Dunottar School

Food Allergen Policy

United Learning
The best in everyone™
Ambition ■ Confidence ■ Creativity ■ Respect ■ Enthusiasm ■ Determination

Contents

1. Introduction 3
   1.1 Definitions 3
   1.1 The 14 Food Allergens: 4
2. Background information: 5
3. Information and Documentation 6
   3.1 Allergy Action Plans 6
   3.2 Assessing Risk 6
4. Roles and responsibilities 6
   4.1 Staff Responsibilities 6
5. Emergency anaphylaxis response plan 9
   5.1 Symptoms of anaphylaxis: 9
   5.2 Serious symptoms to look out for include: 9
6. Supply, storage and care of medication 10
7. Storage of Adrenaline Pens 10
8. The storage and use of spare adrenaline auto- injectors in school 10
9. Staff Training 11
10. Safeguarding 11
11. Catering 11
12. Extra-curricular activities 12
13. Allergy Action Plans 13
   13.1 Adrenaline pens on school trips and match days 13
   13.2 Responding to an Allergic Reaction/Anaphylaxis 13
14. Asthma 13
15. Reporting Allergic Reactions 13
16. Food brought into school – guidelines for staff 14

Appendix 1 Managing Allergic Reactions 15
Appendix 2 Responding to Anaphylaxis 16
Appendix 3 Allergy and Anaphylaxis Management Code of Practice 17
Appendix 4 United Learning Food Safety Policy 26
Document Review: 34

1. Introduction

This policy demonstrates the school's commitment to reducing the risk to pupils and staff with food allergies, intolerances, coeliac disease and wider food hypersensitivities.

Throughout this policy, we aim to highlight the procedures the school will follow to ensure that catering and school activities are provided safely and that all staff are appropriately trained and able to deal with situations where pupils experience adverse reactions to food, including anaphylaxis.

The school aims to foster an environment of allergen awareness. Pupils are encouraged to understand food allergies, coeliac disease and food intolerances and develop an empathetic approach towards their peers. Time is allocated within the curriculum to allow for this.

The school also strongly welcomes and encourages open communication between staff, parents/ carers and all other relevant medical professionals as we work towards providing the best care possible for pupils with food allergies and hypersensitivities.

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Most allergic reactions are mild, causing minor symptoms but some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.

People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee stings), latex and medication.

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, risk prevention and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having a robust Food Allergen Policy ensures everyone:

- is clear on procedures
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

The policy is a dynamic document and should be regularly reviewed and monitored by the School's Senior Management Team and its Governors. Schools will have a strong and effective management team in place in order to implement this policy.

This Food Allergen Policy must be publicly available and clearly communicated to all pupils, school staff and parents.

1.1 Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame, see 1.1 for more information.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

ALLERGY ACTION RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

MHRA: The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK. MHRA is an executive agency, sponsored by the Department of Health and Social Care.

1.1 The 14 Food Allergens:

There are **14** food allergens as contained within the law:

Peanuts	**Nuts**
Crustaceans (Shellfish)	**Molluscs (Shellfish)**
Fish	**Eggs**
Milk	**Cereals containing Gluten**
Soya	**Sesame Seeds**
Celery	**Mustard**
Lupin	**Sulphur Dioxide**

The school will ensure that any food served is correctly labelled, highlighting the presence of the 14 food allergens. Details of this are found in the 'catering' section of the policy.

The adverse reactions which pupils may suffer can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to ingredients that are usually harmless and can cause minor issues such as itching, sneezing or skin rashes or more severe ones such as anaphylaxis.

In the case of anaphylaxis, the airways can be compromised, along with the heart rhythm and blood pressure. Details of how to deal with anaphylaxis are also detailed in this policy.

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

2. Background information:

What is a food allergy?	○ An adverse reaction by the body's immune system to a specific food ingredient. ○ An allergic reaction can occur even after eating just a trace of the ingredient and can be life-threatening. ○ Symptoms of a food allergy are often mild but can be very serious. ○ The most common symptoms are an itchy mouth and throat, a red rash and swelling of the face; however, allergies can present themselves in several different ways, and each child may show different symptoms. ○ These are most likely to occur soon after eating the allergenic food but, in some cases, can develop hours - or even days - later.
What is food intolerance?	○ An adverse reaction by the body to a specific food ingredient. ○ It is unrelated to the immune system and, therefore, is not life-threatening. ○ Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts. ○ Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.
What is coeliac disease?	○ Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed. ○ The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb nutrients from food. ○ The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.
Who does it affect and how?	○ Some people are born with a food allergy, whereas in others, they develop later in life. Similarly, coeliac disease can occur at any stage of life – although it is most common between the ages of 8-12 months in children and between 40-60 years old in adults. Food intolerances can develop at any age. There is no known 'cure' for food hypersensitivities - instead, they are conditions that need to be managed throughout an individual's life. ○ Allergic reactions can be life-threatening, known as anaphylaxis or anaphylactic shock. It occurs because the body's immune system has overreacted to an allergen. It can cause swelling of the airways, and the person will need immediate medical attention. ○ Severe allergies can be triggered by even trace amounts of the allergen in the food consumed. ○ If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

3. Information and Documentation

3.1 Allergy Action Plans

Each pupil with a known nut allergy has an Allergy Action Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil.

3.2 Assessing Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

4. Roles and responsibilities

4.1 Staff Responsibilities

- All staff must complete anaphylaxis training every year.
- Staff must familiarise themselves with the pupils in their care, including any food hypersensitivities which they have and how to deal with any reactions they may experience.
- Catering staff will supervise the meals for pupils with severe allergies.
- Catering staff supervising mealtimes must be aware of the ingredients in the food served. Pupils should always have options that they can enjoy safely, and those with food hypersensitivities should be able to feel included.
- Nuts should be avoided in school at all times.
- School trip leaders must inform accompanying staff of pupils with food hypersensitivities and ensure that pupils carry the required medication. This will be checked carefully on the morning of the trip, and pupils without medication must not attend the trip.
- The school will not participate in reintroducing an allergen to a pupil. Still, they may consider supporting a pupil progressing through an allergen ladder - however, written communication with a parent/carer and healthcare professional must be obtained and recorded.

School nurse:

School Nurse is responsible for:

- Collecting and coordinating the paperwork such as an Allergy Action Plan and information from families (this is likely to involve liaising with the Admissions Team for new joiners).

- The school nurse will be responsible for keeping records of pupil's medication and staff training, ensuring the safe storage of pupil medication and recording any incidents linked to adverse reactions.
- The school has a record of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.
- Disseminating information to all school staff, including the Catering Team, occasional staff and staff running clubs.
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum).
- Coordinating medication with families and ensuring medication is in date. Whilst it's the parents and carers responsibility to ensure medication is up to date, the School Nurse should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Regularly checking spare pens are where they should be, and that they are in date.
- Providing on-site adrenaline pen training for other members of staff and refresher training as required e.g. before school trips.
- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Food Allergen Policy, and other related procedures.
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.

Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the School Nurse to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. catering team).

All staff

All school staff, to include teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running extra curricular clubs are responsible for:

- Championing and practising allergy awareness across the school.
- Understanding and putting into practice the Food Allergen Policy and related procedures and asking for support if needed.
- Being aware of pupils with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf.

- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Parents/carers must provide the school with accurate and up-to-date information regarding food hypersensitivities when the pupil joins the school and throughout the time they attend.
- Parents/carers are responsible for ensuring that any required medication is in-date and provided as required.
- Parents/carers must ensure that appointments with GPs or allergy specialists are attended as required and that relevant information arising from these is passed on to the school.
- Parents/carers should provide the school with the pupil's Allergy Action Plan or arrange to create one as soon as possible if one doesn't already exist.
- Being aware of and understanding the school's Food Allergen Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the School Nurse with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

Parents of children with allergies

In addition to the above, the parents and carers of children with allergies should:

- Work with the school to fill out an Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to.

All pupils

All pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Pupils must actively engage in learning provided regarding food allergies and hypersensitivities, regardless of whether they themselves experience hypersensitivities.
- They are encouraged to support their peers and must be kind and always understanding.

Pupils with allergies

In addition to above, pupils with allergies are responsible for:

- Pupils who carry their own AAIs are encouraged to take responsibility for carrying their own medication and, where appropriate, know how to administer medication themselves.
- Pupils with food hypersensitivities are encouraged to communicate with catering staff regarding ingredients in the meals served.
- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- Talking to a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

5. Emergency anaphylaxis response plan

5.1 Symptoms of anaphylaxis:

The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

In some cases, the symptoms may be mild to moderate and include:

- Skin rashes.
- Swelling of the mouth, lips and/or face.
- An unusual, tingling or itchy feeling in or around the mouth.
- Feeling or being sick.
- Stomach cramps.

If a pupil displays these symptoms, it is important to monitor them closely. The school nurse (or other responsible first aider) must be informed, as well as the pupil's parents.

5.2 Serious symptoms to look out for include:

- Severe swelling of the airways, often indicated by difficulty speaking or swallowing.
- Difficulty breathing, often indicated by wheezing or noisy, laboured breathing.
- Dizziness, feeling faint, tired or confused or having pale/clammy skin – this may indicate issues with circulation.

If a pupil displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient, they are allergic to, a swift response is vital.

This is considered a medical emergency, and the emergency anaphylaxis response plan must be followed:

- Do not move the pupil – they need to lay on the floor with feet raised.

- Immediately call for help from another member of staff.
- Use the adrenaline auto-injector without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.
- Call 999, stating anaphylaxis.
- After five minutes, a second AAI can be administered in the opposite thigh.
- If the pupil stops breathing, commence CPR and locate the defibrillator (one is located in the lobby of the school hall and the other is inside the entrance of the sports hall) and outside swimming pool.
- Call parents/carers as soon as possible.

Do not leave the pupil unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil.

All pupils must go to the hospital following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a secondary reaction.

6. Supply, storage and care of medication

Parents/carers must ensure that any medication is provided and labelled with the child's name. They must ensure that replacement medication is sourced quickly and before the expiry dates.

Some pupils may be able to take responsibility for carrying their own medication. This may include both AAIs if appropriate. In this case, the pupil and teacher must know exactly where the medication is stored to allow staff to find it quickly in case of an emergency.

Any medication which the school holds is stored safely and is accessible to all staff. For example, AAIs are stored at room temperature and away from direct sunlight and medication is never locked away.

All staff are made aware, through training, of the location of the medication. This medication is stored in the emergency drug cupboard in the Health Centre. The room and the cupboard are kept unlocked at all times.

7. Storage of Adrenaline Pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away.
- Used or out of date pens will be returned to parents/carers as we have no sharps bin in school.

8. The storage and use of spare adrenaline auto- injectors in school

The school has purchased spare AAIs, which can be administered if a pupil does not have their AAI or it is out of date.

