



Allergy Awareness Policy

This policy has been adopted by all schools within
The Golden Thread Alliance.

Date Approved	Spring 2024
Review Date	Spring 2025

1. Statement of Intent

The Board of Trustees believe that ensuring the health and welfare of colleagues, pupils and visitors is essential to the success of the Trust and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of Trust life.

We will:

- Adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
- Ensure all colleagues (including supply staff) are aware of this policy and that sufficient trained colleagues are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensure our Trust raises awareness of allergies and anaphylaxis to the whole Trust community.
- Conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic pupils safe for all new joining pupils with allergies and any pupils newly diagnosed.
- Aim to reduce the risk of exposure to allergens to an acceptably low level.
- Make sure that the Trust is appropriately insured and that staff are aware that they are insured to support pupils when necessary.

Whilst we will endeavour to ensure our Trust provides a safe environment for all, we cannot guarantee our Trust will be allergen-free.

In the event of illness, a colleague will accompany the pupil to the academy's medical room. In order to manage their medical condition effectively, the Trust will not prevent pupils from eating, drinking, or taking breaks whenever they need to.

The Trust also has a First Aid and Administration of Medicines Policy and Supporting Pupils with Medical Needs Policy, which may also be relevant, and all colleagues should be aware of.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation.

Name: _____ **Signature:** _____
(Chair of Governors)

Name: _____ **Signature:** _____
(Chief Executive)

Date: _____

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Chief Operating Officer for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

Distribution of copies

Copies of the policy and any amendments will be distributed to the Headteachers; Site Managers; School Business Managers; Trust Health and Safety Representatives; All colleagues; Catering Team Governors, Trustees and Administration office.

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2. Roles and Responsibilities

2.1 The Board of Trustees

- 2.1.1 The Board of Trustees has ultimate responsibility for health and safety matters – including Allergy Awareness in the Trust.
- 2.1.2 Ensure the Allergy Awareness Policy is reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.2 The Headteachers

- 2.2.1 Carry out a risk assessment of allergy needs of pupils and colleagues, appropriate to the circumstances of the workplace, and review annually and/or after any significant changes.
- 2.2.2 Ensuring that an appropriate number of appointed persons have been provided with allergy awareness training.
- 2.2.3 Ensuring that appointed colleagues have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.4 Ensuring all colleagues are aware of the Trust allergy awareness procedures.
- 2.2.5 Ensuring appropriate allergy awareness assessments are completed and appropriate measures are put in place.
- 2.2.6 Ensuring that catering is provided to the reasonable medical needs of colleagues and pupils.
- 2.2.7 Ensure allergy bullying is treated seriously, like any other bullying.
- 2.2.8 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 Teaching staff

- 2.3.1 Ensuring they follow allergy awareness procedures.
- 2.3.2 Ensuring they know who the first aiders in academy are and contact them straight away.
- 2.3.3 Completing accident reports for all incidents they attend to where a first aider is not called.
- 2.3.4 Informing the Headteacher or their Line Manager of any specific health conditions or allergy needs.

2.4 Support staff

- 2.4.1 Ensuring they follow allergy awareness procedures.
- 2.4.2 Ensuring they know who the first aiders in academy are and contact them straight away.
- 2.4.3 Completing accident reports for all incidents they attend to where a first aider is not called.

- 2.4.4 Informing the Headteacher or their Line Manager of any specific health conditions or allergy needs.

2.5 School Business Managers

- 2.5.1 Ensuring they follow allergy awareness procedures.
- 2.5.2 Ensuring they know who the first aiders in academy are and contact them straight away.
- 2.5.3 Completing accident reports for all incidents they attend to where a first aider is not called.
- 2.5.4 Informing the Headteacher of any specific health conditions or allergy needs.

2.6 Premises Team

- 2.6.1 Ensuring they follow allergy awareness procedures.
- 2.6.2 Ensuring they know who the first aiders in academy are and contact them straight away.
- 2.6.3 Completing accident reports for all incidents they attend to where a first aider is not called.
- 2.6.4 Informing the Headteacher or the School Business Manager of any specific health conditions or allergy needs.

