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Governor approval provided by:	
Names of staff members responsible for coordinate	ating training and reviewing the policy (at least 2):
Name:	Class/dept Ext (optional)



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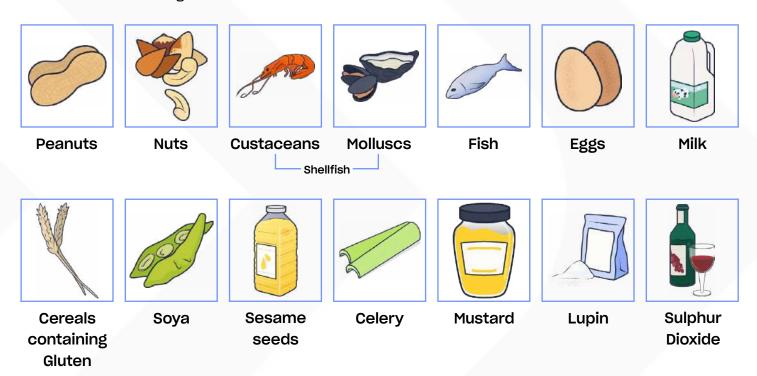
1. Introduction

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 14 food allergens

There are 14 food allergens as contained within the law:



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.



2. Background information

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.

	 → 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
What is a food allergy?	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.
	→ An adverse reaction by the body to a specific food ingredient.
What is food intolerance?	→ 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.
	→ Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed.
What is coeliac disease?	→ 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.



2. Background information

→ 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.

Who does it affect and how?

- → 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. Roles and responsibilities

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.
- Mealtimes will be supervised with care, with further vigilance provided for pupils with severe allergies.
- All staff supervising meal times 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 packed lunches for trips.
- 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 nurse/headteacher/SENCO/named first aider
 will be responsible for keeping records of pupil medication and staff training, ensuring the safe storage of pupil medication and recording any incidents linked to adverse reactions.
- 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.





3. Roles and responsibilities

Parent/carer responsibilities

- 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.

Pupil responsibilities

- 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 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 and lunchtime supervisors regarding ingredients in the meals served.



4. Emergency anaphylaxis response plan

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 named lead responder) must be informed, as well as the pupil's parents.

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.



4. Emergency anaphylaxis response plan

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 (if there is one).
- 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.





5. 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 all medication.





6. The storage and use of spare adrenaline autoinjectors in school

The school has purchased their AAI or it is out of date.	spare AAIs, which can be administered if a pupil does not have
Spare AAIs are stored in the f	following location(s):

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.





7. Staff training

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

Name	Department	EXT no / mobile

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

- Background information regarding allergies and food hypersensitivities.
- Symptoms of allergic reactions, including anaphylaxis.
- Anaphylaxis emergency response plans, including how to correctly administer an AAI.
- How to reduce the risk of a pupil experiencing an adverse reaction, including the catering arrangements in school and relevant nut policies.
- How to manage and understand allergy action plans.
- School activities, including:
 - O Food Tech.
 - O School trips.
 - O Projects involving food.



8. 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 lessons linked to allergy awareness to allow them to support their peers effectively and with kindness and understanding.
- Staff will take care to ensure that they keep up-to-date information regarding pupil allergies and hypersensitivities.
 - O 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 meal times.
- 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.



9. 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 and any food that is pre-packed for direct sale (PPDS) - such as sandwiches or salads - will be provided with a full ingredients list.

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. In some instances, a lanyard/ wrist band may be provided in agreement with the pupil and parent/carer.

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.



10. 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.

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.

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.





11. Communication and allergen awareness

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.





12. Risk assessment

The school will conduct individual risk assessments fo	or pupils with food allergies and hypersensitivities.
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These will be reviewed annually.

Additional risk assessments will be conducted for school trips and excursions, considering the new level of risk presented by a different environment.

Helpful contacts
Should you wish to know more about the school's approach to managing food allergies and hypersensitivities, please contact the following members of staff in the first instance, who will be happy to support you in your enquiry:
Or, the school reception:

