Melrose Education
SCHOOL

Allergies Policy

Reviewed by:	Andrew Patterson, Compliance Manager
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Approved by:	Tracey Storey, CEO

Contents

This policy is written in line with the following legislation:

- Children and Families Act 2014
- Equality Act 2010 (allergies may constitute a disability where they have a substantial and long-term effect)
- Supporting Pupils at School with Medical Conditions statutory guidance
- Human Medicines (Amendment) Regulations 2017 allowing schools to hold spare AAIs (adrenaline auto-injectors)
- Food Information Regulations 2014 and allergen management requirements.

Melrose Education and its subsidiaries are committed to protecting all children/learners who attend their schools who have a dietary or medical condition, and to ensuring best practice when providing food or drinks for children/learners with allergies.

As such, a whole school approach to the health, care, and management of those members of our school community suffering from specific allergies is taken.

We are aware that our children/learners may suffer from a wide range of allergies or medical conditions including, food, bee/wasp sting, animal, or nut allergies, and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Melrose Education and its schools cannot guarantee a completely allergen free environment, but commit to:

- minimising the risk of exposure.
- encouraging self-responsibility; and
- planning for effective response to emergencies.

We are under an obligation to obtain information about children/learners' dietary requirements and/or allergies. As such families are asked to provide details of dietary requirements/allergies in the child/learner's EHCP – this will be discussed before starting school.

Aim

The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school. An allergic reaction to nuts is the most common high-risk allergy, and as such demands more rigorous controls throughout the policy.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the child, staff, family member, and visitor exposure to known triggers.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to all members of the school community, including:

- School Staff
- Families
- Volunteers
- Supply staff
- Children/learners

Definitions

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

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

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin

- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth, or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis - anaphylaxis, or anaphylactic shock, is a sudden, severe, and potentially life-threatening allergic reaction to food, stings, bites, or medicines. This kind of reaction may include the following symptoms:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious, or collapsing

EpiPen - brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

Minimised Risk Environment - an environment where risk management practices (e.g., Individual Healthcare Plan and Risk assessment forms) have minimised the risk of (allergen) exposure.

Individual Healthcare Plan (IHP) and Risk Assessment - a detailed document outlining an individual child's condition, treatment, and action plan for location of EpiPen.

Procedures and Responsibilities for Allergy Management:

General - Melrose Education seeks to minimise the risk to children/learners suffering from allergies through:

- The involvement of families and staff in establishing Individual Healthcare Plans and Risk Assessments.
- The establishment and maintenance of practices for effectively communicating a child's allergic reactions or risk assessments to all relevant staff.
- Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Age-appropriate education of children/learners with severe food allergies.

Medical Information – our schools will seek updated information via medical form at the commencement of the child/learner's placement in the school. Any change in a child/learner's medical condition during the year must be reported to the school by the child/learner's parent/carer.

The principal will ensure that an Individual Healthcare Plan and Risk Assessment is established and updated for each child/learner with a known allergy.

Each School's Management Team are required to review and familiarise themselves with the medical information and disseminate this to staff across the school.

Where children/learners with known allergies are participating in school excursions, Individual Healthcare Plans and Risk Assessments must include this information.

The wearing of a medic-alert bracelet is allowed by our schools.

EpiPens - where EpiPen's (Adrenalin) are required in the Individual Healthcare Plan and Risk Assessment, they will be kept with the child/learner, with a spare available at a known location within the school. Families are responsible for the provision and timely replacement of the EpiPen's.

The school will maintain spare adrenaline auto-injectors where appropriate. Spare devices will be stored securely, be readily accessible, checked regularly for expiry dates and used in accordance with Department of Health guidance.

The Role of Families
Families are responsible for providing on-going accurate and current medical information to the school. Families are to provide details of the nature of the allergy, including:

- The allergen (the substance the child/learner is allergic to),
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock).
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child/learner can be prevented from getting into contact with the allergen.
- It is the responsibility of the families to provide the school with in-date medication/equipment clearly labelled in the original packaging.
- In the case of life saving medication like EpiPen's the child/learner will not be allowed to attend without it.
- Families are also required to provide up to date emergency contact information.
- Families should liaise with staff about appropriateness of snacks and any food related activities (e.g., cooking).

We realise as a school that some families may share information about allergies that have not been medically identified. However, we will treat this information in the same way.

The Role of Staff
Staff are responsible for familiarising themselves with this policy and adhering to all health and safety regulations regarding food and drink.