Spare AAIs are stored in the following location: Emergency Drug Cupboard in the Health Centre.

In the event that a pupil presents with symptoms of anaphylaxis but does not have their own prescribed AAI, one of the school's AAIs may be used. However, advice must be obtained by emergency services first.

9. Staff Training

The names of staff members responsible for coordinating staff training and reviewing the school food allergy policy are:

Name:	Department:	Ext number
Carrie Allison	School Nurse	Ext 228

All staff will complete allergy awareness and anaphylaxis training annually. The training will cover:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying

10. Safeguarding

The school is committed to ensuring that all pupils receive the highest levels of safeguarding. We acknowledge that pupils with food allergies and hypersensitivities may require an additional layer of safeguarding, including ensuring that bullying due to food hypersensitivities does not take place.

The following steps aim to ensure that all pupils with food allergies and hypersensitivities feel safe and confident when attending school:

- All pupils will receive information linked to allergy awareness to allow them to support their peers affectively and with kindness and understanding.
- Staff will take care to ensure that they keep up-to-date information regarding pupil allergies and hypersensitivities.
- Those with allergies outside of the 14 named food allergens will be documented for all staff to be aware of.
- Staff will engage with all training provided with care and attention.
- Additional monitoring is provided at mealtimes.
- Further planning and attention are given to pupils with food allergies and hypersensitivities when attending extracurricular trips, sports events and projects, including informing any external caterers of allergies and hypersensitivities.

11. Catering

The school will operate in line with the Food Information Regulations 2014 (1169/2011) when it comes to providing allergy labelling on all food provided. Information linked to the 14 food allergens will be clearly highlighted on all food provided on site.

Pupils with allergies and food hypersensitivities will be identified through a list provided to all catering staff and supervisors, along with a picture of the pupil.

The school will also operate within guidance from the Department of Health, including adhering to the following:

- Careful measures will be in place to avoid allergenic cross-contamination, including two-step cleaning procedures and separate preparation areas.

- Parents/carers who provide packed lunches and water bottles must ensure that these items are clearly labelled with the child's name.
- Open communication is always taught and encouraged; this includes pupils communicating with catering staff and supervisors to ensure that the food they consume is suitable and safe for them. Pupils can ask for additional reassurance if they have any concerns over a dish offered to them.
- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff.
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- The school has procedures in place to identify pupils with food allergies. There are photographs of the students in the kitchen to help identify them to the kitchen staff.
- The Tuck Shop and the Pelican Cafe will clearly identify any foods containing the main 14 allergens (see Allergens definition) for pupils, staff and visitors to see. The Allergen Information Folder, menus and other ingredient information will be available on request.
- Packed lunches ordered for fixtures or school trips will be accompanied by an allergy information sheet.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs.

12. Extra-curricular activities

The school is committed to ensuring that pupils with food allergies and hypersensitivities are included in extracurricular activities such as school trips and excursions.

- Staff leading the trip will have a record of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- There should be a clear system in place to ensure pupils and staff with allergies outside of the "main 14" always receive a safe meal.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- The trip/excursion leader will be responsible for checking food allergies and hypersensitivities for all pupils and communicating this to other staff. They will also lead additional planning and preparation, involving parents/carers/other staff within the school to ensure that the activity remains safe for the pupil.
- External venue staff - i.e., staff at a centre for an overnight stay - will have all food allergies and hypersensitivities communicated to them clearly and will be encouraged to advise on how they will cater for pupils safely ahead of the planned trip.
- In some cases, where external catering cannot provide satisfactory reassurance that they can cater for pupils with food allergies or hypersensitivities, parents/carers may be asked to provide food and drink for the pupil.
- Information on pupils with food allergies is written into all risk assessments for trips/ excursions. Additional risk assessments must be completed for food-hypersensitive pupils for activities such as sports days or lessons involving food such as food technology, baking or where food ingredients are used in creative lessons.

13. Allergy Action Plans

The school will where necessary complete a Allergy Action plan for pupils with food allergies and hypersensitivities. These will be reviewed annually.

13.1 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies.

13.2 Responding to an Allergic Reaction/Anaphylaxis

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves or by a member of staff. Ideally the member of staff will be trained, but in an emergency, **anyone** will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The Medicines and Healthcare products Regulatory Agency (MHRA) says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

14. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

15. Reporting Allergic Reactions

The school will log allergic reaction incidents and near-misses on ISAMS.

16. Food brought into school – guidelines for staff

The school is committed to ensuring that pupils with food allergies and hypersensitivities are properly safeguarded. Some of these allergies are severe and nuts are a particularly high risk for some of our pupils. We understand that the risk-averse nature of allergen information on food packaging can make it harder to identify appropriate items, so to ensure that pupils and colleagues remain safe, staff should ensure that they follow the below guidelines:

Food brought in for pupils

- As a general rule, we do not encourage sweet treats as rewards for pupils, but understand there may be occasions, such as at Christmas, when a teacher may wish to bring something in for their tutor group/class.
- Any food labelled as containing nuts or "may contain nuts" cannot be brought in for any pupils.
- Given the sensitivity of nut allergies for some pupils, even being around foods that have traces of nuts can be a trigger for symptoms.
- Haribo Starmix and similar are a good option should you decide you want to bring something in for pupils.

