

Food Allergy Policy

Reference: TP/SW/Health&Safety

Policy date	January 2020	
Strategic Board Approval	February 2021	
Reviewed and Updated	April 2024	
Next review	April 2026	Review cycle every 2 years
Author	SW/RR	www.acexcellence.co.uk

Who should use this policy?

This policy will apply to all staff, pupils, parents, volunteers, in-house and external catering teams within any school within the Academy for Character and Excellence.

This policy will be reviewed every two years unless significant legislative changes occur before the review date.

Contents

Introduction and aims.....	2
ACE Catering Meals Service.....	2
Parent Responsibilities	3
Pupil Responsibilities.....	3
School Office Responsibilities	3
Individual Staff Responsibilities	4
Kitchen Staff Responsibilities.....	4
Wider School Community Responsibilities.....	4
Action	4
Treatment	5
Management of an Anaphylactic Episode.....	5
Appendix 1 – Food Allergy Flow Procedure	8
Appendix 2 – Allergy and Intolerance Form.....	9

Introduction and aims

This policy is concerned with a whole Trust approach to the health care and management of those members of the school community suffering from specific allergies and should be read in conjunction with the Medication policy and Supporting Children with Medical Needs policy.

The Trust is aware that staff and children who attend may suffer from food, bee/wasp sting, animal or nut allergies and believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

[school name] Primary School does not guarantee a completely allergen free environment, rather seeks to minimise the risk of exposure, encourage self-responsibility and plan for effective response to possible emergencies.

We are an allergy aware Trust and as such we take the necessary steps to minimize risk.

Aims:

- To reduce the likelihood of a pupil with a known food allergy displaying a severe reaction to a specific food whilst in school.
- To foster an understanding of and sense of responsibility for the specific needs of the individual members of the school community
- To create an awareness of the action to take should someone with a severe food allergy display its symptoms.

Objective:

The Trust is committed to pupil safety and therefore has created this policy to reduce the risk of children having allergy related events whilst in our care and ensure that all pupils can engage fully in daily school life to create a safe and inclusive environment. This policy outlines the responsibilities expected of those within the school community including actions to be taken in an emergency.

ACE Catering Meals Service (inhouse provision)

ACE Catering Meals Service has due diligence responsibilities surrounding the safeguarding of pupils with allergies which includes awareness of cross contamination in the delivery, preparation, cooking, serving, cleaning & storage of foods.

ACE Catering recognises that although most food intolerances produce symptoms that are uncomfortable, some people can suffer a severe food allergy with more serious consequences and in some instances they may even be life threatening.

We do NOT use nuts or nut oils in the preparation of our food in the school kitchen or use products that specifically list nut or peanut products on the ingredient list of a food label. **We cannot guarantee however that products with nuts will never be**

present as some labels state that they may be produced in a factory where nuts have been present.

We are aware of our Legal responsibilities to display allergen signage which we do at point of ordering, point of sale, via the website and on our menus. We are also aware of the need for an up to date allergen management folder highlighting safe methods and procedures with completed menu cycle matrix for each dish prepared.

Our kitchen Cypad tablet displays clearly allergies recorded through our due diligence process as laid out in the allergy flow (Appendix 1)

To note – any externally catered for provision has their own kitchen allergy process, policy, procedures and documentation which the school supports.

Parent Responsibilities

1. On entry to the School, parents should inform the school office of any history of allergy, highlighting previous severe allergic reactions, and any history of anaphylaxis.
2. Parents should collect an Allergy and Intolerance form (Appendix 2) from the school office for completion and returned with supporting evidence.
3. Parents are responsible for ensuring any required medication is on the school site. Epipens or other adrenalin injectors, inhalers and any specific antihistamine is supplied, in date and replaced as necessary.
4. Where food allergy is a major concern, the school office will arrange for the parent to meet with the Kitchen Manager and Trust Catering Lead to make a plan to reduce potential exposure, offer reassurance and discuss safe substitutes.
5. Parents are requested to keep the office up to date with any changes in allergy management with regards to clinic summaries or re-testing and new food challenges.

Pupil Responsibilities

1. Pupils of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
2. We encourage pupils to take responsibility for their allergy, ask questions and speak openly about it to help reduce stigma and anxiety.

