



FOOD ALLERGY POLICY

(TO INCLUDE EARLY YEARS FOUNDATION STAGE)



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INTRODUCTION

This policy should be read in conjunction with:
First Aid & Administering Medicines Policy

Brackenfield School recognises that a number of community members (pupils, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods. Brackenfield School is committed to a whole school approach to the care and management of those members of the School community.

This policy looks at food allergy and intolerances in particular. The School's First Aid Policy looks more in depth at allergens such as animal stings (bees, wasps, ants etc).

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. Brackenfield School is committed to supporting our pupils to manage their allergies and learn which foods they can safely eat, whilst remaining inclusive. It is also important that the School has robust plans for an effective response to possible emergencies.

This policy has been created with guidance to ensure compliance under the Food Information for Consumers Regulation (1169/2011) which came into force in December 2014.

AIMS

Brackenfield School is committed to proactive risk food allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies.
- School has a comprehensive management plan for menu planning, food labelling, stores and stock ordering of food produced on site.
- Provision of training for the senior cook on food allergies. A full pictorial list of individual intolerances, possible symptoms (anaphylaxis) recognition and treatment is available to all kitchen staff, and updated when new information is shared from families.

The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at Brackenfield 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. It is also intended to outline how information can be accessed to food allergens in the kitchen.

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, ground nut 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 to the individual can be both life-threatening and uncomfortable, if suffered.

DEFINITIONS

Allergy : A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.

Allergen: A normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.

Anaphylaxis: or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).

Adrenaline device: 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 may also be referred to as an Epi-Pen/ Ana pen or Jext which are particular brand names.

CARE PLANS

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:

- Admin staff are responsible for gathering health information when welcoming a new pupil. Parents will support School in establishing an individual medical Care Plan. These plans must be signed off by the GP.
- Effective communication of the individual Care Plans to all relevant staff and departments.
- 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.

Booklets with affected pupils' pictures and names and a rundown of the medical condition and allergy are on display in the first aid room, within the First Aid cupboard (in line with GDPR procedures). All class teachers and leaders of clubs including breakfast and afterschool clubs have a copy of this list. There is also a copy in the school kitchen.

Staff with any food allergies must declare these on the medical questionnaire they are given during onboarding. Periodically staff are asked to update any health conditions. These updates are logged on iSAMS, our management information system. Staff are expected to inform the kitchen staff and request allergy information regarding any food they receive from the school kitchen.

A master list of staff allergies as taken from the health questionnaires is held in the office with a copy for the kitchen team.

PRECAUTIONS

We do not use Nut products in our food preparation and where food comes in from an external source i.e Packed lunches, cake sales, events; we reiterate each time that any food brought it must be nut free and labelled clearly.

Brackenfield School does not currently let out the premises for external use.

The Catering Staff are also responsible for:

- Using only recognised catering suppliers and being the controlling point and contact for all purchases of food stuffs for School catering.
- Ensuring suppliers of all foods are able to supply a full allergens list for ingredients.
- Ensuring suppliers of food stuffs are nut free or labelled 'may contain nuts'.
- Being aware of pupils who have such food allergies

STAFF TRAINING

During our Statutory Training in Paediatric First Aid, all staff have face to face training on the use of an Epi Pen. Where any additional training is identified to meet the needs of individual pupils, this will be carried out with an external provider and disseminated back to staff within a staff meeting.

Allergies are also logged on iSAMS for staff to view. These are indicated by a medical flag on individual records.

STORAGE OF MEDICINES

Nursery store medicines not requiring refrigeration within their own setting. For the main school all medicines are stored in the First Aid room. Epi pens are clearly marked and stored with a copy of the Health Plan. Expiry dates are logged and parents notified in advance of expiry.

When leaving site for a trip or sporting fixture, trip leaders are responsible for ensuring they have all the necessary named medication and are responsible for ensuring the safety of the medication while offsite, and safe return of it to the allotted storage units.

Pupils at Brackenfield School do not self-administer medications.

Appendix A

School Management of severe allergies (ANAPHYLAXIS)

The following is a copy of the Allergies section of the First Aid & Administration of Medicines Policy:

Allergic Reactions

These reactions can be mild, moderate or severe and in some cases life threatening – this is known as Anaphylaxis. Prompt treatment is necessary and further monitoring in hospital if a child is given adrenaline.

IN AN EMERGENCY Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. The most common cause is food – in particular nuts, fish, dairy products, sesame seeds and kiwi fruit. Non-food causes include wasp or bee stings and certain drugs such as penicillin. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection.

Signs and Symptoms

Signs and symptoms normally appear within seconds or minutes after exposure to the allergen.

These may include:

- *A metallic taste or itching in the mouth*
- *Swelling of the face, throat, tongue and lips*
 - *Difficulty in swallowing or speaking*
 - *Flushed complexion*
 - *Abdominal cramps and nausea and vomiting*
 - *A rise in heart rate*
 - *Collapse or unconsciousness*
 - *Wheezing or difficulty breathing*
 - *Rash on body Each child's symptoms and allergens will vary.*

There may also be a dramatic fall in blood pressure (anaphylactic shock). The child may become weak and floppy which may lead to collapse, unconsciousness and – on rare occasions – can be fatal. Treatment of anaphylaxis

- *Keep calm and keep the child calm.*
- *Stay with the child but call for HELP and send for adrenalin injector (Epipen, Anapen or Jext). Lay the child down in a safe area and in a comfortable position.*
- *If child feels light-headed or faints – DO NOT sit them up. Raise their legs if necessary*
- *Adrenaline should be administered by trained member of staff. Note the time given.*
- *Immediately inform Joe Masterson, Headmaster, or in his absence a member of the SLT*
- *The First Aider who is with the casualty needs to call 999/112 for emergency help. Joe Masterson, Headteacher, (or member of SLT) will contact parents when the situation has been assessed.*
- *If child becomes unconscious – check Airway and Breathing and resuscitate if necessary*
- *Arrange for child to be transported to hospital*
- *MONITOR THE CHILD CONTINUOUSLY*

Administration of adrenaline injector (Epipen, Emerade or Jext) The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Staff attend regular training sessions on injecting adrenaline. A second dose of Adrenaline may be necessary if the child's condition does not improve or deteriorates within 5-10 minutes. The use of Emergency Adrenaline Injector From 1st October 2017 schools have been allowed to buy Adrenaline Injectors, without a prescription, for use in emergencies. If a child is without their injector because it has been lost, forgotten, broken or run out, they can be given the emergency Adrenaline Injector provided written consent has been obtained from parents.

Name of policy Food Allergy Policy	Policy reviewed
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