Food brought in for colleagues

- Staff often wish to celebrate their birthdays by bringing in some treats for colleagues at break time.
- However, given the risks of nuts, any treats that contain nuts must not be brought into school at all.
- Given the greater ability of adults to be able to self-regulate and take more responsibility for themselves, it is acceptable to bring in food for the staff body that is labelled "May contain nuts" (as opposed to "Contains nuts"), but as a result these foodstuffs must not be taken outside the staff room.

Gifts from pupils

- Sometimes staff are given a gift by pupils at the end of the year or Christmas that is a risk, such as chocolate that contains nuts.
- As long as these are kept in their wrappings and taken home, this is fine, however, they should not be opened and/or shared in school.

Other food brought in by pupils

- We will write to parents to remind them that they should not be bringing in food that contains or may contain nuts. However, it is clear that we cannot police every snack brought into school so there is a risk that nuts will come on site without our knowledge.
- Staff are not expected to challenge every snack they see. That said, should you see a pupil with an obvious nut-based foodstuff (e.g. Snickers bar, Peanut bar etc) please remove this from them and dispose of it safely (e.g. staff room bin)

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

Appendix 3 Allergy and Anaphylaxis Management Code of Practice

Scope

This Code of Practice forms part of the health and safety arrangements detailed in the 'United Learning Group Health and Safety Policy.' It provides further details on the measures required to meet statutory and group requirements in relation to allergy management.

The code of Practice should be read in conjunction with the:

- Health and safety Policy -Here
- First Aid code of Practice - Here
- Supporting Pupils with Medical Needs and Children with Health Needs who cannot attend School Policy - Here
- Food Safety Policy - (When published)

Interpretation

The following definitions apply to this document:

- **Allergy** – An allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse.
- **Anaphylaxis** - Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. It is also known as anaphylactic shock. It is caused by a sudden release of chemical substances including histamine, from cells into the blood and the tissues where they are stored. The release is triggered by the reaction between the allergic antibody (IgE) and the substance (allergen). This mechanism is so sensitive that minuet quantities of the allergen can cause a reaction. It should always be treated as a medical emergency.
- **Adrenaline Auto Injector** (AAI) – A device to administer an injection of adrenaline which should be given as soon as possible when anaphylaxis is suspected. People with known anaphylaxis will have an auto injector.
- **Onset** - The time of onset of the anaphylactic reaction is the time when symptoms were first noticed. It is important that this time is accurately recorded. A reaction can happen within minutes and almost invariably within 60 minutes.

Background

The UK has some of the highest prevalence rates of allergic conditions in the world with over 20% of the population affected by one or more allergic disorders.

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least 1 allergic pupil. These young people are at risk of anaphylaxis which requires an immediate emergency response.

20% of serious allergic reactions to food happen whilst a child is at school. It is therefore essential that staff recognise the signs of an allergic reaction and are able to manage it safely and effectively.

Duty of Care

Schools have a legal duty to support pupils with medical conditions, including allergy.

They must adhere to legislation and guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto- injectors. See references.

Allergy Action Plan

These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people with or without any special medical training nor equipment, apart from access to adrenaline autoinjectors when trying to support people in a medical emergency.

The plans are medical documents and should be completed by the Child/ Young person's healthcare professional in partnership with parents and carers. The plans are designed to function as Individual Healthcare Plans for children and young people at risk of anaphylaxis.

The plan should include First Aid procedures for the administering of adrenaline. Allergy action plans include a consent for parents / legal guardians to sign, authorising the administration of AAIs in their child when required.

Individual Healthcare Plans

These plans are drawn up in partnership between the school, parents/carers, and relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advice on the particular healthcare needs of a child/young person. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps which a school should take to help the child/young person manage their specific condition and overcome any potential barriers to getting the most from their education.

Where a child/young person's health issues related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.

Causes of anaphylaxis

The causes of anaphylaxis can be food, insect stings, medication, substances, and latex.

Idiopathic anaphylaxis is when there is no obvious trigger despite extensive testing.

Food that can cause an anaphylactic reaction:

- Eggs
- Fish
- Milk
- Crustaceans- for example crabs, lobster, crayfish, shrimp, and prawns.
- Molluscs- for example muscles, oysters, and squid.
- Peanuts
- Tree nuts -for example almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans pistachios and macadamia nuts.
- Sesame

- Cereals containing gluten – for example wheat, such as spelt, Khorasan wheat/ Kamut, rye, barley, oats, or their hybrid strains.
- Soybeans
- Celery and celeriac.
- Mustard
- Lupin
- Sulphur dioxide and sulphites (at concentrations of more than ten parts per million).

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

The Food Information (Amendment) (England) Regulations 2022 Cover the labelling requirements for prepacked food for direct sale (PPDS). It includes food that is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. It can include food that consumers select themselves (e.g. from a display unit), as well as products kept behind a counter and some food sold at mobile or temporary outlets.

Pharmaceutical products that can cause anaphylaxis such as:

- Antibiotics – particularly penicillin like antibiotics.
- Muscle relaxants used in surgery.
- Non-steroidal anti-inflammatory drugs (NSAIDs).

Substances – such as hair dyes and latex. Not limited to.

Ensure that all leaders and any third-party providers have access to emergency contact and emergency procedure details where appropriate to manage emergency situations related to allergies.

Training

Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard.

