



# Huntley C of E Primary School

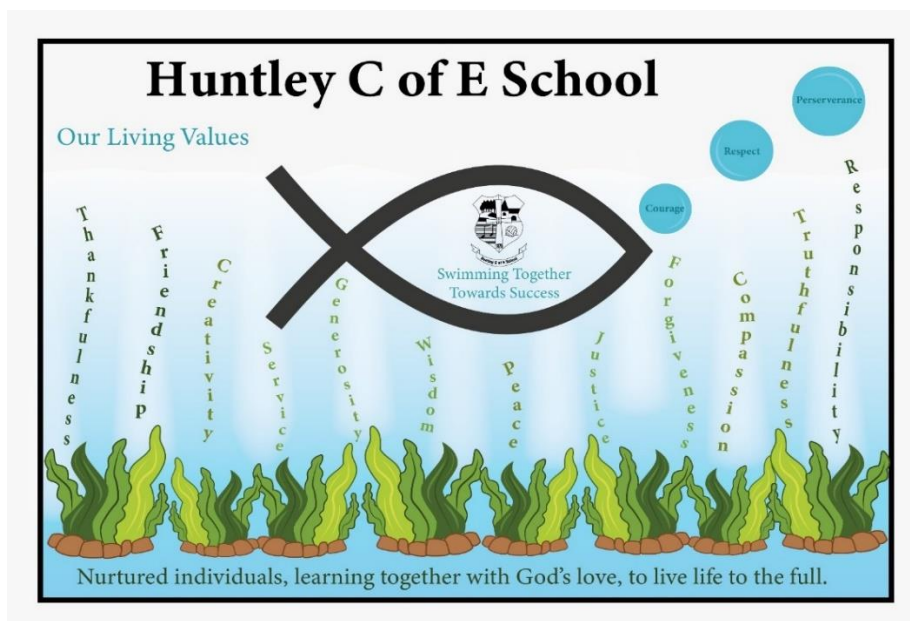
## Foods in School Guidance

(Including supporting children with food allergies and intolerances)

April 2024

Please read in conjunction with

Supporting children with special medical needs



## DFE GUIDANCE : School Food In England: March 2019

This advice will help when planning and providing food in schools. It explains how legislation applies to food provided within schools in England. It outlines the role of school governing bodies, and stipulates the legal requirements for food provided across the school day.

### KEY POINTS

- The government encourages all schools to promote healthy eating and provide healthy, tasty and nutritious food and drink. Compliance with the [School Food Standards](#) is mandatory for all maintained schools. These school food standards are to ensure that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable and to promote good eating behaviour.
- The revised standards for school food came into force on 1 January 2015 and are set out in the [requirements for School Food Regulations 2014](#).
- A [summary](#) of the standards and a [practical guide](#) are available from gov.uk.
- The regulations set out the requirements for school lunches provided to registered pupils, whether on the school premises or not, and to any other person on the school premises.
- The regulations also set out the requirements for food and drink other than lunch, provided to pupils on and off school premises up to 6pm, including breakfast clubs, tuck shops, mid-morning break, vending and after school clubs.
- Schools should make reasonable adjustments for pupils with particular requirements, for example to reflect medical, dietary and cultural needs.
- 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. More information is available from the [Food Standards Agency](#).
- From September 2014 every child in reception, year 1 and year 2 in state-funded schools is entitled to a free school lunch. We have published an [advice document for schools, local authorities and caterers](#).

### ROLE OF GOVERNORS

- School governors are responsible for the provision of school food. A school lunch must be provided for pupils where a meal is requested and either the pupil is eligible for free school lunches, or it would not be unreasonable for lunches to be provided.
- Governing bodies are able to decide the form that school lunches take, but must ensure that the lunches and other food and drink provided meets the school food standards.

- Although there is no requirement that lunches must be hot meals, hot lunches should be provided wherever possible to ensure that all pupils are able to eat at least one hot meal every day.
- School governing bodies must provide school meals to a pupil free of charge if the pupil and/or a parent meets eligibility criteria set out within s.512ZB of the Education Act 1996 and a request is received for free meals to be provided either by the pupil or someone acting on their behalf.
- Drinking water must be provided free of charge at all times on school premises.
- Facilities to eat the food that they bring to school must be provided free of charge for pupils not taking school meals. As a minimum these facilities should include accommodation, furniture and supervision so that pupils can eat food they have brought from home in a safe and social environment.
- The school food standards require lower fat milk or lactose reduced milk to be available for drinking at least once a day during school hours. Milk must be provided free of charge to infant and benefits-based free school meals pupils when it is offered as part of their school meal and free to benefits-based free school meals pupils at all other times. Charges can be made for all other pupils.
- Whole milk can be provided for pupils up to the end of the school year in which they reach age 5, after that milk must be lower fat or lactose-reduced.
- Four to six year old children in state-funded infant, primary and special schools throughout England are eligible to receive a free piece of fruit or vegetable every school day outside of their school lunch through the School Fruit and Vegetable Scheme (SFVS) administered by the Department of Health. We are part of this scheme at Huntley

The governing body is responsible for ensuring that the national school food standards are met in England. How this is carried out will depend on the catering arrangements within the school.

