WESTONZOYLAND

Community Primary School and Pre-school

Nut Free Policy

September 2025

Ratified by: …….
Headteacher
Andy Clark

Ratified by: ……..……
Chair of Governors
Amy Saturley & Laura Proud

Review date: September 2027

BACKGROUND AND CONTEXT

Fatal allergic reactions in school-aged children can happen while at school. Schools therefore need to consider how to reduce the risk of an allergic reaction.

NUT-FREE POLICY

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
- In addition to the list above, food packaging that states a product contains nuts, or is unsuitable for people with nut allergies, means that the product will be considered prohibited.

We do not use nuts in any of our food prepared on site at our school. Our caterers, Aspens, provide us with products that have been prepared within a nut-free kitchen environment.

DEFINITION

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

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. Epipen trained staff are named First Aiders. Please check the school office for a list of qualified staff and on posters around school. Children with any allergies, including nut allergies, names and photos have been shared across school.

STORING MEDICATION / EPIPENS

As a school with primary aged children, Adrenaline Auto-Injectors (AAI's / Epipens) are to be stored safely but should be easily accessible in the event of an emergency and not locked away. Staff ensure that AAI's are clearly labelled for the identification of the pupil e.g with their name and photographed allergy action plan. Staff to also ensure that students under their care with an AAI, know where their medication is stored at all times. If a pupil has anaphylaxis, and their AAI is stored away from them, then the AAI must be brought to them. They must not be told to go to the room where the AAI is stored, in order for it to be administered.

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without prescription. Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. However, this provision should be reserved for exceptional circumstances only that could not have been foreseen.

PARENTS AND CARERS

Parents and carers must notify staff of any known or suspected allergy to nuts and provide all medical and necessary information. 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. The school requests that parents and carers observe the nut-free policy and therefore do not include nuts, or any nut products in packed lunches.

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

The school has 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 documents in accordance with our Administering Medicine Policy and as stated above in the 'Storing Medication/Epipens' section).

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.

LEGAL FRAMEWORK AND FURTHER GUIDANCE

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)