



Allergens Policy

2026-2027

Introduction

Orchard House School recognises that a number of community members (pupils, parents, visitors, and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

Orchard House School 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 position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction, and information. This will encourage 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. This policy has been created with guidance from the Food Information for Consumers Regulation (1169/2011) which came into force in December 2014.

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 (anaphylaxis) recognition and treatment.

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

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, houmous, 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 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

<i>Allergy</i>	A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity. A normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person. Anaphylaxis, or anaphylactic shock, is a sudden, severe, and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
<i>Allergen</i>	A normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.
<i>Anaphylaxis is</i>	Anaphylaxis, or anaphylactic shock, is a sudden, severe, and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
<i>Adrenaline device</i>	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.

General Aspects (pupils)

The School will establish clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs.

This process includes:

- The office team / admissions being involved with the parents and the child in establishing an individual medical Care Plan.
- Effective communication of the individual Care Plans to all relevant staff and departments.
- Ensuring staff first aid training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.

Posters with affected pupil's pictures and names are in files in classrooms, the kitchen, and the office.

General Aspects (Staff and visitors).

Due to the diverse nature of the school, it is important that allergen information is accessible to all parties who visit the site.

During bookings for external events, it is important that guests are informed of the requirements for any known person with food allergies/intolerances. This should be undertaken during the booking process. This information should then be passed to the Chapter One catering teams to allow them to plan appropriate menus and selections of food.

The Chapter One Catering Department will also hold information folders during each service outlining the contents of all dishes at the service. This can be referred to upon request by any guests.

Responsibilities

Medical information for pupils is private and confidential. However, it is the office and admissions responsibility to pass any information on to the Catering Manager with regards to food allergies of pupils.

Staff will be made aware of these pupils via ISAMs and:

- Asking the office for the allergy list
- This medical information will be on the ISAMs system for staff to download during trips and activities.

The office is responsible for supplying the relevant pupil medication (adrenaline device). Pupils are responsible for ensuring that they have their medication with them at all times. Additional devices are located across the site in 2 locations. 1. Office, 2. PE Shed

It is the responsibility of the Office Team to keep these up to date. Spare devices can also be found in the pupil's secure medical boxes – these are their personal medications.

- The Chapter One Catering Staff are also responsible for:
 - Using only authorised suppliers and being the controlling point and contact for all purchases of food stuffs for School catering.
 - Ensuring suppliers of all foods and catering suppliers are aware of the school's food allergy policy and the requirements under the labelling law.
 - Ensuring suppliers of food stuffs are nut free or labelled 'may contain nuts'.

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Being aware of pupils and staff who have such food allergies and updating this training every three years. All staff must be informed of this during their in-house induction training. Clear labelling of items of food stuffs that may contain nuts.

Educational Visits, School Events (for example packed lunches/outings etc)

All academic staff must check the requirements of all pupils they are taking off site. This is part of the trips risk assessment. All pupils' information is on the ISAM's system. Where food intolerance has been identified, this must be relayed to the Chapter One Catering Department if they are ordering packed lunches/refreshments/food.

All staff undertaking an offsite trip must have attended the School's First Aid training including paediatric first aid if they are responsible for lower years.

This is part of the risk assessment. Staff must also:

- Physically check that pupils have their medication before leaving site.
- Ensure that all food collected from the Chapter One Catering Department has been clearly labelled and they are aware of any foods that should not be given to pupils (also any foods that pupils may purchase outside of the school during the trip). Where a class has an open event inviting parents to bring food in for the pupils it is important that the Teacher informs them

of any pupils they have in the class with allergies. The Chapter One Catering Department does not have any control over the food brought in during this time, so it is hard to monitor.

Events

If the School hosts any 'staff coffee mornings', 'ice cream or cake sales' or 'cake sales' for charity it is important that no food poses a risk to the end user, however, this is difficult for the Chapter One Catering Department to monitor. Where products are not made on site, but sold by the school, appropriate signage should be in place. This will state the following

'This item was not produced at Orchard House School, therefore we cannot guarantee that it does not contain nuts or any other allergen'.

All products should be plated separately, and stored as such (wrapped where possible) to prevent cross contamination to other items for sale.

It should be left to the discretion of the person buying the food that they accept the risk that allergens may be present.

Appendix A

School Management of severe allergies (ANAPHYLAXIS)

Legislative Requirements: Benedict's Law

In accordance with recent legislation (Benedict's Law), the school maintains rigorous adherence to protocols regarding the provision and accessibility of adrenaline auto-injectors (AAIs). We ensure that life-saving medication is available, clearly labelled, and stored in accordance with statutory guidelines to support pupils with severe allergies.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish, and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action to take:

(Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

- Ring (9) 999 immediately to get the ambulance on the way.
- Use the person's adrenaline device
- Ring the head or a member of SLT
- Ensure that the office is aware that an ambulance is coming onto site.
- Stay in the immediate area to assist staff and/or direct the Emergency Services
- Ensure that accident forms are filled out if applicable.

* Staff should update their training to use the adrenaline device every 3 years as a minimum. This will be delivered as part of first aid training, and by staff attending training delivered by an approved provider.