



# HODGE HILL GIRLS' SCHOOL

"Educating tomorrow's women today"

## Allergies & Nut Allergy Policy

### Document Information

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## Hodge Hill Girls' School

### **POLICY ON: Allergies and Nut Allergy Policy**

**School Mission Statement:** "Educating Tomorrow's Women Today."

**Policy for Managing Nut and Other Allergies**

**Policy agreed by the Health and Safety Committee:**

This policy should be read in conjunction with the School's First Aid policy.

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#### **1. Definitions**

- Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
- Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity.
- Allergic reaction – A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, generalised flushing of the skin, tingling around the mouth, swelling of tissues of the throat and mouth, difficulty breathing, abdominal pain, nausea and/or vomiting, alterations in heart rate, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.
- Anaphylaxis – Anaphylaxis, or anaphylactic shock, is normally a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines though a delayed reaction is possible in certain cases.
- EpiPen – Brand name for syringe style device containing the drug adrenaline that is ready for immediate intramuscular administration.

- Minimised Risk Environment - An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment.
- Management System – A record system managed by the person in charge which describes the individual student medical care plans and the particular members of staff who will need to be trained and informed of these plans.
- Individual Health Care Plan (IHCP) - A comprehensive plan for the care of children with special health care needs, including food allergies and action plan for location of EpiPen.

## **2. Aims of the Policy**

- To minimise the risk of an allergic/anaphylactic reaction while the pupil is involved in school-related activities.
- To be proactive in the awareness and support offered to pupils with medical conditions.
- To ensure that staff members respond appropriately to an allergic/anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
- To raise, the awareness of allergy/anaphylaxis and its management through education and policy implementation.
- To give parents and pupils confidence in the school's ability to provide effective support and show an understanding of how medical conditions affects a child's ability to learn as well as to increase their confidence and promote self-care.

### **Hodge Hill Girls' School will:**

- Establish clear procedures and responsibilities to follow by staff in meeting the needs of pupils with additional medical needs.
- Ensure the involvement of health care professionals, parents, staff and the pupil in establishing an individual medical care plan when required.
- Ensure effective communication of individual pupil medical needs to all relevant teachers and other relevant staff.
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to follow in the event of an emergency.
- Ensure that parents of pupils with packed lunches 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.
- Ensure all educational visits will be pre-checked that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies. Where a pupil is prescribed EpiPen the teacher in charge will ensure they or another supervising staff member is trained in the use of the EpiPen, or have access to an EpiPen trained colleague, and capable of performing any possible required medical treatment as outlined in the Pupil's Health Care Plan.
- 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 school life.
- Encourage self-responsibility and learned avoidance strategies amongst pupils suffering from allergies.
- Raise awareness about allergies and anaphylaxis amongst the school community.
- Ensure each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Liaise with parents/guardians of pupils who suffer allergies, to assess risks, develop risk minimisation strategies, and management strategies for their child.
- Where possible use an Allergy Action Plan for pupils with recognised allergies.

## **3. Introduction**

Food allergies are a growing health concern in schools across the country. The incidence of the peanut allergy, the deadliest of all the food allergies tripled in the ten-year period from 1997-2008. Today, more than 2 million school-aged children in this country suffer from food allergies. Medical experts agree that this number is increasing exponentially.

Research indicates that as many as one in 70 UK children may be allergic to peanuts. Occasionally the symptoms are severe and they may even be life-threatening. Peanut is not the only food capable of triggering severe allergic reactions. Others include egg, milk, fish, shellfish, tree nuts and kiwifruit. Many more may be implicated on rare occasions.

A severe allergic reaction will affect the whole body, in susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal.

The good news is that even the most severe form of allergy (anaphylaxis) is very definitely manageable. The vast majority of the children affected are happily accommodated in mainstream schools thanks to good communication among parents, school staff, doctors and education authorities. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned. Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food such as peanuts.

New statutory guidance was issued to schools in May 2014 by the Government following its landmark decision in 2013 to amend the Children and Families Act so that from September 2014 schools in England would be legally required to provide the high quality support children with medical conditions need. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to arrange for supporting pupils at their school with medical conditions.

The guidance for the new law is statutory and sets out the practical support schools will be expected to provide to support children with medical conditions, such as making sure they have individual healthcare plans in place and training and support for school staff.

#### **4. Anaphylaxis**

Anaphylaxis is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure. The main causes are attributed to nuts, seeds and seafood. This policy focuses on the management of nut allergies. We do not claim to be a 'nut-free' school. The Anaphylaxis Campaign advises that this is a pragmatic approach, for the following reasons:

- It would be impossible to provide an absolute guarantee that the school is nut free, given that pupils regularly bring in food from home and food items bought on the way to school.
- There would be a risk that children with allergies might be led into a false sense of security.
- The nut ban would be seen as a precedent for demands to ban other potentially 'risky' foods.
- There is a strong case to be argued that children with food allergies will develop a better awareness and understanding of how to manage their allergies if they grow up in an environment where allergens are regularly present.

#### **5. Anaphylaxis Protocol**

How do I recognise an anaphylaxis reaction and what action should I take?

