Allergen Policy and Anaphylaxis Protocol

He gives food to every creature. His love endures forever.

Psalms 136:25

Ampleforth College

Persons responsible for Policy	Lead Nurse (Infirmary)
Ratified by	St Laurence Education Trust
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Next Review date	March 2027
Please Note: This policy may be subject to change once the proposed changes are made to Supporting Pupils with Medical Conditions at School are announced. Expected August 2026	

Introduction

St Laurence Education Trust (SLET) recognise that a number of students, staff and visitors to Ampleforth College (including visiting parents and external organisations) may suffer from potentially life-threatening allergies or intolerances to certain foods.

Ampleforth College is committed to the care and management of those members of the college and visitors. This policy looks at food allergy and intolerances in particular. The College Anaphylactic Protocol (See Appendix A) looks more in depth at anaphylaxis.

Ampleforth College cannot guarantee a completely allergen free environment, rather to seek 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 Ampleforth College has robust plans for an effective response to possible emergencies. This policy has been created with guidance from the College Infirmary and the Catering department to ensure compliance under the Food Information for Consumers Regulation (1169/2011) which came into force in December 2014.

Ampleforth College 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. Supported by the HACCP (Hazard Analysis Critical Control Point) process in place.
- 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 Ampleforth or attending any related activity/events. 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, humus, 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 which 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, Emerade or Jext which are brand names. Epi-pen is the variety currently available on the College site.

General Aspects

SLET will establish clear procedures and responsibilities to be followed by staff in meeting the needs of students with additional medical needs (This includes non food related allergies e.g. airborne, house dust mites, pollens, grasses, animals, latex, insect stings and bites etc. where additional measures may be required).

This process includes:

- The parent/guardian to notify the school of the student's allergies on the student welfare form on admission
- The College Infirmary being involved with the parents and the student in establishing an individual medical care plan. The care plans are created by the designated school infirmary nurse. This should identify the student's needs throughout the school including in the classroom, house, refectory or other eating places, in after-school activities, during off site school activities and on school transport.
- The student's parent/guardian to provide written medical documentation, instructions, and medications as directed by the Doctor, using the Food Allergy Action Plan as a guide.
- To provide properly labelled medications and replace medications after use or upon expiration as appropriate.
- Parent/guardians/family members support in educating the student in the self-management of their food allergy including:
- safe and unsafe foods
- strategies for avoiding exposure to unsafe foods
- symptoms of allergic reactions
- how and when to tell an adult they may be having an allergy-related problem
- how to read food labels (age appropriate)
- action to take in the event of allergic reaction
- Review policies/procedures with the school staff, the student's GP, and the student (if age appropriate) after a reaction has occurred.
- Parent/guardian to provide emergency contact information.
- Effective communication of the individual care plans to all relevant staff and departments.

School Shop (Provision of Tuck)

The Tuck Shop procures many items that are available to the students to buy. Items that are pre- packed will carry their own labels on the branded packaging. Items which are not pre-packaged for sale will be clearly labelled with the allergens contained within the specific product. If additional flavours or new lines are added the allergen information must be available at point of sale.

Where possible during storage and display items that are known to contain nuts (although they are individually wrapped and sealed during the manufacturing process) should be stored separately to other food items. This is to try to limit cross contamination to sufferers.

House Tuck Shop

In those houses that operate their own student Tuck shop the same protocol for procuring and storage of food

items for the school shop will be applicable. House staff need to be mindful of students within their houses that have known/severe allergies to minimise the risk and avoid cross contamination. As above:

External Food Deliveries

Where a house accepts external food deliveries for the students it is important that the Housemaster/Housemistress/Matron is aware of any students they have in the house with allergies. The Catering department does not have any control over the food brought in during this time.

Educational Visits, House Events (for example house punches, packed lunches/BBQs etc.)

All academic/house staff must check the requirements of all students they are taking off site. As part of the offsite risk assessment where food intolerance has been identified, must be relayed to the Catering department if they are ordering packed lunches/refreshments/food.

Staff must also:

- Physically check that pupils have their medication before leaving site.
- Ensure that all food collected from the Catering department has been clearly labelled and they are aware of any foods that should not be given to students (also any foods that students may purchase outside of the college during the trip).
- Event organisers e.g. house punches, BBQ's etc. must advise the Catering team of any students in attendance dietary requirements 7 days in advance of the event.

