

Bay Learning Academy CIC

Allergens Policy 2024 - 2025

Allergens Policy

Bay Learning Academy CIC has a food standards inspection rating of 'very good' five stars.

<https://ratings.food.gov.uk/business/1588745/bay-learning-academy-cic-kingston-upon-hull>

1 Policy Statement

- 1.1 Bay Academy is aware that children may have allergies, which can cause allergic reactions and childhood allergy is now a recognised problem for children and parents/carers across the country. Having allergies has the potential to be a debilitating condition and 5- 8% of children in the UK have a food allergy. Following this policy will ensure, where possible, that allergic reactions are prevented, and staff are fully aware of how to support a child with an allergic reaction. Information passed from parents/carers from the registration form regarding allergic reactions and allergies must be shared with all staff in the Academy.
- 1.2 It is a legal requirement (Food Information Regulations 2014) for all food businesses to provide information about allergenic ingredients used in food sold or provided by them. 'Natasha's Law' will come into force in October 2021, giving businesses a transition period to prepare for the new rules. The Food Standards Agency has published updated technical guidance¹ for the industry to help ensure that businesses of all sizes can prepare and adapt to these changes. Section 100 of the Children and Families Act 2014, states schools have a duty to support learners at their Academy with medical conditions. Individual Health Care Plans are developed in partnership between the Academy, parents/carers, learners, and the relevant healthcare professional who can advise on a child's case. The aim is to ensure that the Academy knows how to support your child effectively and to clarify what needs to be done, when and by whom. Bay Learning Academy recognises that although some allergies and intolerances produce uncomfortable symptoms, some people can suffer severe allergic reactions. This is known as anaphylaxis and in some cases, can be life-threatening. The Academy also recognises that it has a duty of care to safeguard all its students, staff and visitors from adverse reactions due to food or other allergen hypersensitivities.

2 What is the definition of an allergy?

¹ Food Standards Agency: Guidance on Allergen Management and Consumer Information

- 2.1 This is when the body has an adverse reaction to protein (e.g. foods, insect stings, pollens) or other substances (e.g. antibiotics). These substances are called allergens, and for most people they are harmless. Common things that children are allergic to include: food (e.g. peanuts, tree nuts, milk, eggs, wheat and fish), pollens from trees and grasses, house dust, mites and insect stings.
- 2.2 Allergic symptoms can affect the nose, throat, ears, eyes, airways, digestion and skin in mild, moderate or severe form.
Symptoms of allergies affect many children on a daily and can impact a child's health/well-being and can go undiagnosed for some time.
- 2.3 The consequences of suffering from one, or several allergies can cause issues with reduced sleep, concentration and anxiety that can affect learning.
- 2.4 When a child first presents with an allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other childhood conditions. However, if the allergic reaction is severe, or if the symptoms continue to re-occur, their symptoms must be investigated. With early diagnosis and treatment, it is easier to manage symptoms and reduce the effects on a child's daily life.

3 What can go wrong

- 3.1 Allergen contamination of foods.
- 3.2 Incorrect or insufficient labelling of food products.
- 3.3 Allergic reaction or anaphylactic shock to a child, visitor or staff member.
- 3.4 Adding your 'own' additional allergenic ingredients to a ready-made product and not communicating this.

4 Our Safe Methods

- 4.1 Working closely with approved suppliers that provide information on which foods could contain allergens.
- 4.2 Take advice and instruction from the local Environmental Health Officer (EHO) and update catering policies to reflect changes in legislation.
- 4.3 Display notices informing learners/staff that certain products contain allergens, and that additional advice is available (or ensure this information is included in the menus).
- 4.4 Ensure catering staff are trained/aware of how to deal with anaphylactic shock
- 4.5 If a learner has a diagnosed allergy/intolerance:
 - Use the Allergy Risk Assessment Flow Chart (appendix 2) to ensure the correct procedures are being followed.
- 4.6 Never give inaccurate advice about foods containing allergens. If you are not sure, say so.

5 Due Diligence

- 5.1 Undertake regular checks and records.
- 5.2 Follow the 'what to do if a child has an anaphylactic shock', when deemed necessary.
- 5.3 Follow up on any incidents or alleged incidents by informing the Principal who will advise you on the most appropriate course of action.

