

**Management of Food Allergies**

This policy should be read in conjunction with the Anaphylactic Protocol and First Aid Policy. The purpose of this policy is to ensure compliance with the following regulations:

* Food Information Regulation 2014.

Introduction

The Montessori Place recognises that a number of community members (students, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

The Montessori Place is committed to a whole school approach to the care and management of those members of the School community. This policy looks at food allergy and intolerances in particular. The School’s First Aid Policy looks more in depth at allergens such as animal stings (bees, wasps, ants etc).

The School’s position is not to guarantee a completely allergen-free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. This encourages self-responsibility to all those with known allergens to make informed decisions on food choices. It is also important that the School has robust plans for an effective response to possible emergencies.

The School does not claim to serve ‘nut-free’ or ‘gluten-free’ etc., dishes. Rather particular dishes are described as made with *ingredients* that are ‘nut-free’ or ‘gluten-free’ etc. This is because we cannot guarantee there has been no cross-contamination.

The School is committed to proactive risk food allergy management through:

* The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies.
* The establishment and documentation of a comprehensive management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site.
* Provision of a staff awareness programme on food allergies/intolerances, possible symptoms recognition (anaphylaxis) and treatment.

The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at The Montessori Place or attending any school-related activity. It is also intended to outline how information can be accessed to food allergens in the kitchens facilities. The anaphylaxis protocol (Appendix 1) sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise.

The common causes of allergies relevant to this policy are the 14 major food allergens:

* **Cereals containing Gluten**
* **Celery** including stalks, leaves, seeds and celeriac in salads
* **Crustaceans**, (prawns, crab, lobster, scampi, shrimp paste)
* **Eggs** - also food glazed with egg
* **Fish** - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
* **Soya** (tofu, bean curd, soya flour)
* **Milk** - also food glazed with milk
* **Nuts**, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
* **Peanuts** - sauces, cakes, desserts, ground nut oil, peanut flour
* **Mustard** - liquid mustard, mustard powder, mustard seeds
* **Sesame Seeds** - bread, bread sticks, tahini, hummus, sesame oil
* **Sulphur dioxide/Sulphites** (dried fruit, fruit juice drinks, wine, beer)
* **Lupin**, seeds and flour, in some bread and pastries
* **Molluscs**, (mussels, whelks, oyster sauce, land snails and squid).

The allergy to nuts and/or peanuts is the most common high-risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect to the individual can be both life-threatening and uncomfortable, if suffered.

Definitions

*Allergy*: A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.

*Allergen*: A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

*Anaphylaxis*: Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).

*Adrenaline device*: A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intramuscular administration. This may also be referred to as an Epi-Pen/ Ana pen or Jext which are particular brand names.

Procedures

The School has clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs. This process is:

1. A ‘Child Health Form’, is completed and signed by the parent/carer before admission. This form requires parents/carers to list medically diagnosed allergies. These forms are updated at the start of each academic year and parents/carers are responsible for notifying the school of any changes during the year.

1. Information from the Child Health Forms, and from members of staff is transferred to the Allergy & Dietary Requirements lists for each kitchen and classroom each term. This is updated by the Allergy Supervisor (Karen Pearce).
2. If a child has a severe (life-threatening) allergy and an individual Anaphylactic Protocol is prepared with the parents/carers and, where appropriate, with the student. This is updated termly. A Medicine Consent Form will always accompany the Anaphylactic Protocol. The Anaphylactic Protocol requires that all staff that come into contact with the student are able to respond appropriately in the event of the student showing possible symptoms of an allergic reaction.
3. On-going training to ensure members of the Young People’s Community are aware of fellow students that have severe allergies and are aware of triggers and first aid procedures to be followed in the event of an emergency.

The School also has clear procedures and responsibilities to be followed by staff regarding food sourcing, preparation and labeling to ensure that accurate allergen information is accessible to everyone who is offered refreshments on either site or purchases food or drink prepared or produced by the School off-site. These are as follows:

1. Food Handling (level 2) and Food Supervisor (level 3) training is updated every 3 years.
2. No products containing peanuts, or traces of peanuts, are used as ingredients in food prepared by the School.
3. No products containing nuts[[1]](#footnote-0), or traces of nuts, are used as ingredients in food prepared by the School.
4. When food is brought into the kitchens, each item is recorded on an FSA allergen form and any allergens listed in the ingredients are noted alongside the items. After it is recorded on the FSA form the item is then struck out on the receipt. The receipts are stapled to the completed FSA allergen forms and filed in the Food Hygiene Folder. No item may be brought into the kitchen that has not been checked in this way.
5. Menus identify all allergens in accordance with food labeling legislation. Prepared menus are signed and dated and submitted to the Allergy Supervisor who reviews the allergen labeling. The double signed menu is filed in the Food Hygiene Folder.
6. The allergen ingredients are labeled for all food served and available to all staff and visitors. For routine meals this is conveyed through the menus, at other times, for example, cakes and other snacks, this is displayed with the dish.
7. For events where guests will be offered food served by the school, guests are informed through clear signage of the requirements to let the school know if they have any food allergies/intolerances.
8. Where products are not made on site, but sold or served by the School (for example coffee-mornings, bake sales, or pot-luck meals), appropriate signage should be in place. This will state the following: *‘This item was not produced at The Montessori Place, therefore we cannot guarantee that it does not contain peanuts, nuts, or any other allergen’.*

**Appendix 1**

**Allergy and Anaphylaxis Protocol**: **SEVERE ALLERGY**

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| Recent Photograph | Name |
| Date of Birth |
| Address |
| Parent names and contact numbers |
| GP contact details | Additional contacts |
| Allergy to: | This means avoiding ALL substances which contain or may contain traces of: |
| Additional information For example asthma, eczema and other health conditions: |
| Name of medication | How is it administered? | Where is it kept? | Expiry date |
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| Mild symptoms which may require antihistamines or inhalers(Antihistamines can take approximately 15 minutes to work. An inhaler may be necessary). | For example rash, headache, vomiting, itchy tongue & swelling.Child’s particular symptoms: |
| Moderate to severe which may require inhalers and Adrenaline.(An immediate administration of adrenaline into the upper outer thigh as shown in the training session may be required and /or an inhaler may be necessary)  | For example difficulty in breathing, facial swelling, cough and choking, wheezing, pallor, blue lips, collapse, fainting, unconsciousness – this is known as ANAPHYLAXIS and is an extreme medical emergency. CALL 999.Child’s particular symptoms: |
| Following any symptoms please administer prescribed medication for as outlined above. |

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| Date of last training | Who attended | Who provided it |
| Who else has been trained in the last 12 months? |

ALWAYS:

1. Assess the child’s condition – Note symptoms and how they are feeling. Notify another member of staff and if symptoms of anaphylaxis are present call an ambulance (999). Make sure person who calls ambulance confirms this has been carried out and someone is available to meet and tell the ambulance crew your exact location.

2. Decide if the reaction appears to be mild or moderate or severe. If mild or moderate – give antihistamine/ inhaler as prescribed but MONITOR THE CHILD CONTINOUSLY. This is to make sure the symptoms do not progress to a ‘biphasic’ secondary reaction- see below for details\*. (If a mild reaction occurs the parents of the child should be informed of their allergic reaction by telephone with an incident form completed)

3. If there are any symptoms of Anaphylaxis or the breathing is compromised or the child appears faint or ‘floppy’ then Adrenaline (EpiPen or Jext) should be given. An ambulance should have already been called) This should be administered into the muscle of the upper outer thigh (as shown in training) and the child should be monitored. NOTE THE TIME GIVEN. MONITOR THE CHILD CONTINOUSLY. Another dose of Adrenaline may be necessary if the child’s’ condition has not improved or deteriorates within 5-10 minutes.

4. Stay with the child, do not move the child (Let the child adopt the position they are most comfortable in), if they are feeling faint or floppy then encourage them to lie with legs raised and head turned to one side (in case of vomiting) or sitting still (if breathing difficulties).

5. Keep calm and keep the child calm.

6. Wait for ambulance, when the ambulance arrives the adult in charge of the child should tell the ambulance crew what has happened and give all used medications to the ambulance crew for safe disposal, stating times of given medication.

7. It is normal practice for anyone who has been given adrenaline to go to hospital for further monitoring therefore the accompanying adult should take any relevant medical information with them about the child. If the situation happens in a day care or school environment parents will be contacted by somebody after the ambulance has been called and should arrange to meet at the hospital (unless they are in close proximity to the area of the child). Permission to use emergency medication will already have been obtained and given by signing of this protocol.

8. Following each allergic reaction the parents should be notified so they are able to continue to monitor the child’s condition and make a GP appointment or follow up at the hospital if necessary.

9. Parents will replace any further necessary medications.

\*This is because a secondary phase reaction could occur (after the initial reaction has been treated and resolved) these symptoms can be either mild symptoms or more serious symptoms and Parents/ Carers need to be aware of this possibility , ensuring they have adequate follow up medication and this is why monitoring in hospital is essential.

