

## **Appendix 2 – Further Information on Allergies Guidance**

### **Introduction**

An allergy is when the body's immune system reacts unusually to normally harmless substances, such as food and pollen. Whilst in most people these substances are no problem, in allergic individuals their immune system identifies them as a threat and produces an inappropriate response. These responses are allergic reactions and whilst often can be mild, such as localised itching, they can be very serious. In the most serious cases, a person has a severe allergic reaction (anaphylaxis), which can be life-threatening.

The UK has some of the highest prevalence rates of allergic conditions in the world, with over 20% of the population affected by one or more allergic disorder. The most common causes of allergic reactions are:

- Pollen from trees and grasses
- Proteins secreted from house dust mites
- Moulds
- Foods
- Animals
- Insects
- Medicines

In the UK, 40% of children have been diagnosed with an allergy. The four most common allergies in children are food allergy, eczema, asthma, and hay fever. Allergy symptoms can affect all aspects of a child's day to day life, including their health and wellbeing, education, and social activities.

Allergies in children can be distressing for both the child and the parent.

Allergies affect hundreds of thousands of children in the UK, leading to 500,000 lost school days annually due to allergy-related illness or medical appointments.

### **Food allergies**

In the UK there are 14 regulated food allergens that food businesses must declare on food packaging, as well as communicated to consumers by law for all loose and non-prepacked foods.

The 14 food allergens that must be declared are:

- Celery
- Cereals containing Gluten (Wheat, Barley, Oats, Rye etc)
- Crustaceans (Prawns, Crab, Lobster)
- Eggs

- Fish
- Lupin
- Milk
- Molluscs (Mussels, Oysters, Snails)
- Mustard
- Peanuts
- Nuts (Almonds, Hazelnuts, Walnuts, Brazil Nuts, Cashews, Pecans, Pistachio & Macadamia)
- Sesame
- Soy
- Sulphites

It is common for people to have a serious allergy to any food. In recent years there has been discussion around increasing the number of regulated allergies, with common inclusions likely to include:

- Legumes, such as peas, chickpeas, beans, lentils
- Citrus Fruit
- Nightshades, such as Tomatoes, Aubergines, Peppers etc.
- Mycoprotein (found in vegan food)
- Banana
- Alpha-Gal

Most children who have a food allergy will have experienced eczema during infancy. The worse the child's eczema and the earlier it started, the more likely they are to have a food allergy. It's still unknown why people develop allergies to food, although they do often have other allergic conditions, such as asthma, hay fever and eczema.

#### IgE-Mediated Food Allergy

An IgE-Mediated Food Allergy is caused by the immune system producing IgE antibodies that recognise a food as harmful. These antibodies trigger the release of histamine and other chemicals, which cause immediate allergic symptoms such as:

- Hives
- Swelling
- Vomiting
- Coughing, wheezing or difficulty breathing

It can also cause anaphylaxis.

This type of allergy often happens quickly, usually within minutes and up to 2 hours after eating or drinking the food.

#### Non IgE-Mediated Food Allergy

Non IgE-Mediate Food Allergies often appear hours or even days after the food or drink is ingested because the immune response works differently.

Common signs can include:

- Tummy pain
- Reflux
- Diarrhoea/Constipation
- Eczema/Dry Skin
- Poor sleep
- Feeding aversion

Pupil's with an allergy will often have an Allergy Action Plan created by medical professionals and an Individual Health Care Plan (IHCP) should be created for the pupil specifying the arrangements the school, college or setting will put in place to help them.

### **Food Intolerance & Coeliac Disease**

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating, diarrhoea and headaches hours or days after eating.

Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or gluten sensitivity.

Food intolerance is managed through dietary avoidance.

#### Coeliac Disease

Coeliac disease is an autoimmune condition where the small intestine is hypersensitive to gluten. Consuming gluten can cause significant illness and may result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks. Coeliac disease is also managed through dietary avoidance.

Children and young people with intolerances and Coeliac disease should therefore have an Individual Healthcare Plan (IHCP) specifying the arrangements the school, college or setting will put in place. This will include setting out the dietary restrictions established for the individual.

#### Skin Allergies

Skin allergies such as eczema, contact dermatitis, contact urticaria/hives, are often caused by contact with allergens including dust, pollen and substances like nickel, latex and some chemicals.