Responsibilities

Medical information for students is private and confidential. However, it is the College Infirmary's responsibility to pass any information on to the Catering Manager with regards to food allergies of students. Staff will be made aware of these students via:

- Housemaster/House Mistress/Matrons will be educated regarding prevention and management of the food allergies relevant to their students
- Educate the students regarding the importance of prevention of allergic reaction and of the management of their condition.
- A list with pictures will be sent out to the Catering Team and house staff at the start of the academic year outlining students with food allergies. This should be updated at least termly (or upon a new starter or recently diagnosed allergy)

Dietary comments & allergies.xlsx (sharepoint.com)

- Include food-allergic students in all school activities. Students should not be excluded from school activities solely based on their food allergy.
- The medical team who offer and deliver training to all staff regarding the administration of the medication, should brief all staff on anaphylaxis recognition and treatment.

- Ensuring staff first aid training includes anaphylaxis management, including awareness of triggers and firstaid procedures to be followed in the event of an emergency.

Adrenaline pen record.xlsx (sharepoint.com)

- Review the health records submitted by parents and physicians.

Additional devices are in the Upper Building kitchen and the School Infirmary. It is the responsibility of the Infirmary team to keep these up to date. Spare devices can also be found in the student's houses in secure medical boxes. Consideration needs to be given to students which attend the Windmill. (students need to carry their own adrenaline auto-injector) Spare devices are held at the Windmill and the Sports Centre. A spare adrenaline auto-injector is kept by the Games Department to take to the Cricket Pavilion when food is being served.

General Aspects (Staff, visitors, and external organisations)

Due to the diverse nature of Ampleforth College, it is important that allergen information is accessible to all parties who work and/or visit the school.

Staff

Staff are responsible for self-managing their allergies when eating in Upper Building or attending functions/events. Staff to make the Catering team aware of their specific allergies and requirements. During service the allergens will be clearly displayed at the point of service. A tick list is available on the salad bar for information. An allergen file is readily available for reference. The Catering team are responsible to ensure the information held is current and updated on any changes made to the menu, recipe or food labelling if a member of staff has an allergen query.

Staff when completing a Health questionnaire must detail any known allergies.

External Caterers

Ampleforth College from time to time uses external caterers. Each caterer must:

- Be registered with the Local Authority
- Have public liability insurance
- Display allergen advice at point of service
- If buffet, then must be able to provide specific allergen advice for each dish
- If a served plated meal, then guest must be able to ask a member of the external catering team for allergen advice

Evidence of the above must be obtained prior to the caterer being engaged.
Evidence is collated by the event organiser. The event organiser must seek to ensure the contractor adheres to relevant regulations & legislation

When using external catering providers, the Catering company will issue the menu detailing the allergens in advance of the event and the event organiser will advise on specific allergen requirements for the event.

Prospective Parents

It is the responsibility of the Admissions team to advise the Catering Team of any allergens for prospective parents/students visits

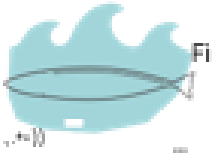
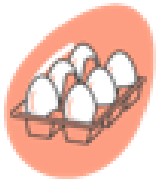
Controls

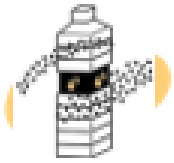
The Catering team are also responsible for:

- Using only authorised suppliers and being the controlling point and contact for all purchases of foodstuffs for catering (as per guidelines/process's set out within the HACCP management system)
- Ensuring suppliers of all foods and catering suppliers are aware of the food allergy policy and the requirements under the labelling law.
- Being aware of student, staff and visitors who have food allergies.
- All Catering team members must be informed of the importance of allergens during their in-house induction training.
- Additional staff training, and instruction will be carried out by the Catering team including online training packages and in-house training.

In the event of a near miss or incident these events would be reported immediately and investigated with the college infirmary, catering manager, deputy head of pastoral and the houseparent. The outcome of the investigation is carried out by the college infirmary and shared with interested parties.

A month end summary report will be carried out and issued to the catering team and the Bursar & Chief Operating Officer, highlighting any non-conformances during the month this will include complaints received, shortfall on special dietary meals, use of epi pen in emergency situations.

