other symptoms can include:

- Swollen eyes, lips, genitals, hands, feet and other areas (this is called angioedema)
- Itching
- Sore, red, itchy eyes

- Changes in heart rate
- A sudden feeling of extreme anxiety or apprehension
- Itchy skin or nettle rash (hives)
- Unconsciousness due to very low blood pressure
- Abdominal cramps, vomiting or diarrhoea, or cramps and fever

Anaphylaxis varies in severity. Sometimes it causes only mild itchiness and swelling, but in some people it can cause sudden death. If symptoms start soon after contact with the allergen and rapidly worsens, this indicates that the reaction is more severe.

8. LEGAL FRAMEWORK AND FURTHER GUIDANCE

- The Humans Medicines Regulations (2012)
- Managing Medicines in School and Early Years Settings (DfES 2005)
- Guidance of the use of adrenaline auto-injectors in schools (Dementia and Disabilities team 2017).