**GENERAL INFORMATION**

The protocol is to ensure that everyone caring for the child is aware of their allergies, symptoms and to promote better understanding of the child’s needs and medical requirements. This should help to allow for better management of symptoms and recognition of how to deal with emergency situations if they arise.

It should also allow for effective communication between parents, childcare organisations and medical professionals which should help both the allergic child and anyone involved in their care.

Regular updates of this document should be made (it is recommended that this document is read by those caring for the child between 3-6 monthly periods to ensure familiarity and up to date appropriate care. An annual review is recommended (unless changes need to be made as suggested by the treating Doctor before this date).

This protocol should be read, checked and signed by the parents/carers, your GP, the Head of School and the Child’s Guide.

Copies should be kept in accessible places to ensure that everybody who is responsible for the child is aware of the allergic triggers and has good knowledge of how to deal with the child should symptoms occur.

**Medication**

The Medication often prescribed for a child at risk of anaphylaxis is Epinephrine. (Commonly known as Adrenaline) This may be injectable epinephrine (The EpiPen or Jext). It is important that the parent explains what medication his or her child has been prescribed, what symptoms may occur and when and how to use the emergency pack.

ALL staff will need to know where the medication is stored. When a child or young person is deemed responsible to self-administer they carry their own medication. This is recorded on a medicine consent form and on this protocol. Other medication should be out of reach of children but readily accessible. It should be clearly labeled with the child’s name and instructions for use. Responsibility for ensuring the medication is “In Date” rests with the parent.

All medication should be clearly labeled in the original container as dispensed by the pharmacist, expiry dates and instructions for use should be clearly stated.

**Allergic Reactions**

These reactions can be mild, moderate or severe and in some cases life threatening – this is known as Anaphylaxis. Prompt treatment is necessary and follow up by medical staff may be required.

* It is essential each child follows their own individual protocol and that this is updated any changes occur.
* It is important that strict attention is paid to any allergic triggers which could cause an allergic reaction and risk of coming into contact with these allergic triggers is minimised. (These are detailed below in precautionary measures).
* Emergency medication must be accessible at all times and a plan of action should be drawn up to ensure everyone knows what to do in such an event to ensure safety of the child.
* It is important that children with allergies are treated sympathetically but also that they are able to be included in as many activities with precautionary measures in place which do not place the child at risk. Therefore allowing them to take part in school and out of school activities and feel they can be included in a supportive environment.

**Symptoms of allergic reactions**

**Ear/Nose/Throat Symptoms**: runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

**Eye Symptoms**: watery, itchy, prickly, red, swollen eyes. Allergic ‘shiners’ (dark areas under the eyes due to blocked sinuses).

**Airway Symptoms**: wheezy breathing, difficulty in breathing and or coughing (especially at night time).

**Digestion**: swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

**Skin**: Urticaria –wheals or hives-bumpy, itchy raised areas and or rashes. Eczema –cracked, dry, weepy or broken skin. Red cheeks. Angiodema –painful swelling of the deep layers of the skin.

**Symptoms of Severe Reaction/ Anaphylaxis**: These could include any of the above together with:

* Difficulty in swallowing or speaking.
* Difficulty in breathing –severe asthma
* Swelling of the throat and mouth
* Hives anywhere on the body or generalized flushing of the skin
* Abdominal cramps, nausea and vomiting
* Sudden feeling of weakness (drop in blood pressure)
* Alterations in heart rate (fast Pulse)
* Sense of Impending doom (anxiety/panic)
* Collapse and unconsciousness

If you are in any doubt about the severity of any symptoms always seek urgent medical attention (Call 999 for an ambulance and state Anaphylaxis. The first line treatment of anaphylaxis is Adrenaline (epinephrine) given by injection.)

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| Consent and Agreement **I agree to (insert name of child/ young person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being responsible for carrying and administering medication in the event of an allergic reaction taking place.** ***[Strike out the statement above if not appropriate]*** |
| **I agree to the staff taking responsibility and administrating medication in the event of an allergic reaction taking place.**  |
| Parent/Carer | Name & signature | date |
| Head of School | Name & signature | date |
| Lead Guide | Name & signature | date |
| Child/Young Person | Name & signature | date |

1. When Anaphylactic Protocols allow, it may be possible for one or other kitchen to use certain nuts (never peanuts). Nut status signage is displayed in the kitchens regarding permitted nut ingredients. [↑](#footnote-ref-0)