



# Food Allergy Policy

**May 2025**

**Approved by the Governing Body Strategy Group 21/05/25**

**This Policy is due for renewal in Term 5  
2027–28**

# **FOOD ALLERGY POLICY OF GODINTON PRIMARY SCHOOL**

## **SECTION ONE – INTRODUCTION**

Godinton Primary 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.

Godinton Primary 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. The School's Medical Needs Policy looks more in depth at allergens such as animal stings (bees, wasps, ants etc.) and the school's Food and Drink policy outlines the school's approach to general issues relating to the consumption of food and drink by pupils and the school community.

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 and to provide help and assistance for our youngest pupils. It is also important that the School has clear plans for an effective response to possible emergencies.

Food at Godinton Primary School is provided in compliance with the DfE 'Requirements for School Food Regulations' which came into force in 2014 (amended 2019).

Other documents taken into account within this policy includes:

- DfE School Food in England (June 2023)
- DfE School Food Standards – A Practical Guide (February 2025)
- DfE School Food Guidance for Governors (February 2025)
- DfE Allergy Guidance for Schools (February 2025)
- DfE Requirements for Labelling of Allergens on Pre-Packed for Direct Sale (PPDS) Food (October 2021)
- DfE Supporting Children at School with Medical Conditions (December 2015)
- DoH Using Emergency Adrenaline Auto-Injectors (AAIs) in Schools (September 2017)

The nominated allergy lead at Godinton Primary School is Jill Talbot (Headteacher). Responsibilities are outlined in section 3.

## **SECTION TWO – AIMS AND OBJECTIVES**

### **2.1 Policy Scope**

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

- Ensuring that robust systems are in place to ensure accurate and timely sharing of information relating to food allergies and intolerances with clearly defined responsibilities.
- Supporting pupils with the management of food allergies and intolerances.
- The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies.
- Working with catering providers to ensure that food labelling, menu planning and all aspects of food preparation support the needs of those within our school community who have food allergies.
- Provision of staff awareness on food allergies/intolerances, possible symptoms (including anaphylaxis) recognition and treatment.

The intent of this policy is to minimise the risk of any person suffering an allergy-induced reaction, or food intolerance whilst at Godinton Primary School or attending any school related activity. The policy sets out guidance for staff to ensure they are suitably prepared to manage the day to day needs of pupils with food allergies and to address emergency situations should they arise. The policy also outlines the expectations of all those involved in the preparation or distribution of food within the school and of parents and other individuals, in informing the school of any food allergies.

### **2.2 Allergy information**

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. 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.

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 and Dairy – also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecans, brazil nuts, pistachios, cashews 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)
- 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 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.

Allergies can be caused by ingestion or through contact e.g. through touching nut based items.

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. Other food intolerances may also require management and awareness.

From 13 December 2014 EU Food Information for Consumers Regulation No.1169/2011 requires food providers to make information available about allergenic ingredients used in any food and drink served. This is available on the daily lunchtime menus produced by our school caterers: Independent Catering, which can be viewed on the school website or as a hard copy from the school office.

From October 2021, Requirements for Labelling of Allergens on Pre-Packed for Direct Sale (PPDS) Food came into force. Also known as Natasha’s Law, this applies to any food business that produces PPDS food, as well as primary and secondary schools, colleges, universities, and nurseries that provide food. PPDS food is food that is packaged at the same place it is offered or sold to consumers. It is a single item, consisting of the food and its packaging, that is ready for presentation to the consumer before it is ordered or selected. The school does not currently produce food which is packaged before the consumer orders or selects them and therefore no labelling under the requirement of this law is needed.

## **2.3 Links with other policies**

The school has a separate policy for the management of food and drink within the school which should be read in conjunction with this policy.

This policy should be read in conjunction with other policies that promote healthy living such as our Physical Activity Policy, Children's Mental Health and Wellbeing Policy and Medical Needs Policy.

## **SECTION THREE – RESPONSIBILITIES**

4.1 Allergy Lead (Member of the Senior Management Team), is responsible for:

- Promoting and maintaining allergy awareness within the school community;
- Ensuring that allergy information and dietary information for all pupils is recorded and collated, and kept up to date by the Medical Needs Coordinator;
- Pupils with allergies have an allergy plan completed by a medical professional;
- Ensuring that staff receive appropriate allergy training;
- Ensuring that staff are aware of the school's policy and procedures relating to allergies;
- Ensuring that staff are aware of what activities need an allergy risk assessment;
- Reviewing this policy.