2.7 Chef Manager and Catering Team

- 2.7.1 The chef manager is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.
- 2.7.2 All catering staff and catering support staff have received Allergy Awareness Training and, certification is retained and refresher training is provided in line with the training schedule.
- 2.7.3 The catering team have received all colleague and pupil allergy requirements, the information is retained and reviews are undertaken. Any food allergies are reported to the catering team.
- 2.7.4 The Allergen Matrix is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.
- 2.7.5 All dishes will be reviewed for allergen contents and that the catering team continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix and updated when required, the catering manager will redate the allergen matrix to reflect the review).

2.7.6 All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

2.7.7 Rigorous food hygiene is maintained to reduce the risk of cross-contamination.

2.7.8 Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.

2.7.9 Controlling allergen cross-contamination:

1. Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
2. Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
3. Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens
4. A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients
5. Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.
6. Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
7. Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
8. Using separate fryers/cooking equipment.

2.7.10 Allergen cross-contamination can also happen through using the same cooking oil. To cook gluten-free chips, you can't use the same oil which has been previously used for cooking battered fish.

2.7.11 If you can't avoid cross-contamination in food preparation, you should inform the chef manager that you can't provide an allergen-free dish.

2.8 Contractors and Visitors

To ensure:

2.8.1 The Trust's Allergy Policy and reporting procedure is followed

2.8.2 Their activities do not introduce an allergy risks to the academy.

- 2.8.3 A high standard of hygiene is maintained whilst in academy premises as a matter of good practice.
- 2.8.4 Any areas which may be contaminated are to be reported to the Facilities Team or their host.

2.9 Pupils, Parents and Carers

- 2.9.1 The parents or carers of all new starters to the school are required to inform the academy of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (Appendix 1).
- 2.9.2 Please refer to our Supporting Pupils with Medical Needs Policy for further information if medication is required for the allergy.
- 2.9.3 If details are unclear or ambiguous, the academy will follow this up with a phone call to parents for further information which will be recorded by the academy.
- 2.9.4 It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the academy aware and a revised medical needs form must be completed. Updating the school if their child's medical needs change at any point. Parents are requested to keep the academy up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
- 2.9.5 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 complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.
- 2.9.6 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.
- 2.9.7 If an episode of anaphylaxis occurs outside school, the academy must be informed.
- 2.9.8 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.
- 2.9.9 Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.
- 2.9.10 Children are not allowed to share food with each other.
- 2.9.11 Colleagues or volunteers will be asked to disclose any food allergies as part of their induction.

3. Arrangements

3.1 Medication and Auto-injectors

3.1.1

CGPS	Some allergy medicines are kept in the office. These are for children who need the medicines from time to time if they are experiencing symptoms. Where a child has severe allergies and needs medication more frequently, these medicines are kept in the classrooms. Where a pupil has severe allergies, their medication is kept in their classroom. Other medication is store in the school office.
FD	Allergy medication (epipen/piriton) are carried by the pupil in a red bum bag. Spares are kept in the office in a named pouch. The office also has spare universal autoinjector pens, as well as piriton.
MCA	Allergy medicines kept in the school office. Long term allergy medicine/epi pens are kept in the pupil's classroom
OF	This is kept with the pupil at all times in the classroom and a spare is stored in the staffroom.
RVI	Epi pens are kept with pupils. Emergency epi pens are stored in the school office.
RVJ	Epi pens are kept with pupils. Emergency epi pens are stored in the school office.
TH	All allergy medication are kept with pupils at all times
WH	Epi pens ar kept with pupils at all times, i.e classroom, canteen
WRPS	Kept in a locked first aid cabinet in the pupil's class

3.1.2 Identifying Pupils with Allergies

CGPS	Managed through Arbor. Lists are in classrooms and the kitchen.
FD	Those with epipens for allergies carry their red bum bag with them. Other food allergies/intolerances are recorded on Arbor.
MCA	All managed through Arbor.

