



## Food allergy policy

Date reviewed: July 2024

Date of next review: July 2026

Chair of Governors (signature)

Head Teacher (signature)

## Introduction

Millfields welcome all children with food allergies to be part of our community. We aim to maintain the school as a nut-aware zone and all parents and carers are made aware of this when their child is admitted to the school.

The Schools' position is not to guarantee a completely allergen free environment as this would be impossible but rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies.

## Aims

- Ensure that Millfields have considered the needs of food-allergic pupils and have developed appropriate procedures.
- Work in partnership with the parents/carers of children with food allergies, building excellent levels of trust, communication and individualised care around their child's specific needs.
- Do all we can to minimise the risk of any child experiencing food allergy-induced reactions especially anaphylaxis.
- Ensure that affected children are not unknowingly exposed to food allergens like nuts during school hours.
- Extend these policies to all meals and food consumed in school and during any trips organised by the school.
- Ensure staff are properly prepared to manage emergency situations should they arise.
- Consider the needs of food-allergic pupils when handling foods as part of the school curriculum.
- Educate children to eventually become more responsible for managing their own allergy as is appropriate to their age and development.
- Educate a child's peers to be aware of food allergies and to know what to do in an emergency.

## Background

True food allergies are reproducible adverse reactions to a particular food that involve the immune system. Virtually all known food allergens are proteins. They can be present in the food in large amounts and often survive food-processing conditions.

Allergic reactions are characterised by the rapid release of chemicals in the body that cause symptoms, which can occur within minutes or up to an hour or more after ingestion of the allergen. Whilst almost any food protein can cause an allergic reaction in some people, the most common food allergens in Europe include:

The 14 allergens are:

1. Celery and celeriac
2. Cereals containing gluten – wheat, rye, barley, oats, spelt or kamut
3. Crustaceans (e.g. prawns, lobster, scampi, crab, shrimp paste)
4. Egg
5. Fish
6. Lupin (seeds and flour used in Europe for pastries and breads)
7. Milk

8. Molluscs - mussels, whelks, squid, land snails, oyster sauce
9. Mustard
10. Nuts and nut oil
11. Peanuts
12. Sesame
13. Soya
14. Sulphur dioxide and sulphites

Many allergens are hidden where you would least expect them to be. We ensure that our staff are familiar with the constituents of EVERY ingredient (e.g. Worcester sauce usually contains anchovies (fish), many gravy mixes contain milk, celery and gluten). Our staff examine the ingredients list on the packaging carefully and check with the supplier if necessary.

Coeliac disease is not an allergy. Whilst it is classified as food intolerance it is not like other intolerances in that it is an autoimmune disease, which means that the body produces antibodies that attack its own tissues. In coeliac disease this attack is triggered by gluten, a protein found in wheat, rye and barley. This intolerance to gluten causes an inflammatory response that damages the gut. Villi (tiny, finger-like projections that line the gut) become inflamed and then flattened (villous atrophy), leading to a decreased surface area for absorption of nutrients from food. People with undiagnosed coeliac disease can, as a result, have a wide range of digestive symptoms and can suffer from nutritional deficiencies.

## Nut aware school

Millfields aims to be a nut free school. We have students and staff members who have severe allergies to nuts, and therefore we cannot allow any form of nuts, peanut butter, hazelnut chocolate spread, chocolate bars containing nuts etc into the school.

## Procedures

### Parental responsibilities

- We require parents to provide detailed information about their child's allergies. This is to include past reactions, triggers and recommended treatments. We also require copies of letters from their doctor/allergy consultant.
- We require parents to provide an annual medical update at the beginning of each academic year or earlier if necessary.

### Catering Staff responsibilities

- Catering staff will do their best to ensure that foods prepared and served are allergen-free for each individual. It is understood that some foods are labelled as having been prepared or manufactured in an environment that may previously have been used for preparing products containing nuts.

## Deliveries

Any foods which are delivered as substitute products are double checked as they may not have the same ingredients as the usual product.

## Product labelling

On the 1st October 2021, the new Allergen Regulations came into effect. The new “Natasha’s Law” requires all pre-packaged foods prepared on site to be labelled with a full list of ingredients highlighting any of the 14 main allergens that are present in the ingredients.

Pre-packaged foods include any items that are prepared on site, packaged up and displayed on a shelf or in a chiller. This includes items such as sandwiches, salads, pasta pots baguettes, cakes etc.

