



Educating For 'Life In All Its Fullness'

Harewood C of E Primary School

Food Allergy Policy and Guidance for Staff

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School Values

'Educating For life In All Its Fullness'

(John 10:10)

As a school, we shape all that we do, to allow children to develop a strong sense of their Emotional, Spiritual and Cultural self through our Christian values:

- **Honesty**
- **Forgiveness**
- **Courage**
- **Hope**
- **Community**

We ensure that children are prepared for future life and have the Cultural Capital to be active citizens of the world they live in. Through all work in school, children are supported in developing an understanding of their place in the world. Our collective Christian values shape our thinking and aim to promote the positive Physical, Emotional, Mental and Spiritual development of our community.

Safeguarding

The Governing Body and staff of Harewood C of E Primary School take as our first priority the responsibility to safeguard and promote the welfare of our pupils, to minimise risk and to work together with other agencies to ensure rigorous arrangements are in place within our school to identify, assess, and support those children who are suffering harm and to keep them safe and secure whilst in our care.

Equal Opportunities

We have a clear duty under the Equality Act 2010 to ensure that our teaching is accessible to all pupils, including those who are lesbian, gay, bisexual and transgender (LGBT). Our inclusive curriculum will foster good relations between pupils, tackle all types of prejudice, including homophobia, and promote understanding and respect, enabling us to meet the requirements, and live the intended spirit, of the Equality Act 2010.

SECTION ONE - INTRODUCTION

Harewood C of E Primary 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.

Harewood Primary 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. The School's medical Needs Policy looks more in depth at allergens such as animal stings (bees, wasps, ants etc.) and the school's Food and Drink policy outlines the school's approach to general issues relating to the consumption of food and drink by pupils.

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 and to provide help and assistance for our youngest pupils. It is also important that the School has clear plans for an effective response to possible emergencies.

SECTION TWO – AIMS AND OBJECTIVES

Policy Scope

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

- Ensuring that robust systems in place to ensure accurate and timely sharing of information relating to food allergies and intolerances with clearly defined responsibilities.
- Supporting pupils with the management of food allergies and intolerances.
- The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies.
- Working with catering providers to ensure that food labelling, menu planning and all aspects of food preparation support the needs of those within our school community who have food allergies.
- Provision of staff awareness on food allergies/intolerances, possible symptoms (including anaphylaxis) recognition and treatment.

The intent of this policy is to minimise the risk of any person suffering allergy-induced reaction, or food intolerance whilst at Harewood Primary School or attending any School related activity. The policy sets out guidance for staff to ensure they are suitably prepared to manage the day to day needs of pupils with food allergies and to address emergency situations should they arise. The policy also outlines the expectations of all those involved in the preparation or distribution of food within the school and of parents and other individuals, in informing the school of any food allergies.

Allergy information

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. The proportion of the population with true food allergy is approximately 1-2% of adults and about 5-8% of children, which equates to about 1.5 million people in the UK.

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 and dairy - 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, hummus, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks)
- 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 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.

Coeliac disease is not an allergy. Whilst it is classified as a food intolerance it is not like other intolerances in that it is an 'auto-immune' 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. Other food intolerances may also require management and awareness.

SECTION THREE - PROCEDURES AND RESPONSIBILITIES

Each child with severe allergies has an Allergy Action Plan in place. It is the responsibility of each staff member working with these children to be familiar with the plan and seek advice if they are unsure about the details it contains.

Further details about responsibilities for actions and procedures are listed below.

The School has procedures and responsibilities to be followed in meeting the needs of pupils with medical needs relating to food allergies or intolerances.

Initial Information Provided Regarding Food Allergies or Intolerances

The parents or carers of new starters to the school are required to complete a medical needs questionnaire on which the details of any food intolerances or allergies and their management should be described. If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.

For children starting in the reception classes, information regarding food allergies will be discussed at home visits alongside any other medical needs. A meeting can be arranged with school staff and / or food providers such as Catering Leeds and After School Club staff in order to further discuss a child's needs.

Where a child transfers from another school or from nursery, the school will try and obtain any relevant information regarding how the previous school or setting managed the food allergy in order to provide continuity.

Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

How the School Uses this Information

All medical needs forms are stored confidentially yet centrally so they can be accessed by appropriate members of staff as required.

Medical information for pupils is private and confidential however in order to ensure that medical needs can be properly managed, information is shared with school staff. This is done in several ways:

- Before the start of a new academic year, medical needs information, including details of food allergies, are shared with the receiving class teacher as part of our transition process. This information is collated by the medical needs coordinator and passed onto teachers. It is the class teachers' responsibility to ensure that they are familiar with the information provided and that any other adults working with the children are aware of their needs as well.
- At the start of the academic year, the school office will compile the school's Medical Needs Handbook. This contains confidential information for all school staff relating to the medical needs of all pupils in the school and includes sections on food allergies and intolerances amongst other medical conditions. This booklet is updated when new information is shared. It is the responsibility of school staff to ensure that they are aware of the medical needs of any pupils they are working with, this includes After School Club staff and those running after school activities.
- Key medical needs information is kept in the Blue folder kept in each classroom as an additional reminder to any new staff (e.g. supply teacher) who may be teaching the class.
- The school office will inform the school kitchen of any pupils who have food allergies or intolerances.
- Where a food allergy significantly impacts on a child's day to day activity, a care plan might be put in place e.g. a child who requires tube feeding or is required to eat at a

separate time. This will be constructed in conjunction with school staff, parents and healthcare professionals.

- Key medical needs information will be available when children are taken off site.

