



FOUNDED 1879

HALLFIELD SCHOOL

ALLERGIES POLICY

Head Master	Mr K Morrow	
Chairman of Governors	Mr G Ralphs	
Staff members with responsibilities	Director of Finance & Operations & Medical Officer	
Subcommittee with responsibilities	Compliance	
ISI Regulatory Policy	No	
Date adopted by Governing Board		
	Date	Autumn Term 2023
Date for policy review	AutumnTerm 2026 (unless new legislation requires amendment)	

HALLFIELD SCHOOL

ALLERGIES POLICY

POLICY STATEMENT

Hallfield School ('the School') recognises its responsibility for the safety of its pupils and staff and the need for awareness of the risk to individuals who may suffer from allergies or intolerances, particularly those that carry a life-threatening reaction. The management of these staff and pupils is outlined in the First Aid Policy (Section 10).

The School recognises that we have staff as well as pupils on our roll who suffer from an identified allergy. Most people are affected by one or more of the 14 listed food allergens which are celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, sesame, soybean, sulphur dioxide and sulphites and tree nuts.

Staff need to be aware that other members of staff and some pupils may be allergic to certain other foods as well as have allergies to non-food related items such as penicillin, insect stings, animals and household objects. It is the responsibility of our staff to gain an understanding of the individual needs of the pupils in their care. Twenty% of serious allergic reactions to food happen whilst a child is at school, and these can happen in someone with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, and are able to manage it safely and effectively

1. SCOPE

All staff and children including EYFS and Out of Hours Care and visitors.

2. PURPOSE OF THIS POLICY

This policy seeks to: raise awareness; clarify practice and reassure staff (and parents) by providing them with guidelines to adhere to when working with pupils who have an identified allergy.

3. AIMS

The aims of this policy are to:

- Identify the potential threats and the actions which the School and parents can reasonably take to prevent the presence of foodstuffs containing allergens in the School.
- Identify safeguarding and training requirements amongst staff and pupils in order to reduce, as far as possible, the risk of an allergic reaction.
- Identify the importance of communication between school, the caterers and parents.

4. POTENTIAL RISKS

- Any food on the School premises provided by ourselves or from outside.
- Food brought into school.

- Contact between persons who have handled foodstuffs known to present a risk of an allergic reaction (in or outside school) and allergy sufferers, without appropriate handwashing.
- Catering on school / residential trips.
- Events where food is served on the premises but not prepared on the premises i.e. cake sales.
- Misinterpretation or a lack of understanding of the differences between a life-threatening 'allergy' or an 'intolerance' which may produce milder symptoms.
- Lists of ingredients not explicitly naming the allergen (e.g. casein and whey as milk derivate, arachis oil is another name for peanut oil).
- Other triggers such as animals, medications and household objects

5. REASONABLE LIMITS

There are many foodstuffs that do not contain allergens but which are labelled as being produced in factories that cannot be guaranteed to be allergen free due to the potential for cross contamination in preparation. It cannot reasonably be expected that all these items be kept out of school.

Items so packed and labelled will be permitted in school, in limited and controlled circumstances i.e. packed lunches or snacks provided by the School. Ingredients in products should be checked and should be used to inform decisions regarding acceptable use of a product in school (currently, ingredients that may cause an allergic reaction are listed in products in bold).

Parents and carers are asked **Not** to bring food into school for birthdays or other events, without the prior consent of the class teacher.

If parents or carers send food into school they will be asked not to provide food which contains the obvious allergens i.e. nuts, coconut or sesame seeds which would include peanut butter, Nutella, all nuts and cooking oils containing nut oil.

6. PARENT / CARER RESPONSIBILITIES

Parents and carers of children with an identified allergy are requested to do the following:

- Inform the Medical Officer and provide any medical documentation necessary as well as any appropriate medicines as prescribed by the child's doctor to school.
- Assist the School by educating their child and encouraging increasing independence in the child's awareness and management of their allergy.

All parents and carers are expected to do the following:

- If an allergen form is not returned by a parent, the School will assume that the pupil has no known allergies or intolerances.

7. SCHOOL STAFF RESPONSIBILITIES

All staff will be made aware of pupils with known allergies.

All children in Pre-Prep wear a coloured lanyard according to their dietary requirements. All form teachers to ensure that each child in their care has their lanyard before each lunch sitting.

Prep children wear a colour coded wristband according to their dietary requirements. Any child who loses their wristband has to get another from the medical officer. No meal will be served to a child without either a lanyard or wristband.

Form teachers must be proactive, as far as reasonably possible, in protecting pupils in their care who have a known allergy.

Any changes to a child's dietary requirements must be made in writing and will be actioned by the medical officer in agreement with the catering manager.

The school caterers, use a colour coding system to identify special diets. The colour code is as follows:

RED: Pupil has had a severe reaction / anaphylactic shock or has been medically diagnosed and carries an AAI.