If a child's/learner's EHCP states that they have an allergy, then an Individual Healthcare Plan and Risk Assessment is needed. A risk assessment should be carried out and any actions identified be put in place immediately. The Assessment should be stored in the child/learner's school file.

All staff who come into contact with the child/learner will be made aware of what treatment/medication is required and where any medication is stored.

All staff are to promote hand washing before and after eating.

The school operates allergen-aware procedures and risk-based controls but cannot guarantee a nut-free or allergen-free environment. Children/learners are not permitted to share food. All staff must know the procedures at snack and lunch time to ensure the safety of children/learners with allergies.

All staff will receive allergy awareness training at induction and at least annually thereafter. Relevant staff will receive practical training in recognising anaphylaxis and administering adrenaline auto-injectors. **However, staff cannot guarantee that foods will not contain traces of nuts.**

Families must not knowingly send food subject to specific restrictions communicated by the school for the protection of learners with significant allergies.

Emergency medication must be easily accessible, especially at times of high risk, and Management Staff will consult with families about snacks and any food-related activities.

Staff with Allergies
Any member of staff who has an allergy, must inform the principal of this so that a Critical Care Plan can be completed.

In the Event of a Child/Learner Suffering an Allergic Reaction:

Mild to Moderate Allergic Reactions – mild to moderate symptoms of an allergic reaction include the following:

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

If any of the above symptoms occur in a child/learner:

- The nearest adult will stay with them and call for help from designated staff members who are able to administer an EpiPen.
- The prescribed EpiPen will be administered by designated staff.
- The child/learner's parent/carer will be contacted immediately if a child/learner suffers a mild to moderate allergic reaction and if an EpiPen has been administered.
- Administration of an Epi-Pen must be recorded in line with the Medications Policy.

Anaphylaxis - anaphylaxis symptoms include the following:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious, or collapsing

In the event of anaphylaxis, the nearest adult will:

- Lay the child flat with legs raised where possible. If breathing is difficult, the child may sit upright. Do not allow the child to stand or walk.
- call for help from a designated staff member.
- Staff must follow the learner's Individual Healthcare Plan (IHP), Allergy Action Plan, or clinician-provided instructions. Adrenaline auto-injectors must be administered immediately where anaphylaxis is suspected or where directed within the learner's healthcare plan.
- the emergency services will be contacted immediately.
- a member of staff will stay with the child/learner until the emergency services arrive.
- the child/learner will remain flat and still.
- the Principal or Assistant Principal will be contacted immediately.

If the child/learner stops breathing, a suitably trained member of staff will administer CPR.

A designated staff member will contact the child's/learner's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens, including nuts, the child/learner has.
- The possible causes of the reaction, e.g., nuts.
- The time the EpiPen was administered.

Food Provided by the School

Regulations - The EU Food Information for Consumers Regulation (No. 1169/2011) (FIC) and Food Information Regulations 2014 (SI 2014/1855) (FIR).

Our schools will record clear and accurate information on the allergens present in the food they have produced so that allergic individuals can avoid consuming food that may cause them to have an allergic reaction.

The Regulations include a list of the fourteen most common ingredients and processing aids that cause food allergies and intolerances, and the detailed list is attached as an Appendix to this policy. Our

schools will ensure that if a food product contains or uses an ingredient or processing aid derived from one of the listed substances or products then it will be recorded and monitored to reduce the risk to our children/learners.

Our schools are committed to reducing the risk to the child/learner of consuming allergens in food.

Ingredients/Labelling

The fourteen allergen groups listed are as follows:

- Cereals containing gluten – wheat, rye, barley, oats, spelt, Khorasan, Kamut or their hybrid strains
- Crustaceans
- Egg
- Fish
- Lupin
- Milk
- Molluscs
- Nuts – almond, hazelnut, walnut, cashew nut, pecan nut, Brazil nut, pistachio nut, Macadamia nut, and Queensland nut
- Peanut
- Soya
- Sesame
- Celery and celeriac
- Mustard
- Sulphur dioxide and sulphites

For detailed information on the fourteen allergen groups and exemptions, our schools acknowledge that the full list in the Appendix must be used.

The responsibility for ensuring compliance with the regulations stated in paragraph one of this section lies with the principal of each individual school. They will ensure that:

- When ingredients and processing aids are received from suppliers they are accompanied by detailed and accurate information on any of the listed allergens that are present in the ingredients or processing aids.
- The ingredients and processing aids will not be used for producing food and drinks until this allergen notification has been received.