OF	Pupils with specific allergies wear a lanyard at mealtimes detailing their food allergy. There are also photographs of pupils in the kitchen and staff room. Each classroom has a sheet listing the pupils who have allergies in their class.
RVI	Pupils wear colour lanyards in the school dinner hall.
RVJ	There is a list per year group which is printed to highlight any pupils with allergies.
TH	Pupils are given a yellow coloured lanyard, which lists the allergens, child names and class teacher details. iPads are used during service to make sure that pupils with allergens/dietary requirements are identified and given the correct food.
WH	Teachers and AT's are aware of the pupils in their class who have allergies.
WRPS	Managed by Arbor. The School First Aid Lead and class teacher are also informed of those pupils with allergies.

- 3.1.2 Pupil Allergy Declaration Forms are completed by parents or carers and stored by the office team.
- 3.1.3 A copy of the Allergy Declaration Form, when containing Food Allergies is also provided to the catering team.

3.2 First Aid

3.2.1 In the case of a pupil's anaphylactic shock, the procedures are as follows:

- a. The colleague on duty calls for a first aider; or if the child can walk, takes them to a first aid post and calls for a first aider.
- b. The first aider administers first aid and records details in accident book.
- c. Full details of the accident are recorded in our accident book
- d. If the child has to be taken to hospital or the injury is 'work' related, then the accident is reported to the Chief Operating & Financial Officer.
- e. If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), the School Business Manager will arrange for this to be done in conjunction with the Chief Operating Officer.

3.3 Insurance Arrangements

3.3.1 The school is insured for third party public liability insurance by RPA. In the event of a possible claim, please contact the School Business Manager in the first instance.

3.4 Educational Visits

- 3.4.1 In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- 3.4.2 In the case of **day visits** a trained First Aider will carry a travel kit in case of need, including a spare auto-injector required for the pupil's needs.
- 3.4.3 Any pupil with a prescribed auto-injector must carry this on any educational visit.
- 3.4.4 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.
- 3.4.5 Where food is provided by a 3rd Party caterer on a day or residential trip, they will be provided with all known allergies of the pupils attending the educational visit.

3.5 Administering Medicines

- 3.5.1 **Prescribed and non-prescribed medicines** may be administered in academy (by a colleague appropriately trained by a healthcare professional) where it is deemed essential. Wherever possible, the pupil will administer their own medicine, under the supervision of a colleague. In cases where this is not possible, the colleague will administer the medicine.
- 3.5.2 If a child refuses to take their medication, colleagues will accept their decision and inform the parents or carers accordingly.
- 3.5.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the academy office. (See Appendix 1 for Allergy Declaration and Appendix 3 Parental Agreement)
- 3.5.4 Colleagues will ensure that records are kept of any medication given.

3.6 Storage/Disposal of Medicines

- 3.6.1 Wherever possible, pupils will be allowed to carry their own medicines/relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Pupils' medication such as asthma pumps and epi-pens are kept with the child and will not be locked away out of the pupil's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent or carer for safe disposal.
- 3.6.2 Additional asthma inhalers/Epi-pens will be held by the school for emergency use, as per the Department of Health's protocol.
- 3.6.3 When medication is no longer required medication will be collected by parents or carers.

3.7 Anaphylaxis

- 3.7.1 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. Anaphylaxis usually develops suddenly and gets worse very quickly
- 3.7.2 The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

3.7.3 What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

- Use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first.
- Call 999 for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis.
- Remove any trigger if possible – for example, carefully remove any stinger stuck in the skin.
- Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties.
- Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening.

They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

Make sure you're aware of how to use your type of auto-injector correctly. And, carry 2 of them with you at all times.

There are 3 main types of an adrenaline auto-injector, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use the auto-injectors.

These are:

EpiPen

Jext

Emerade

3.8 Accidents/Illnesses requiring Hospital Treatment

3.8.1 If a pupil has an incident, which requires urgent or non-urgent hospital treatment, the academy will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a colleague will stay with the pupil until the parent arrives, or accompany a child taken to the hospital by ambulance if required.

3.8.2 Parents or carers will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents and carers provide the academy with up-to-date contact names and telephone numbers.

3.9 Defibrillators

3.9.1 Defibrillators are available within the academy as part of the first aid equipment. First aiders are trained in the use of defibrillators.

