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Approved by: Financial Monitoring Committee of the Governing Board
Date: 18.5.26
Next review date: May 2029

1) Aim

Our Mission as a Catholic school is to provide the highest possible standards of education for all our students, recognising the value and uniqueness of everyone, delivered in the context of Gospel values and the teachings of the Church. We aim to provide a safe place, where each and every student is nurtured to become capable, independent learners and tolerant, kind, thoughtful and responsible young people, who realise that with Faith, all things are possible.

To act justly,
To love mercy,
And to walk humbly with God
Micah 6:8

2) Purpose

La Retraite School believes 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.

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

This policy applies to all relevant School activities and is written in compliance with all current UK health and safety legislation.

3) Practice

The school 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 students with allergies and any students newly diagnosed.
- Ensure that Individual Healthcare Plans (IHPs) are implemented and reviewed for students diagnosed with serious allergies.
- 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.

4) Roles Responsibilities

4.1 The Governing Board

4.1.1 The Governing Board has ultimate responsibility for health and safety matters, including Allergy Awareness and management of associated risks, in the School.

4.1.2 Ensure the Allergy Awareness Policy is reviewed annually, or after any operational changes or significant allergy related incidents, to ensure that the provisions remain appropriate for the activities undertaken.

4.1.3 The Governing Board will ensure that adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis across the School, in line with the School's Scheme of Delegation.

4.1.4 The Governing Board will receive reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.

4.1.5 The Governing Board are responsible for ensuring that this Allergy Awareness Policy is implemented across all The School within the School and that operational arrangements reflect the School's requirements.

4.1.6 The Governing Board will ensure mechanisms are in place to monitor the effectiveness of this policy.

4.1.7 Where catering services are centrally procured by the School, the Governing Board will ensure that contracted services comply with the School's allergy management requirements and ensure contractors are appropriately vetted and monitored.

4.1.8 Ensure that communication and reporting systems are in place so that allergy-related incidents, near misses, and emerging risks are reported to the Governing Board.

4.2 The Headteacher

4.2.1 The Headteacher is responsible for the day-to-day implementation of the Allergy Awareness Policy within their School.

4.2.2 Will ensure allergy related incidents, near misses, and concerns are recorded and reported via the School's designated reporting systems and escalated as required to the Governing Body.

4.2.3 Will ensure out a risk assessment is carried out of allergy needs of students and staff, appropriate to the circumstances of the workplace, and review annually and/or after any significant changes.

4.2.4 Will ensure that Individual Health Care Plans (IHPs) are implemented and kept under review for students diagnosed with serious allergies.

4.2.5 Will ensure that an appropriate number of appointed persons have been provided with allergy awareness training and that their names are prominently displayed throughout the School.

4.2.6 Will ensure that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.

4.2.7 Will ensure all staff are aware of the School's allergy awareness policy and procedures.

4.2.8 Will ensure that catering is provided to the reasonable medical needs of staff and students.

4.2.9 Will ensure allergy bullying is treated seriously, like any other bullying.

4.2.10 Will report specified incidents to the Health and Safety Executive (HSE), when necessary.

4.2.11 Will ensure that staff receive regular updates on allergy risks and changes to students' Individual Healthcare Plans.

4.3 Teaching & Support Staff

4.3.1 Will ensure they follow allergy awareness procedures.

4.3.2 Will ensure they are familiar with any relevant students' Individual Healthcare Plans (IHPs) and know the actions required in the event of an allergic reaction.

4.3.3 Will ensure they know who the first aiders in School are.

4.3.4 Will complete accident reports for all incidents they attend to where a first aider is not called.

4.3.5 Will inform the Headteacher or their line manager of any specific health conditions or allergy needs.

4.4 Medical Officer

4.4.1 Will ensure they follow allergy awareness procedures.

4.4.2 Will ensure they know who the first aiders in School are.

4.4.3 Will complete accident reports for all incidents they attend to where a first aider is not called.

4.4.4 Will inform the Headteacher or their line manager of any specific health conditions or allergy needs.

4.4.5 Will support the Headteacher in maintaining accurate records of staff training and compliance related to allergy management.

4.5 Premises Staff

4.5.1 Will ensure they follow allergy awareness procedures.

4.5.2 Will ensure they know who the first aiders in School are.

4.5.3 Will complete accident reports for all incidents they attend to where a first aider is not called.

4.5.4 Will inform the Headteacher or their manager of any specific health conditions or allergy needs.

4.6 Catering Staff

4.6.1 The catering manager is responsible for ensuring that food allergy requirements are reviewed and reflective of the current menu offerings.