School Office Responsibilities

1. Once aware of an allergy the school office should ensure the parent and pupil complete an allergy and tolerance form and that sufficient emergency supplies are kept on site.
2. A meeting should take place between the class teacher, parents and pupil, preferable prior to entry to the School, so they can discuss the plan and the individual pupil needs in school. The Trust Catering Lead should also be involved if the allergy is a food allergy.

3. The decision on where spare inhalers are kept are site specific and as such each school should refer to their medication policy for further information.

Individual Staff Responsibilities

1. All staff should engage in periodic training for Epipen, anaphylaxis emergency response and basic first aid.
2. Staff must be aware at all times of the pupils in their care (regular or cover classes) who have known allergies and must supervise any food-related activities with due caution.
3. All leaders of school trips must ensure they are competent to act in case of anaphylaxis prior to the trip departure and ensure they carry all relevant emergency supplies.
4. Pupils allergy information will be kept in a specific allergy file for all relevant members of staff to access when needed.
5. Electronic lists are kept up to date by the school office and distributed to the relevant people. The kitchen has a highlighted section on the Cypad tablet.

Kitchen Staff Responsibilities

1. All kitchen staff and Meal Time Assistants must attend, or complete on-line food allergy training.
2. Promotion of parental involvement to provide a menu highlighting safe substitutions.
3. To ensure all kitchen and dining staff are aware of the Emergency Action Plans.
4. All staff are to be aware of cross contamination in the delivery, preparation, cooking, serving, cleaning & storage of foods.
5. Training and refresher courses need to be signed in the Kitchen Training file.
6. In extreme cases where a pupil with multiple or unusual allergies, the school may require the parents to provide lunches and snacks to ensure pupils safety.

Wider School Community Responsibilities

1. Although we try to ensure our school is a nut aware area we prefer that pupils and staff remain vigilant at all times. Our aim is to keep the school as a controlled allergy awareness zone.
2. The catering department is aware of all individual pupil allergies and provides clear labelling to all food served in the Dining Hall at all times.
3. Clear labelling applies to all food zones including the snack areas, salad bar, and class or PTFA cake sales.
4. Parents are respectfully encouraged not to bring whole nuts into school to reduce risk of cross contamination and to generally be allergy aware.

Action

Symptoms of mild allergic reactions

- Rash
- Vomiting
- Abdominal cramps

- Localised tingling sensation
- Localised inflammation.
- Symptoms

Treatment

- The priority should be removal of the allergen.
- Remove stings or environmental causes.
- Wash with water where appropriate.
- For ingested allergens, rinse mouth thoroughly with water and spit out.
- Never induce vomiting.
- Call the school first aider.
- Use of antihistamines via syrup or tablet is effective for mild reactions and is recommended as the first step in any reaction.

Management of an Anaphylactic Episode

Symptoms of severe allergic reaction

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure
- Collapse and unconsciousness

If symptoms occur **in an undiagnosed individual** call the emergency services and while waiting for their arrival remove the allergen where possible and stay with the casualty to reassure them. Call the school first aider.

- If the casualty is conscious and breathing - place in a sitting position, leaning forward
- If the casualty is unconscious and breathing – place in the Recovery Position.
- If the casualty stops breathing resuscitation should be carried out while awaiting the Emergency Services. CPR should be given at a ratio of 30 compressions to 2 breaths.

When symptoms of anaphylaxis are seen **in a known sufferer**:

- Remove the allergen where possible i.e. a sting or any remains of food in the mouth (and rinse mouth).
- Stay with the pupil and reassure the casualty.
- Send for further assistance from the first aider and the pupils Health Care Plan along with appropriate medication.
- Follow the instructions given on the Allergy Action Aware form and accompanying Health Care Plan. It is most likely that it will advise you to give an anti-histamine such as Piriton or Cetirizine first, and then if symptoms don't

improve or if the casualty displays breathing difficulties, to administer the Epipen containing Adrenaline. Follow the dosage instruction on the label for the oral antihistamine.

