



FOOD ALLERGY POLICY

Last review Date: July 2024

Next Review Due: July 2025

Staff responsible: Nikki Clarke (Head of Juniors), Carey Buxton (School Nurse), Harry Wende (Head Chef)

Chair of Governors: Mark Taylor

This policy should be read in conjunction with the following St Michael's policies:

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Medical and First Aid Policy
- Healthy Eating Policy
- Supervision and Safety on School Trips Policy

Rights Respecting School policy statement

Our school's vision and values have at their heart the importance of treating each other as we would want to be treated ourselves. This is one of the reasons why the work of UNICEF and Rights Respecting Schools is so significant to us. We are committed to respecting, upholding and promoting the rights of every child. This policy links specifically to our commitment to the the following articles:

- Article 2 - No discrimination
- Article 3 - Best interest of the child
- Article 4 - Making rights real
- Article 24 - Health, Water, Food and Environment

INTRODUCTION

St. Michael's School recognises that a number of community members (pupils, parents/carers, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

The School is committed to a whole school approach to the care and management of those members of the School community. The School's position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. This will encourage self-responsibility to all those with known allergens to make informed decisions on food choices. The School is committed to proactive risk food allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies.
- Provision of a staff awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment.



The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at St. Michael's School or attending any School related activity. The policy sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise.

The common causes of allergies relevant to this policy are the 14 major food allergens:

- Cereals containing Gluten
- Celery including stalks, leaves, seeds and celeriac in salads
- Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
- Eggs - also food glazed with egg
- Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- Soya (tofu, bean curd, soya flour)
- Milk - also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- Peanuts - sauces, cakes, desserts, groundnut oil, peanut flour
- Mustard - liquid mustard, mustard powder, mustard seeds
- Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
- Lupin, seeds and flour, in some bread and pastries
- Molluscs, (mussels, whelks, oyster sauce, land snails and squid).

The allergy to nuts is the most common high risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect on the individual can be both life-threatening and uncomfortable, if suffered.

DEFINITIONS

<i>Allergy</i>	A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.
<i>Allergen</i>	A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
<i>Anaphylaxis</i>	Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
<i>Adrenaline device</i>	A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intramuscular administration. This is referred to as an Auto injector.

General Aspects (pupils)

The School will establish clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs. This process includes:



- The School Nurse being involved with the parents and the child in establishing an Individual Medical Care Plan where needed.
- Ensuring staff First Aid training includes anaphylaxis management, including awareness of triggers and First Aid procedures to be followed in the event of an emergency.
- Posters with affected pupils' pictures and names are on display in the school kitchen and in the dining rooms for staff awareness.

Responsibilities

It is the School Nurse's responsibility to pass any information on to the Catering Manager with regards to food allergies of pupils. Staff will be made aware of these pupils via:

- Staff training and instruction
- A list with pictures will be sent out to all staff at the start of the term outlining pupils with medical conditions
- Ensuring the information regarding pupils with allergies in the dining rooms and kitchens are up to date
- Ensuring that Individual Care Plans and medical needs are outlined on the Portal so that these can be downloaded before trips and activities.
- The School Nurse will offer and deliver training to all staff in regard to the administration of the medication, also to brief all staff on anaphylaxis recognition and treatment.
- The School Nurse is responsible for supplying (or making available) the relevant pupil medication (adrenaline device).

The Catering Staff are also responsible for:

- Using only authorised suppliers and being the controlling point and contact for all purchases of food for School catering. Heads of Section who buy food for special occasions from outside suppliers should liaise with Catering Staff when needed.
- Ensuring suppliers of all foods and catering suppliers are aware of the School's food allergy policy and the requirements under the labelling law.
- Ensuring that food delivered to the school does not contain nuts as an ingredient.
- Being aware of pupils and staff who have such food allergies.
- Having an allergen menu available in each dining room.
- Having the foods that each child is not allowed to eat, at a quick glance, displayed in each dining room.



EDUCATIONAL VISITS

All academic staff must check the requirements of all pupils they are taking off site. This is part of the offsite risk assessment. All pupils' information is on the school database. Where food intolerance has been identified, this must be relayed to the Catering Department if they are ordering packed lunches/refreshments/food.

All staff undertaking an offsite trip must have undergone the Anaphylaxis training. This is part of the risk assessment. Staff must also:

- Physically check that pupils have their medication before leaving the site. Staff to ensure they have the correct medication for the pupils in their charge.
- Ensure that all food collected from the Catering Department has been clearly labelled and they are aware of any foods that should not be given to pupils (also any foods that pupils may purchase outside of the School during the trip).
- Staff responsible for off site visits will take a first aid kit with them.

CHARITY EVENTS

If the School hosts any 'staff coffee mornings' or 'bake days' for charity it is important that no food poses a risk to the end user. Where products are not made on site, but sold by the School, appropriate signage should be in place. This will state the following:

'This item was not produced at St. Michael's School, therefore we cannot guarantee that it does not contain nuts or any other allergen'.

