Food Allergies Policy

Review Cycle: Annual

Date of Last Review: September 2026
Date of Next Review: September 2027

Black Firs Primary School's Food Allergies Policy is based upon the model Kingston and Richmond AfC (Action HR) policy 2026.

1. Introduction

Anaphylaxis is a life-threatening allergic reaction that occurs when someone with an allergy or allergies is exposed to something they are allergic to (known as an allergen), such as certain foods, medicine or insect stings.

Symptoms of anaphylaxis happen very quickly. They usually start within minutes of coming into contact with something a person is allergic to.

Anaphylaxis UK states that 20% of fatal food-anaphylaxis cases in children occur in school.

2. Legal Requirements and Standards

Health and Safety at Work Act 1974 - The school has a legal and moral duty to ensure the health, safety and wellbeing of employees and those, such as students and pupils, who are affected by the school's undertakings. This includes the use of a third party to provide food services such as in many school canteens.

The school will also comply with the EU Food Information for Consumers Regulation (1169/2011)

Prepacked for Direct Sale (PPDS) Food - On the 1st October 2021, the requirements for prepacked for direct sale (PPDS) food labelling changed in Wales, England, and Northern Ireland. The new labelling helps protect consumers by providing potentially life-saving allergen information on the packaging. Any business that produces PPDS food will be required to label it with the name of the food and a full ingredients list, with allergenic ingredients emphasised within the list.

PPDS is food which is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. For example, a sandwich made in your kitchen, packaged and sold in the canteen.

PPDS does not apply to any food that is not in packaging or is packaged after being ordered by the consumer. These are types of non-prepacked food and do not require a label with name, ingredients and allergens emphasised. **In these cases, allergen information must still be provided but this can be done through other means, including orally**.

The **Food Information Regulations 2014** requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

The Children and Families Act 2014 places a duty on schools to provide suitable support to pupils/students with medical requirements. This includes the need for individual healthcare plans (IHPs) for pupils/students where relevant.

3. Aims and Objectives

It is the policy of Black Firs Primary School to minimise the risks of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at school or attending any school related activity. The policy aims to

reduce the risk of anaphylaxis occurring in individuals at risk. It sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise.

This policy will follow guidance from:

- Department for Education - Supporting Pupils at School with Medical Conditions
- Food Standards Agency
- Anaphylaxis UK
- The school's selected H&S advisors

Anaphylaxis UK estimates there are around 680,000 children in England living with allergies. It is also estimated that 20% of the UK population has one or more allergies. Although the school cannot guarantee it is an allergen free location, we will use this policy to help reduce the risk to staff and pupils/students in line with legislation, or where reasonable, better than the standard.

This policy does not include religious, moral/philosophical dietary requirements or other reasons for not eating certain food.

The school is committed to proactive risk food allergy management through the following:

- encouraging self-responsibility and learned avoidance strategies amongst those staff/students suffering from allergies;
- remind staff, parents and students to confirm to the school any allergies when action may be required;
- ensuring students who need them have a health care plan in place, including those with allergies;
- in the same way, the school encourages staff with a known risk of anaphylaxis to notify school and to provide a care plan or keep one with their adrenaline auto-injector. Staff would need to be asked to provide written consent in these cases;
- keeping an up-to-date list of staff/students with allergies and ensuring (where required) the school's caterers have access to the information;
- liaising with the school's canteen and other food providers staff/management;
- regular monitoring of the management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site; and
- provision of a whole school awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment (e.g. the use of adrenaline auto-injectors such as epipens and similar devices). Click here for the Anaphylaxis UK Whole School Awareness information and resources: https://www.anaphylaxis.org.uk/education/safer-%20schools-programme/

4. Responsible Person

The school's SENCo has been appointed as the Responsible Person for the school and has overall responsibility for helping ensure suitable controls are in place.

The Responsible Person will work in conjunction with the family/ person with the allergy (staff, pupils/ students and students' families/ guardians etc.), the school's first aid staff, catering staff, DT team (in relation to cookery lessons) and the SEND team.

The Responsible Person will also ensure that any specific training is organised through the School Nurse Service and/ or other sources.

The Responsible Person will also ensure there is a record of all people with allergies. This record will be part of the school's Arbor MIS system and each person's record will note:

- Name

- Picture of the person
- What they are allergic to

Where people have prescribed medication or are known to be at risk of anaphylaxis or have otherwise been specifically identified through a risk assessment exercise, the Responsible Person will ensure the student has an Individual Healthcare Plan (IHP) which also includes:

- Symptoms
- Actions to take

These documents should be reviewed annually or earlier due to new students joining the school or new information being provided relating to a student's medical situation.

