Our Lady of Grace Catholic Academy Trust

Allergy Safety Policy

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Signature of Chair of Board of Trustees:	
Name of Chair of Board	Mike Coleman
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1. Aims

This policy aims to:

- Set out our schools approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The Local Governing Committee

The Local Governing Committees are responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
  - Arrangements to reduce the risk of individuals coming into contact with their known allergens
  - Emergency response plans for cases of anaphylaxis

The Local Governing Committees delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy Safety Leads

The nominated Allergy Safety Lead for each school is:

St Antony's Catholic Primary School:	Jenella Baptiste
St Edward's Catholic Primary School:	Samaira Naz
St Francis' Catholic Primary School:	Hariet Kempster
St Helen's Catholic Primary School:	Vida Baker
St Joachim's Catholic Primary School:	Tanya Earle
St Michael's Catholic Primary School:	Ronel James
St Winefride's Catholic Primary School:	Percina Nunez
Our Lady and St George Nursery & Primary School:	TBC

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
  - All allergy information is up to date and readily available to relevant

members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Head Teacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Allergy Safety Assistants

At least two members of staff will assist the Allergy Safety Lead and will help and be responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

The nominated Allergy Safety Assistants for each school are:

St Antony's Catholic Primary School:	Juthica Costa
St Edward's Catholic Primary School:	Joanna Luxton
St Francis' Catholic Primary School:	TBC
St Helen's Catholic Primary School:	Mansa Adjei & Carmel Cook
St Joachim's Catholic Primary School:	Denise Johnston & Daphne Thomas
St Michael's Catholic Primary School:	TBC
St Winefride's Catholic Primary School:	Mrs Krish & Mrs Whitehorn

Our Lady and St George Nursery & Primary School: TBC

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with

known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:
- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:
- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we

will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary, via the Arbor parent portal or by email

We ask that parents/carers proactively inform us by either phone call to the school or an email if their child's medical needs change during the school year. See 4.6 Contact information for individual schools in the OLOG Trust for phone numbers and email addresses

4.2 Identifying staff and visitors at risk

Each school will have their own individual method of identifying staff and visitors at risk. Generally the following procedures will be followed:

- New staff will be asked to provide details of their allergies in advance of their start date
- Visitors, wherever possible, will be asked to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The head teacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The schools will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

The schools maintain a register of pupils who have a known allergy. The registers include:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is to be kept in a location easily accessible to staff and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all pupils to keep their ADs with them (if they understand and are capable of using them, will reduce delays and allows for confirmation of consent without the need to check the register.

4.6 Contact information for individual schools in the OLOG Trust

St Antony's Catholic Primary School:
Tel: 0208 552 3670 email: info@st-antonys.olog.org.uk

St Edward's Catholic Primary School:
Tel: 0208 472 4337 email: info@st-edwards.olog.org.uk

St Francis' Catholic Primary School:
Tel: 0208 534 0476 email: info@st-francis.newham.sch.uk

St Helen's Catholic Primary School:
Tel: 0207 476 1785 email: info@st-helens.olog.org.uk

St Joachim's Catholic Primary School:
Tel: 0207 476 1658 email: info@st-joachims.olog.org.uk

St Michael's Catholic Primary School:
Tel: 0208 8472 3964 email: info@st-michaels.olog.org.uk

St Winefride's Catholic Primary School:
Tel: 0208 8478 0510 email: info@st-winefrides.olog.org.uk

Our Lady and St George Nursery & Primary School:
Tel: 0208 520 8500 email: office@olsgschool.org

5. Assessing risk

The schools will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

The measures taken to prevent contamination in each school, include:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended

Where food is not directly provided by the school, parental engagement and permission will be sought in advance.

6.2 Catering

The schools are committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

Procedures for preventing and dealing with insect bites/stings include:
When outdoors:

- Shoes should always be worn
- Food and drink should be covered

If a child is bitten/stung:

- First aid will be administered, taking into account any known allergies
- If necessary, due to anaphylaxis being induced by the bite/sting, the emergency services will called immediately an AAI will be used

6.4 Animals

Hygiene procedures for managing allergies to animals such as dogs include:

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

No pupils with allergies will be excluded from taking part in visits and trips.