#### Animals

Allergies to animals are caused by the protein in its saliva, urine or dander (skin particles). It is a common misconception that 'hypoallergenic' animals are safe for allergy sufferers. While it is true that some breeds produce more allergens than others, all animals still produce dander and saliva, and so no breed can be classed as truly hypoallergenic.

### Allergic Rhinitis

Allergic Rhinitis, also known as Hay Fever, is triggered by allergens carried in the air, such as pollen, dust, animal fur/feathers or mould. Symptoms can include sneezing, a runny or stuffed nose, itchy or watery eyes.

### Asthma

Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as dust, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.

### Venom

Less common allergic conditions in children include venom such as insect stings.

## **Legal requirements for schools and caterers**

Under section 100 of the Children and Families Act 2014, schools have a duty to support pupils with medical conditions, including allergies.

The new statutory guidance on allergy safety in schools outlines what schools must do support pupils with allergies, this is in line with Benedict's Law.

The Food Information Regulations 2014 require all food businesses, including school caterers, to show allergen ingredients information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

The Food Information Regulations include requirements for the labelling of allergens on PPDS foods. These are foods that are packaged on the premises before the consumer orders them such as sandwiches.

Further information can be sought through the Food Standards Agency's advice for schools, colleges and nurseries.

## **Identifying hazards**

Some hazards to consider are:

- An allergenic ingredient found in a recipe substitution by breakfast/after school club/caterers
- An allergenic ingredient found in a supplier product substitution
- Allergen matrix incorrectly identifies allergens in menu items

- Cross contamination during preparation/cooking/following lunch
- Cross contamination in classrooms due to eating in classrooms
- Cross contamination in classrooms due to trace allergen on pupils hand (failure to wash)
- Deterioration of mental health in relation to bullying re allergies
- Food items spill over/drop into other products containers
- Separate serving utensils for each individual food item not used
- Parents fail to inform school of child with allergen
- Pupils remove, hide or swap identification (wristbands/lanyards/tray cards)
- Pupils purchase food for friends (Secondary only)
- Employees lack of knowledge concerning allergens and procedures (e.g. lunchtime supervisors using biscuit tongs in fruit, therefore contaminating the fruit)

### **Practical measures and advice**

Some measure to consider for preventing allergic reactions in schools:

- Ensuring separate utensils are used for each individual food item
- Ensuring children and staff wash their hands after eating to prevent cross contamination
- Regularly sanitise surfaces that may have been in contact with known allergens
- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended
- Provide information on food allergens to parent/carers and have this available for the child to be able to check independently.
- Catering staff should be available to meet with parents/carers to discuss provision of allergen safe meals
- Ensure leaders engage with caterers to understand the controls in place to ensure that food service conforms with legislation
- Where food is provided by the school, school staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.

- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary (“may contain”) labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).

### **Dealing with a reaction**

When a person comes into contact with something they are allergic to, a reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. When the allergen comes into contact with the antibodies, these cells respond by releasing certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues, which is extremely irritating and uncomfortable.

Some common symptoms of an allergic reaction include:

- Sneezing
- Wheezing / coughing / shortness of breath
- Sinus pain / runny nose
- Nettle rash / hives
- Swelling
- Itchy eyes, ears, lips throat and mouth
- Sickness, vomiting & diarrhoea

However, sometimes allergic individuals have a far more serious, life-threatening reaction. This is known as Anaphylaxis.

Anaphylaxis is a life threatening severe allergic reaction. It is a medical emergency, and requires immediate treatment. A severe allergic reaction can cause an anaphylactic shock and must be treated with an Adrenaline Auto Injector (AAI).

The most common causes of anaphylactic reactions include:

- Foods (including peanuts, tree nuts or shellfish). However, all foods can potentially cause anaphylaxis
- Insect stings
- Drugs and contrast agents (used in some x-ray tests), particularly those given by injection.

If it is thought someone has symptoms of anaphylaxis, 999 should be called immediately, an ambulance asked for, and the operator should be told the individual is experiencing anaphylaxis. Appendix 3 – Anaphylaxis Guidance has further information.

### **Blanket bans on allergens**

Charities such as Anaphylaxis UK, Allergy UK and the Natasha Foundation do not necessarily support a blanket ban on any particular allergen in any establishment, including in schools e.g. peanuts and nuts. This is because nuts are only one of many allergens (14 legally recordable, plus many others outside of those) that could affect pupils. With milk being the number one cause of allergen-related death in school aged children.

Blanket bans on things like nuts in schools are common, but there is never a guarantee that any school is a truly allergen free environment for a child living with food allergies. For example: staff rooms often contain boxes of chocolate such as Quality Street and Celebrations at Christmas which contain nuts and peanuts. There is also no guarantee that parents don't pack Nutella, packets of nuts or other items that contain nuts in their children's lunch box.

### **Why must we do this?**

Recent changes have been made by the UK government due to the death of Benedict Blythe. Benedict is a five year old boy, who was failed by his school.

Benedict Blythe started his day on the 1<sup>st</sup> December 2021 excited to open his advent calendar, searching for the elf that had come to visit and looking forward to Santa coming in 24 days' time. Benedict went to school as normal and didn't return home.

He died at just five years old, from ingesting food at school that contained one of his known allergies. The school stated that a pre-packaged biscuit, free from all of his allergens was to blame, yet he collapsed at milk time because he was given lacto-free milk, which still contains cow's milk, instead of the oat milk he was sent to school with. Due to the school's lack of disclosure, at the time there was no investigation, no evidence taken and no lessons learnt.

Statements from teachers at the time proved that a mix-up of milk was the absolute cause, with a clinical expert reinforcing it by stating Benedict had died through ingesting

more than a teaspoon worth of cow's milk, as opposed to the oat milk he should have had.

The school had no allergy policy in place. Although Benedict's family had provided them with a draft plan, they had not filed it or made staff aware of the contents. The only training staff had received was a short, recorded video, meaning the staff had no knowledge of what his symptoms were, what to look for in an allergic reaction or what to do in an emergency.

When his parents were called, they were told he had "become sick and could he be collected" – but when his dad arrived, he was floppy and he had to immediately start CPR on Benedict.

This was a completely preventable accident that was caused by absolute failings from the school.

Other children who have died at school due to anaphylaxis caused by contact with their known allergens include:

- **Karanbir Cheema** who died aged 13 after a classmate threw cheese at his face on school grounds (his reaction was through contact with skin), was administered with an EpiPen that was a year out of date.
- **Nasaar Ahmed** who died aged 14 after ingesting milk and other known allergies from the tandoori chicken at lunch at school, two hours before he collapsed. School had plenty of time to administer his EpiPen he carried with him, but failed to do so as they were unaware he needed it. A member of staff brought Nasar's personal first aid box, which contained an inhaler and EpiPen. However, staff failed to administer the EpiPen in the five-minutes it took for paramedics to arrive, the inquest heard as they had focussed on the asthma.
- **Mohammad Ismaeel Ashraf** died aged nine in 2017 after eating a school lunch. The canteen had never read his care plan. He suffered an anaphylactic reaction to dairy in the meal and died despite being taken to hospital. The catering manager said that they had never looked in the red book of allergen children because they just knew the children. The lanyard he wore only stated one of his four allergies, and since his death the number of children listed in the red allergy book has gone from 7 to 57.

## Statistics

Between 1 April 2019 and 31 March 2023 the statistics for deaths relating to anaphylaxis were as follows:

- 19 children died of Anaphylaxis. Two were under 10 years, seven were 10-14, and 10 were 15-17 years old.
- 18 of the children had allergies and they also had asthma.

- 10 children were Asian, black, mixed or other ethnic background and nine children were white.
- 10 children died at home or another private place. Five children died in a public place such as a restaurant. Four children died in places such as a school, a hospital or abroad.
- 9 children had to go to A&E one or more times in the year before they died.
- 4 of the children were admitted to hospital for a stay and three had stayed due to their asthma, in the year before they died.
- Most of the children with food allergies were allergic to either nuts, cow's milk, egg or seafood.
- **Most of the children died because of their allergy to cow's milk**
- The children who had non-food allergies were mainly allergic to house dust mite, followed by grass pollen or animal allergy.
- Not all the children had an adrenaline auto injector: for some, it had expired while others were not carrying them at the time of reaction.
- The death rate was four times higher for children living in the most deprived neighbourhoods of England

It is important to remember, whilst it may not occur often, an allergic or anaphylactic reaction can happen.