Staff, when preparing meals must consider if there is an increased risk of allergen exposure, especially when the conducting the following:

- cooking lessons.
- celebrations.
- food technology.
- tasting activities.

Staff should check ingredients and allergen information beforehand.

Educational Visits

For visits, off-site activities, and transport:

- healthcare plans must accompany staff.
- medication must be immediately accessible.
- trained staff must attend.
- emergency communication arrangements must be in place.
- allergy controls must be considered within trip risk assessment and updated on Evolve.

Monitoring

Our schools will actively monitor key factors to ensure the proper management of the use of the listed allergens.

The governance structure for allergen management is as follows:

- CEO - Tracey Storey

- Company Health and Safety Lead - Andrew Patterson
- School Principal
- SENDCo
- First Aid Lead
- School Cook/Chef, where applicable
- All Staff

The principal will ensure that all products received are correctly labelled and show all the listed allergens used.
Each school will keep records of the allergen content of all foodstuffs and ingredients used in the process of food preparation. These will be reviewed dynamically and, on a half, termly basis. This review will also contain examination of current children/learners on roll who have had an allergy declared. Individual risk assessments will be reviewed as to their suitability, along with any developments being documented.

Our schools will maintain rigid food hygiene standards throughout food preparation areas, including:

- Physical segregation of allergenic ingredients within the production area at all times.
- All food handlers employed will be trained in all areas of good food hygiene practice.
- All food handlers hold at least a basic food hygiene certificate.
- All food handlers adhere to the HACCP (Hazard Analysis and Critical Control Point) best practice food handling standards.

Following any allergy related incident the school will carry out reporting and investigation actions. The will include:
Following:

- anaphylaxis events.
- near misses.
- medication errors.
- allergen exposure incidents,

the school will:

- investigate circumstances.
- record findings.
- update healthcare plans.
- review control measures.
- identify lessons learned.

APPENDIX

Substances or Products Causing Allergies or Intolerances.

1. **Cereals containing gluten**, namely: wheat, rye, barley, oats, spelt, Kamut, or their hybridised strains, and products thereof, except:
   (a) wheat-based glucose syrups including dextrose.
   (b) wheat-based maltodextrins.
   (c) glucose syrups based on barley.
   (d) cereals used for making alcoholic distillates including ethyl alcohol of agricultural origin;

2. **Crustaceans** and products thereof;

3. **Eggs** and products thereof;

4. **Fish** and products thereof, except:
   (a) fish gelatine used as carrier for vitamin or carotenoid preparations;
   (b) fish gelatine or Isinglass used as fining agent in beer and wine;

5. **Peanuts** and products thereof;

6. **Soybeans** and products thereof, except:
   (a) fully refined soybean oil and fat (1).
   (b) natural mixed tocopherols (E306), natural D-alpha tocopherol, natural D-alpha tocopherol acetate, and natural D-alpha tocopherol succinate from soybean sources.
   (c) vegetable oils derived phytosterols and phytosterol esters from soybean sources;
   (d) plant stanol ester produced from vegetable oil sterols from soybean sources;

7. **Milk** and products thereof (including lactose), except:
   (a) whey used for making alcoholic distillates including ethyl alcohol of agricultural origin.
   (b) lactitol.

8. **Nuts**, namely: almonds (*Amygdalus communis L.*), hazelnuts (*Corylus avellana*), walnuts (*Juglans regia*), cashews (*Anacardium occidentale*), pecan nuts (*Carya illinoinensis* (Wangenh.) K. Koch), Brazil nuts (*Bertholletia excelsa*), pistachio nuts (Pistacia vera), macadamia or Queensland nuts (*Macadamia ternifolia*), and products thereof, except for nuts used for making alcoholic distillates including ethyl alcohol of agricultural origin.

9. **Celery** and products thereof;

10. **Mustard** and products thereof;

11. **Sesame seeds** and products thereof;

12. **Sulphur dioxide and sulphites** at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO 2 which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers:

13. **Lupin** and products thereof;

14. **Molluscs** and products thereof. EN 22.11.2011

Coconut is not one of the 14 declarable allergens under UK food law. However, individual learners may have a coconut allergy, and appropriate controls will be implemented through their Individual Healthcare Plan.

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(1) And the products thereof, as far as the process that they have undergone is not likely to increase the level of allergenicity assessed by the Authority for the relevant product from which they originated.