



EMMAUS

CATHOLIC MAC

Allergy and Anaphylaxis Policy

Date approved by Directors:	March 2023
Board Review Date:	March 2025
Body Responsible for Review:	Compliance Committee



Commitment to Equality:

We are committed to providing a positive working environment which is free from prejudice and unlawful discrimination and any form of harassment, bullying or victimisation. We have developed a number of key policies to ensure that the principles of Catholic Social Teaching in relation to human dignity and dignity in work become embedded into every aspect of school life and these policies are reviewed regularly in this regard.

This Allergy and Anaphylaxis Policy has been approved and adopted by Emmaus Catholic Multi School Company on XX 2023 and will be reviewed in March 2023.

Signed by Director of Emmaus Catholic MAC:

Signed by CSEL for Central Team:

Schools to which this policy relates:

Signed by Principal for – Hagley Catholic High School

Signed by Principal for – Our Lady of Fatima Catholic Primary School:

Signed by Principal for – Our Lady & St Hubert’s Catholic Primary School:

Signed by Principal for – St Ambrose Catholic Primary School:

Signed by Principal for – St Francis Xavier Catholic Primary School:

Signed by Principal for – St Gregory’s Catholic Primary School:

Signed by Principal for – St Joseph’s Catholic Primary School

Signed by Principal for – St Mary’s Catholic Primary School:

Signed by Principal for – St Philip’s Catholic Primary School:

Signed by Principal for – St Wulstan’s Catholic Primary School:

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1. Overview

- 1.1 This document sets out the policy to ensure that pupils at Emmaus Catholic Multi Academy schools with allergies, are wholly supported, and that they are aware of what allergens are in the food that is prepared at the school by our caterers, AIP Catering.

2. What is a Food Allergy

- 2.1 A food allergy is an abnormal immune response to food. The signs and symptoms may range from mild to severe. They may include itchiness, swelling of the tongue, vomiting, diarrhoea, hives, trouble breathing, or low blood pressure. This typically occurs within minutes to several hours of exposure. When the symptoms are severe, it is known as anaphylaxis. Food intolerance and food poisoning are separate conditions.
- 2.2 Common foods involved include cow's milk, peanuts, eggs, shellfish, fish, tree nuts, soy, wheat, rice, and fruit. The common allergies vary depending on the country. Risk factors include a family history of allergies, vitamin D deficiency, obesity, and high levels of cleanliness. Allergies occur when immunoglobulin E (IgE), part of the body's immune system, binds to food molecules. A protein in the food is usually the problem. This triggers the release of inflammatory chemicals such as histamine.
- 2.3 It is important to take food allergy seriously. Under the new Food Information regulations, our caterers have a legal responsibility to provide the correct allergen information about the ingredients that is in the food they make or serve to our students, staff and visitors.
- 2.4 Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.
- 2.5 Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

3. Emergency Treatment and Management of Anaphylaxis

- 3.1 **What to look for:**
Symptoms usually come on quickly, within minutes of exposure to the allergen.

- 3.2 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.
- 3.3 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.
- 3.4 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.
- 3.5 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.
- 3.6 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.
- 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.

4. Supply, Storage and Care of Medication

- 4.1 Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).
- 4.2 For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.
- 4.3 Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:
 - Two AAIs i.e. EpiPen® or Jext® or Emerade®
 - An up-to-date allergy action plan
 - Antihistamine as tablets or syrup (if included on allergy action plan)
 - Spoon if required
 - Asthma inhaler (if included on allergy action plan).
- 4.4 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- 4.5 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.

4.6 **Older children and medication**

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

4.7 **Storage**

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

4.8 **Disposal**

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority.

5. **'Spare' adrenaline auto-injectors in school**

- 5.1 School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).
- 5.2 These are stored in a container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff. The School Nurse/SENCO/First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.
- 5.3 Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.
- 5.4 If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

6. **Training**

- 6.1 Nominated staff will complete anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of nominated staff.