- For those pupils who have been prescribed an inhaler as a part of their allergy regime, **or for any pupils with an allergic reaction showing respiratory symptoms**, administer 2 puffs of the salbutamol (Ventolin) inhaler kept in the emergency first aid kit. Administration through a volumatic or aero-chamber device is best but if no spacer is used the pupil should hold their breath as long as possible (ideally 5- 10 seconds) after inhalation. If the respiratory symptoms are severe and the casualty cannot use good technique to take the inhaler, **a spacer device must be used if available**. Salbutamol can be repeated up to 10 puffs giving 2 puffs every 2 minutes. This can be continued after the Epipen has been given if necessary (up to a maximum of 10 puffs in total). See below for how to use a spacer device.
- **If at any time the casualty exhibits difficulty in breathing or respiratory symptoms that worsen after giving the oral antihistamine, difficulty in swallowing or speaking, or if there are signs of becoming weak or collapse, administer the Epipen immediately.**
- You can help administer Epipen. Remember to give the adrenaline pen sooner rather than waiting if you are concerned. Adrenalin will do no harm but may save a life if given appropriately. Follow the instructions below for using an Epipen.
- Whenever an Epipen is used, an ambulance must be called stating an anaphylactic episode. This is very important as the effect of the adrenalin may only be temporary.
- Stay with the casualty and observe the response to the Epipen until Emergency Services arrive.
- While waiting for their arrival, place the casualty who is conscious and breathing in a sitting position, leaning forward to aid breathing, and the casualty who is unconscious and breathing in the Recovery Position.
- Be prepared to resuscitate if necessary (think about clearing immediate area). If the casualty stops breathing, resuscitation should be carried out while awaiting the Emergency Services. CPR should be given at a ratio of 30 compressions to 2 rescue breaths
- Inform the parents at a suitable moment when the situation is under control and clear information can be given.
- Make sure the used Epipen and the Allergy Aware Form and Health Care Plan go with the casualty to Hospital.

Instructions for using a volumatic or an aero-chamber device (spacers)

- A spacer device is to be used whenever available as it gives the best effect. It is particularly useful when a casualty is unable to coordinate inhalation with releasing the medication due to breathlessness or age.
- Shake the inhaler and then insert it into one end of the spacer and attach a face mask to the mouthpiece at the other end if required. If the pupil can make a good seal over the mouthpiece with their own lips, a mask is not required. If a face mask is used it should be placed over the nose and mouth of the pupil and held firmly to create a good seal.

- Release one puff of reliever into the chamber. The medication is held in the chamber until the pupil releases it through breathing in and out of the mouthpiece. If a good seal is in place the valve near the mouthpiece will click.
- Ensure the valve clicks 10 times on a larger volumatic device and 6 times on a smaller aero-chamber device to administer the medication from the chamber.
- Repeat to administer the second puff.

Instructions for giving an EPIPEN

The Epipen is pre-loaded and single-use only.

- Remove the safety cap
- Hold the pen in the fist
- With the tip of the pen at right angles to the casualty's thigh, jab it into the outer part of the thigh from approximately 10 cm distance. This can be done through clothing. Do NOT waste time removing clothing.
- As you jab the Epipen firmly into the thigh (don't worry – you can't do any harm), a spring activated plunger will be released which pushes the needle hidden inside the Epipen into the thigh muscle and administers a dose of adrenaline over the following 10 seconds. You will hear a click as the Epipen is activated.
- **Hold in place for 10 seconds – it is a metered dose that is released slowly**
- Remove the pen and massage the area for a further 10 seconds.

Do not be surprised to find that most of the liquid (about 90%) remains in the Epipen after use. Be advised that it cannot be reused. The time at which the Epipen was administered should be noted on the pen and then taken with the casualty to hospital.

If symptoms are still present 15 minutes after the first injection, a second injection may be necessary. If at any moment after the first injection the condition of the pupil deteriorates, give a second injection regardless of the amount of time that has lapsed.

Following any anaphylactic episode, all staff involved will meet and discuss what occurred, offer support to each other, and look at how the Allergy Aware Form and Health Care Plan worked and take action to improve the planning if necessary.

Appendix 1 – Food Allergy Flow Procedure



Food Allergy Flow Procedure

The purpose of this procedure is to ensure that a consistent process is followed when a pupil at any of the schools within the Academy for Character and Excellence has **a defined food allergy/intolerance**, which has been medically diagnosed or undergoing investigation

NB: This procedure is to be read in conjunction with the policy and mandatory allergy signage is to be clearly displayed at all points of ordering

Parent/Carer highlights a food allergy concern to school office

Admin to issue the food allergy/intolerance form for completion and return by parent/carers

Completed form returned to the school office with supporting evidence and any accompanying important information. Head teacher to decide whether completion of IHCP (Individual health care plan) is also required

GDPR – admin to ensure parent/carers has signed to say they are aware this information will be displayed and if IHCP completed a parental consent for Epipen use is confirmed as per medication policy