- The schools will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The schools will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5 Use of ADs off school premises)

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately.

- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
  - The pupil does not have a prescribed AD
  - The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

The schools follow the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools as set out below. If it is necessary to administer an adrenaline auto injector in school or on a visit/trip, or if it is thought it may become necessary, a 999 call to the emergency services will be made and 'ANAPHYLAXIS' will be stated as recommended in the guidance above.

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with

prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

In an appropriate central location that is unlocked and accessible at all times

No more than 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)

Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Parents/carers must provide the school with a minimum of two ADs, in addition to any ADs that are required to be kept at home or for the journey to and from school.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare ADs and inhalers

Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The Allergy Safety Lead is responsible for sourcing spare ADs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

The Allergy Safety Lead must be cognisant of the procedures for buying spare ADs and their storage. For example:

- Where the ADs will be sourced (i.e. a local pharmacy)
- The number of ADs required
- Which brands of ADs are to be purchased (schools are recommended to buy a single brand to avoid confusion)
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Spare ADs will be stored:

- In an appropriate central location that is unlocked and accessible to staff only at all times
- No more than 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The persons named in section 3.4 Allergy Safety Assistants in conjunction with Allergy Safety Lead named in section 3.2 Allergy Safety Leads are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliever inhaler, if held, are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions, for example, in a sharps bin for collection by the local council.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events. If a pupil is unable to administer their own adrenaline their AD must be taken on the visit by an adult and the AD must be readily available for the pupil should it be required. The visit leader will also carry spare ADs as necessary.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what they have learnt from the incident and outline any actions to be taken as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the Allergy Safety Lead and the Designated Safeguarding Lead. The Allergy Safety Lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. See how to make a RIDDOR report.
- If the school operates as a food business, report to the local authority: any allergen-related food safety incidents. See how to report a food safety issue.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The schools ensure that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The schools have purchased 'training pens' from EpiPen and Jext etc., so staff can practise safely and be familiar with the differences.

The schools will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
- Calling emergency services and informing parents/carers
- How to locate and administer emergency medication
- How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

New staff must receive allergy awareness training as part of their induction. Supply and cover staff must also be aware of the requirements of this policy.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

All schools should make the children aware of allergies, see useful resources from Allergy School.

11. Wellbeing

Pupils with allergies may experience bullying and may also suffer from anxiety and depression relating to their allergy. The schools should use their existing Behaviour, Mental Health and Wellbeing Policies, and any other measures employed to prevent bullying.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its Behaviour Policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a

potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 Serious incidents and 'near misses' of the policy for more detail on incidents and 'near misses'

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy

Appendix 1 - Olive Dining Allergen Management Policy

Copied directly from Olive Dining .pdf.

Olive dining
food with passion

ALLERGEN MANAGEMENT POLICY

Olive Dining are committed to providing safe nutritionally balanced food to all students. For students with food allergies or intolerances we can provide a specific menu based on medically diagnosed dietary requirements.

We are required by law to provide allergen information to our students, staff and visitors. The regulations cover the 14 most common allergens.

The 14 allergens are –

1. Celery and celeriac
2. Cereals containing gluten – wheat, rye, barley, oats, spelt or kamut
3. Crustaceans (eg. prawns, lobster, scampi, crab, shrimp paste)
4. Egg
5. Fish
6. Lupin (seeds and flour used in Europe for pastries and breads)
7. Milk
8. Molluscs - mussels, whelks, squid, land snails, oyster sauce
9. Mustard
10. Nuts and nut oil
11. Peanuts
12. Sesame
13. Soya
14. Sulphur dioxide and sulphites

Nuts

All Olive Dining Schools operate a No Nuts Policy. We do not provide any foods where nuts are an ingredient. Wherever possible we avoid products that state "may contain nuts" and this has been instructed to our Procurement Consultants. However, if we do have any products labelled by the manufacturer as "may contain nuts" the product would be labelled as such on the servery to alert students and staff that the product may contain nuts. Our staff are trained and aware that these products are NOT suitable for a person with a nut allergy.