Early symptoms include:

- Itchy, urticarial rash anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness

Danger signs include:

- Swelling of the lips, tongue and throat
- Cough, wheeze, tightness of chest or shortness of breath
- Sudden collapse or unconsciousness
- Treatment will depend on the severity of the reaction

For mild symptoms Piriton or inhaler may be given by a qualified first aider or (on trips away from school) by any adult attendant (as long as relevant paperwork for administration is provided and agreed with parents/carers). The agreed health plan will be in a named medical box stored in the medical centre or taken away on the trip.

For severe symptoms (see Emergency procedure, below) an EpiPen device should be used. This should be administered into the thigh muscle (can be delivered through clothing) and will allow the adrenaline to quickly reverse the effects of the allergic reaction. The child should then be taken to hospital.

## **6. Emergency Procedure**

The following procedure must be adopted:

- Call an ambulance and send a responsible person to fetch the child's emergency box.
- Call for a first aider who will then administer the EpiPen.
- Monitor the child's condition carefully.
- Administer the EpiPen:
  - Remove packaging and pull off the blue safety cap from the EpiPen
  - Hold the device for about 10 cm from the outer thigh
  - Inject – swing and jab the orange tip firmly against the outer thigh and listen for an audible click from the mechanism – hold in place for 10 seconds
  - The orange tip extends on removal
  - Massage the area for 10 seconds
- Monitor the child's progress – a second dose of EpiPen may be required after 10 minutes, if the condition has not improved and help has still not arrived.
- When the ambulance crew arrives, ascertain where they will be taking the child and give all used EpiPens to the ambulance crew for safe disposal.
- Contact the child's parents, guardian or next of kin and advise them to meet at the hospital, if they are not in the immediate vicinity.
- Accompany the child to hospital if the parents have not arrived.

## **7. Awareness, Avoidance & Recognition**

Hodge Hill Girls' School will promote food allergy information (including anaphylaxis) through PSE, and Science/Food Technology lessons in particular with classes where a pupil has severe allergies.

## **8. Nut Related Aspects**

If the school is aware of a pupil who suffers a nut allergy, the school lunch caterer will be made aware of our 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 catering at the school does not knowingly use any nut products in any of their menus.

Pupils are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare.

## **9. Policy**

Hodge Hill Girls' School believes that the safety and wellbeing of those members of the school community suffering from specific allergies and who are at risk of anaphylaxis is the responsibility of the whole school community.

The school's 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.

Hodge Hill Girls' School will ensure arrangements are in place to support pupils with medical conditions and in doing so ensure that such pupils can access and enjoy the same opportunities at school as any other child. The school will focus on the individual pupil and how their medical condition impacts on their school life.

## **10. School Trips**

Within the parameters of confidentiality, the school provides – to the catering department and other relevant parties – a list of names and photographs of pupils with severe medical conditions including severe allergies.

When the school provides packed lunches for trips away, catering staff are provided with a list of students. When pupils take part in single or multi-day school trips, participating pupils' allergies, their respective treatments and other associated requirements are factored into the planning process.

Whilst the school will exercise all due care and attention to minimise risk, pupils are expected to self-manage their allergy too, having an understanding of the following;

- Foods which are safe or unsafe.
- When to ask staff to change (self-service) serving utensils, if they think cross contamination has taken place.
- Their specific symptoms, if an allergic reaction occurs.
- Their responsibility to carry their EpiPen with them at all times.
- Who to advise, if and when an allergic reaction happens.
- Letting friends and staff know about their allergy, in case of emergency.
- When to seek guidance (and from whom) – if in doubt.

## 11. Roles and Responsibilities

### 4. Roles and Responsibilities

- **Headteacher:**
  - Overall responsibility for the implementation and monitoring of this policy.
  - Ensuring that adequate resources are allocated to support pupils with nut allergies.
- **Designated Senior Lead for Safeguarding:**
  - Overseeing the safeguarding aspects of the policy and ensuring that pupils with nut allergies are protected.
- **School Nurse/Medical Officer:**
  - Providing medical advice and support to the school regarding nut allergies.
  - Developing individual healthcare plans (IHCPs) for pupils with nut allergies in collaboration with parents/carers and healthcare professionals.
  - Training staff on the administration of epinephrine and other allergy-related procedures.
- **All Staff:**
  - Being aware of this policy and following its guidelines.
  - Supervising pupils to minimise the risk of exposure to nuts.
  - Knowing which pupils have nut allergies and being familiar with their IHCPs.
  - Recognising the signs and symptoms of anaphylaxis and knowing how to respond.
  - Ensuring that food brought into the school (e.g., for celebrations) is nut-free.
- **Parents/Carers:**
  - Informing the school if their child has a nut allergy and providing relevant medical information.
  - Providing the school with an up-to-date EpiPen/auto-injector (if prescribed) and ensuring that it is in date.
  - Working with the school to develop and review their child's IHCP.
  - Educating their child about their allergy and how to manage it.
  - Ensuring that their child does not bring nuts or nut products into the school.
- **Pupils:**
  - Being aware of their own allergy (if applicable) and how to manage it.
  - Not sharing food with other pupils.
  - Reporting any potential exposure to nuts to a member of staff.
  - Respecting the needs of pupils with nut allergies.