YELLOW: Pupil has an allergy or intolerance.

DARK BLUE: The child has complex dietary needs.

Our catering team are mindful of all children who have allergies, whether producing food cooked on site or in the supply of packed lunches.

The catering team will apply the same principles and routines when providing packed lunches to our pupils.

External residential trip organisers will be notified in advance of our visit of pupils in the group with allergies or intolerances.

Pupils will be educated at the start of each school year so that they are aware of allergies and the importance of hand washing. They will be encouraged NOT to share food and to avoid the unintended spread of allergens through left over food and other non-food means inside and outside the classroom.

Catering staff and Hallfield Staff participate annually in appropriate training to understand what to do when a child is suspected of having been exposed to an allergen (even if no symptom is shown) and how to identify and deal with allergic reactions including anaphylaxis shock, as well as more mild reactions. Staff attend a yearly briefing run by a member of the catering team staff and the medical officer. Staff are reminded of school procedures and children in their care who have allergies

All school staff should understand three key elements:

- 1. Allergen avoidance:** to prevent children coming into contact with their allergen
- 2. Early recognition of symptoms:** to know the signs of a serious allergic reaction
- 3. Crisis management:** to know what to do in an emergency situation and to understand correct positioning, which could save a child's life. Who has an allergy and to what, how to get help and where the AAI's are stored.

Staff embarking on food projects **MUST** take responsibility for checking with the Medical Officer, the dietary needs of their class.

Training is provided to all staff involved in food handling (including Hallfieldfirst, Breakfast Club and After Care) on Educare.

Following a thorough investigation, and where there is evidence of negligence or failure to adhere to this policy, formal proceedings may be followed and further training recommended.

8. PUPILS IN THE RED CATEGORY

We strongly recommend a pre-plated meal be provided for them. See Appendix 2 of the food allergy and intolerance notification form from the catering team

Whilst the catering team can provide plated meals that do not include the nominated allergens, they cannot guarantee that dishes do not contain traces of allergens as they may be stored and prepared in the same areas as known or identified allergens.

A meeting can be set up between the Medical Officer, the Director of Finance & Operations, parents and the relevant Catering Manager to discuss the child's allergy if desired.

Sometimes, pupils in the **RED** category with an allergy to nuts, are able to tolerate precautionary statements such as 'made in a factory containing nuts'. If this is the case, then during the meeting with the School, it may be possible to allow the parent to sign a disclaimer to allow the child to select meals rather than have a pre-plated meal.

9. PUPILS IN THE YELLOW CATEGORY

Pupils in this category may ask a member of the catering team for any allergy information and this will be provided using the daily allergen checker.

10. POLICY PROMOTION

This policy is circulated to all staff on an annual basis and when any changes have been made.

- An initial circulation of its contents and making the policy available on the School website.
- Renewed circulation at the beginning of each year.
- Inclusion in new parent information.
- Medical Officer and Catering Team meetings between parents of new children with allergies.
- Staff being informed and provided with training opportunities.
- Training update at the beginning of each academic year.
- Maintaining awareness by catering staff of school staff and pupils with allergies.
- The Catering Team do not use nuts in any of the food they prepare and serve. They are, however, unable to guarantee that dishes / products served are totally free from nuts / nut derivatives. This is because ingredients, for example, curry paste, may be made in a factory containing nuts, bread may be baked in a factory handling nuts or some production lines have machines lubricated with nut oil.
- Prior to the start of the new academic year, all known current pupils with known allergies will be asked to re – complete the updated allergy notification form sent by the nominated Catering Manager.

Emergency Treatment and Management of Anaphylaxis

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 serious 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.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- 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.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI, IN THE OPPOSITE LEG.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

11. Use of Spare AAI's stored in school

A legal exemption under Regulation 238 permits a school's adrenaline auto-injector(s) to be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy. The provision under Regulation 238 should be reserved for exceptional circumstances only, that could not have been foreseen. The normal expectation would be for those at risk of anaphylaxis to have been clearly identified by the school in advance, to reduce the risk of equivocation, and potential delay

"Spare" adrenaline auto-injectors held by schools are not supplied against a named prescription for an individual patient, which distinguishes them from adrenaline auto-injectors prescribed to individual pupils and that should be accessible to them at all times. The use of a school's adrenaline auto-injector, rather than using another pupil's personal auto-injector, to treat an individual not known by the school to be at risk of anaphylaxis ensures that the personally prescribed auto-injector remains available to that pupil. The schools' guidance makes it clear that the spare auto-injectors held by schools are not intended to replace children's own adrenaline auto-injectors. They are available for exceptional use as would apply in this circumstance.

Associated School Policies:

First Aid Policy
Administration of Medicines Policy
Performance Capability Policy and Procedure

Associated Catering Team Policies

First Aid and Medical Policy
Allergy Management Policy
Food Allergy and Notification Document (annually updated)