- All food and drink provided in applicable schools must meet the national school food standards in England. Where food is provided by the local authority or a private caterer, compliance with the school food standards should be specified within the catering contract or service level agreement and the caterer should provide the governing body with evidence of compliance with the standards. If the school provides food it should evaluate the food and drink provision against the standards, and produce evidence of compliance.
- There should be a process in place to ensure that catering services are coordinated across all school food and drink outlets to ensure that compliance with the school food standards is maintained. Huntley use Caterlink through the LEA to ensure compliance.
- The governing body should ensure that it receives regular reports on compliance with the school food standards as well as take-up of school lunches and financial aspects of school food provision.

## **Exemptions to the school food regulations**

The School Food Regulations do not apply to food provided:

At parties or celebrations to mark religious or cultural occasions, at fund-raising events c. as rewards for achievement, good behaviour or effort, for use in teaching food preparation and cookery skills, including where the food prepared is served to pupils as part of a school lunch and on an occasional basis by parents or pupils.

## **FOOD ALLERGIES/INTOLERANCES IN SCHOOL and MEDICAL DIETS**

### **Legal requirements**

The provision of medical or special diets in schools is not legally defined. Advice from the Department for Education, however, states that schools should make reasonable adjustments for pupils with particular requirements, for example to reflect medical, dietary and cultural needs (School food in England, Advice for governing boards, March 2019). It is the responsibility of the school and/or caterer to decide if provision of a medical diet meal is feasible and reasonable efforts should be made to cater for all pupils needs. It is recommended that all schools develop a clear procedure to make sure all requests for a medical diet are handled efficiently and appropriately.

Schools may reject an application for a request if a risk assessment indicates that food could not reasonably be produced which would be safe for a pupil. If a child qualifies for Universal Free School Meals and the caterer cannot reasonably produce food which would be safe for the child, the parent should contact the school/local authority to discuss alternative options for food provision.

### **Provision of allergen information Under the Food Information Regulations (2014)**

It is a legal requirement that any out of home catering provider must be able to communicate with a customer the presence of the 14 EU defined allergens. This information is provided to us by Caterlink in writing and/or on menus. Under the new 'Natasha's law' (effective from 2021) all pre-packaged foods for direct sale will require full ingredient declarations. There is no legal requirement for caterers to translate their documentation (menus or medical diet processes). School will support parents/guardians in understanding the information wherever language is a barrier.

### **Offering multiple medical diet meal options per pupil**

When managing medical diets in a school environment there are many factors to consider, however the safety of the children being catered for is the number one priority. Due to complexities in these scenarios it is not always possible to offer more than one choice of a medical diet meal. This decision is never to single out pupils, discriminate or to remove choice it is made solely based on what is operationally safe to provide.

### **General Data Protection Regulation (GDPR)**

In order to manage medical diets safely, schools and caterers will be required to process pupil and parent data, such as, but not limited to, medical information and photographs. All data handling must be conducted in line with GDPR. Roles and responsibilities of key stakeholders and