Deliveries

Food deliveries are double checked for allergen information as substitute products may not have the same ingredients as the usual product.

Buffets

Allergens are noted on the buffet menu. A sign will request people with an allergy or food intolerance to ask a member of our team for information on the allergens. Buffet food is not suitable for those with food allergies as due to potential cross contamination on the buffet table.

Reviewed October 2025 1

ALLERGEN MANAGEMENT POLICY

Managing Allergens

- Olive Dining Staff are trained in Allergen Awareness.
- Allergens in our dishes are noted in our dish specifications and identified on our Menus and identified directly on the servery. There is also signage in the servery advising students/staff to ask for allergen details.
- If a manufacturer states "May Contain" on the packaging, we include "May Contain" on our dish specification, menu and it is noted on the servery. Items noted as "May Contain" are not deemed suitable for a student with that allergy.
- Before the day's service, allergen information is double checked to ensure the menu, recipes, and counter signage are accurate.
- A daily staff debrief before each service informs all staff on any allergens in the dishes for that day. This includes preparation & cooking processes (marinades etc), dressings and sauces.
- In the unlikely event that there are any changes to the allergens published on the menu, this will be clearly noted next to the dish on the servery and for primary schools, staff will mention the changes to all students choosing that item.
- Stringent preparation procedures are in place in the kitchen as it is important to prevent cross contamination when preparing foods that can cause allergic reactions.
- Salad bars are displayed so items containing any of the main allergens are displayed at the front, closest to the server, to avoid spillage from one container to another. Separate spoons/tongs are used in all salad display containers. Salad bars are not suitable for students with allergies due to the potential contamination of salads by other students (spilling foods, using same utensils etc). For a student with an allergy, separate salad pots will be available from the kitchen in the place of the salad bar.

ALLERGEN MANAGEMENT POLICY

For Key Stage 1 & 2 Students

- Parents with children with allergies or medically diagnosed dietary requirements will be required to complete an Olive Dining Allergy Medical Diet form. This form includes details of all food allergies/intolerances along with medical evidence and a photo of the student. Medical evidence is required from a professional medical source such as a doctor or specialist letter, a school composed care plan or GP sign off. A commercial laboratory reactivity result or homeopathic diagnoses will not be accepted. It is important to note that Olive Dining treat allergies and intolerances with the same level of care.

- The Food Standards Agency state that facial recognition is an important factor in managing students with allergies or dietary requirements. For GDPR compliance, all student details that are supplied to the kitchen have been agreed by the parents. These photos are displayed in the kitchen near the servery and are for the attention of all catering staff.

- For students requiring a special diet (one that may include multiple allergens or allergies to common foods outside the 14 main allergies) an individual or allergen free menu may be supplied. Once the Olive Dining Allergy Medical Diet form has been received it will take up to one month for Olive Dining to assess and provide a suitable menu. The menu will then be signed off by the parent. In the interim time the student will be provided with a suitable hot option (jacket potato and suitable topping).

- For special diets that require an individual menu, the food is prepared separately, plated, covered and labelled with the student's name and allergies. This meal is recorded on the Special Diet Management Record and is signed by the Olive Dining Catering Manager and a member of the school team.

- Students with religious or cultural dietary needs are not required to complete and Olive Dining Allergy Medical Diet form. This information should be supplied to the catering department by the school in writing so appropriate meals can be provided.

- For students allergic to a specific item within a group of foods – for example cod (fish), prawns (crustaceans), or mussels (molluscs), they will be deemed to be allergic to the full range of foods in that group as they share similar proteins.

ALLERGEN MANAGEMENT POLICY

For Key Stage 1 & 2 Students continued

- For students allergic to an item in cooked or raw form only – it will be deemed they are allergic to the food whether it is cooked or raw.
- The school will be issued with yellow lanyards for each student with an Allergy/Medical requirement. The school completes a lanyard card for all students with a completed Allergen Medical form. The information will include the students name, class and details of allergy/intolerance.
- The yellow lanyards are issued to the students by the school as they enter the dining room and are collected from the student as they leave the dining room.
- Students requiring lanyards must wear them at all times whilst in the dining room.
- If a school opts out of the procedure of yellow lanyards, they will be required to complete an Allergen Identification Agreement Form which will detail the alternative arrangements.

