Allergy Awareness Policy

Canary Wharf College East Ferry

May 2026

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0. Document Control

The table below contains the changes made between the different final editions of this document set for approval. This is to help provide information to those reviewing and approving the document of the changes being made.

Document Edition	Section	Details of change
May 2025 1.1	All	Reformat
May 2026 1.2	6.1 Appendix 2 & 3	Change of storage location Forms updated

Contents

1. Definitions

The "Trust" refers to the company known as the Canary Wharf College, and all Trustees and Staff who work within it.

A "School" refers to an individual academy within the Trust, as denoted by their Unique Reference Number. As such a 'school' may span one or several phases of education to the individual academies within the Trust. Depending on the context, the term "School" may refer to a singular school or to all schools within the Trust but as separate entities.

"Staff" refers to any individual who is employed by the Trust or who operates on the Trust's behalf, e.g. Trustees, and those working in a voluntary capacity.

A "Parent" includes the natural or adoptive parent of a pupil as well as any non-parent / carer who has parental responsibility including being involved in the day-to-day care of a pupil.

A "Pupil" includes any incoming or current pupil at any School within the Trust who is 16 and under. It also includes any individual who was previously a pupil at any School within the Trust and who has left within the appropriate timeframe for consideration as necessary, e.g. complaints. The term pupil is used as standard by CWC in its policy documents but can be replaced with the term "student" or "child" with no change of definition.

"Child" and "Youth" includes everyone aged 18 and under.

The "Principal" is defined as the individual who has ultimate responsibility for a school in line with CWC strategy, approach, ethos and values. Individual schools may have alternative titles for this position such as Executive Principal or Principal.

2. Scope of Policy

The Board of Trustees believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the school 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 school life.

We will:

- Adhere to legislation and statutory guidance on caring for students with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
- Ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensure our school raises awareness of allergies and anaphylaxis to the whole school community.
- Conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic students 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 school is appropriately insured and that staff are aware that they are insured to support students when necessary.

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

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a First Aid and Administration of Medicines Policy, which may also be relevant, and all staff should be aware of.

3. Policy Aims and Ethos

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

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 Board of Trustees for acceptance.

4. Links to Legislation

Further guidance can be obtained from the organisations listed below or Judicium Education.
The H&S lead in the school 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

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

5. Roles & Responsibilities

5.1 The Board of Trustees

- The Board of Trustees has ultimate responsibility for health and safety matters - including Allergy Awareness in the school.
- 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.

5.2 The Principal

- Carry out a risk assessment of allergy needs of students and staff, appropriate to the circumstances of the workplace, and review annually and/or after any significant changes.
- Ensuring that an appropriate number of appointed persons and/or trained allergy awareness personnel are always present in the school and that their names are prominently displayed throughout the school.

- Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of the school allergy awareness procedures.
- Ensuring appropriate allergy awareness assessments are completed and appropriate measures are put in place.
- Ensuring that catering is provided to the reasonable medical needs of staff and students.
- Ensure allergy bullying is treated seriously, like any other bullying.
- Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

5.3 Teaching staff

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

5.4 Support staff

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

5.5 Director of Health and Safety

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

5.6 Premises Manager

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

5.7 Kitchen manager and catering staff

The School has an Allergy Awareness Policy; the catering manager is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.

All catering staff and catering support staff have received Allergy Awareness Training & records retained https://allergytraining.food.gov.uk/ certification is retained and refresher training is provided in line with the training schedule.

The catering team have received all staff and student allergy requirements, the information is retained and reviews are undertaken. Any food allergies are reported to the catering team.

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.

All dishes will be reviewed for allergen contents & 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 & updated when required, the catering manager will redate the allergen matrix to reflect the review).

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.

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

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.

Controlling allergen cross-contamination:

- 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.
- Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
- Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens
- 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
- Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.
- Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
- Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
- Using separate fryers/cooking equipment.

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.

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

5.8 Contractors and visitors

To ensure:

- The school's Allergy Policy and reporting procedure is followed
- Their activities do not introduce an allergy risks to the School.
- A high standard of hygiene is maintained whilst in school premises as a matter of good practice.
- Any areas which may be contaminated are to be reported to the Facilities Team or their host.

5.9 Pupils and parents

The parents or carers of all new starters to the school are required to inform the school of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (Appendix 2).

If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.

It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school 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 school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.

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.

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.

If an episode of anaphylaxis occurs outside school, the school must be informed.

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.

Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.

Children are not allowed to share food with each other.

Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

6. Arrangements

6.1 Medication and Auto-injectors

Students' medication is stored in:

- Classroom cupboard above the sink
- Students keep their own auto injectors with them
- Students who's auto injectors are kept by the school are clearly detailed on the Health Care Plan(Appendix 1) and Allergy Declaration Form(Appendix 2)

Student Allergy Declaration Forms are completed and stored on Medical Tracker and a hard copy is kept in the Care Plan folder in the medical room.