4.6.2 All catering staff have received allergy awareness and food hygiene training, records retained on file, and refresher training is provided in line with the training schedule.

4.6.3 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.

4.6.4 Will ensure an allergen matrix is made available for dishes served. Menus will clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

4.6.5 All dishes will be reviewed for allergen contents & that the catering team continue to review the individual ingredients. The frequency will be determined by changes 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).

4.6.6 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.

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

4.6.8 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.

4.6.9 To prevent allergen cross-contamination, the catering team will ensure:

a) that any foods/dishes with any of these 14 allergens will carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
b) that staff training takes place on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
c) utensils are cleaned before each usage, especially if they were used to prepare meals containing allergens
d) that a storage system is in place to prevent cross-contamination of ingredients with other ingredients containing allergens. That ingredients that contain allergens are kept separate from other ingredients
e) that they have a spillage plan in place to clean up allergenic ingredients i.e. disposable clothes/towels / blue rolls to prevent cross-contamination.
f) effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
g) physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
h) using separate fryers/cooking equipment.
i) that oils are not shared between allergen-containing foods and allergen-free foods.
j) that if cross contamination can't be avoided in food preparation, the catering staff will inform the school and parents that they're unable to provide an allergen-free dish.

4.7 Contractors and Visitors

4.7.1 Will ensure the School 's Allergy Policy and reporting procedure is followed

4.7.2 Will ensure their activities do not introduce an allergy risk to the School.

4.7.3 Will ensure a high standard of hygiene is maintained whilst in School premises as a matter of good practice.

4.7.4 Will ensure any areas which may be contaminated are to be reported to the Premises Team or their host.

4.8 Students and Parents/Guardians

4.8.1 The parents/guardians 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 a Allergy Declaration Form

4.8.2 If details are unclear or ambiguous, the School will follow this up with parents for further information which will be recorded by the School.

4.8.3 It is parents'/guardians' 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. Parents/guardians 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.

4.8.4 Will ensure that any required medication (Epi-pens 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.

4.8.5 Will attend any meeting as required to share further information about their child's food allergy to assist in planning for the management of their child's allergy and completion of a care plan.

4.8.6 If an episode of anaphylaxis occurs outside of the School, the School must be informed by the parents/guardians.

4.8.7 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.

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

4.8.9 Children are not allowed to share food with each other.

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

5) Arrangements

5.1 Medication & Auto-injectors

5.1.1 Students' medication is stored in Student Reception (medical cupboard)

5.1.2 School issue auto-injectors will be kept in the staff room and the School Kitchen

5.1.3 Students must keep their own auto injectors with them in their bags so that they can be accessed quickly in an emergency. Periodic checks will be carried out on students' bags to ensure they have their auto-injectors with them at all times. Parents will be contacted immediately if it is found that their child does not have their auto-injector with them.

5.14 Students whose auto injectors are kept by the School are clearly detailed in Health Care Plans and Allergy Declaration Forms.

5.1.5 Student Allergy Declaration Forms are completed and stored in Student Reception.

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

5.2 First Aid

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

a) If the student is experiencing mild symptoms, then they must be escorted to Student Reception. However, if the student is experiencing anaphylaxic shock symptoms, the staff member must administer the auto-injector without delay if the student is unable to do so

b) An ambulance must be called if an auto-injector is administered and the parents informed. The auto-injector, after use, must be handed over to the ambulance crew.

c) All incidents of anaphylaxis must be recorded the anaphylaxis log book.

d) If the child has to be taken to hospital or the injury is `work' related, then the accident is reported to the Governing Bord

e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then, as the employer the school will arrange for this to be done

5.3 Insurance Arrangements

5.3.1 The school's insurer is the DfE's RPA Assurance Scheme.

5.4 Educational Visits

5.4.1 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.

5.4.2 In the case of day visits a trained First Aider will carry a travel first aid kit in case of need, including a spare auto-injector appropriate to the pupil's needs.

5.4.3 Any student with a prescribed auto-injector must carry this on any educational visit.

5.4.4 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.

5.4.5 Where food is provided by a third-party caterer on a day or residential trip, they will be provided with details of all known allergies of the pupils attending the educational visit.

5.5 Administering Medicines

5.5.1 Prescribed medicines may be administered in the School by staff members who are appropriately trained by a healthcare professional, where it is deemed essential. Wherever possible, students will administer their own medicine, under the supervision of a member of staff.