14 Named Allergens:	Examples and cross-reactivity: *(Cross-reactivity refers to foods that a person may also be allergic to if they are to a named allergen.)*	Common foods that may contain it:
 Cereals containing gluten	Wheat (including spelt and Khorasan wheat), rye, barley, and oats. May also be allergic to dairy, corn, rice, and potato.	Flour, bread and breadcrumbs, batter, cereals, cakes and brownies, couscous, pasta, porridge, noodles, pastries, croutons, tortillas, beer.
 Celery	Celery leaves, seeds, and salt, and celeriac. May also be allergic to carrots and spices (including coriander, cumin, and aniseed).	Stock, soups and stews, salads, sauces, spice mixes, seasonings.
 Crustaceans	Prawns, crabs, lobster, crayfish, be allergic to molluscs and shrimp, and scampi. May also other seafood.	Dishes containing used in Thai curries or salads, crustaceans, shrimp paste stocks, sauces, fish cakes and pies, soups, sushi.
 Fish	Salmon, cod, mackerel, haddock, tuna, swordfish, sole, and anchovies. May also be allergic to other types of seafood.	Dishes containing raw or cooked fish, sauces, relishes, salad dressings, stocks, Worcestershire sauce.
 Eggs	Chicken eggs. May also be allergic to other types of eggs, such as goose, duck, turkey, or quail.	Cakes, mayonnaise, mousses, pasta, quiche, sauces (e.g. hollandaise), glazing, ice cream, batter, Caesar salad dressing, custard, soups, pancakes, crepes.
 Peanuts	Raw or cooked peanuts, peanut flour, peanut butter, and peanut oil. May also be allergic to other legumes (including peas, lentils, beans, chickpeas, soybeans) and tree nuts.	Curries, sauces (e.g. satay or chili), groundnut oil and powder, nut pastes, egg rolls, biscuits and cookies, cereals and muesli, cakes, ice cream.
 Soya	Soybeans, edamame beans, soya protein, soya flour. May also be allergic to other legumes incfuding peas, lentils, beans, chickpeas, peanuts.	Sauces (e.g. soy sauce, tamari, shoyu, teriyaki, Worcestershire) tempeh, miso, tofu, dishes containing soybeans, bean curd, soups, stews.

14 Named Allergens:	Examples and cross-reactivity: *(Cross-reactivity refers to foods that a person may also be allergic to if they are to a named allergen.)*	Common foods that may contain it:
 Milk	Cow's milk. May also be allergic to other type of milk (such as goat or sheep) and to beef.	Butter, cheese, cream, custard, yogurt, ice cream, chocolate, sauces (e.g. curry or pasta sauces), mashed potatoes, deli meats, soups, glazing, cheesecake, dressings.
 Nuts	Almonds, cashews, pistachios, walnuts, pecans, Brazil nuts, hazelnuts, macadamia nuts. May also be allergic to peanuts.	Sauces (e.g. pesto, curry sauces, mole sauce, stir fry sauces), dips, soups, marzipan, ice cream, salads, dairy-free alternatives, groundnut powder and oil.
 Mustard	Liquid mustard, mustard powder, and mustard seeds. May be allergic to other seed derivatives, such as sesame, poppyseed, rapeseed etc.	Condiments (e.g. horse radish, wasabi, and vinegar), sauces (e.g. curries or barbecue sauce) marinades, salad dressings, soups.
 Sesame	Sesame seeds, sesame oil, tahini. May be allergic to other seed derivatives, such as mustard, sunflower, flaxseed etc.	Houmous, sushi, prawn toast, breadsticks, bread rolls and bagels, salads, stir fry dishes, oriental dishes.
 Lupin	Lupin seeds and flour. May also be allergic to peanuts.	Certain types of bread, pastries, pasta, etc. Often those imported to the UK from EU countries.
 Molluscs	Clams, oysters, snails, squid, scallops, mussels, whelks. May also be allergic to other types of seafood.	Dishes containing molluscs, sauces (e.g. containing oyster sauce), stews, stock, fish cakes and pies, soups.
 Sulphur dioxide and sulphites	Used as a preservative in many food and drinks.	Canned and dried fruits and vegetables, jams, vinegars, grape juice, condiments, sausages and burgers, wines, ciders, beers.

Appendix A

College Management of severe allergies (ANAPHYLAXIS)

All SLET staff must make themselves aware of the Anaphylaxis Policy. This outlines Anaphylaxis and the recognition and treatment that should be followed.