4.2 Medical Needs Coordinator, is responsible for:

- Co-ordinating the information from families added to Arbor and clarifying with parents where the information provided may be ambiguous;
- Co-ordinating medication with families;
- Ensuring that allergy plans are in place for pupils;
- Updating the Medical Needs booklet.

4.3 Teaching and Support Staff are responsible for:

- Promoting and maintaining allergy awareness among pupils;
- Maintaining awareness of our allergy policy and procedures;
- Being aware of specific pupils with allergies in their care and ensuring that their needs are catered for / allergies plans are implemented e.g. separate toasters used for gluten free bread at Breakfast Club;
- Supporting those children who have school dinners with their menu choices;
- Liaising with the Medical Needs Coordinator, Assistant Head for Inclusion and parents regarding the management of food allergies;

- Ensuring that ‘treats’ e.g at **STAR Award** tea parties are provided to take into account any allergies that children might have;
- Carefully considering the use of food or other potential allergens in lesson and activity planning;
- Being able to recognise the signs of severe allergic reactions and anaphylaxis;
- Attending appropriate allergy training as required;
- Ensuring the wellbeing and inclusion of pupils with allergies;
- Providing feedback to class teachers of any observations made in relation to food at lunchtime, **After School Club** or **Breakfast Club**;
- Ensuring that surfaces where food is consumed are clean to reduce risks of cross contamination.

4.4 Independent Catering provide school meals at **Godinton Primary School**. Independent Catering have their own policies relating to all aspects of food management and preparation.

The School Catering Provider (Independent Catering) is responsible for:

- Ensuring food is provided in compliance with the DfE ‘Requirements for School Food Regulations’ which came into force in 2014;
- Familiarising themselves with the medical needs of our pupils in order for correct meals to be consumed;
- Ensuring menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made;
- Ensuring that if menus need to be changed, they continue to meet all dietary requirements;
- Ensuring rigorous food hygiene is maintained to reduce risk of cross contamination;
- Ensuring suppliers provide information regarding the content of their products;
- Working with the Assistant Head for Inclusion and parents to provide meal alternatives where required;
- Ensuring that training for the catering team is up to date.

4.4 Parents and Carers are responsible for:

- Adding information about any food allergies or intolerances which their child might have, on Arbor and ensuring that this information is kept up to date;
- Updating the school if their child’s medical needs change at any point. Parents 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;
- Ensuring that any required medication (Epipens or other **AAIs**, 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 a written Allergy

Management Plan;

- Attending any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan;
- Informing the school, if an episode of anaphylaxis occurs outside school;
- Carefully considering the food they provide to their child as packed lunches and snacks, trying to limit the number of allergens included.

#### 4.5 Pupils with allergies are responsible for:

- Ensuring, that regardless of their age, they are familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening;
- Taking age appropriate responsibility for managing choices that will reduce the risk of allergic reaction;
- Ensuring that they do not share food with each other and only use their own water bottle;
- Ensuring that good hygiene is maintained e.g. handwashing.

#### 4.5 Pupils without allergies are responsible for:

- Being aware of allergens and the risk they pose to their peers;
- Ensuring that they do not share food with each other and only use their own water bottle;
- Ensuring that good hygiene is maintained e.g. handwashing.

## **SECTION FOUR – PROCEDURES**

The School has clear procedures to be followed in meeting the needs of pupils with medical needs relating to food allergies or intolerances.

### **4.1 Initial Information Provided Regarding Food Allergies or Intolerances**

The parents or carers of all new starters to the school are required to submit their child's medical needs information, via Arbor, on which the details of any food intolerances or allergies and their management should be described. If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.

For children starting in the reception classes, information regarding food allergies will be discussed at home visits alongside any other medical needs.

A meeting can be arranged with school staff and / or food providers such as Breakfast Club staff or catering staff in order to further discuss a child's needs.

Where a child transfers from another school or from nursery, the school will try and obtain any relevant information regarding how the previous school or setting managed the food allergy in order to provide continuity.

It is parents' responsibility to ensure that if their child's medical needs change at any point, they make the school aware and update information accordingly on Arbor.

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

#### **4.2 How the School Uses this Information**

All medical needs forms are stored confidentially on the school's management information system, Arbor, so they can be accessed by appropriate members of staff as required.