5. Information from Parents and Staff

Staff are asked to make the school aware of any food allergies they have by contacting HR and by giving their consent to share information with the Senior First Aider and colleagues who may be needed to provide assistance in an emergency.

Parents/guardians are required to make the school aware of any allergies suffered by their children by updating their child's Arbor record. Where an IHP is required they should also complete the form at Appendix A which should include previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication, as well as the form to establish an IHP.

All relevant information will be passed to key areas within the school including class teachers, teaching assistants, First Aiders, office staff and catering colleagues.

6. Training for Staff

The following staff members (at least 2) are responsible for coordinating staff anaphylaxis training:

- SENCo
- Headteacher
- Senior First Aider
- School Business Manager

All staff are required to complete Anaphylaxis training on an annual basis. This is separate from general first aid training and will normally take place through face-to-face sessions at the start of the year but could be provided on-line, especially for those unable to attend the large group training sessions.

General advice on how to use adrenaline auto-injectors (such as Epipens etc.) can be found at the following: https://www.anaphylaxis.org.uk/wp-content/uploads/2018/01/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf

7. Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own two AAIs on them at all times in a suitable bag/ container.

Additional medication may be stored by the team in the school office, not locked away and accessible to all staff.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Senior First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Adrenaline auto-injectors should be stored at room temperature, protected from direct sunlight and temperature extremes.

8. Common Food Allergens

Food Standards reports (https://allergytraining.food.gov.uk/english/rules-and-legislation/) there are 14 allergens (or products that contain them) that must be suitably labelled/indicated as being present in food. They are:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

The above list does not cover all the food groups that may be an issue (for example kiwi fruit), and only notes those that must be noted on labels.

9. Nuts

The school has reviewed the risk from nuts to our staff and students and at this time, a full ban on nuts is required. Black Firs is a nut-free school.

Pupils and staff are not to bring items containing nuts into school. The school canteen will not produce products known to contain nuts but cannot guarantee that ingredients have not come from factories where nuts are present.

10. Communicating Information about Allergies

This policy is available on the school's website. Parents are informed of the school's allergy management protocols when their children join the school and staff are informed when they join the school and when required.

All staff are made aware of the school's allergy policy during their induction and any updates or new risks are included at staff meetings and news items to parents.

11. Reporting Allergies

The school requests that parents and staff report any food allergies that affect staff/ pupils when the pupil or staff member first joins the school (or if they joined prior to this policy being used, they will be asked when this policy is activated).

Parents/Staff are encouraged to report allergies when they are aware of the condition.

Parents will be required to notify the school about their children's allergies as outlined in section 5 above.

12. Data Protection (GDPR)

Medical information for pupils and staff is private and confidential. However, key information will be passed on to relevant staff and third parties, including a photo of the student (where required). This will include the following:

- Senior First Aider
- Catering Team
- DT Team (responsible for cookery lessons)
- Teachers
- The SEND Team
- Those leading educational visits

13. School Catering and Cookery Lessons

The school will work with its catering team and DT Team (responsible for cookery lessons) each year when reviewing the student menus and source of ingredients. Information gathered using this policy will be used to reduce the risk to people within the school.

The Catering Manager will review their team's procedures as required. For example they will:

- ensure staff have training/guidance regarding allergens;
- review ingredients and menus;
- publicise information on food containing allergens
- ensure their staff are aware of those with allergies ;(this may include photos)

The Design Technology Cookery Team will:

- review information for all students with allergies attending. The teachers will be aware of any pupil with a relevant allergy and will take suitable action, including:
  - carefully plan cooking activities including lesson planning and risk assessments;
  - maintaining high standards of cleaning;
  - minimise contamination during cleaning procedures;
  - opening windows to maintain good general ventilation where appropriate;
  - consider the provision of disposable masks (FFP3) for those pupils with allergies (FFP = Filtering Facepiece); and
  - have an approach of the parent, carers, pupil/student and teachers working together.

In order to minimise contamination, it is good practice to:

- provide clean equipment and clothing and a work space not used by other pupils/pupils.
- keep a basic plastic box with a set of equipment in it that is not used for cooking with allergens.
- ensure that aprons are washed thoroughly and only used by pupils/pupils/staff with allergies

Fetes/Fairs

The school will suggest parents bring food replacements for events, such as fetes/fairs, bake sales and birthdays, so the allergic child can feel more involved.

The school will minimise using food as a treat or reward.

14. Symptoms and Treatment

14.1 Symptoms

We follow the advice provided by Anaphylaxis UK:

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

14.2 Treatment and Action

Action:

Keep the child where they are, call for help and do not leave them unattended.

1. LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
2. USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. Adrenaline Auto-injectors should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device
3. CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
4. If no improvement after 5 minutes, administer second adrenaline auto-injector.
5. If no signs of life commence CPR.
6. Call parent/carer as soon as possible.
7. Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.
8. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

14.3 Spare Injectors

The Human Medicines Regulations 2017 allow the school to purchase and hold spare adrenaline auto injectors, without the need for a prescription.

Any spare injector must be:

- regularly checked to ensure it is still within date, and
- replaced if used.

Spare injectors are stored in the staffroom.

15. Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils prior to the trip and make plans accordingly taking into account the activities planned.

Where reasonable, school trips will avoid areas that may affect a pupil's allergy. Where such trips are being planned, the school will get advice from the School Health Team and work with the parents and the School Health Team to work out what is possible.

Where reasonable, school trips will avoid areas that may affect a pupil's allergy.

If pupils are going off site, staff will check to ensure each pupil's **two** adrenaline auto-injectors (or other suitable medication) is being carried, before setting off.

The need for an injector will be noted on all relevant educational visit documents during the planning stage.

16. Disposal of Used Adrenaline Auto-Injectors

Adrenaline auto-injectors are single use and must be disposed of as sharps when they have been used. They can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin.

17. Cross Contamination

Cross contamination can occur between food and objects if arrangements are not in place to avoid this.

Staff and pupils are encouraged to wash their hands after eating and the school has good hygiene procedures in place to reduce the risk

See also Section 12.

18. Allergy Bullying

The school will monitor for allergy bullying and where required will teach all pupils about the risk from allergies.

The school also has an anti-bullying approach in place as part of the Behaviour and Anti-Bullying Policies.

19. Intolerance to Food

Although not life threatening, food intolerances are more common than allergies and can cause people to feel unwell. The symptoms of food intolerances tend to come on slower, even several hours after consumption. For example, people can be intolerant to gluten. This is called coeliac disease. Typical symptoms include bloating and stomach cramps.

This Policy focuses on allergies rather than food intolerance.

Appendix A: Example Student Food Allergy Action Plan

NB: The equivalent information may be stored in a different format e.g. as part of a wider Individual

Healthcare Plan (IHP)*, and/or may be sourced from parents through a questionnaire * To initiate an IHP for your child, please complete this form and return to the school office.

Example Student Food Allergy Action Plan

Part 1: For Completion by Parent/ Guardian

Pupils's Name	
Pupil's Class	
Pupil's Photograph	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction?	

Is medication (adrenaline auto-injectors such as epipens or Piriton etc.) required for the pupil to deal with allergy? If yes, which?	Yes/No
Have you provided two auto-injectors for school to use in case of an emergency for your child? **What is the expiry date of the auto-injectors?**	Yes/No (If answering no, you need to contact your GP as soon as possible to request auto-injectors for school)
Has the above allergy been confirmed by the student's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form and (where required) a photo of my child to be displayed in the school's kitchen and other relevant areas	Yes/No
I am aware that the school may require more information, which may include medical information to ensure the safety of the pupil.	Yes/No
Name of parent/guardian completing form	
Signature of parent/guardian completing form	
Date of completion	

Part 2: For Completion by the School

Does the pupil's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Does the pupil have a separate Individual Healthcare Plan?	Yes/No/NA
Confirmation that the parent/guardian has completed a medication request form that has been agreed by the school?	Yes/No/NA
Confirmation that the parent/guardian has supplied the above medication?	Yes/No/NA
Has the school requested/taken a photo of the student for display?	Yes/No/NA
Has the relevant information regarding person's the allergy been passed on to the school's first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Name of school's Responsible Person	
Date of completion	
Review date (Annual)	
Has a copy of the completed form (and in relation to pupils, a photo) been passed to the caterers	Yes/No

Appendix B: Staff Food Allergy Action Plan

Example Staff Food Allergy Action Plan

Part 1: For Completion by Staff Member

Name	
Role	
Working Areas	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction?	
Is medication (adrenaline auto-injectors such as epipens etc.) required for the staff member to deal with allergy? If yes, which?	Yes/No
Do you have medication for your allergy in school- if so, where is it stored in case of an emergency	Yes/No It is stored…
Has the above allergy been confirmed by the GP/doctor?	Yes/No

I am happy for the relevant allergen information on this form and (where required) to be shared with the First Aid team	Yes/No
I am aware that the school may require more information, which may include medical information to ensure the safety of the staff member.	Yes/No
Name of person completing form	
Signature of staff member	
Date of completion	

Part 2: For Completion by the School

Does the member of staff's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Has the relevant information regarding the member of staff's allergy been passed on to the first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Date of completion	
Review date (Annual)	