5.5.2 If a child refuses to take their medication, staff will inform their parents/guardians accordingly.

5.5.3 In all cases, the school's 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 each School office. Forms are reviewed annually or when a student's medical needs change, (see the School's Allergy Declaration and Parental Agreement forms).

5.5.4 Staff will ensure that records are kept of any medication given.

5.6 Storage of medicines

5.6.1 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 whilst on School trips. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.

5.6.2 Spare auto-injectors will be held by the School for emergency use, in line with the student's Individual Healthcare Plan and Department of Health protocols.

5.7 Anaphylaxis

5.7.1 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger, such as foods, insect stings, medications or other allergens.

5.7.2 The symptoms include:

a) feeling lightheaded or faint
b) breathing difficulties – such as fast, shallow breathing
c) wheezing
d) a fast heartbeat
e) clammy skin
f) confusion and anxiety
g) 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.

5.7.3 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, staff should:

a) Use an adrenaline auto-injector if available, following the correct procedure.
b) Call 999 for an ambulance immediately, even if they start to feel better, mention that you think the person has anaphylaxis.
c) Remove any trigger if possible, for example, carefully remove any stinger stuck in the skin.
d) Lie the person down flat, unless they're unconscious, pregnant or having breathing difficulties.
e) Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

5.7.4 All staff must be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of students.

5.7.5 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 and should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

5.7.6 There are two main types of adrenaline auto-injectors, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use each specific type of auto-injectors. These are:

a) EpiPen
b) Jext

NOTE: Emerade has been discontinued in the UK with a full recall since 2023 due to failure to activate. These MUST NOT be used.

5.8 Accidents/Illnesses requiring hospital treatement

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

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

5.9 Debfibrillators

5.9.1 There is a defibrillator available within the School as part of the first aid equipment.

5.9.2 First aiders are trained in the use of defibrillators, and the defibrillators is clearly marked and accessible.

5.10 Students with Special Medical Needs

5.10.1 Some students have medical conditions that, if not properly managed, could limit their access to education. These conditions may include, but are not limited to, severe food allergies, allergies to insect stings, allergies to animals or medication allergies.

5.10.2. Where students with severe allergies are identified, an Individual Healthcare Plan (IHP) must be developed. This ensures:

a) All staff are aware of the student's allergy and potential triggers

b) Specific safety measures are identified and in place to reduce the risk of exposure to allergens

c) Clear emergency procedures are defined, including administration of auto-injectors and calling for medical assistance.

d) Catering, classroom, and activity arrangements accommodate the student's allergy safely.

e) Responsibilities of staff, parents, and the student (where age-appropriate) are clearly documented.

5.10.3. When developing and reviewing IHPs, ensure:

a) Parents/carers provide detailed information about their child's allergies, medical history, and prescribed emergency medication (e.g., adrenaline auto-injectors).
b) Students with severe allergies must have an IHP completed in conjunction with their GP, Paediatrician, and the School's Senior Healthcare Lead.
c) IHPs must be developed before the student starts at the School, or within two weeks of diagnosis/enrolment.
d) IHPs are reviewed at least annually or sooner if there is a significant change in the student's allergy status, medication, or triggers.

5.11 Accident Recording and Reporting

5.11.1 First aid and accident record book

a) 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.

b) Records will be retained securely in line with the School's Data Protection Policy. For students and staff, accident and medical records will be kept in accordance with the school's Data Retention Policy.

5.11.2 Reporting to the Health & Safety Executive (HSE)

a) Any incident that meets RIDDOR criteria will be reported to the Health and Safety Executive within statutory timeframes.

b) The School will notify the Governing Board of all serious allergy related incidents.

c) For full details of RIDDOR Reporting requirements and procedures, refer to the HSE's guidance and the school's Staff Handbook.

5.11.3 Parents/guardians must be informed on the same day of any allergy-related incident and treatment provided.

5.12 Difference between a food allergy and food intolerance

5.12.1 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 several chemicals in the body. These chemicals cause symptoms of an allergic reaction.

5.12.2 Food intolerance is more common than food allergies. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, 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) Food Allergens

6.1 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:

a) The food's name
b) 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 students select themselves or that the catering staff 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:

a) **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats

b) **Crustaceans, Invertebrates** (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

c) **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.

d) **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.

e) **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.

f) **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 (texturized 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.

g) **Milk,** includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

h) **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

i) **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

j) **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.

k) **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.

l) **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.

m) **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.

n) **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) Conclusion

7.1 This Allergy Awareness Policy reflects the School's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

7.2 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.