Medical information for pupils is private and confidential however in order to ensure that medical needs can be properly managed, information is shared with school staff. This is done in several ways:

- Before the start of a new academic year, medical needs information, including details of food allergies, are shared with the receiving class teacher as part of our transition process. This information is collated by the medical needs coordinator and passed onto teachers and support staff (e.g. Breakfast Club staff) however it is also accessible on Arbor. It is staff responsibility to ensure that they are familiar with the information provided and that any other adults working with the children are aware of their needs as well.
- At the start of the academic year, the medical needs coordinator will compile the school's Medical Needs Handbook. This contains confidential information for all school staff relating to the medical needs of all pupils in the school and includes sections on food allergies and intolerances amongst other medical conditions. This booklet is updated when new information is shared. It is the responsibility of school staff to ensure that they are aware of the medical needs of any pupils they are working with, this includes Breakfast Club staff and those running after school activities.
- The medical needs booklet can be accessed in the classroom and should be read by any new member of staff covering the class in a teacher's absence.
- The medical needs coordinator will inform the school kitchen of any pupils who have food allergies or intolerances. A photo of these children is displayed in the kitchen along with details of their condition.
- Where pupils or staff have an allergy which may result in anaphylaxis and they have



an epi-pen in school, their photo and additional information is available in the medical room.

- Where an allergy significantly impacts on a child's day to day activity, a care plan will be put in place e.g. a child who requires tube feeding or is required to eat at a separate time. This will be constructed in conjunction with school staff, parents and healthcare professionals as a risk assessment across all aspects of school life e.g. learning activities (e.g. science experiments using food, craft activities using food packaging) or off site visits.
- Key medical needs information will be available when children are taken off site – this will be extracted from Arbor.

### **4.3 Food Restrictions**

We acknowledge that it is impractical to enforce a completely allergen-free school. However, we ask that pupils and staff do not bring high-risk foods into school in order to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, the food may be removed and parents contacted.

### **4.4 Lunchtime**

Children are able to have a school dinner or bring a packed lunch from home. If children are having a school dinner, they make their menu selection at the start of the school day when the register is taken. Staff support children with their menu choices. The menus are also available online so that parents can help children make choices before they come into school. Staff are aware of any allergies so that children can be supported

The school kitchen caters for a range of food allergy needs. Where needs are very specific, it may be beneficial for a meeting to be arranged between parents, school staff and catering staff to discuss dietary requirements. Sometimes menu substitutions can be made to accommodate allergy needs – this is at the discretion of the school kitchen and is dependent on resources available. Our Assistant Head for Inclusion may also be involved in this process.

If children have a food allergy which can be triggered by contact with certain food substances, as well as ingestion, the school will ensure that due consideration is given to

where the child is seated in the dining hall and the cleaning of tables. Children are told that they are not allowed to share food at lunchtimes. Midday supervisors observe and assist the children at lunchtime in order to reduce the opportunity for children to share food, although we cannot guarantee that this will not happen.

#### **4.5 Breakfast Club and After School Club**

Breakfast Club and After School Club staff are made aware of any food allergies that the children attending the club might have. This is through the use of the Medical Needs Booklet.

Breakfast Club and After School Club are able to cater for a variety of food allergy needs e.g. use of soya milk or gluten free bread. Separate equipment (e.g. toasters) is used to avoid cross contamination.

Parents are advised to discuss any particular food allergy requirements with Breakfast Club or After School Club staff in order to ensure needs can be met.

#### **4.6 First Aid Provision and Response to Anaphylaxis**

The school has a separate policy for managing medical needs and first aid which should be read in conjunction with this policy.

The school has a number of first aiders who would be called to assist in cases of allergic reaction including anaphylaxis. A number of staff have also had training in how to administer AAIs to those children who have an Allergy Management Plan.

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a plan recommending the use of an AAI in the event of anaphylaxis. This is contained within the Medical Needs booklet so it can be quickly referenced in the event of an emergency. The register identifies known allergies and risk factors for anaphylaxis for each pupil.

Each child who has been prescribed an AAI has an Allergy Management Plan which is enclosed in the pack with their AAI. These are housed in the medical room. This outlines how the AAI should be administered, including dosage. The pack also includes a photo of the child so a visual check can also be made.

As part of the whole school awareness approach to allergies, staff are trained in the school's allergic reaction procedure and to recognise signs of anaphylaxis and how to respond. Key staff are trained in the administration of AAIs to minimise delays in pupils receiving adrenaline in the event of an emergency.

If a pupil has an allergic reaction, the staff member attending will initiate a child's Allergy

Management Plan and will contact 999 and parents. If the pupil has no allergy plan and is not known to have an allergy, staff will follow the school's emergency plans and will contact 999 and follow the advice given, they will also contact the child's parents.

If a pupil needs to be taken to hospital, staff will stay with the child until parents arrive or will accompany the child to hospital.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored by a first aider and parents informed.