## Roles and responsibilities

<b>NOTIFICATION OF ALLERGY OR INTOLERANCE</b>		
<b>School</b>	<b>Parent</b>	<b>Caterers</b>
<p>Collect medical diet information of pupils in their school with food allergies and intolerances.</p> <p>Share this information with the caterer.</p> <p>Provide details of medical diets in advance of a new term with sufficient notice as per the caterer's policy. This will enable the caterer to fulfil their responsibilities outlined here. Failure to provide sufficient notice may result in a delay to medical diet provision.</p> <p><b>DATA COLLECTED AND ALLERGY MATRIX SHARED WITH CLASS TEACHER.</b></p> <p><b>INFORMATION OF SPECIFIC ALLERGIES SHARED WITH ALL STAFF. COPY IN OFFICE/ IN ALL CLASSROOMS AND IN DINING HALL</b></p> <p><b>ALL STAFF ARE AWARE OF ANY MEDICAL CONDITION INCLUDING ALLERGIES</b></p> <p><b>MEETING WITH PARENTS AND WHERE APPROPRIATE HEALTH PROFESSIONALS TO ENSURE CLEAR ALLERGY PLAN IS IN PLACE INCLUDING DETAILS OF PROCEDURES AND MEDICATION ADMINISTRATION.</b></p> <p><b>ALLERGY PLANS CLEARLY DISPLAYED IN KEY AREAS AROUND THE SCHOOL.</b></p>	<p>Inform the school of their child's food allergy/ intolerance prior to the beginning of the school term (or as soon as possible) after diagnosis or symptoms.</p> <p>Provide a medical note to evidence the food allergy/intolerance. This must be from a qualified medical professional/medical establishment.</p> <p><b>INFORMATION TO BE GIVEN ON INDUCTION PAPERWORK.</b></p> <p><b>ANY ALLERGY PLANS TO BE SHARED WITH SCHOOL AS SOON AS POSSIBLE.</b></p> <p><b>ALLERGY &amp; INTOLERANCE FORM COMPLETED BY PARENT AND FORWARDED TO SCHOOL TO PASS ON TO CATERER</b></p> <p><b>MEDICAL CONFIRMATION OF ALLERGIES TO BE FORWARDED TO SCHOOL TO ACCOMPANY THE ALLERGY AND INTOLERANCE FORM TO THE CATERER</b></p>	<p>Liaise with the school at the end of the preceding term to obtain information on those pupils with medical dietary requirements.</p> <p><b>FULL KITCHEN RISK ASSESSMENT CARRIED OUT WHEN MEDICAL CONFIRMATION HAS BEEN RECEIVED.</b></p>
<b>COMMUNICATION</b>		

School	Parent	Caterer
<p>Schools are the data controllers.</p> <p>Keep allergen information up-to-date throughout the year and ensure the caterer always has the most up-to-date data.</p> <p>Communication between parents and caterers must involve the school at every step.</p> <p>Communication between stakeholders should be in writing and not just verbally provided.</p> <p><b>DAILY UPDATES GIVEN WHEN LUNCHEAS ARE ORDERED. CHILDREN WITH ALLERGIES/INTOLERANCES ARE KNOWN TO THE PROVIDER AND THOSE INDIVIDUAL CHOICES ARE GIVEN SEPERATELY.</b></p>	<p>Ensure communication is with the school and not just the caterer throughout the process.</p> <p>Provide schools with the information required in a timely manner and when requested.</p> <p>Communication between stakeholders should be in writing and not just verbally provided.</p>	<p>Ensure the school is kept up-to-date with medical diet menus and medical diet process.</p> <p>Do not communicate with parents without involving the school.</p> <p>Communication between stakeholders should be in writing and not just verbally provided</p>

## IMPLEMENTATION AND MANAGEMENT OF A MEDICAL DIET

School	Parent	Caterers
<p>School has a method of identification when pupils following a confirmed medical diet come through the dining room- red band</p> <p>If there is a specific medical diet all staff and lunchtime assistants will be adequately trained on the diet and allergen management.</p> <p>If there is an allergy plan/ Health care plan, school will educate pupils and other parents about allergies and supporting the child with medical diets Annual medical training carried out. This will include additional epipen training if required.</p> <p><b>LIST IN DINING HALL WITH INFORMATION ABOUT ALLERGIES AND INTOLERANCES</b></p> <p><b>RED WRIST BAND WORN IF THERE IS A KNOWN ALLERGY/INTOLERANCE</b></p> <p>We are a small setting and the children are all known to staff. Information regularly shared and updated in staff meetings.</p>	<p>Approve individual medical diet menus when they are provided.</p> <p>Check menu on the school website/ given by Caterlink to help make choices</p>	<p>Ensure all team members are adequately trained on medical diets and allergen management.</p> <p>Develop medical diet menus following an agreed process (i.e. company policy), where safe to do so</p> <p>Ensure the medical diet menus are provided to the school and parents in a timely manner.</p> <p>Ensure the information held on ingredients and recipes is accurate and regularly reviewed.</p> <p>Meet the Food Information Regulations and future allergen legislation.</p>

### COOKING IN SCHOOL

Staff are aware of any medical needs/ allergies/ dietary requirements and cooking lessons will be planned accordingly. Class teachers will speak to parents/carers prior to the activity to ensure that the ingredients are suitable. Adaptations will be made as needed. If we are cooking off site a list of the ingredients will be shared prior to a visit, as part of the risk assessment.

## **Individual Healthcare Plans (IHPs) in the case of severe allergies**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Health professional or headteacher is best placed to take a final view.

Individual healthcare plans (and their review) will be initiated, in consultation with the parent, by the Headteacher or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;



- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Information is kept in the school office and in class registers. If consent is sought from parents a photo and instructions may be displayed. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.