ASHGATE PRIMARY SCHOOL

Allergen Practices and Statement of Intent

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To be read in conjunction with and written with consideration to

- Supporting Pupils with Medical Conditions and Administrating Medicines Policy
- National Health Service allergen support materials
- Allergy UK Guidance “Whole School Allergen Management”
- Anaphylaxis Campaign UK
- Health Education Trust UK Guidance
- The School Prospectus

Document aims
This document is designed to provide clarity for parents, staff and pupils (age appropriate) on how Ashgate Primary School seeks to manage and support pupils who present allergens in all forms. Allergy UK advise schools to establish a 'culture of awareness and education' alongside robust, clear medical actions, to support the 50% of people in the UK managing food allergies.

Sources
The content of the document has been written in consultation with a variety of guidance and advice, but principally National Health Service Guidance, the school policy for Supporting Pupils with Medical Needs, The Campaign for Anaphylaxis UK and Allergy UK materials.

Principle statement
Ashgate Primary School aims to ensure that practice in the school takes all reasonable and practicable steps to protect children susceptible to allergen reactions, whilst considering the needs and expectations of all children in the school.

Wider guiding principles

*The **Anaphylaxis Campaign UK** does not promote the banning of peanuts, nuts or other allergens from schools, pointing out that the drawback to this is:*

- *No school could guarantee a truly peanut/nut-free environment. Allergic children might be led into a false sense of security.*
- *If a school bans peanuts, what are they to say to the parent who wants to exclude milk, egg, sesame, fish or fresh fruit?*
- *Demands for nut-free zones may engender confrontation between parents. In such an atmosphere, the risks may actually increase.*

Anaphylaxis Campaign UK – Response to Statutory Guidance to School Food Standards

'It is not possible to guarantee or enforce an [allergen] free zone. A 'free from' environment creates a false sense of security and does not safely prepare children for environments where [allergen] may be present. The school needs to consider other children with different allergies and it is not practical to restrict them all'.

Allergy UK – Whole School Allergy Awareness and Management)

Ashgate Primary School recognises the above principles and recommendations. However, owing to the context of risk and the age of pupils attending the school, we apply common sense preventive strategies to reduce exposure to allergens (and cross contamination).

Practical and reasonable steps to reduce allergen risks.

The school seeks to deliver this through:

- Age appropriate awareness of risk and education around the impact of allergens.
- Encouraging parents and carers to avoid products known to be a high-risk allergen to pupils at the school.
- Application of steps to reduce the risk of exposure or cross contamination including:
  a. A strict non-sharing of food culture.
  b. Clear hygiene procedures for premises cleaning.
  c. High expectations for personal hygiene.
  d. Restriction of high risk allergen products where practical*.
  e. Effective catering service management.
- Operational training related to the application of medicines.
- Establishing a philosophy of awareness and risk management.
- Reducing risk by not selling items, such as snack products, that specifically contain allergen products (identified as 'Contains [allergen])
- Sharing with parents of children with allergens when products provided by the school (for example at school events/lunch snacks) may 'contain / have traces of' allergens so that they can make an informed decision as to whether they wish to allow their child to access them.

Confiscation of high-risk foods

It is neither practical nor reasonable for school staff to monitor all items brought to school by pupils. The school cannot and does not assert that it will identify all foods brought from outside school that place an individual or individuals at risk. However, staff are expected to remain vigilant and there are occasions when staff may identify high risk products and are directed to confiscate.

Note: Inconsistencies in industrial labeling schemes can lead to a false sense of security or fear that places the child at further risk.

*foods products that state **'contains [allergen]'** brought into school *may* be confiscated if found, and when:

- It is identified that there is a specific allergen ingredient content known to be a risk to a pupil.
- The proximity and risk of cross contamination is evident (identified dining areas have a greater risk).
- It is practical to do so.

It is not practical to restrict all allergens and each case should be considered and contextual guidance provided to staff on request or where appropriate.

'May contain', 'may contain traces' and 'not suitable for' are **not to be confiscated** from children who **do not have known allergies.**

However, if a child with a known allergy has a product believed to contain / have traces of / or not suitable for an allergen, it is good practice to:

- Confiscate the item.
- Establish where the item came from (investigating the risk of food sharing).
- Inform the parent/guardian.
- Discuss the dangers with the child in a positive and supportive manner.

Medication
Further guidance can be found in Supporting Pupils with Medical Conditions and Administrating Medicines Policy

The duty of the school

- Medication will be stored in clearly identifiable, centralized locations in each building. Should additional medicines be provided, these will be stored in the room where the child works for the majority of the time (commonly the classroom) or in other identified locations (this may include an identified dining area).
- Storage of the medication must be accessible to adults, **not locked but out of the reach of small children.**
- Medication will be taken on trips and visits and retained by the key staff member working with the child. Ideally, this will be the class teacher, however, this may not always be possible/suitable.
- Staff will receive training on the administration of the medicines (in addition to those staff that have received first aid at work certification and/or paediatric first aid).
- A Personalised Management Plan will be provided outlining symptoms and actions.
- The school will *offer* a specific dining area for pupils at high risk to reduce cross contamination risk.
- The school will audit medicines and maintain a record of expire dates. Whilst it is not the duty of the school to replace the medicine, it is good practice to inform the parent where it is known an expiry is due.

Duty of the parent/guardian

- Ensure that the school is aware of the allergen risk and any updates given by medical practitioners regarding dosage or changes to expectations.
- Provide (and replace on expiry) medicines that are prescribed for the child.
- Maintain their own records for when medicines expire.
- Ensure that food products brought into school for the child reflect their allergen risk.
- Seek to support the school by making clear the risks of allergens to their child, including advice on consuming products identified as a risk.
- To adhere with the Supporting Pupils with Medical Conditions and Administrating Medicines Policy section 2.2 & 2.3 (Code of Practice) by signing a medical indemnity form for the administration of adrenalin and supply of in date medication.