The school will contact parents and the emergency services, if required, in the event that a child suffers an allergic reaction. The school's Medical Needs Policy outlines the school's response to medical emergencies.

Further information about Anaphylaxis can be found in Appendix 1, in NHS guidance <https://www.nhs.uk/conditions/anaphylaxis/> and from the charity Anaphylaxis UK <https://www.anaphylaxis.org.uk/about-anaphylaxis/what-to-do-in-an-emergency/>

## **SECTION FOUR – MANAGEMENT OF FOOD ALLERGIES IN OTHER AREAS OF SCHOOL LIFE**

### **4.1 Rewards and Celebrations**

On occasions, food items are used as part of the school's reward system, this includes squash and biscuits for the winning house each term, or weekly Star Award tea parties with the Headteacher. On these occasions, staff will make suitable adjustments in order to ensure that children with food allergies are included, e.g. substituting food items.

Sometimes children will bring food items into school to distribute to classmates when it is their birthday. These are handed out at the end of the day so children can take them home and check with an adult before eating.

### **4.2 Curriculum Activities**

As part of the school curriculum, children may be involved in activities that involve preparing food (e.g. DT lesson) or tasting food (e.g. tasting food from other countries). Teachers will take the needs of children with food allergies into account when planning these activities and will make modifications where possible to allow participation. When a third party is involved in delivering a food related workshop, the class teacher will be responsible for ensuring that the dietary needs of pupils are taken into consideration.

### **4.3 Educational Visits**

No pupils will be excluded from events that take place outside of school e.g. school trips, due to having a food allergy. Adaptations will be made to enable them to take part.

When a child with a food allergy participates in a residential visit, their dietary needs will be planned for, in conjunction with the activity centre.

The lead member of staff for an educational visit will ensure that food allergy considerations are made in any activity that may involve food.

#### **4.5 Charity Events**

If the School hosts any 'cake sales' or similar events for charity it is important that no food poses a risk to the end user, however, this is difficult for the school to monitor. Where products are not made on site, but sold by the school, appropriate signage will be put in place. This will state the following:

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

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

The same will apply to any cake sales organised by the PTFA.

#### **4.6 Items for Sale at PTFA Events**

Some PTFA events such as school discos, have sweets included within ticket prices. Provision is made by the PTFA to provide alternatives for children with food allergies. Parents just have to let the PTFA know in advance.

### **SECTION FIVE – OTHER ALLERGIES (NON-FOOD BASED)**

The procedures in this policy also apply to children with other forms of allergies e.g. insect stings and bites, latex or animals, for examples. Children may be prescribed an AAI for this type of allergy and these will be managed in the same way as AAIs for food allergies, with Allergy Management Plans.

Risk assessments will be completed in order to make adjustments to lessons or activities to minimise allergy risks. An example of this would be a pupil with an animal allergy observing not touching animals on a farm visit.

### **SECTION SIX – SUPPORT FOR MENTAL HEALTH**

Pupils suffering from allergies may also suffer from anxiety or other mental health issues relating to their allergy. The school's Children's Mental Health and Wellbeing Policy outlines the support that can be put in place at school to assist pupils.

The school has an anti-bullying policy which clearly outlines the measures taken by the

school is response to any event of bullying.

## **SECTION SEVEN – MONITORING AND REVIEW**

This policy is formally reviewed by the Strategy Group on behalf of the Governing Body every two years. The policy review takes into consideration the views of all stakeholders. This policy is available to all stakeholders on the school website or alternatively from the school office.

## **SECTION EIGHT – CHILDREN IN CARE**

Godinton Primary will ensure that the food and drink needs of Children in Care (CIC) are met.

## **SECTION NINE – EQUAL OPPORTUNITIES**

At Godinton Primary School, we are committed to ensuring equality of opportunity for all members of our school community irrespective of race, religion or belief, gender, gender reassignment, disability, sexual orientation, age, pregnancy or maternity, marriage and civil partnership or socio-economic background. We are determined to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and ability to participate fully in school life.

We tackle discrimination through the positive promotion of equality by challenging stereotypes and by creating an environment that champions respect for all. At Godinton Primary School, we believe that diversity is a strength that should be respected and celebrated by all those who learn, teach and visit us.

All school policies have an explicit aim of promoting equality and will be reviewed in terms of their contribution and effectiveness in achieving this aim.

## APPENDIX 1 – RESPONDING TO ANAPHYLAXIS

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

<b>AIRWAY:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>BREATHING:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>CONSCIOUSNESS:</b>	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

### IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector\* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.