Admin to transfer all of the Information onto the standardised **Allergy Action Aware** template in preparation for communicating out. Please also ensure any supporting evidence is attached Template can be accessed here click on link www.bsaci.org Click on personal plan with epipen

Once the template has been completed and a current photo of the relevant pupil is attached to the form this should then be displayed in the staff room in the appropriate area, added to the kitchen allergy file and communicated to all relevant personnel

- Class teacher
- Catering lead
- First aid lead
- Meal time assistants
- Extended school clubs

Admin to ensure

- any staff allergies are also added to SIMs and Cypad
- SIMS is updated ensuring comments are added to medical notes
- 'Cypad' is updated on desktop site adding comments to diet notes so it appears on the kitchen tablet

Catering lead to prepare menu with substitutions/adaptions and the parent/carers contacted and invited into school to see if they would like to discuss

Ongoing: Allergy info should be updated and checked by admin as soon as:

- Medical changes occur or new information arises
- Pupils move to next year group or staff changes including supply relief
- Checks are done at yearly data collection

NB: As per medication policy - Allergy, anaphylaxis and Epipen training to be updated regularly Communication of where the epipens are kept is to be decided by each setting and to be made clear to all

Appendix 2 – Allergy and Intolerance Form



Food Allergies & Intolerances

If your child has an allergy or intolerance please read the below information:

- Please complete and return the enclosed Allergies and Intolerances form
- Please remember to sign and enclose relevant medical referral – unfortunately forms cannot be processed without this information
- This form does not need completing unless your child has a food allergy or intolerance. Religious/cultural preferences can be catered for but a completed form is not required
- We only require forms for a Diabetic pupil if a carbohydrate content is required
- The standard menu will be adapted based on the information provided on the returned form. The final menu provided will be the menu served with no changes. Unfortunately, we are unable to cater for likes and dislikes but would welcome input at the menu formation stage and are happy to arrange a meeting to discuss.

We try to keep the menu as close to the current menu as possible, and make adaptations and substitutions where necessary. If this cannot be done an alternative will be provided. You can safely order in the usual way and we will ensure the correct meal is allocated to your child

Allergies and Intolerances referral form

Important notes and guidance:

(<insert school name>) strive to provide menus for special dietary needs whenever possible. The referral form is essential to allow us to provide safe, special diet plans: therefore, all sections must be completed in full.

In line with the Data protection act 1998, all information we hold is kept on a password protected database with written documentation in a locked cupboard. This information is used for the sole purpose of providing meals for children with special dietary requirements and will not be shared with any other organisation. In line with the new Data protection rules (GDPR). Please sign this form below to give parental/guardian consent for this information to be stored by us and also displayed in the kitchen to ensure that kitchen staff are aware for the safe preparation & delivery of school meals.

**** Please send completed forms into the school office**

** It is essential that the form is signed and stamped/completed by a registered medical professional ie: GP, hospital doctor, or dietician ensuring that the information on the form is accurate (as advised by the health professionals and in liaison with dietetic departments in the UK) to prevent any problems occurring with respect to interpretation and or health & safety. We are unable to fund potential charges made by a G.P, so please be aware we will accept a copy of a past letter stating the specific allergy or completion of the relevant section by another health professional as detailed above.

We look forward to being able to provide your child with a safe, balanced meal that they

will enjoy every day.



Food Allergies & Intolerances form

CHILD DETAILS:	
Child's name:	
Child's date of birth:	
Allergy / Intolerance:	
If a textured modified diet is required, please provide details:	

PARENT GUARDIAN DETAILS:	
Contact name:	
Contact address:	
Contact telephone numbers:	
Email address:	

MEDICAL REFERRAL:

The section below is to be completed by a registered medical professional such as a GP or Dietician and/or a letter from a medical professional, stating your child's dietary needs (Please attach the letter to this form)

WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET

Name of medical professional:	
Relevant medical qualification:	
Practice/ surgery or hospital address:	
Clarification /details on the special dietary requirement:	
Medical professional signature:	
Date:	

CONSENT TO STORE DATA INLINE WITH DATA PROTECTION ACT 1998

In addition, a prescribed medicines consent form should be completed as referenced in the Medication Policy if an Epipen is required.

I/We consent to the above information being stored and displayed in a manner described by (<insert schoolname>) so that a suitable school meal may be provided.

Parent/Guardian Signature:..... Date:.....