6 Be Alert! Food Allergy Can Kill

- 6.1 Certain people can have an allergy to almost any protein-containing food. Some allergies are common, but it is not in most foods. The allergic reaction can vary in severity from a mild rash to a condition requiring urgent medical assistance.
- 6.2 The Food Standards Agency has currently identified 14 most common allergens, these are listed (Appendix 1):

7 What you need to do

- 7.1 **Food Handling:**

- 7.1.1 Avoid cross-contamination between foods.
- 7.1.2 Use separate and distinctive (purple) coloured storage containers, utensils, and chopping/food preparation boards during the preparation and handling of such foods.
- 7.1.3 Thoroughly clean and sanitise food contact surfaces, equipment and utensils before each use.
- 7.1.4 Avoid cross-contamination by storing allergen-free foods above allergenic foods (dry store, fridge/freezer etc.)
- 7.1.5 Wash your hands after handling allergens.
- 7.2 **Consumer Enquiries:**
 - 7.2.1 If a consumer (learner, visitor, staff member etc.) asks you about food ingredients do not mislead them; answer all enquiries with care and understanding.
 - 7.2.2 Always refers to the label on the product, in conduction with the product specification sheets.
 - 7.2.3 If you still cannot be sure about the ingredients, say so; **don't guess.**
 - 7.2.4 If necessary, ask your principal for advice.
- 7.3 **Allergic Reactions:**
 - 7.3.1 If an allergic child or staff member becomes ill or you suspect they may be suffering from an allergic reaction, you should immediately summon assistance.
 - 7.3.2 For persons known to have allergies any delay in treatment may be critical.
 - 7.3.3 The nominated First Aider may be required to administer medication or use an Adrenalin Auto Injector (Epipen) or JEXT (the medicine a child has been given by a doctor to help treat their anaphylaxis). Please refer to the Medication Policy and the General Health & Safety Guidance Policy.
 - 7.3.4 Advice on best practice is that all catering/support staff should receive training in the use of adrenalin. **In the event of an emergency, any layperson can administer adrenalin to save a Human Life in accordance with the Medicines Act 2012.**
 - 7.3.5 Always keep the casualty calm and never leave them alone.
 - 7.3.6 Never move a causality that you suspect is having a severe allergic reaction – always bring help to the.

Appendix 1

THE 14 FOOD ALLERGENS



MOLUSCS

Including land snails, whelks and squid.



EGGS

Can be found in cakes, sauces and pastries.



FISH

Found in pizza, dressings and Worcestershire sauce.



LUPIN

Lupin can be found in bread, pastries and pasta.



SOYA

Various beans including edamame and tofu.



MILK

Butter, cheese, cream and milk powders contain milk.



PEANUTS

Can be found in cakes, biscuits and sauces.



GLUTEN

In food made with flour such as pasta and bread.



CRUSTACEANS

Such as crab, lobster, prawns, shrimp and scampi.



MUSTARD

Can be in liquid or powder form as well as seeds.



NUTS

Including cashews, almonds and hazelnuts.



SESAME

Found on burgers, bread sticks and salads.



CELERY

Including stalks, leaves, seeds and celeriac.



SULPHITES

Found in dried fruit like raisins and some drinks.

Appendix 2

Emergency treatment for a suspected anaphylactic reaction

Investigation in adults or young people aged 16 years or older

Take timed blood samples for mast cell tryptase testing:

- as soon as possible after emergency treatment
- ideally within 1–2 hours (but no later than 4 hours) from the onset of symptoms.

Inform the person (or, as appropriate, their parent and/or carer) that a blood sample may be required at follow-up with the specialist allergy service to measure baseline mast cell tryptase.

Investigation in children younger than 16 years

Consider taking blood samples for mast cell tryptase testing if the cause is thought to be venom-related, drug-related or idiopathic:

- as soon as possible after emergency treatment
- ideally within 1–2 hours (but no later than 4 hours) from the onset of symptoms.

Inform the parent and/or carer that a blood sample may be required at follow-up with the specialist allergy service to measure baseline mast cell tryptase.

Assessment

Document the acute clinical features of the reaction:

- rapidly developing, life-threatening problems involving the airway (pharyngeal or laryngeal oedema), and/or
- breathing (bronchospasm with tachypnoea), and/or
- circulation (hypotension and/or tachycardia), and
- in most cases, associated skin and mucosal changes.

Record the time of onset of the reaction. Record the circumstances immediately before the onset of symptoms.

Observation for adults and young people aged 16 years or older

Observe people for 6–12 hours from the onset of symptoms, depending on their response to treatment. In patients with reactions that are controlled promptly and easily, a shorter observation period may be considered provided that they receive appropriate post-reaction care prior to discharge.

Admission for children younger than 16 years

Admit children to hospital under the care of a paediatric medical team.

Referral

Refer people to a specialist allergy service (age-appropriate where possible), consisting of healthcare professionals with the skills and competencies necessary to accurately investigate, diagnose, monitor and provide ongoing management of, and patient education about, suspected anaphylaxis. Hospital trusts should have separate referral pathways for suspected anaphylaxis in adults (and young people) and children.

Adrenaline injector

Offer people (or, as appropriate, their parent and/or carer) an appropriate adrenaline injector as an interim measure before the specialist allergy appointment.

Patient information and support

Before discharge offer the following:

- information about anaphylaxis, and the signs and symptoms of an anaphylactic reaction
- information about the risk of a biphasic reaction
- information on what to do if an anaphylactic episode occurs (use the adrenaline injector and call emergency services)
- a demonstration of the correct use of the adrenaline injector
- advice about how to avoid the suspected trigger (if known)
- information about the need for referral and the referral process
- information about patient support groups.