Food Allergies Policy

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Name of Headteacher	Jo Wreford
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1. Introduction:

Anaphylaxis is a life-threatening allergic reaction that occurs when someone with an allergy or allergies is exposed to something they are allergic to (known as an allergen), such as certain foods, medicine or insect stings.

Symptoms of anaphylaxis happen very quickly. They usually start within minutes of coming into contact with something to which a person is allergic.

Anaphylaxis UK states that 20% of fatal food-anaphylaxis cases in children occur in school.

2. Legal Requirements and Standards

Health and Safety at Work Act 1974 - The school has a legal and moral duty to ensure the health, safety and wellbeing of employees and those, such as students and pupils, who are affected by the school's undertakings. This includes the use of a third party to provide food services such as in many school canteens.

The school will also comply with the EU Food Information for Consumers Regulation (1169/2011)

The **Food Information Regulations 2014** requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

The Children and Families Act 2014 places a duty on schools to provide suitable support to pupils/students with medical requirements. This includes the need for individual health plans for pupils/students where relevant.

3. Aims and Objectives

It is the policy of Meadlands Primary School to minimise the risks of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at school or attending any school related activity. The policy aims to reduce the risk of anaphylaxis occurring in individuals at risk. It sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise. Where an external canteen, breakfast/after school club are used, they will either follow this policy or have their own, which meets or exceeds this level.

This policy will follow guidance from:-

- Department. for Education - Supporting Pupils at School with Medical Conditions
- Food Standards Agency
- Anaphylaxis UK
- The school's selected H&S advisors

Anaphylaxis UK estimates there are around 680,000 children in England living with allergies. It is also estimated that 20% of the UK population has one or more allergies. Although Meadlands Primary School cannot guarantee it is an allergen free location, we will use this policy to help reduce the risk to staff and pupils/students in line with legislation, or where reasonable, better than the standard.
This policy does not include religious, moral/philosophical dietary requirements or other reasons for not eating certain food.

The school is committed to proactive risk food allergy management through the following:

- encouraging self-responsibility and learned avoidance strategies amongst those staff/pupils/students suffering from allergies;
- remind staff, parents and pupils/students to confirm to the school any allergies when action may be required;
- ensuring pupils/students who need them have a health care plan in place, including those with allergies;
- in the same way, the school encourages staff to notify the school of known risk of anaphylaxis to provide a care plan or keep one with their adrenaline auto-injector. Staff would need to be asked to provide written consent in these cases;
- keeping an up to date list of staff/pupils/students with allergies and ensuring (where required) the school's caterers have access to the information;
- liaising with the school's canteen and other food providers staff/management;
- regular monitoring of the management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site; and
- provision of a whole school awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment (e.g. the use of adrenaline auto-injectors such as epipens and similar devices). Click here for the Anaphylaxis UK Whole School Awareness information and resources: https://www.anaphylaxis.org.uk/education/safer-%20schools-programme/

4. Responsible Person

Melissa Spicer has been appointed as the Responsible Person for the school and has overall responsibility for helping ensure suitable controls are in place.

The Responsible Person will work in conjunction with the family/person with the allergy (staff, pupils/students and pupils/students' families/guardians etc.), the school's first aid and Special Educational Needs Coordinator (SENCO).

The Responsible Person will also ensure that any specific training is organised through the School Nurse Service.

The Responsible Person will liaise with the school's food providers through the school office (such as external canteen, breakfast and after school clubs etc.)

The Responsible Person will also ensure there is a record of all people with allergies, which notes:
- Name
- Picture of the person
- What they are allergic to
- Symptoms
- Actions to take

This document should be reviewed annually or earlier due to new pupils/students joining the school or new information being provided relating to a pupil/student's medical situation.

Where required, the Responsible Person will ensure the student has an Individual Health Care Plan (IHCP)

5. Information from Parents and Staff

Staff are asked to make the school aware of any food allergies they have using the attached form (see Appendix B).
Parents/guardians are required to make the school aware of any allergies suffered by their children. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. See Appendix A.
All relevant information will be passed to key areas within the school including Class Teachers, First Aiders, office staff and Catering colleagues/contractors who work at the school in the red medical information folder

6. **Training for Staff**

The following staff members are responsible for coordinating staff anaphylaxis training:
Melissa Spicer – Teaching Assistant with Medical Responsibilities

All staff are required to complete Anaphylaxis training on an annual basis. (This is separate from general first aid training.)

Important Guidance:

Training on Anaphylaxis should be provided to all school staff on an annual basis.

What should the training include?