3.9.2 The local NHS ambulance service have been notified of its location.

3.10 Pupils with Special Medical Needs – Individual Healthcare Plans

3.10.1 Please refer to the Supporting Pupils with Medical Conditions Policy.

3.11 Accident Recording and Reporting

3.11.1 First aid and accident record book

- a) An accident form will be completed by the relevant colleague on the same day or as soon as possible after an incident resulting in an injury. A copy will be emailed or printed out and sent to parents.
- b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- c) A copy of the accident report form will also be added to the pupil's educational record by the relevant member of staff.
- d) Records held in the first aid and accident book will be retained by the school until the pupil reaches the age of 21, in line with our Data Retention Policy.

3.11.2 Reporting to the HSE

- a) The Chief Operating and Financial Officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
 - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - The accidental release of a biological agent likely to cause severe human illness.
 - The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - An electrical short circuit or overload causing a fire or explosion.

c) Information on how to make a RIDDOR report is available here:

<http://www.hse.gov.uk/riddor/report.htm>

3.11.3 Notifying parent and carers

The first aider who has administered the first aid check will inform parents and carers of any accident or injury sustained by the pupil, and any first aid treatment given, or if the pupil refused to have first aid assistance, the same day.

3.11.4 Reporting to Ofsted and child protection agencies

a) The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care within the nursery setting. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. These will include the following incidents:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia

- anything leading to hypothermia or heat-induced illness

3.11.6 The Headteacher will also notify the Chief Operating Officer and the Board of Trustees of any serious accident or injury to, or the death of, a pupil while in the school's care.

3.12 Difference between Food Allergy and Food Intolerance

- a. **A food allergy** is when the body's immune system (which is the body's defense against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing a number of chemicals in the body. These chemicals cause the symptoms of an allergic reaction.
- b. **A food intolerance** is more common than a food allergy. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, a food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.13 Food Allergens

3.13.1 The Food Information (Amendment) (England) Regulations 2019

The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

- 1) **The food's name**
- 2) **A full list of ingredients, emphasising any allergenic ingredients.**

For schools, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter.

Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

1. **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats
2. **Crustaceans**, Invertebrates (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.
3. **Egg**, Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.
4. **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.
5. **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, oya beans and chickpeas. Most people will be able to eat other types of legumes without any problems and it is rare for people with a peanut allergy to react to other legumes.

Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

6. **Soybeans**, Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturised vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.
7. **Milk**, includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.
8. **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut)). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes
9. **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.
10. **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole,

ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

11. **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.
12. **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables.

E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

13. **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.
14. **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

- 4.1 This Allergy Awareness policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Trust carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 – Pupil Allergy Declaration Form

Name of pupil:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for Administering medication:	
Control measures to avoid an adverse reaction:	

Date

Review date

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from the academy. *If the pupil has a life-threatening condition, specific transport healthcare plans will be carried on vehicles*

Appendix 2 – Staff Allergy Declaration Form

Name of Staff:			
Date of birth:		Position:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the staff's needs change

Appendix 3 – Parental agreement to administer medicine

One form is to be completed for each medicine.

The academy will not give your child medicine unless this form is fully completed and signed.

Name of child

Date of Birth -----/-----/-----

Medical condition or illness

Medicine: To be in the original container with the label as dispensed by a pharmacy

Name/type and strength of the medicine
(as described on the container)

Date commenced -----/-----/-----

Dosage and method

Time to be given

Special precautions

Are there any side effects that the
academy should know about?

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency

Parent/Carer Contact Details:

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine safely to the academy office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained academy staff administering medicine in accordance with the academy policy. I will inform

the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature

Print Name

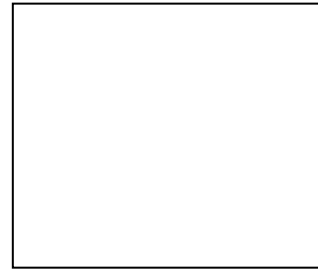
Date

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



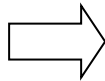
ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

.....

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

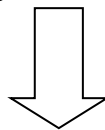
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____
(Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –
SEVERE REACTION

ACTIONS

1. Get _____EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

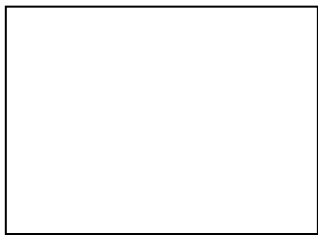
2. Sit or lay the child on the floor.
3. Take EpiPen® and remove the grey safety cap.
4. Hold EpiPen® approximately 10cm away from the outer thigh.
5. Swing and jab the black tip of EpiPen® firmly into the outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until the ambulance arrives.
7. Place the used EpiPen® into the container without touching the needle.
8. Contact parent/carer as overleaf.