A copy of the Allergy Declaration Form/Allergy Action Plan, when containing Food Allergies is also provided to the catering team.

6.2 First Aid

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

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records details on Medical Tracker.
- Full details of the accident are recorded on Medical Tracker
- If the child has to be taken to hospital or the injury is `work' related then the accident is reported to the Trustee Board.
- If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Trustee Board will arrange for this to be done.

6.3 Insurance Arrangements

The Trust is covered by The Department for Education's risk protection arrangement (RPA)

6.4 Educational Visits

- 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.
- In the case of **day visits** a trained First Aider will carry students medical bags including a spare auto-injector required for the pupils needs.
- Any pupil with a prescribed auto-injector must carry this on any educational visit.
- Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.
- 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.

6.5 Administering Medicines

Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a student refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, the school 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 school office. (See Appendix for Allergy Declaration and Appendix for Parental Agreement)

Staff will ensure that records are kept of any medication given and must be recorded on Medical Tracker.

Non-Prescribed medicines may be taken providing parent/carer has signed the 'parental agreement for school to administer medication' form and provided time and dosage to be given, although this should only happen if it would be detrimental to the student's ability to remain at school.

6.6 Storage and Disposal of Medicines

Wherever possible, students 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. Students' medicine will not be locked away out of the student'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 for safe disposal.

Spare Auto Injectors (Epi Pens) will be held by the school for emergency use, as per the Department of Health's protocol.

6.9 Anaphylaxis

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
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.

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**

6.10 Accidents/Illnesses requiring Hospital Treatment

If a student has an incident, which requires urgent or non-urgent hospital treatment, The school will be responsible for calling an ambulance in order for the student to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance if required.

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

6.12 Defibrillators

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

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

6.13 Students with Special Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) plans.

Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- Epileptic
- Asthmatic
- Have severe allergies, which may result in anaphylactic shock
- Diabetic

Such students are regarded as having special needs. Most students with special needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable students with special needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with special needs are included.

The school will not send students with special needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.

Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition or special educational needs. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider/Nurse/Healthcare Professional may also provide additional background information and practical training for school staff.

The procedure that will be followed when the school is first notified of a student's medical condition:

- All Pupils will have an Individual Health Care Plan (see Appendix) and where required an Allergy Declaration Form (see Appendix). This will be held centrally and shared with the required staff within the school.

- This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

6.15 Accident Recording and Reporting

First aid and accident recording:

- An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock. A copy will be emailed or printed out and sent to parents.
- As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- A copy of the accident report form will also be added to the student's educational record by the relevant member of staff.
- Records held on Medical Tracker by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.16 Reporting to the HSE

The Principal 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).

The Principal 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 been 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.

Information on how to make a RIDDOR report is available here: http://www.hse.gov.uk/riddor/report.htm

6.17 Notifying parents

The first aider who has administered the first aid check will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

6.18 Reporting to Ofsted and child protection agencies

Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Principal will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

6.19 Difference between Food Allergy and Food Intolerance

- **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.

- **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.

6.20 Food Allergens

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:

- **The food's name**
- **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, soya 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.

7. Conclusions

This Allergy Awareness policy reflects the school's serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

8. Appendix 1: 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 school address)*

   _____

   _____

   _____

3. State that the postcode is:

   _____

4. Give exact location in the school (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.

9. Appendix 2: Health Care 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	First aiders

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

Name: Dose: Method:

Daily care requirements

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

Arrangements for school visits/trips etc

Medical bag to be taken on school trip

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)*

First Aiders

Plan developed with

Staff training needed/undertaken – who, what, when

First Aiders

Form copied to

Medical Tracker

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	Medical Team
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

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/setting 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.

Signature(s)_____ Date: _____

10. Appendix 3: Parental Agreement to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	Medical Team
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

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/setting 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.

Signature(s)_____ Date: _____

11. Appendix 4: EpiPen® Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

PHOTO

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

ACTION

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

SEVERE REACTION

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

ACTION

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 child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into 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 used EpiPen® into a container without touching the needle.
8. Contact parent/carer as overleaf.

12. Appendix 5: ANAPEN® Emergency Instructions

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

PHOTO

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**

ACTION

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 child on floor.
3. Take ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from 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 an ambulance arrives. Accompany the child to the hospital in the ambulance.
8. Place used ANAPEN® into a container without touching the needle.
9. Contact parent/carer as overleaf.

13. Appendix 6: Note to parent/carer for medication given

Note to parent/carer.

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

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

Check expiry date of EpiPen® every few months

14. Appendix 7:Checklist to respond to Emergency Situations

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

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

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

Remember that even if the student 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 student having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there are steady deterioration?

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

15. Appendix 8: **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 school. ***If the student has a life-threatening condition, specific transport healthcare plans will be carried on vehicles***

16. Appendix 9: **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 child's needs change.

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

17. Appendix 10 : Emergency Contact Numbers

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Principal: _____ 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: _____