

# St Thomas Becket Catholic Primary School

Date	Review Date	Drawn up by	Committee Approving
Autumn 2021	Autumn 2023	Noel Campbell	Resources



## Food Allergies Policy

Policy Statement and Guidelines

Policy Date: autumn 21

Review Date: autumn 23

## **Food Allergies Policy**

### **Aims**

- ✓ To reduce the likelihood of a pupil or member of staff with a known food allergy displaying a severe reaction to a specific food while in school.
- ✓ To foster an understanding of and sense of responsibility for the specific needs of the individual members of the school community.
- ✓ To create an awareness of the action to take should someone with a severe food allergy display its symptoms.
- ✓ To ensure the school complies with the statutory guidance for supporting pupils with medical conditions (*This policy should be read in conjunction with 'Supporting Pupils in School with Medical Conditions'*)

### **Procedure**

On entry to the school parents are required to inform the school of any known food allergies that their child has. This information is entered on the school's data base from the *dietary information form* (see Template A).

Parents must advise the school of the action that should be taken if their child develops the symptoms of an allergic reaction while in school. If a child has an allergy requiring an Adrenaline auto injector, or the risk assessment deems it necessary, an *Individual Health Care Plan* (see Template B) must be completed and signed by the parents.

If school staff are required to administer medication, then Template C (*Medication Consent Form*) will need to be completed..

Parents of children with food allergies should regularly (at least annually) update allergy information and equipment.

Teaching staff are given dietary details of children who have specific food allergies, at the beginning of each school year and this is updated where required throughout the year.

The school provides training to enable staff to recognise the symptoms of an allergic reaction and to respond appropriately. Staff have been trained in the use of an Adrenaline auto injector should a child with a known food allergy go into anaphylaxis.

All parents must to ensure that their child does not bring **nuts or foods containing nuts** into school through the school's *Packed Lunch Policy*.

## **Caterers**

The school's lunchtime caterers, Harrison's, collect and collate details of all children with food allergies and these are checked at the till point after the children have selected food from the servery.

An initial safeguard takes place at the point when the children line up for lunch. At this point children with identified allergies are given a coloured, rubber wristband to wear so that staff at the servery are able to identify immediately their particular food allergy (through a colour coded key). Children who are allergic to more than one food type wear a multi-coloured band and allergy information related to these children is displayed behind the servery for staff to consult when required.

Wristbands are only worn from the point of lining up until children reach the till at which time wristbands are handed back to Harrison's staff.

## **Parent role**

In order to complete the Health Care Plan Parents are responsible for providing, in writing, on-going accurate and current medical information to the school.

Parents are to confirm and detail, in writing, the nature of the allergy; including:

- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.
- It is the responsibility of the Parent to provide the school with up to date medication /equipment clearly labelled in a suitable container with their child's photo on.
- In the case of life saving medication like Adrenaline auto injectors the child will not be allowed to attend without it.
- Parents are also required to provide up to date emergency contact information.
- Snacks and lunches brought into school are provided by each child's Parent.
- It is their responsibility to ensure that the contents are safe for the child to consume.
- Parents should liaise with Staff about appropriateness of snacks and any food-related activities (e.g. cooking)

## **Staff role**

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- If a child's Enrolment Form states that they have an allergy requiring an Adrenaline auto injector then an Individual Health Care Plan is needed. It must be in place before the child starts attending sessions.

- All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies.
- However, staff cannot guarantee that foods will not contain traces of nuts or other allergens.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- As part of the staff training, Adrenaline auto injector use and storage has been discussed.
- We may ask the parent for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication should be easily accessible
- Staff should liaise with parents about snacks and any food-related activities e.g. cooking.

### **Actions**

In the event of a child suffering an allergic reaction:

- We will delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999.
- If medication is available, it will be administered as per training and in conjunction with the administering medications guidelines in the Health Care Plan.
- If parents have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

## Template A: Dietary Information Form

### MEDICAL AND DIETARY INFORMATION

Please list any medical conditions that the school needs to be aware of including dietary allergies.

Child's name.....

Date of birth.....

Medical conditions.....

.....  
.....  
.....

Dietary allergies (please only state **allergies** not likes or dislikes)

.....  
.....

Is your child **vegetarian**? .....

Name of GP surgery.....

Surgery address.....

.....

## Template B: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### **Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### **Clinic/Hospital Contact**

Name

Phone no.


### **G.P.**

Name

Phone no.


Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Template C: parental agreement for setting to administer medicine

**Medication Consent Form**

**This Form should be completed for all medication except inhalers**

Please use block print throughout

Child's name:		Date:	Class:
Parent emergency contact:			
Doctor:	Surgery	Surgery Tel:	
Medical Condition/illness:			
Medication:		Storage requirements:	
Dosage:		Timing:	
Expiry date:		Self-administration Y/N:	
Are there any side effects that the school needs to know about?			
<p><b><u>PARENT / GUARDIAN CONSENT.</u></b> Please read and sign.</p> <p><i>This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately. <b>Please note that it is the parent's responsibility to check their child's medication regularly to ensure it is still within expiry date, replenish if required and to remove unused or expired medication.</b></i></p> <p><i><u>The school will only administer prescribed medication that has the child's name and instructions printed on the label.</u></i></p> <p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p>			
Signature(s):		Date:	
<b><u>Name of staff member who has agreed to administer medication:</u></b>			
Signature:		Date:	

1. Original: Retain with medication

2. Copy: to be filed in Medication File