Products that do not require labelling:

- Sandwiches that are made to order do not require full labelling – such as rolls for the allergen children in their packed lunches if pre-ordered.
- Items that are not pre-packaged.
- Any foods that are on display (i.e. Sausage Roll or Cakes) that are displayed unpackaged.

## Managing allergy information

- All Catering staff, and lunchtime supervisors are trained in Allergen Awareness.
- Stringent preparation procedures are in place as it is important to prevent cross contamination when preparing foods that can cause allergic reactions.
- The Catering Team are informed with full details of students with allergies or those needing special diets. The catering department are notified of any changes throughout the term.
- If appropriate, the catering team will prepare dishes specific to the student’s needs.
- If a student has severe allergies their lunch is made separately (made specifically for the individual, covered, labelled and stored separately from other foods). Their meal is checked by the Catering Team before being handed over.

## Teaching and support staff

- In addition, any teachers who have an adrenaline auto-injector (AAI) user in their care will be responsible for familiarising themselves with the child’s allergy status and care plan.
- Staff needs to be pro-active in ensuring that they hold a current first aid qualification and seek further training in the administration of an AAI if necessary.
- Staff taking an AAI user off-site for matches or school trips must return it at the end of the day.

## Administrative responsibilities

- The school will have adequate insurance.
- Relevant health forms will be sent by the school to be completed by parents as part of their child’s school admission process.

## Resources

<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>

Coeliac UK: <http://www.coeliac.co.uk/>

[www.kidswithfoodallergies.org/resourcespre.php?id=68&](http://www.kidswithfoodallergies.org/resourcespre.php?id=68&)

<https://www.allergyuk.org/information-and-advice/for-schools/useful-allergy-resources-for-schools>

# Appendices

## Appendix 1: ALLERGIC REACTIONS GENERAL CARE PLAN

Signs and Symptoms:

Mild to Moderate Allergic Reaction NOT involving airway, breathing or circulation – antihistamine

- Redness or flushing of skin
- Skin rash (urticaria) - red blotchy, skin looks like nettle rash/wheals
- Itchiness
- Swelling of eyes, lips, and face
- Tingling, burning, or itching in mouth (may paw at tongue)
- Vomiting

Severe Allergic Reaction involving airway, breathing or circulation – AAI

Airway

- Swollen tongue
- Hoarseness, feeling of lump in throat
- Difficulty swallowing, drooling
- Recurrent coughing or choking

Breathing

- Noisy or difficult breathing, wheezy
- Breathlessness, unable to speak in sentences

Circulation

- Pale, clammy skin
- Blue around lips & mouth
- Persistent crampy abdominal pain & vomiting
- Floppy, dizzy or feeling faint
- Sense of impending doom, agitation
- Unconsciousness & collapse

### **Pupil at risk of anaphylaxis (AAI has been prescribed)**

- Give oral antihistamine as per care plan or instructions on bottle/box
- Stay with pupil to see if signs of breathing difficulty or circulatory problems develop and until signs and symptoms have resolved (30-60 minutes) or follow directions on care plan
- Make sure pupil knows to let someone know if symptoms return

### **Pupil without history of anaphylaxis**

- Give oral antihistamine as per instructions on bottle/box (liquid cetirizine is preferred)
- Stay with pupil for 30-60 minutes (signs and symptoms should be improving). If develops breathing difficulties or signs of shock: 999 (mobile 112)
- Make sure pupil knows to let someone know if symptoms return or become worse.

### **Severe Allergic Reaction in a pupil with an EpiPen: problems with breathing or signs of shock**

- Follow care plan if available, otherwise follow general instructions below

- Stay Calm
- Stay with pupil & tell someone to call 999 (mobile 112) & say “anaphylaxis in a child”
- Direct someone to get pupil’s Anaphylaxis Kit/Care Plan
- Give the AAI (pupil lying down unless refuses)
- Directions are on the pen, note time given
- Pupil should remain lying down with legs elevated (unless refuses)

Some people have an asthma inhaler in their kit due to asthma symptoms present during allergic reaction. Give one puff per minute via a spacer device until ambulance arrives or symptoms ease.

- If no better after 5 minutes, use second AAI & note time
- Wait with pupil until ambulance arrives
- Give empty AAI(s) and a brief history to paramedic
- Contact parents