ALLERGEN MANAGEMENT POLICY

For Senior School Students

- Allergies and food intolerances are self-managed by the students in senior school. – or Catering Managers are available at all food service times to advise on allergens in any dishes.
- Allergen information is detailed on all menus and directly on our serving counters
- If a student cannot manage their allergy or food intolerance requirements the school should inform Olive Dining and parents will be required to complete an Olive Dining Allergy Medical Diet form. This form includes details of all food allergies/intolerances along with medical evidence and a photo of the student.
- The Food Standards Agency state that facial recognition is an important factor in managing students with allergies or dietary requirements. For GDPR compliance, all student details that are supplied to the kitchen have been agreed by the parents. These photos are displayed in the kitchen near the servery and are for the attention of all catering staff.
- For any senior school students requiring a special diet (one that may include multiple allergens or allergies to common foods outside the 14 main allergies) an individual menu may be supplied. Once the Olive Dining Allergy Medical Diet form has been received it will take up to one month for Olive Dining to assess and provide a suitable menu. The menu will then be signed off by the parent. In the interim time the student will be provided with a suitable hot option (jacket potato and suitable topping).
- For special diets that require an individual menu, the food is prepared separately, plated, covered and labelled with the student's name and allergies. This meal is recorded on the Special Diet Management Record and is signed by the Olive Dining Catering Manager and a member of the school team.

ALLERGEN MANAGEMENT POLICY

Product Labelling

"Natasha's Law" requires all pre-packaged foods prepared on site to be labelled with a full list of ingredients highlighting any of the 14 main allergens that are present in the ingredients.

Pre packaged foods include any item that you prepare on site, package up and display on a shelf or chiller. This includes items such as sandwiches, salads, pasta pots, baguettes, cakes etc.

Here is the list of Information required on any food item you package on site –

- Product Description – This must be an accurate description of what the product is made from, eg Cheese and Chutney Sandwich
- Use By Date
- Full list of ingredients – Includes all ingredients contained in the finished product. So, in the Cheese & Chutney Sandwich example, you would need to list all the ingredients contained in the sandwich – bread, chutney, cheese, spread and any other foods you add. Be careful to include all ingredients that may have been added to your finished product – for example chicken marinated in buttermilk will contain milk
- Identification of any of the 14 main allergens. To be identified as follows – flour (gluten) – note type of gluten - wheat, rye, barley, oats, spelt or kamut), prawns (crustaceans), tahini (sesame), Cheese (milk) Nuts (type of nut) etc., so it is clear which ingredient is the allergen.

Products that do not require labelling –

- Foods which are premade (panini's etc) but not packaged but are then put in a takeaway bag purchased do not require a label.
- Sandwiches that are made to order do not require full labelling
- Items that are not pre packaged
- Any foods that you have on display (ie. Sausage Roll or Cakes) that are displayed unpackaged

Note – all foods on display that are not prewrapped will have allergen information provided on a menu and on the service counter.

ALLERGEN MANAGEMENT POLICY

ANAPHYLAXIS is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure. The main causes are attributed to nuts, seeds and seafood; nuts being the major food that hits the headlines regularly.

How to recognise an anaphylaxis reaction

Early symptoms include

- Itchy, urticarial rash anywhere on the body (raised itchy rash that suddenly appears)
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness

Danger signs include

- Swelling of the lips, tongue and throat
- Cough, wheeze, tightness of chest or shortness of breath
- Sudden collapse or unconsciousness

For severe symptoms, follow the emergency procedure below:

- Call School Nurse
- Call an ambulance
- Monitor the person's condition carefully.
- If a student's EpiPen device is available, it can be administered into the thigh muscle (through clothing if necessary) by the person themselves or trained personnel.
- Ensure person does go to hospital, even if the initial treatment has reduced the severity of the reaction.