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
- Numbness or tingling to face
- 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 patient 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

Mild reaction

- **Itching of skin, rash, itching of eyes or swelling of eyelids.**
- **Treatment: Give antihistamine e.g. loratadine, cetirizine, if trained to do so.**

More severe reaction symptoms might include:

- **More severe rash or swelling of face, head and/or neck**
- **Swelling/tingling around the mouth or tongue**
- **Hoarseness**
- **Difficulty breathing or swallowing**
- **Patient is unable to speak**
- **Patient is blue**
- **Unresponsive to sound or stimulation**

EMERGENCY PROTOCOL FOR SEVERE ANAPHYLACTIC SHOCK

Take the following actions immediately:

- **Call 999 ambulance**
- **Give the adrenaline auto-injector injection immediately. This can be injected into a muscle e.g. the front of the thigh (see diagram).**
- **Call Infirmary for assistance 01439 766442**
- **The injection of Adrenaline may need to be repeated at 5-15 minute intervals according to response**
- **Keep the patient lying flat with legs elevated and turn onto side (recovery position) if they become unresponsive.**

If unresponsive:

- **Check breathing. (look, listen, feel)**

- **If unconscious but breathing put on side in recovery position. If unable to detect breathing – lie on back on firm surface & commence CPR**

Care plans of all those with a serious allergy are kept in the College Infirmary, their Student Welfare Risk Assessments and on student ISAMs and updated each term.

- All staff to be made aware of students with anaphylaxis named photographs are in staffroom, catering department and Infirmary.
- In service training to be arranged on the use of adrenaline auto-injectors for all staff and the students concerned.
- A training update also to be offered to house staff annually.
- Encourage avoidance of trigger factors.
- Educate student, staff (including catering staff) and peers regarding causes and management of this condition and the signs/symptoms/management of Anaphylaxis
- Staff to be made aware of food handling risk management
- Spare medication (auto-injector and anti-histamines) always kept in the student Infirmary and House are in date
- Ensure student knows how to use auto-injector
- Student to keep auto-injector with them at all times
- Ensure that the Security officer is aware that an ambulance is coming onto site. (If called)
- Stay in the immediate area to assist the Infirmary staff and/or direct the Emergency Services

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Photo

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

_____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

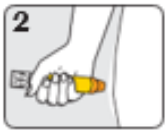
Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

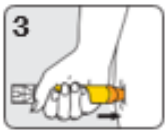
This plan does not expire but review is recommended by: DD / MM / YYYY

How to give EpiPen® adrenaline (epinephrine) injector

Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®

Instructions are also on device labels.
For video instructions scan this QR code:

EpiPen® is prescribed as follows:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:
- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:
- Stay with person, call for help
- Locate adrenaline injector
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

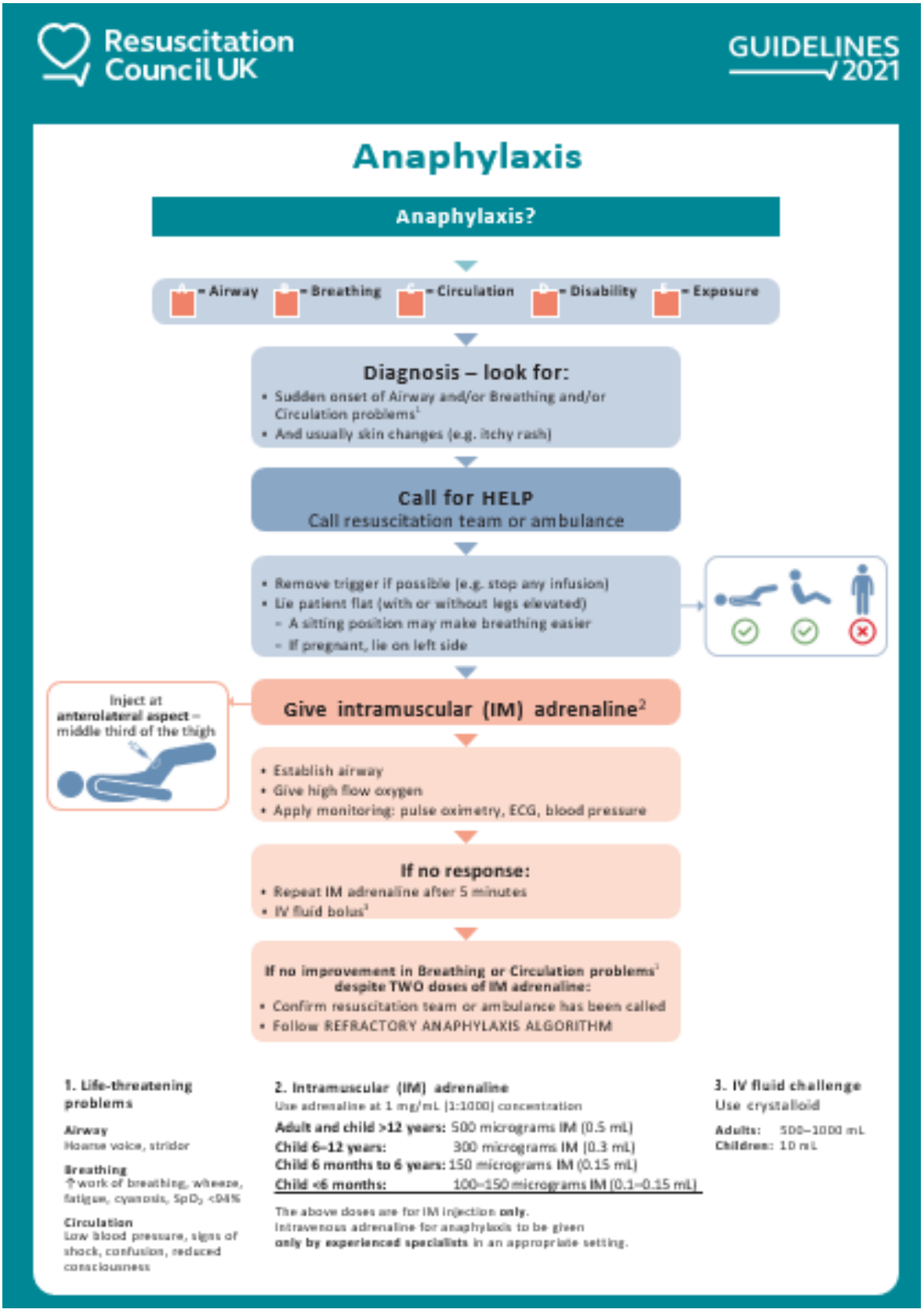
If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