The government has started consultation for new statutory guidance. Stronger protections for children with allergies in school - GOV.UK The new statutory requirements will mean for the first time schools must provide allergy awareness training for all staff covering:

- Recognition of symptoms,
- Emergency response and the use of adrenaline devices
- Alongside improved incident recording and lessons learnt processes

The use of the auto injectors is now in all accredited first aid at work courses and staff should demonstrate they can use a training auto injector as part of practical training.

It is good practice to have two named members of staff responsible for coordinating allergy management and updating local procedures. All staff should be trained on what to do in the event of an allergic reaction.

Training should be refreshed annually, and any new staff should be trained on induction. Acting fast is key in reducing the risk of a serious allergic reaction.

Medicines Management

Students should carry two AAIs with them at all times where safe to do so by risk assessment.

If the student is unable to carry AAI's themselves (e.g. primary) the medication should be stored safely, but easily accessible in an emergency.

It should be labelled for identification of each pupil i.e. their name and photograph and allergy action plan.

If it is stored away in an emergency, it should be brought to them, they must not be told to go to the room it is stored in for it to be administered.

It is the parents' responsibility to check expiry dates; however good practice is for schools to schedule their own checks of medication.

The dose of an AAI varies according to weight as a child grows the correct dose may change.

Risk of stigmatisation

It is important that allergic pupils are not stigmatised discriminated against, for example where safe to do so they should not be separated at meals times or excluded from class activities (unless specified in their allergy plan). Drawing attention to their allergy could result in bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

Risk assessment

Staff should also identify activities where a child may be at risk, for example outdoors and food-based activities and ensure activities are properly planned and all medical needs are assessed and managed.

Staff with medical conditions relating to allergies.

Staff who have allergic conditions should be supported to ensure they can manage their condition safely and effectively and that first aid support would be available if required in a life-threatening emergency.

Spare Adrenaline Autoinjectors (AAI's) in schools

All schools must stock spare adrenaline autoinjectors for use in emergency situations.

Since 2017, schools have been legally able to directly purchase AAIs from a pharmaceutical supplier such as a local pharmacist for emergency use on children who are at risk of anaphylaxis, but whose own device is not available or not working.

A supplier e.g. pharmacist will need a request containing the name of the school, the purpose it is required for, the quantity and be signed by the head teacher.

Schools may administer their "spare" AAIs, obtained, without prescription, for use in emergencies, if available, to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Regulation 238 of the Human Medicines Regulations 2012 also allows for exceptional use in medical emergencies to save a life. AAI_HMR238_Clarification_Dr_P_Turner.pdf. This could be in a lifesaving situation where a child has an unrecognised allergy.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay and say anaphylaxis, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Catering

Staff should refer to their local catering policy in relation to contractor due diligence, specific dietary needs, safe food options and preventing cross contamination.

Insects' stings and allergies

Insect stings (i.e. bees and wasps) can cause allergies in some children. Special care needs to be taken outdoors such as wearing shoes at all times and making sure any food and drink is properly covered. Staff supervising activities must ensure suitable medication including AAI's is always on hand for the management of anaphylaxis.

Monitoring

As with any other element of health and safety management, all support plans and first aids needs should be regularly reviewed and monitored.

Signs and Symptoms Anaphylaxis

Different people can have different symptoms, so it is very important staff are familiar with their specific action plan. A reaction can happen in minutes. The person may not necessarily experience all the symptoms below:

- **Upper airway** - swelling of the tongue and mouth, difficulty swallowing, Stridor (loud harsh high pitched respiratory sound), cough.
- **Lower airway** - respiratory wheeze, tight chest, shortness of breath
- **Circulation** - increased heart rate, irregular or abnormal heartbeat, loss of blood pressure
- **Skin** - itching, urticaria (hives, welts, or nettle rash), flushing, oedema (swelling due to fluid retention).
- **Gastrointestinal** - crampy abdominal pain, diarrhoea, nausea, or vomiting.
- **Central nervous system** - light headedness, loss of consciousness, confusion, headache, anxiety.
- **Pelvic area** - pelvic pain, loss of bladder control.
- **Other** - swelling of the conjunctiva, runny nose, a strange metallic taste in the mouth.

The overriding concern must be protecting the airway. Although the casualty is in shock, they may appear flushed.

First aid Anaphylaxis

The Government has provided a guidance document for the use of AAIs in schools - see references. It is however very important that staff are familiar with each individual child's triggers and response.

Some staff and pupils may carry their own medication that has been prescribed for them. If an individual needs to take their own prescribed medication, first aiders should support them and contact the emergency services as appropriate.

Anaphylaxis should always be treated as a medical emergency.

It is extremely important to gather as much information as possible when making an assessment of the casualty whether adult or student:

- Signs and symptoms - what you can see and what they feel.
- Allergies - what are they allergic to.
- Medication - what medication do they have if any.
- Previous history - has it happened before or is this the first time.
- Last oral intake - when and what did they last eat or drink.
- Event history - what happened – has the casualty deteriorated.

The 2025 Resus Guidelines have been updated:

https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines/first-aid-guidelines#medical-emergencies

The new guidelines state to suspect anaphylaxis if someone has:

- Breathing difficulties that can range from noisy breathing (stridor) due to upper airway swelling to wheezing due to lower airway obstruction.
- Flushing, rash (hives), cold or clammy skin or feeling faint.
- Abdominal pain, vomiting, or diarrhoea.
- A recent exposure to known food allergens or insect stings.

If anaphylaxis is suspected guidelines state:

- Call 999.
- Ensure that the person is lying down unless there are breathing difficulties, in which case they may sit up with their legs extended.
- Remove the trigger if known and possible.
- Intramuscular adrenaline should be given (either self-administered or by trained individuals) as soon as possible via AAI into the outer thigh, which delivers the recommended dose.
- If symptoms persist five minutes after administration, give a second dose of adrenaline, ideally **in the opposite leg**.
- A second dose may also be required if the symptoms reoccur.
- ***** IF IN DOUBT, GIVE ADRENALINE *** Adrenaline is the GOLD standard in the treatment of anaphylaxis and its administration should not be delayed. When treating anaphylaxis, it should be noted that there are NO contraindications for the use of adrenaline.**
- It is very important that you tell the **999 operator- ANAPHYLAXIS** - This will make it a priority call. Call them even if the person feels better.

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- If they become unresponsive place them in the recovery position and be prepared to resuscitate them if they stop breathing normally.

Asthma

Given asthma attacks can be triggered by allergens we have included some key aspects of management in this code of practice.

Asthma triggers include common irritants and allergens, including respiratory infections (like colds and flu), pollen and dust mites, pet dander, air pollutants (including smoke), exercise, certain weather conditions (cold or dry air), and strong emotions or stress. Identifying and avoiding these personal triggers is crucial for managing asthma and preventing severe attacks.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)

Keeping emergency inhalers has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school.

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, they should keep their inhaler on them, and if not, it should be easily accessible to them.

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating: the name of the school for which the product is required; the purpose for which that product is required, and the total quantity required.

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit.

It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring all documentation and checks are in place

Signs and symptoms of an asthma attack

These include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

First Aid Asthma Attack

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers:

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

References

- *https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3*
- *https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools*
- *https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses#allergens*
- *https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools*
- *https://www.anaphylaxis.org.uk/education/about-safer-schools-programme/*
- *https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries*
- *https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds*
- *https://www.gov.uk/government/publications/standards-for-school-food-in-england*
- *https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf*

Summary of Requirements

Document Control	
Document Title:	Allergy and Anaphylaxis Management Code of Practice
Version:	1
Date Published	07/05/2026
Summary of Changes from Previous Version:	First version of Code of Practice
Name of Originator/Author:	Sam Kendall - Head of Health and Safety / Frazer Smith Safeguarding Lead/ Paul Fowler Group Catering Lead.

Appendix 4 United Learning Food Safety Policy

Document Control	
Document Title:	Food Safety Policy
Version:	1
Summary of Changes from Previous Version:	N/A - First version
Name of Originator/Author (including job title):	Samantha Kendall - Head of Health and Safety Paul Fowler - Group Catering Lead Frazer Smith - Head of Safeguarding
Target Audience:	All United Learning
Review By Date:	04/05/2028
Date Issued:	

Contents

1. Policy Statement 27
2. Scope 27
3. Policy Principles 28
4. Responsibilities **Error! Bookmark not defined.**
5. Interpretation 4
6. Arrangements 29
7. Summary of Requirements 8
8. References 33

Policy Statement

All food provided to pupils and staff across United Learning will be supplied, stored, prepared and cooked to an appropriate standard with food safety managed by competent persons with appropriate skills and training.

This policy should be read in conjunction with the Allergy and Anaphylaxis Management Code of Practice (link to be inserted once approved), Group Health and Safety Policy , Supporting Pupils with Medical needs policy and . First Aid Code of Practice

This policy sets out how United Learning schools will identify, support, and safeguard pupils with allergies (including food allergies), prevent allergen exposure in school settings (education, catering, trips, clubs), and manages emergencies such as anaphylaxis.

This policy sets out the school's duties under section 100 of the **Children and Families Act 2014** and DfE statutory guidance on **Supporting Pupils at School with Medical Conditions** and aligns with the **Food Information Regulations 2014** covering allergen information for all food supplied, including PPDS (prepacked for direct sale). This is to ensure that food will be safe for human consumption, suitable, of nutritious quality, appetising and appropriately presented.

In line with United Learning standards on equality and diversity, this policy aims to meet the needs of those persons with specific dietary requirements or presentation due to, a medical condition, preference, belief, religious or other need. Allergen information will be available and provided to prevent any adverse reactions or adverse events.

Where food is prepared on premises, it must be ensured that the kitchen and the equipment used in the handling and preparation of food are maintained to the required standards for hygiene and safety.

Where required each school will be registered with local council environmental health teams.

All schools must ensure adherence to the required Hazard Analysis and Critical Control Point (HACCP) procedure within its kitchens and ensure appropriate food management systems are in place.

Scope

This policy applies to:

- All food and drink provided by the school, including school meals, breakfast clubs, and snacks.
- Food prepared for or served at school events, clubs, Food Tech and extracurricular activities.

Advice will be provided for:

Food brought from home and consumed on-site, particularly for special occasions or shared events or via United Communities.

Policy Principles

Inclusive access: Pupils with allergies must be able to participate fully in school life, including accessing a safe school meal.

Risk based management: There will be priority on education, communication, and safe systems rather than blanket "allergen bans," which are generally not advised due to limited effectiveness. Any restrictions will be risk-assessed and proportionate.

Whole school approach: There will be awareness, training, and clear procedures for all staff and relevant volunteers.

Responsibilities

Chief Executive

The Chief Executive Officer (CEO) is responsible to the Board for ensuring that all pupils, staff and visitors who are provided with, or purchase food from our schools receive a safe food service meeting current regulations and guidance.
The CEO delegates this responsibility to the Chief Financial Officer who will ensure strategic oversight of food safety as part of their Health and Safety remit.