Lunchtime

Children are able to have a school dinner or bring a packed lunch from home. If children are having a school dinner, they make their menu selection at the start of the school day when the register is taken. Staff support children with their menu choices. The menus are also available online so that parents can help children make choices before they come into school.

Where children have food allergies, a yellow lanyard is worn for identification when the children go into the dining hall.

The school kitchen caters for a range of food allergy needs. Where needs are very specific, it may be beneficial for a meeting to be arranged between parents, school staff and catering staff to discuss dietary requirements. Sometimes menu substitutions can be made to accommodate allergy needs – this is at the discretion of the school kitchen and is dependent on resources available.

If children have a food allergy which can be triggered by contact with certain food substances, as well as ingestion, the school will ensure that due consideration is given to where the child is seated in the dining hall and the cleaning of tables.

Children are told that they are not allowed to share food at lunchtimes. Midday supervisors observe and assist the children at lunchtime in order to reduce the opportunity for children to share food, although we cannot guarantee that this will not happen.

After School Club

After School Club staff are made aware of any food allergies that the children attending the club might have by the school office. After School Club are able to cater for a variety of food allergy needs e.g. use of soya milk or gluten free bread.

Parents are advised to discuss any particular food allergy requirements with After School Club and office staff in order to ensure needs can be met.

Responsibilities

School Staff Responsibilities

In addition to those duties describes earlier, school staff are responsible for:

- Supporting those children who have school dinners with their menu choices.
- Liaising with parents regarding the management of food allergies.

The school has a number of first aiders including paediatric first aiders who would be called assist in cases of allergic reaction including anaphylaxis. All staff have also had training in how to administer an epi-pen to those children who have an Allergy Action Plan.

The school will contact parents and the emergency services, if required, in the event that a child suffers an allergic reaction.

Catering Staff Responsibilities

Catering Leeds provide school meals at Harewood Primary School. They have their own policies relating to all aspects of food management and preparation (Copies available on request from Catering Leeds).

Catering Leeds are responsible for ensuring that:

- Staff familiarise themselves with the medical needs of our pupils in order for correct meals to be consumed;
- Lists of ingredients for menus are available where they may pose a risk to allergy sufferers, enabling informed choices to be made;
- Rigorous food hygiene is maintained to reduce risk of cross contamination;
- Suppliers provide information regarding the content of their products;
- As an additional precaution, staff are alerted to food allergies by yellow lanyards worn by the children when collecting meals.

Parental Responsibilities

Parents are responsible for:

- Completing the medical needs questionnaire and ensuring that any information regarding food allergies for their child is included.
- Updating the school if their child's medical needs change at any point. Parents are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
- Ensuring that any required medication (EpiPens or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in school must provide a written Allergy Management Plan.
- Attending any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.
- If an episode of anaphylaxis occurs outside school, the school must be informed.

Pupil Responsibilities

- Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
- Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reaction. Expectations are age appropriate.
- Children are not allowed to share food with each other.

Rewards and Celebrations

On occasions, food items are used as part of the school's reward system or for celebrations. On these occasions, staff will endeavour to make suitable adjustments in order to ensure that children with food allergies feel included, e.g. substituting food items.

Sometimes children will bring food items into school to distribute to classmates when it is their birthday. These are handed out at the end of the day so children can take them home and check with an adult before eating.

Curriculum Activities

As part of the school curriculum, children may be involved in activities that involve preparing food (e.g. DT lesson) or tasting food (e.g. tasting food from other countries). Teachers will take the needs of children with food allergies into account when planning these activities and will make modifications where possible to allow participation. When a third party is involved in delivering a food related workshop, the class teacher will be responsible for ensuring that the dietary needs of pupils are taken into consideration.

Educational Visits

The lead member of staff for an educational visit will ensure that food allergy considerations are made in any activity that may involve food.

When a child with a food allergy participates in a residential visit, their dietary needs will be planned for, in conjunction with the activity centre.

Nuts

Due to an increased number of children with nut allergies in school, we ask that parents do not send children into school or on a school trip with any nut based products in their lunchboxes or as a break time snack. This would include items such as peanut butter sandwiches or packets of nuts.

Charity Events

If the School hosts any 'bun sales' or similar events for charity it is important that no food poses a risk to the end user, however, this is difficult for the school to monitor. Where products are not made on site, school cannot guarantee the ingredients of the items. We will let parents know of such event in advance so arrangements can be made. If in doubt children will not be allowed to purchase or consume these products without checking with a parent or carer.

Appendix A

School Management of severe allergies (ANAPHYLAXIS)

All staff must make themselves aware of the school Medicines and Managing Medical Care 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.

Action to take:

(Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

- Locate the nearest first aider to come and assist.
- Ensure the individual's action plan is followed.
- Ring 999 immediately to get the ambulance on the way.
- Use the person's adrenaline device*, or the one located in the school office
- Stay in the immediate area to assist staff and/or direct the Emergency Services
- Ensure that accident forms are filled out if applicable.

*Staff should update their training to use the adrenaline device every 3 years as a minimum. This will be delivered as part of first aid training or specific allergy training.

Appendix 2

DEFINITIONS:

<i>Allergy</i>	A condition in which the body has an exaggerated response to a substance (eg 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 food, stings, bites, or medicines.
<i>Epipen</i>	Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.
<i>Minimised Risk Environment</i>	An environment where risk management practices (eg risk assessment forms) have minimised the risk of (allergen) exposure.
<i>Risk Assessment/ Health Care Plan</i>	A detailed document outlining an individual child's condition, treatment and action plan.