



Allergens Policy

June 2025



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This policy will be reviewed annually	
Policy reviewed:	June 2025 by S.Lisk & A. Forbes
Next review:	June 2026 by S.Lisk & A. Forbes

Introduction

Food allergies are becoming increasingly common, although severe allergic reactions are relatively rare. Wimbledon Common Preparatory School aims to provide as safe an environment as is reasonably possible for children, staff, and visitors. While our intent is to be nut free, we are an allergen aware school and take all allergens seriously. This policy sets out the school's measures to manage the risks of allergic reactions.

Allergies

The following 14 food allergens have been identified as public health concerns in the UK, although we acknowledge there are other foods children may also be allergic to.

1. Peanuts
2. Nuts
3. Fish
4. Eggs
5. Crustaceans
6. Sesame seeds
7. Milk
8. Soya (sometimes known as soybeans)
9. Celery
10. Mustard
11. Lupin
12. Added sulphur dioxide and sulphites
13. Cereals containing gluten
14. Molluscs

This list is not exhaustive

Further details of these allergens are given in the annex A

Different people can be allergic to different foods and therefore it is critical that parents inform the school of any allergies.

School's Aim

It is not possible to provide an environment that is totally free of all allergens. However, the school aims to manage the risk of allergens by:

- Limiting the possibility of peanuts/nuts on the school sites.
- Providing ingredients for food cooked by the children at school listing all allergens
- Children to wash their hands or use hand gel regularly
- At cake sales, having a completely separate table with free from cakes with a clear list of ingredients.
- Children wear a lanyard at lunchtime with their intolerance clearly visible.
- Making sure they are given their clearly labelled hot lunch at lunchtime.
- All children educated in the importance of not swapping food and why.
- At lunchtime make sure that food isn't swapped between children and any spillage is cleaned.

Parents providing food for cake sales are asked not to add nuts if homemade, and free from cakes to cater for children with allergens need to be clearly labelled with all ingredients. Shop bought free from options need to be in their original packaging and ingredients labels intact. Children are only allowed to purchase cakes if they are accompanied by their parent or guardian.

School Trips. The school cannot control the use of food allergens on trips where food is prepared by external organisations. The staff organising the trip are to be made aware of any children on the trip with allergies and both the staff and children are to ask for advice when purchasing or being provided with food. Parents/guardians will be asked to give permission for their child to eat snacks whilst on school trips, e.g. match teas at sports fixtures, lunch at outward-bound trips through the confidential health questionnaire. An individual health care plan will be put in place for children who have allergens. Staff in charge of trips will add pupils with allergies to the trip risk assessments.

Responsibilities

The school has a number of children who have food allergies. Everyone in the community has a role in minimising the chances of an allergic reaction.

School's Responsibilities.

The school is responsible for the following:

All staff will be aware, if informed, of every child with an allergy and will:

- Implement an individual health care plan (IHCP) to support children with allergies
- Children to wear lanyards at lunchtime with their allergens clearly visible
- Children's photos are circulated to staff and on the noticeboard in the staffroom of all children with allergens.
- Educate staff on the risks, prevention and responses to anaphylaxis
- Alongside parents, assist with the education of children with allergies

- Provide first line medical support to those with allergies
- Provide staff with appropriate training and Sharon Lisk will update staff of any changes at weekly staff meetings
- Provide the necessary medical information to all staff
- Two Auto-Injectors are kept in a first aid box clearly labelled on the side wall of the Headteachers office. One extra Auto-Injector is kept in the first aid cabinet in the medical room for trips or sports fixtures.

Trip Organisers. Members of staff organising trips, including away sports fixtures, will:

1. Hold information on children's allergies
2. Arrange for the child's emergency medication to be taken on the trip and a nominated person to be responsible for looking after medication with or near to the person requiring the medication at all times
3. Know what to do in the event of an allergic reaction
4. Have details of those children who have not been given permission to consume food or drink that has not come from home and make sure alternatives are organised.

Family's Responsibility.

We ask the parents of child with allergies to:

- Notify the school of their child's allergies. This should be done before the start of the first school term and thereafter if there have been any changes
- Provide the school with **two** adrenaline auto-injectors, clearly labelled with the child's name
- Replace such medication after use or upon expiry
- Educate the children in self-management of his allergy, including which foods are safe and unsafe
- Understand the symptoms of an allergic reaction
- Know how and when to tell adults about a reaction
- Know how to read food labels or to ask an adult to read the label
- Provide emergency contact information and inform the school of any change

Children's Responsibility.

We ask each child with a food allergy to be proactive in the care and management of their food allergies and reactions and, in particular:

- Not to exchange food with others
- To wash their hands before eating in case of contamination
- Notify an adult immediately if they eat something they believe may contain the food they are allergic to
- Notify an adult immediately if they believe they are having a reaction, even if the cause is unknown

Parents of non-allergic children.

All parents are asked to be aware of the issue of allergens and in particular:

- Ensure that any food brought into school for sale is clearly labelled with the ingredients
- Not provide products with nuts to children for taking into school

Symptoms and first aid treatment of anaphylaxis

Response to an allergic reaction

- Any member of staff who has any concerns about a child presenting with even a minor reaction should immediately call for a Senior first aider and the **child should be laid down with their legs raised**. Do not take the child to the First Aider because if they are experiencing anaphylaxis, getting up and walking around can exacerbate their reaction.
- In the event of any allergic reaction a first aider will decide if an ambulance is necessary. If a first aider is not available an ambulance should be called immediately.

Training/Awareness

All members of the teaching/non-teaching staff will be provided with allergen awareness training every 3 years as part of their Paediatric First Aid course. The next training is due to take place August 2026. They also have a smaller inset session yearly. Sharon Lisk and Andrew Morrison also have HSE approved certificates. Sharon Lisk is the Designated Allergy Lead and First Aid Lead.

Serious reactions include:

- swelling of throat and mouth
- swollen tongue
- difficulty in breathing due to swelling
- closing up of the throat or severe asthma
- wheeziness
- difficulty in swallowing and speaking
- sudden feeling of weakness and dizziness (drop in blood pressure)
- going pale or floppy
- becoming very sleepy
- sense of impending doom
- collapse and unconsciousness

These often occur along with some of the following:

- areas of hives anywhere on the body (also known as urticaria, appear as raised, red, itchy bumps or welts on the skin, which can vary in size and shape)
- generalised flushing of the skin

- swelling of the lips, eyelids or face
- abdominal cramps, nausea and vomiting

If any of the symptoms above occur:

- Stay calm
- Call an ambulance 999 and report a severe allergic reaction.
- Lay the child down and raise their legs to restore blood pressure. If struggling to breath, sit them up against a wall.
- Ask a staff member to contact a first aider and collect the child's emergency medication from their classroom or if at a club, the peg opposite the Headteachers office.
- The first aider or member of staff will deliver medication if he/she has been trained. Instructions on how to deliver medication will be on the adrenaline auto-injector or if no-one present to support seek advice from the emergency services on how to administer the adrenaline auto-injector
- Monitor child's condition and observe for DRABC:
 - Danger
 - Response
 - Airway
 - Breathing
- Circulation – if absent cardiopulmonary resuscitation (CPR) may be required.
- A second dose of adrenaline auto-injector may be required after 5 minutes if the condition has not improved and help has still not arrived.
- If the child is conscious sit them up to aid breathing. If the child has collapsed lie them down and raise legs to restore blood pressure or if unconscious and breathing lay them on their side in the recovery position
- Ensure that used adrenaline auto-injectors are kept in a sealed rigid container (kept in locked first aid cabinets) and take to A&E to show staff what has been used. Note the time that the injection was delivered.

Insect Sting Allergy

Symptoms

A bee or wasp sting may cause a large swelling at the site of the sting. This is not dangerous provided that the sting site is not on the face or in the airway that might be obstructed by the swelling. A few people (less than 0.5% of the U.K. population) may experience a severe, generalised allergic reaction known as anaphylaxis. The bee leaves its stinger (with venom sac attached) in the victim. Because it takes a few minutes for all the venom to be injected, quick removal of the stinger is important and can be done with one quick scrape of the fingernail or a credit card.

Avoiding insect stings:

Children who are allergic to insect stings should try to prevent putting themselves at risk.

Here are some steps that could be taken:

- Wear shoes at all times when outdoors.
- Avoid using strong perfumes during the summer. Many products, such as suntan lotions, soaps, hairsprays, hair tonics and other cosmetics, contain strong perfumes which attract insects.
- If possible, keep arms and legs covered.
- If a bee or wasp comes near, do not try and swat the insect but move away slowly and calmly. If the insect lands on you, try not to panic. Keep calm and be patient. The insect will usually fly away after a few seconds
- Make sure that you leave no crumbs or drink on your face, which will interest the insect.
- If you are planning to eat outside, check to find an area where there are no wasps or bees before you start eating. It is better to bring your picnic inside than to risk being stung.
- Food attracts insects. When outside, avoid open rubbish bins, and keep food covered.
- Always look at what you are eating before you take a bite or a sip of a drink as wasps will slip into food and even into open drink cans.
- Boxed drinks with a straw may be safer but keep an eye on the straw.

Treatment of insect stings

Local reactions, however large and painful, will usually respond to an antihistamine.

The treatment for a generalised allergic reaction is adrenaline (also known as epinephrine) because this must be administered without delay.

If the child's symptoms are severe, they should not be move around, but should lie down with their legs raised.

Non-food causes include wasp or bee sting, natural latex (rubber), and certain drugs such as penicillin. Exercise can trigger a severe reaction in some people, either on its own or in combination with other allergens in food or drugs. Sometimes the cause of the reaction is not found and is labelled "idiopathic anaphylaxis" The first aid gloves we use at school are latex free.

Symptoms can start within seconds of exposure to the allergen, but on rare occasions there may be a delay of a few hours. In schools the key to prevention of anaphylaxis is through awareness of the children who have been diagnosed at risk, awareness of their allergens, and preventing exposure to those allergens.

Adrenaline given through an adrenaline auto-injector (such as an EpiPen or Jext) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Mild reactions may involve:

- slight tingling in the mouth
- streaming eyes
- sniffles
- localised rash
- hives or swelling
- some nausea and possible slight sickness

If any of the symptoms above occur:

- Stay calm
- Lay the child on the floor with legs raised. If the child is struggling to breath, sit them up against the wall. (immediately call 999 if this happens)
- Stay with the child. NEVER send a child with suspected anaphylaxis or an allergic reaction, unescorted to the medical room. A first aider should always be called to the child.
- Send for an experienced Senior first aider (Mrs Lisk, Mr Forbes or Mr Morrison) giving the name of the child and class. This will help identify which classroom the auto-injector will be in.
- Send another member of staff to collect the child's emergency medication pack and follow the instructions

Children with minor symptoms will be given antihistamine syrup as prescribed and observed, and parents/guardians will be notified. Mrs Lisk, Mr Forbes or Mr Morrison will decide if an ambulance should be called if the child's condition deteriorates.

Annex I List of Major Allergens

Celery	This includes celery stalks, leaves, seeds and the root called celeriac. You can find celery in celery salt, salads, some meat products, soups and stock cubes
Cereals containing gluten	Wheat (such as spelt and Khorasan wheat/Kamut), rye, barley and oats are often found in foods containing flour, such as some types of baking powder, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and fried foods which are dusted with flour
Crustaceans	Crabs, lobster, prawns and scampi are crustaceans. Shrimp paste, often used in Thai and south-east Asian curries or salads, is an ingredient to look out for.
Eggs	Eggs are often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and pastries or foods brushed or glazed with egg
Fish	You will find this in some fish sauces, pizzas, relishes, salad dressings, stock cubes and Worcestershire sauce.
Lupin	Yes, lupin is a flower, but it's also found in flour! Lupin flour and seeds can be used in some types of bread, pastries and even in pasta.
Milk	Milk is a common ingredient in butter, cheese, cream, milk powders and yoghurt. It can also be found in foods brushed or glazed with milk, and in powdered soups and sauces.
Molluscs	These include mussels, land snails, squid and whelks, but can also be commonly found in oyster sauce or as an ingredient in fish stews.
Mustard	Liquid mustard, mustard powder and mustard seeds fall into this category. This ingredient can also be found in breads, curries, marinades, meat products, salad dressings, sauces and soups.
Nuts	Not to be mistaken with peanuts (which are actually a legume and grow underground), this ingredient refers to nuts which grow on trees, like cashew nuts, almonds and hazelnuts. You can find nuts in breads, biscuits, crackers, desserts, nut powders (often used in Asian curries), stir-fried dishes, ice cream, marzipan (almond paste), nut oils and sauces.
Peanuts	Peanuts are actually a legume and grow underground, which is why they are sometimes called a groundnut. Peanuts are often used as an ingredient in biscuits, cakes, curries, desserts, sauces (such as satay sauce), as well as in groundnut oil and peanut flour.
Sesame seeds	These seeds can often be found in bread (sprinkled on hamburger buns for example), breadsticks, houmous, sesame oil and tahini. They are sometimes toasted and used in salads
Soya	Often found in bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu, soya is a staple ingredient in oriental food. It can also be found in desserts, ice cream, meat products, sauces and vegetarian products.

Sulphur dioxide (sometimes known as sulphites)	This is an ingredient often used in dried fruit such as raisins, dried apricots and prunes. You might also find it in meat products, soft drinks, vegetables as well as in wine and beer. If you have asthma, you have a higher risk of developing a reaction to sulphur dioxide.
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Other causes to consider:

Oral Allergy Syndrome (OAS) also known as Pollen Food Syndrome, is a mild allergic reaction that occurs in response to certain raw fruits, vegetables, and nuts, often linked to pollen allergies.

What is Oral Allergy Syndrome?

Oral Allergy Syndrome, is a hypersensitivity reaction that typically causes itching and swelling in the mouth and throat after consuming raw plant-based foods. It is commonly associated with individuals who have hay fever or are sensitized to specific pollens, particularly birch pollen in the UK.

Symptoms

The symptoms of OAS usually manifest shortly after eating the offending food and may include:

- Itching or tingling in the mouth, lips, and throat.
- Swelling of the lips, tongue, and throat.
- Redness or burning sensations in the mouth.
- Occasionally, symptoms may include discomfort, heartburn, or nausea.

Causes

OAS is caused by cross-reactivity between proteins found in certain raw fruits, vegetables, and nuts and those in pollen. When a sensitized individual consumes these raw foods, their immune system mistakenly identifies the food proteins as pollen proteins, leading to allergic symptoms. Cooking or processing these foods typically destroys the problematic proteins, allowing most individuals to consume them without issue.

Management and Treatment

- Avoidance: The primary management strategy is to avoid raw forms of trigger foods. Most people can safely consume these foods when cooked or processed.
- Rinsing mouth with water
- Taking antihistamines

More information can be found at: [Oral Allergy Syndrome \(Pollen Food Syndrome\) | Allergy UK | National Charity](#)