The Chief Financial Officer

They will ensure that the required systems are in place to ensure food safety in all our schools.

The Group Catering Lead

Working under the Head of Procurement will ensure appropriate:

- Due diligence of group catering contractors supplying food to United Learning sites.
- Group catering contractor management to ensure ongoing quality assurance.
- Advice and guidance is provided to schools.
- Adverse event reporting and appropriate investigation is undertaken.

The Head of Health and Safety

They will lead on any relevant investigation of any reported adverse events to ensure that lessons are learned, and appropriate controls are in place to prevent a recurrence.

Headteacher / Senior Leadership Team (SLT):

- Ensure school compliance with relevant legislation and local authority requirements and Food Safety Policy.
- Liaise with Environmental Health Officers during inspections and audits.
- Provide food safety training opportunities to staff as required.

School Catering Manager / Contracted Food Service Staff:

- Catering Manager / Provider will comply with Food Information Regulations, maintain allergen matrices/menus, ensure PPDS labelling accuracy, and prevent cross contamination.
- Ensure there is an appropriate food safety management system in place.
- Follow all hygiene procedures including personal hygiene, temperature checks, and allergen controls.
- Ensure kitchen staff hold Level 2 Food Safety in Catering (or higher) qualifications.

SENCO/ Medical Conditions Lead

Will coordinate Individual Health and Care Plans (IHPs) and pupil registers.

All staff (teachers, TAs, lunchtime supervisors, coaches, club leaders)

- Will complete allergy awareness training annually.
- Will follow IHPs; know emergency procedures.
- Administer an AAI in an emergency where trained and willing to do so or summon immediate help.

Parents and pupils

- Provide all relevant information to ensure the safety and wellbeing of their children.
- Adhere to allergy awareness guidelines applicable to each school.
- Ensure packed lunches are appropriately stored and safe to consume.

Interpretation

The following definitions apply to this Policy:

'**HACCP (hazard analysis critical control point)'** is a food safety management system that is based upon putting in place procedures to identify and control hazards at specific points of food supply, storage, preparation, cooking and serving and includes:

- Recognising potential hazards affecting food ranging from supply, storage, cooking and serving.
- Identifying 'critical control points' to prevent or reduce the hazards.
- Implementing control measures for these critical points.
- Taking suitable action if control measures are not achieved.
- Maintaining procedures and records.

Critical Control Points - areas in food supply, storage, preparation, cooking and serving to focus upon reducing food hazard and risks to an acceptable level.

Food Hazards – food that is or becomes unsafe to eat which can be due to contamination, which is microbiological, chemical or physical.
Food handlers – anyone who may deliver, handle, store, prepare, cook or service food or beverages as their main job.
Secondary food handlers - anyone who may deliver, handle, store, prepare, cook or service food or beverages as an associated part of their job role.
Food allergy - this is a reaction triggered by the immune system, where the body identifies a food as harmful and launches an immune response, potentially leading to severe symptoms.
Food intolerance - this is a difficulty digesting certain foods, causing digestive issues but not involving the immune system. It's not usually serious, but eating the food you are intolerant to, can make you feel unwell.

Arrangements

Identification and registration

- Parents to declare allergies; school requests medical evidence and permission to liaise with health professionals. (Aligns with DfE medical conditions guidance expectations).
- Schools to have an a**llergy Register:** Secure, up to date list of pupils with allergies (photo, class, allergens, severity, treatment, AAI status); available to relevant staff and catering team.
- Schools to ensure c**lassroom and catering visibility through** discreet identifiers (photo wall for staff rooms/kitchens) consistent with GDPR, and seating/serving notes for identified pupils.

Food handling Procedures

All catering managers should ensure appropriate food safety management and HACCP is in place in school kitchens.
All those who prepare food are required to:

- Follow handwashing procedures using soap and warm water for at least 20 seconds.
- Ensure surface cleaning agents are appropriate for food safety and hygiene.
- Ensure raw and cooked foods are stored and prepared separately to avoid cross-contamination.
- Ensure fridge and freezer temperatures are be checked and logged daily.
- Ensure appropriate cooking, hot holding and cold holding parameters are achieved.

Allergen Management

To prevent allergic reactions staff within the school must be trained in allergen awareness - https://allergytraining.food.gov.uk/. Staff should also be trained in emergency procedures, including the administration of adrenaline auto-injectors (e.g. EpiPen).

- Adrenaline autoinjectors will be immediately available in case of an emergency.
- Ability of staff to recognise symptoms of an allergic reaction.
- Emergency response procedure including calling 999 and saying anaphylaxis.

- Every pupil with a diagnosed allergy must have an Individual Health Plan written with parents, school, and health professionals which includes:
- Triggers
- Medication
- Emergency steps
- Photo of the child
- There will be appropriate supply chain due diligence.
- Emergency use under Regulation 238 of the Human Medicines Regulations 2012
- Allergen information must be clearly available for every item served, as per the Food Information Regulations 2014.
- Schools to maintains a register of pupils with allergies and dietary needs.