Training includes:

- Knowing the common allergens and triggers of allergy

- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services.
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

7. Inclusion and Safeguarding

- 7.1 Emmaus Catholic Multi Academy Company is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

8. How Our Caterers Are Aware of Their Allergen Information

- 8.1 All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.
- 8.2 Details of these allergens for each of the caterer's standard recipe is listed on the Allergen Matrix found within a file that they hold on site.
- 8.3 The school menus are available for parents to view termly in advance with all ingredients listed and allergens highlighted.
- 8.4 The SENCO/First Aider will inform the Catering Manager/Cook/Chef of pupils with food allergies.
- 8.5 Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.
- 8.6 The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

8.7 It is important that recipes are followed correctly to ensure that the correct information is given to the customer.

To help to identify which dishes contain allergens they:

- make sure that their kitchen staff use the same recipes every time;
- keep ingredients in the original containers where possible;
- make sure that staff are aware of where allergen information is stored and how it is kept;
- ensure that the allergen information is kept up to date (for example, if they receive new recipes from Head Office or ingredients are substituted);
- always check deliveries to make sure what is delivered is what was ordered and ensure that the relevant labelling information is provided with the order;
- check that the food delivered is the same brand that is normally used, as different brands might have different ingredients.

9. Requirements and Regulations

9.1 Loose Foods

The EU law has listed 14 allergens that need to be identified if they are used as ingredients in a dish. This means that from 13 December 2014, all food businesses will need to provide information about the allergenic ingredients used in foods sold or provided by them.

As a food business serving loose foods, our caterers have to supply information for every item on their menu that contains any of the 14 allergens as ingredients.

9.2 Gluten-free and no gluten containing ingredients

If caterers state that any of the foods they serve are gluten-free, there are strict rules surrounding this. The foods that are served to you that are declared as gluten-free must not contain more than 20mg/kg of gluten.

If our caterers are making a gluten-free claim on loose food that they sell, they must consider whether they have the required processes in place to prevent cross-contamination.

If our caterers processes cannot be guaranteed or controlled sufficiently, they will need to consider more factual statements, such as 'no gluten containing ingredients' which is also known as NGCI.

Either way, they will need to prevent cross-contamination as much as they can.

10. Roles and Duties

10.1 **Catholic Senior Executive Leader (CEO)**

Has overall responsibility for the health, safety and welfare of all MAC staff, volunteers, pupils, visitors, etc. This will include compliance with all Statutory Legislation and Approved Codes of Practice relating to the safe management of allergens.

10.2 **Caterers**

Please note that AIP Catering have a nut-free policy on site.

The caterers are aware of all individual student allergies and specific dietary requirements and provide clear labelling to all food served in the dining rooms at each site.

The caterers provide copies of the relevant school's 3 weekly menu cycle. The weekly menu is also placed in the dining room in each school.

10.3 **Students**

Students will be fully involved in discussions about their food allergies and will be asked to contribute as much as possible.

Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

10.4 **Parents / Carers**

On entry to the school, it is the parent's responsibility to inform office staff/class teacher of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication and ensure that they, or another nominated adult, are contactable at all times.

Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

10.5 **Staff Responsibilities**

Nominated staff will complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff nominated.

Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. Before undertaking a visit, the Visit Leader should assess the level of first aid cover required. Whilst there is no statutory requirement for qualified first-aiders all staff should have a good working knowledge of first aid and ensure that a first aid kit is available. They should also be familiar with how to contact the emergency services.

The minimum first aid provision for a visit is:

- A suitably stocked first aid kit;
- Person/persons appointed to be in charge of first aid arrangements;
- Other considerations when considering first aid include:
- Numbers in the party and the nature of the activity;
- Likely injuries and how effective first aid would be;
- Duty of Care requirements;
- Distance to the nearest hospital;
- Venue/providers first aid availability;
- All minibuses are required by law to carry a first aid kit.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

SENCO Aider will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

It is the parent's responsibility to ensure all medication is in date however the SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

SENCO keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

11. Allergy Awareness and Nut Bans

10.1 Emmaus Catholic Multi Academy Company supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

12.1 School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

13. Useful Links

AIP Catering – Area Contract Manager Paige Ward

Paige.ward@ainp.co.uk

[Alliance in Partnership - Specialists in Education Catering - Fresh, healthy nutritious food for schools and colleges](#)

National College Training

Certificate in Food Allergy Awareness and Anaphylaxis

Certificate in Automated External Defibrillator Awareness

[First Aid | The National College](#)

Anaphylaxis UK Safer Schools Programme -

<https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools (including certificate) online training -

<https://www.allergywise.org.uk/p/allergywise-for-schools1>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools -

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

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>