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



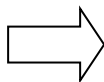
ASSESS THE SITUATION

.....

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

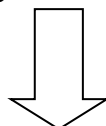
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____
(Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –
SEVERE REACTION

ACTIONS

1. Get _____ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an
'ANAPHYLACTIC REACTION'
2. Sit or lay the child on the floor.
3. Get ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from the firing button.
5. Hold ANAPEN® against the outer thigh and press the red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until the ambulance arrives. Accompany the child to the hospital in an ambulance.
8. Place used ANAPEN® into the container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 6 – Emergency Contact Numbers

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Paediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check the expiry date of Auto-Injectors every few months

Appendix 7 – Note to parent/carer for medication given

Note to parent/carer

Name of academy _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 8 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

2. Give your location as follows (*insert academy address*)

3. State that the postcode is:

4. Give exact location in the academy (*insert brief description*)

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Appendix 9 – Checklist for Responding to Emergency Situations

The academy must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

1. Summoning an ambulance in an emergency.
2. Treating the child if necessary whilst waiting for the ambulance to arrive.
3. Where to find the adrenaline, e.g., in a known, accessible location and not locked away.
4. Who should administer the adrenaline and how they can be contacted swiftly in an emergency.
5. Who else must be contacted in an emergency.
6. Ensuring that accident forms are filled out if applicable.

These procedures should be agreed with the relevant parties and clearly set out in the pupil's individual care plan.

Remember that even if the pupil is only displaying mild symptoms, care should be taken to remain very vigilant

as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be

summarised in the form of the following questions:

- Is the pupil having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there any steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay, and an ambulance must be called.

Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the Trust will keep it under review to ensure links are current.

Department for Education

Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Department of Health

Guidance on the use of Auto Injectors in Schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Allergy Awareness Training

- Food Standards Agency
<https://allergytraining.food.gov.uk/>
- Allergy Wise training for schools
<https://www.allergywise.org.uk/>

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/living-with-an-allergy/at-school/>
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- National Eczema Society
www.eczema.org

- Psoriasis Association
www.psoriasis-association.org.uk/

Resources for Food Allergy

Further Guidance can be obtained from The Food Standards Agency

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

The Food Standards Agency has also published guidance about the new requirements for PPDS food.

<https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds>

<https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries>

Peanut Allergy – Peanuts are a common cause of food allergy, caused when the immune system reacts to the

protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing

in recent decades. It usually develops in early childhood but, occasionally, can appear in later life.

Peanut allergy

tends to be persistent and only approximately 1 in 5 children outgrow their allergy, usually by the age of 10.

<https://www.allergyuk.org/resources/peanut-allergy-factsheet/>

Allergen Resources - General information

Allergen guidance for consumers

<https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance>

Allergen guidance for food businesses

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

Allergen labelling for food manufacturers

<https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers>

EU commission notice on HACCP and allergens

[https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN)

EU Food Information for Consumers Regulation No. 1169/2011

<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

Food alerts, product recalls and withdrawals

<https://www.food.gov.uk/news-alerts/search/alerts>

Food Information Regulation (England) 2014

<https://www.legislation.gov.uk/uksi/2014/1855/contents/made>

Safer Food Better Business

<https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb>

Technical guidance

https://www.food.gov.uk/sites/default/files/media/document/fsa-food-allergen-labelling-and-information-requirements-technical-guidance_0.pdf

Useful resources

Allergy and intolerance sign

<https://www.food.gov.uk/sites/default/files/media/document/allergen-signage.pdf>

Chef's recipe card

https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf

Dishes and their allergen content chart. Template and more information at

www.food.gov.uk/allergy-guidance

Allergen Checklist for Food Business

<https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses>

Spare Pens in Schools - adrenaline auto-injectors (AAIs).

<http://www.sparepensinschools.uk>