



**BLYTHE BRIDGE HIGH SCHOOL
& SIXTH FORM
A FOUNDATION TRUST SCHOOL**

Statutory/Non Statutory Policy

On

Blythe Bridge High School & Sixth Form

Food Allergy Policy

**Drafted by:
Director of Business & Finance**

**Date of Approval by Governing Body:
1st January 2018**

Signed By Chair of Governors:

**Review date:
January 2020**

**Person(s) Responsible for Day to Day Management:
Director of Business & Finance**

**Person Responsible for Review
Director of Business & Finance**

Here at Blythe Bridge High School & Sixth Form we recognise that although most food intolerances produce symptoms that are uncomfortable, some people can suffer a severe food allergy with more serious consequences and in some cases these may even be life threatening.

Aims of this policy:

- To ensure that the school has considered the needs of food-allergic pupils and has developed appropriate procedures.
- To ensure that affected children are not unknowingly exposed to food allergens like nuts and seeds during schools hours.
- To extend these policies to breakfast and after school clubs and any trips organised by the school.
- To consider the needs of food-allergic pupils when teaching the Food Technology and other curricular/extra-curricular activities.
- To reduce the likelihood of a pupil with a known food allergy displaying a severe reaction to a specific food while in school.
- To foster an understanding and sense of responsibility for the specific needs of the individuals within the school community.
- To create an awareness of the action to take should someone with a severe food allergy display its symptoms.

Issues to consider

- Whether staff are confident in having the knowledge and skills to care for food-allergic children, including what to do if it is suspected that a pupil is having an allergic reaction.

We recognise that we have a duty of care to all of our pupils and for this reason we ensure that each parent/carer has opportunity to complete a medical form/care plan when attending Blythe Bridge High School & Sixth Form. Our catering staff work together with students to reduce the risk of students having an allergy related reaction whilst in school.

Prior to commencing at BBHS Year 7 parents/carers are required to inform the school of any known food allergies that their child has. This information is then

passed to the relevant staff to ensure that a care plan is put into place if necessary.

Parents should update this information if an allergy is diagnosed at any stage in their child's education.

Parents must advise the school of the action that should be taken if their child develops the symptoms of an allergic reaction whilst in school. This will be completed on the Care Plan.

Relevant members of staff are given the names of students who have specific food allergies, this is noted on the medical list regularly updated and available to staff. Photographs of students with severe food allergies are displayed in the school kitchen and staff room notice board.

A number of staff have been trained in the use of the EpiPen should a student with a known food allergy go into anaphylaxis.

Certain items of food which are served are labelled with the ingredients, for hot foods which are not clearly labelled the recipe booklet is available via the Catering Manager.

Background

True food allergies are reproducible adverse reactions to a particular food that involve the immune system. Virtually all known food allergens are proteins. They can be present in the food in large amounts and often survive food-processing conditions. Allergic reactions are characterised by the rapid release of chemicals in the body that cause symptoms, which can occur within minutes or up to an hour or more after ingestion of the allergen. Whilst almost any food protein can cause an allergic reaction in some people, the most common food allergens in Europe include cereals containing gluten (like wheat, rye, barley), seafood (including crabs, prawns, lobsters, muscles and cockles), eggs, fish, peanuts, milk, tree nuts (almonds, hazelnuts, walnuts, Brazil nuts, cashew nuts, pecan nuts, pistachio nuts, macadamia nuts and Queensland nuts), soya, sesame, celery, mustard and SO₂.

The proportion of the population with true food allergy is approximately 1-2% of adults and about 5- 8% of children, which equates to about 1.5 million people in the UK.

Coeliac disease is not an allergy. Whilst it is classified as a food intolerance it is not like other intolerances in that it is an 'auto-immune' disease, which means that the body produces antibodies that attack its own tissues. In coeliac disease this attack is triggered by gluten, a protein found in wheat, rye and barley. This intolerance to gluten causes an inflammatory response that damages the gut. Villi (tiny, finger-like projections that line the gut) become inflamed and then flattened (villous atrophy), leading to a decreased surface area for absorption of nutrients from food. People with undiagnosed coeliac disease can, as a result, have a wide range of digestive symptoms and can suffer from nutritional deficiencies.

Blythe Bridge High School & Sixth Form cannot guarantee that there will be nothing that might trigger an allergic reaction or that a pupil will never experience an allergy related event whilst in school. With a relatively small amount of effort and care we can, however, work together to ensure a safe environment for all our students.