- Recognise signs and symptoms of anaphylaxis
- Know how to manage an emergency
- Know how to administer an adrenaline auto-injector (AAI)
- Care planning
- Consider how to keep the school environment safe for children/staff at risk of anaphylaxis

Information, Instruction & Training - Type and Frequency	
Annual Anaphylaxis Training - All staff	All staff should complete Anaphylaxis training on an annual basis. Access the FREE Anaphylaxis training from your local School Health Team: ● **Richmond schools** - the Richmond School Nurses team organises this each year for schools. CLCHT.RichmondSchoolNursing@nhs.net

All staff	All staff should receive in-house training in the application of this policy. General advice on how to use adrenaline auto-injectors (such as Epipens etc.) can be found at the following: https://www.anaphylaxis.org.uk/wp-content/uploads/2018/01/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf
Staff providing First Aid assistance:	Where there are pupils /staff with allergies, schools are advised to take this into account when deciding upon the level of first aid provision at the school and on school trips, the school should review the number of staff that have completed the full three day First Aid at Work training and the Emergency First Aid including Paediatrics to ensure that staff are trained accordingly. For early years and foundation stage, at least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and should accompany children on outings. Where there are pupils and/ or staff present that are at risk of anaphylactic shock selected staff will also require training in the correct use of adrenaline auto-injector, e.g. epipens. It is important that the First Aiders are included in the annual anaphylaxis training as discussed above within this table. Schools should also contact the School Nurse Service for their area to ascertain if further specialist training, relating to a pupil's specific condition would be required and for the expected regularity of refresher training.

7. **Supply, storage and care of medication**

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit, which is kept within 5 minutes of them, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two adrenaline auto-injectors e.g. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however Melissa Spicer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

Adrenaline auto-injectors should be stored at room temperature, protected from direct sunlight and temperature extremes.

8. Common Food Allergens

Guidance:

Common Food Allergens:
Food Standards reports (https://allergytraining.food.gov.uk/english/rules-and-legislation/) there are 14 allergens (or products that contain them) that must be suitably labelled/indicated as being present in food. They are:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

https://allergytraining.food.gov.uk/english/rules-and-legislation/#allergen-rules

The above list does not cover all the food groups that may be an issue (for example kiwi fruit), and only notes those that must be noted on labels.

9. **What about Banning Nuts?**

Guidance:

Banning Nuts:
Nut allergies are the most common, high risk allergy and it is believed that 1 in 55 pupils/students have a nut allergy.

Generally, Anaphylaxis UK does not necessarily support 'peanut bans' in all schools provided there are suitable controls in place on the management of allergies and allergens. However, this is dependent on the level of risk towards staff/pupils/students.

After review, the school has a full ban of nuts in place. This is a "no nut" school.

10. Communicating Information about Allergies

In the Parents section of the website we state that we are a "no nuts" school. It is in our Healthy Eating Food Policy and Supporting Pupils with Medical Needs Policy.

All staff, including agency and supply staff, are made aware of the school's allergy policy and any updates or new risks are included at staff meetings and news items to parents

11. Reporting Allergies

Parents inform the school when their children start by using the Admission form when they first join the school. There is a section asking about disabilities, allergies and medical conditions so we know about any allergies before their arrival and we can prepare the staff with all the relevant information. Annually parents are asked to update this information and are contacted when necessary.

Parents/Staff are encouraged to report allergies when they are aware of the condition.

Parents will be required to complete the form in Appendix A, which will also be available on the school's website. An individual health plan will also be required.

Staff should complete Appendix B.

A copy of the documents will be kept securely on file

12. Data Protection (GDPR)

Medical information for pupils and staff is private and confidential. However, key information will be passed on to relevant staff and third parties, including a photo of the student (where required). This will include the following:

- First Aid Lead
- Catering contractor
- Breakfast/After School Clubs
- SENDCo (for pupils/students)
- Documents pertaining to educational visits

13. School Catering

The school will work with its caterers each year when reviewing the student lunch menus and source of ingredients. Information gathered using this policy will be used to reduce the risk to people within the school.

The **caterers** will review their procedures as required. For example they will:

- ensure staff have training/guidance regarding allergens;
- review ingredients and menus;
- publicise information on food containing allergens
- ensure their staff are aware of those with allergies; (this may include photos);

Important Guidance on minimising contamination:
It is good practice to:

- Provide clean equipment and clothing and a work space not used by other pupils/students.
- Keep a basic plastic box with a set of equipment in it that is not used for cooking with allergens.
- Aprons washed thoroughly and only used by pupils/students/staff with allergies

Fetes/Fairs - These should be no nuts events.

14. Symptoms and Treatment

14.1 Symptoms

We follow the advice provided by Anaphylaxis UK:

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the **ABC symptoms** and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

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.

What does adrenaline do?

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

14.2 Treatment and Action:

Action:

Keep the child where they are, call for help and do not leave them unattended.

1. **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
2. **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. Adrenaline Auto-injectors should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
3. CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**

4. If no improvement after 5 minutes, administer second adrenaline auto-injector.
5. If no signs of life commence CPR.
6. Call parent/carer as soon as possible.

   Whilst you are waiting for the ambulance, keep the child where they are. **Do not stand them up, or sit them in a chair, even if they are feeling better.** This could lower their blood pressure drastically, causing their heart to stop.
   All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Guidance:

Spare Injector:
The Human Medicines Regulations 2017 allow the school to purchase and hold spare adrenaline auto injectors, without the need for a prescription. Any spare injector must be:

- regularly checked to ensure it is still within date, and
- replaced if used.