Food Allergens include:

- Eggs
- Fish
- Milk
- Crustaceans - for example crabs, lobster, crayfish, shrimp, and prawns
- Molluscs - for example muscles, oysters, and squid
- Peanuts
- Tree nuts - for example almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans pistachios and macadamia nuts
- Sesame
- Cereals containing gluten – for example wheat, such as spelt, Khorasan wheat/ Kamut, rye, barley, oats, or their hybrid strains
- Soybeans
- Celery and celeriac
- Mustard
- Lupin
- Sulphur dioxide and sulphites (at concentrations of more than ten parts per million)

It should be noted that some people are food intolerant also. It is important that staff follow Health Plans in place for children with food allergies and food intolerances.

The standards for school food in England allow schools and colleges to substitute items from their usual menus if certain items are in short supply. If schools are making changes to their menus or substituting food products due to supply changes or for religious and cultural reasons, they must make sure they can continue to meet any special dietary needs. This includes pupils who cannot eat certain ingredients due to an allergy or other medical condition.

If there are adaptions to menus at short notice, Catering Managers must make sure that the needs of pupils are still met. All menu changes must *still* meet special dietary needs. Suppliers

and caterers must check ingredient changes, read all labels, and ensure allergen information is correct.

A complete **allergen menu chart** (dishes and allergen content) must be maintained. Allergen ingredients must always remain clearly identifiable.

Classrooms, trips and breakfast clubs

Food in these circumstances need to follow these rules:

- Classrooms - avoid unnecessary food handling where alternatives exist; clean desks before/after food activities: wipeable name mats for identified pupils if needed. (Risk-based best practice).
- Trips/Off-site activities - trip leader completes an allergy risk assessment; ensures IHPs, medications (including spares), and trained staff are present; checks with venues/caterers about allergens. (DfE medical conditions expectations)

Breakfast/After-School clubs and sports - club leaders follow the same policy and controls, catering at clubs adheres to allergen procedures and has access to the Allergy Register and IHPs.

Food Hygiene ratings

Where applicable food should be sourced from establishments where food hygiene ratings are at least a 4 preferably a 5 star. Where they fall below this level advice should be sought from the Group Catering Lead.

Cleaning and Sanitation

To ensure food safety and hygiene:

- Cleaning schedules must be followed and documented daily for all food preparation and eating areas.
- All food contact surfaces, and equipment must be sanitised before and after use.
- Waste must be disposed of in appropriate, covered containers and removed daily.
- Food waste should be separated from other wastes streams.
- Bins should be able to be fully closed, and pest control inspections should occur regularly. Records should be maintained onsite for all pest control visits by contractors and bait locations.

Incident Management

In the event of a food safety incident:

- Any suspected outbreak of food poisoning or contamination must be reported to the Headteacher.

- Where 1 confirmed case or more than 1 alleged case is identified and the cases are linked by a common theme of food or location the Headteacher must inform the Local Authority Environmental Health.
- Affected food must be withdrawn, and a full incident investigation carried out.
- Parents and relevant stakeholders will be informed in a timely and appropriate manner.
- Any incident where a person was accidentally given food that they were allergic to, whether they needed an adrenaline auto injector or not, must be reported on the United Learning Accident Management Reporting System - and to the Group Catering Lead.
- Any suspected incident of food poisoning must be reported on the United Learning Accident Management Reporting System - and to the United Learning Group Catering Lead.

Food Safety training and monitoring

Training and monitoring expectations are as follows:

- All catering staff / Food Tech staff (food handlers) must complete Level 2 Food Safety and Hygiene training which should be refreshed every 2 years.
- SLT within the schools must ensure regular food safety audits and risk assessments are conducted.
- Following any inspections by the Local Authority Environmental Health department the school will work with the department and comply with recommendations.

Policy Review

This policy will be reviewed annually or following any major changes in food safety regulations Updates will be communicated to all staff, and training will be provided where necessary.

Summary of Requirements

It is important to ensure only suitably trained persons handle food, that they have the right information to prevent food borne illnesses and that there is appropriate due diligence and monitoring to ensure that food is safe to eat.

References

- Food Safety Act 1990 - https://www.legislation.gov.uk/ukpga/1990/16/contents
- Food Hygiene Regulations 2013 - https://www.legislation.gov.uk/uksi/2013/2996/contents
- Food Information Act 2014 - https://www.legislation.gov.uk/uksi/2014/1855/contents
- FSA Safer Food, Better Business (SFBB) - https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb
- Department for Education's School Food Standards (England) - https://www.gov.uk/government/publications/standards-for-school-food-in-england

- UK Food Information Amendment - https://www.legislation.gov.uk/uksi/2022/481/contents/made
- Section 100 of the Children's and Families Act 2014 - https://www.legislation.gov.uk/ukpga/2014/6/section/100Human Medicines (Amendment) Regulations 2017 -https://www.legislation.gov.uk/uksi/2017/715/contents/madeFSA Guidance for institutional caterers - https://www.food.gov.uk/business-guidance/allergen-guidance-for-institutional-caterers
- https://www.nhs.uk/conditions/anaphylaxis/
- https://www.anaphylaxis.org.uk/about-anaphylaxis/what-to-do-in-an-emergency/
- https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
- https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines/first-aid-guidelines#medical-emergencies
- https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- MHRA clarification on emergency use of AAI's - AAI_HMR238_Clarification_Dr_P_Turner.pdf

Document Review:

Name of owner/author	John Weiner/Carrie Allison	October 2024
Last Authorised By	John Weiner	October 2024
Last Authorised By	John Weiner	February 2026
Responsible Governor	Ginevra Stoneley	February 2026
Next Review Date	February 2027 or as events change and / or legislation changes requiring updates	John Weiner/Carrie Allison