

St Oswald's C of E Primary School

# Nut Free Environment Guidance



**Guidance Reviewed: May 2024**

**Next reviewed: May 2027**

## **Nut-Free Environment**

The Anaphylaxis Campaign and Allergy UK advise that we should not guarantee that we are a 'nut free' school. They state 'A complete nut free school is an artificial environment that would not be the same as the 'real world'.

We believe that a 'whole school awareness of allergy' is a much better approach, as it will make teachers, pupils and all other staff aware of what allergy is, the importance of avoiding the child/young person's triggers, the signs and symptoms, how to deal with allergic reactions and facilitate 'duty of care' procedures to minimise risk.'

Although we recognise that this cannot be guaranteed, St Oswald's aims to be a Nut-Free school. This Guidance document 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 products containing nuts in school lunch boxes.

Our Guidance means that we ask that the following items should not be brought into school:

- Packs of nuts,
- Peanut butter or Nutella/nut spread sandwiches,
- Fruit and cereal bars that contain nuts,
- Chocolate bars or sweets that contain nuts,
- Sesame seed rolls (children allergic to nuts may also have a severe reaction to sesame)
- Cakes made with nuts.

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

## **Definition**

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially fatal. Anaphylaxis is your body's immune system reacting badly to a substance (an allergen), such as food, which it wrongly perceives 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.

## **Responsibilities**

### **1. Staff**

Staff and volunteers must ensure they do not bring in or consume nut products in school for children and ensure they follow good hand washing practice. Extra caution must be taken at certain times of year such as Easter and Christmas. If Staff distribute confectionary, care must be taken to ensure that no nuts are included in the product.

All product packaging must be checked for warnings directed at nut allergy sufferers. If the list of ingredients includes nuts as one of the allergens, the product must not be brought in to school.

AAI trained staff are named First Aiders. Please check the school office or refer to the First Aid Policy for a list of qualified staff.

## 2. **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 organised with the school SENDCO. 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 staff member before bringing the food item into school.

The school requests that parents and carers observe the nut-free guidance and therefore please make sure that packed lunches do not include items where the list of ingredients includes nuts as one of the allergens.

## 3. **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.

## **Health Plans and Emergency Response**

We have individual Healthcare plans for children with allergies and allergy lists, details of which are contained on the Scholarpack database.

## **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:

- 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 nausea 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.

## **Treatment**

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- **CALL 999 and state ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector • If no signs of life commence CPR
- Phone parent/carer as soon as possible All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## **'Spare' adrenaline auto injectors in school**

School has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in the School Office, kept safely but not locked away and accessible and known to all staff. The School Office are responsible for checking the spare medication is in date and to replace as needed.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.