For more information on this, go to: https://www.anaphylaxis.org.uk/campaigning/spare-pens-in-schools-campaign/

Please note:

Excerpt from the current "Guidance on the use of adrenaline auto-injectors in schools"

> *"Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injector should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,1 and any spare auto-injector(s) held by a school should be in addition to those already prescribed to a pupil."*

15. Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils/students prior to the trip and make plans accordingly taking into account the activities planned.

Where reasonable, school trips will avoid areas that may affect a pupil/student's allergy. Where such trips are being planned, the school will get advice from the School Health Team and work with the parents and the School Health Team to work out what is possible.

Where reasonable, school trips will avoid areas that may affect a student's allergy.

If pupils/students are going offsite, staff will check to ensure each pupil has an adrenaline auto-injectors (or other suitable medication) in the first aid bag, before setting off. (Please note that pupils and students who need adrenaline auto-injectors need to have two of them with them - current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injectors should carry two of the devices at all times.) The parents should be asked for a second one for trip that can be returned at the end of the day.

The need for an injector will be noted on all relevant educational visit documents during the planning stage.

16. Disposal of Used Adrenaline Auto-Injectors

Adrenaline auto-injectors are single use and must be disposed of as sharps when they have been used. They can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. The sharps bin is kept in the medical room.

The school does not provide sharps boxes for use on trips. If AAIs are used they would be handed to the paramedics

17. Cross Contamination

Cross contamination can occur between food and objects if arrangements are not in place to avoid this. Staff and pupils/students are encouraged to wash their hands after eating and the school has good hygiene procedures in place to reduce the risk

See also Section 13 - Food Catering which discusses this.

18. Allergy Bullying

The school will monitor for allergy bullying and where required will teach all pupils/students about the risk from allergies.

The school also has an anti-bullying policy in place.

19. Intolerance to Food

Although not life threatening, food intolerances are more common than allergies and can cause people to feel unwell. The symptoms of food intolerances tend to come on slower, even several hours after consumption. For example, people can be intolerant to gluten. This is called coeliac disease.
Typical symptoms include bloating and stomach cramps.
This Policy focuses on allergies rather than food intolerance.

Guidance:

Useful Links
Department for Education: Supporting pupils with medical conditions at school

Link: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Anaphylaxis Campaign
Link: https://www.anaphylaxis.org.uk/

Appendix A

Meadlands Primary School Student Food Allergy Action Plan

Student's Name	
Class	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction?	
Is medication (adrenaline auto-injectors such as epipens etc.) required for the student to deal with allergy? If yes, which? (If yes to this, the parent/guardian will also need to complete a medication request form)	Yes/No
Has the above allergy been confirmed by the student's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form and (where required) a photo of my child to be displayed in the school's staff room, medical area, and the school's catering kitchen (near main servery	Yes/No
I am aware that the school may require more information, which may include medical information to ensure the safety of the pupil.	Yes/No
Name of parent/guardian completing form	
Signature of parent/guardian completing form	
Date of completion	

Meadlands Primary School Section (school to complete section)

Does the student's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Does the student have a separate IHCP	Yes/No/NA
Confirmation that the parent/guardian has completed a medication request form that has been agreed by the school?	Yes/No/NA
Confirmation that the parent/guardian has supplied the above medication?	Yes/No/NA
Has the school requested/taken a photo of the student for display?	Yes/No/NA
Has the relevant information regarding person's the allergy been passed on to the school's first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Name of school's Responsible Person	
Date of completion	
Review date (Annual)	

Caterers and other Food Providers

If a student or staff member has a food allergy covered by this document, the school's food provider will be informed, so they can review ingredients and menus where required and help avoid serving food to people who should not have it.

Has a copy of the completed form (and in relation to pupils/students, a photo) been passed to the caterers? Yes/No

Appendix B

Staff Member Food Allergy Form

Member of Staff's Name	
Email address	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction? Please note them here, stage by stage as appropriate.	
Is medication (epipens etc.) required for the member of staff to deal with the allergy? If yes, which?	Yes/No
Where is/are the medication(s)/device(s) stored?	
Has the above allergy been confirmed by the member of staff's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form to be shared with the First Aid Team	Yes/No
Name of person completing this form:	
Signature of member of staff to whom this form applies:	
Date of completion	

(Management to complete)

Does the member of staff's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Has the relevant information been passed on to the first aiders?	
Do staff have the relevant training to deal with an allergic reaction	
Date of completion	
Review date (Annual)	

Appendix C

Anaphylaxis UK - Save a Life - Symptoms and Actions

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway
- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue or upper airway

B Breathing
- Difficult or noisy breathing
- Wheezing

C Consciousness/Circulation
- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis

01252 542029 info@anaphylaxis.org.uk anaphylaxis.org.uk

Charity Number: 1085527

Appendix D

NHS advice on anaphylaxis and how to use an adrenaline auto-injector

Link to NHS Advice on Anaphylaxis

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.
EpiPen instructions (EpiPen website)
Jext instructions (Jext website)