DIRECTIONS FOR USING AUTO-INJECTORS (See above)

1. Remove auto-injector from carton. Read and follow instructions
2. Place needle tip onto the thigh at right angle to the leg (see illustration). Always apply to lateral aspect of thigh.
3. Press hard into the thigh until the auto-injector mechanism functions. Hold in place for 10 seconds.
4. Massage the area for several seconds
5. The auto-injector should then be removed and discarded safely
6. Stay with patient until ambulance or Infirmary staff arrive.
7. If the patient has a further Adrenaline Auto-Injector it may be repeated at a 5 to 15-minute interval depending on response.

Policy Review

This policy is reviewed every 12 months by the Lead Nurse (Infirmary)


Resuscitation Council UK
GUIDELINES 2021
Anaphylaxis
Anaphylaxis?
A = Airway
B = Breathing
C = Circulation
D = Disability
E = Exposure
Diagnosis – look for:
• Sudden onset of Airway and/or Breathing and/or Circulation problems[1]
• And usually skin changes (e.g. itchy rash)
Call for HELP
Call resuscitation team or ambulance
• Remove trigger if possible (e.g. stop any infusion)
• Lie patient flat (with or without legs elevated)
– A sitting position may make breathing easier
– If pregnant, lie on left side
Inject at anterolateral aspect – middle third of the thigh
Give intramuscular (IM) adrenaline[2]
• Establish airway
• Give high flow oxygen
• Apply monitoring: pulse oximetry, ECG, blood pressure
If no response:
• Repeat IM adrenaline after 5 minutes
• IV fluid bolus[3]
If no improvement in Breathing or Circulation problems[1] despite TWO doses of IM adrenaline:
• Confirm resuscitation team or ambulance has been called
• Follow REFRACTORY ANAPHYLAXIS ALGORITHM
1. Life-threatening problems
Airway
Hoarse voice, stridor
Breathing
↑work of breathing, wheeze, fatigue, cyanosis, SpO2 <94%
Circulation
Low blood pressure, signs of shock, confusion, reduced consciousness
2. Intramuscular (IM) adrenaline
Use adrenaline at 1 mg/mL (1:1000) concentration
Adult and child >12 years: 500 micrograms IM (0.5 mL)
Child 6–12 years: 300 micrograms IM (0.3 mL)
Child 6 months to 6 years: 150 micrograms IM (0.15 mL)
Child <6 months: 100–150 micrograms IM (0.1–0.15 mL)
The above doses are for IM injection only.
Intravenous adrenaline for anaphylaxis to be given only by experienced specialists in an appropriate setting.
3. IV fluid challenge
Use crystalloid
Adults: 500–1000 mL
Children: 10 mL