All products should be plated separately, and stored as such (wrapped where possible) to prevent cross contamination to other items for sale.

It should be left to the discretion of the parent/pupil buying the food that they accept the risk that allergens may be present.

BIRTHDAY CELEBRATIONS AND SNACKS

To celebrate birthdays in school, children can either bring in or donate a favourite book for the class library. Parents are welcome to arrange a day to come in to read this story to their child's class at the end of the day.

Parents are asked to be vigilant about the snacks brought into school and ensure that they do not contain nuts or products made with nuts.

SCHOOL GUIDANCE FOR A PUPIL AT RISK OF ANAPHYLAXIS

All staff must make themselves aware of the School First Aid Policy.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen,



although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position)
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Avoidance of the trigger, along with access to the child's emergency medication, is all that is necessary to enable the child to be safe at school. In all other respects the child's education should be normal.

Avoiding The Trigger Food

St Michael's will take all reasonably practicable steps to ensure that the child does not eat any (trigger) food items unless they have been prepared/approved by his/her parents.



Strict adherence to this will avoid the need for urgent treatment. The parents will remind him/her regularly of the need to refuse any food items that might be offered to him/her by other pupils.

In particular the parents may provide for him/her

- A suitable mid-morning snack
- A suitable packed lunch
- Suitable items as treats

Any plans such as school trips, which involve the child leaving the school site, require prior discussion between the parents and the school to agree appropriate provision and safe handling of his/her medication.

When the lesson involves cookery or experimentation with food items, prior discussion will be held between the parents and the school to agree suitable alternatives.

An Anaphylactic Reaction

St Michael's will hold under secure but accessible conditions, appropriate medication, clearly labelled with the child's name for use by designated school staff or qualified personnel and clearly showing the correct dose and expiry date of the medication. Each child in EYFS and Pre-Prep who requires an auto injector should have one correctly stored in their classroom and a second auto injector kept in the school medical room. At least one auto injector must be taken with the child on school outings or trips and kept safely in the school first aid bag. If the children are in the Senior end of the school, they should carry one auto injector in their school bag at all times and a second auto injector should also be kept in the school medical room.

The parents should accept responsibility for ensuring appropriate medication is given to school and replaced as necessary. The school nurse will check expiry dates and inform parents when drugs are out of date or getting close to their expiry date, parents must then replace them.

If the child shows any physical problem for which there is no obvious alternative explanation, his condition will be reported immediately to the School Nurse or her designate. If the School Nurse or her designate agrees that the child's condition is a cause for concern, they will instruct a staff member to contact in the following order of priority:

AMBULANCE 999 stating the child's name, that he/she is having an anaphylactic reaction and his precise location.

PARENTS in an order agreed in advance

While waiting for medical assistance Sister / her designate / first aider, will assess the child's condition and administer medication accordingly - see 'Treatment of an Anaphylactic reaction' below.

Treatment Of An Anaphylactic Reaction

The child must not be left on his own at any time



Give the labelled dose of antihistamine medicine (e.g. Piriton) if any of the symptoms listed above have occurred.

THE ADMINISTRATION OF THESE MEDICATIONS ARE SAFE FOR THE CHILD AND EVEN IF GIVEN THROUGH MISDIAGNOSIS WILL NOT DO ANY HARM. IF IN DOUBT GIVE ADRENALINE – IT COULD SAVE HIS/HER LIFE

When the emergency services arrive, the School Nurse, their designate or the First Aider should appraise them of the medication given to the child. All medication used should be handed to the emergency service staff. **Even if the child has recovered following medication, medical attention should be sought.**

After the incident a debriefing session should take place with all members of staff involved. Parents should replace the used medication.

School Staff Training

It may be necessary for the school staff to administer medication in the unlikely event of an anaphylactic reaction. The School Nurse provides training sessions for all staff in the use of auto injectors. This training is offered as a refresher each academic year for existing staff and as initial training for new staff members.

Staff handling food complete online training periodically on Food Allergy and Safety.

Record Keeping

It is important that all the staff at St Michael's are aware of which child/ren is at risk of an anaphylactic reaction. With this in mind, the child/ren's photograph/s and emergency details are displayed in areas accessible to staff - e.g. dining rooms and staff room. Pupils' medical conditions are also clearly recorded on the Portal.

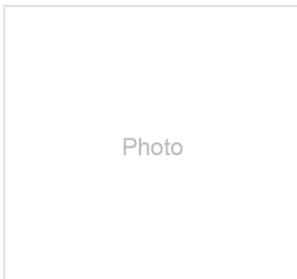


Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's Weight: Kg

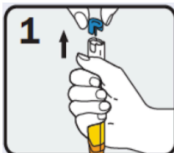
PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed: _____

(PRINT NAME)

Date: _____

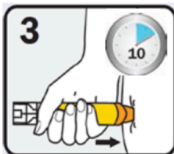
How to give EpiPen®



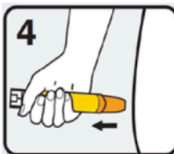
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur *without* skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY:

Persistent cough, hoarse voice difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date: _____