



# Allergen Management Guidance for Catering in Education

## Aims

The LACA Allergen Management Guidance for Catering in Education aims to support schools, caterers and pupils in understanding the best practice for caterers in education with regards to managing allergens safely.

This documentation relates only to allergies or food allergen avoidance diets requiring the removal of specified ingredients and does not cover other medical diet requests such as: metabolic disorders, sensory disorders, autoimmune diseases (unless requiring allergen management, e.g. removal of gluten for Coeliac disease), lifestyle choices, cultural and religious diets.

## Objectives

- To clarify the legal requirements of medical diet provision in schools
- To set out the roles and responsibilities of key stakeholders
- To define what is safe and reasonable when catering for medical diets in schools
- To provide supporting tools for all stakeholders for the safe management of allergens in schools
- To provide a national safe standard for catering in education with regards to allergens

## Definition of terms

**Medical diet:** The term 'medical diet' is used to refer to food allergies, intolerances and medically-required food allergen avoidance diets, whereby adjustments are required to make food safe for a person or persons. These may also commonly be called 'Special Diets', however this documentation does not cover non-food allergies, metabolic, sensory, autoimmune or other disorders (unless requiring allergen management, e.g. removal of gluten for Coeliac disease), cultural and religious diets or lifestyle choices which may affect a person's diet.

**Caterer:** Refers to the contract caterer, in house caterer, local authority caterer or private caterer providing catering services

**School:** Refers to the Primary, Secondary, Academy, College, Nursery, Higher Education Centre or Independent school receiving catering. It is understood that this guidance will be most important for educational settings involving younger children.

**Parent:** Refers to the parent, guardian or carer of a child requiring medical diet support at school

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## Contents

### 1. Understanding the legal requirements

- 1.1. Legal Requirements
- 1.2. Free School Meals
- 1.3. Provision of allergen information
- 1.4. Understanding information & language
- 1.5. Offering multiple medical diet meal options per pupil
- 1.6. School food standards
- 1.7. General Data Protection Regulation (GDPR)

### 2. Roles and responsibilities of key stakeholders and communication best practice

### 3. Allergen Management

- 3.1. Risk Assessment Tool
- 3.2. Capabilities of School Kitchens
- 3.3. Complex, airborne and severe allergies
- 3.4. Nut allergies
- 3.5. Gluten allergies, intolerances & Coeliac disease
- 3.6. Allergies to allergens not listed in the 14 mandatory allergens under Food Information Regulations
- 3.7. 'Free From' Statements
- 3.8. Re-introduction of allergens to a pupil's diet

## 1. Understanding the legal requirements

### 1.1 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 policy and have 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.

### 1.2 Free School Meals

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.

### 1.3 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 can be provided verbally, 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.

### 1.4 Understanding information & language

There is no legal requirement for caterers to translate their documentation (menus or medical diet processes). Schools/local authorities should support parents/guardians in understanding the information wherever language is a barrier.

### 1.5 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.

### 1.6 School Food Standards

Medical diet provision is exempt from the School Food Standards

### 1.7 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.

## 2. Roles and responsibilities of key stakeholders and communication best practice

LACA identify three key parties which must co-operate to support the management of medical diets, namely:

1. The School
2. The Parent of the pupil
3. The Caterers

Brief summaries of the areas of responsibility so far considered for each party are as follows:

	School	Parent	Caterer
<b>Notification of allergy or intolerance</b>	<ul style="list-style-type: none"> <li>• Collect medical diet information of pupils in their school with food allergies and intolerances.</li> <li>• Share this information with the caterer.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Provide a medical note to evidence the food allergy/intolerance. This must be from a qualified medical professional/medical establishment.*</li> </ul>	<ul style="list-style-type: none"> <li>• Liaise with the school at the end of the preceding term to obtain information on those pupils with medical dietary requirements.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Schools are the data controllers.</li> <li>• Keep allergen information up-to-date throughout the year and ensure the caterer always has the most up-to-date data.</li> <li>• Communication between parents and caterers must involve the school at every step.</li> <li>• Communication between stakeholders should be in writing and not just verbally provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure communication is with the school and not just the caterer throughout the process.</li> <li>• Provide schools with the information required in a timely manner and when requested.</li> <li>• Communication between stakeholders should be in writing and not just verbally provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the school is kept up-to-date with medical diet menus and medical diet process.</li> <li>• Do not communicate with parents without involving the school.</li> <li>• Communication between stakeholders should be in writing and not just verbally provided.</li> </ul>

<p><b>Implementation &amp; management of a medical diet</b></p>	<ul style="list-style-type: none"> <li>• Ensure the school has a method of identification when pupils following a confirmed medical diet come through the dining room, for example a medical diet lanyard. It is the school's responsibility to share this method with the caterer. Identification is essential for younger pupils. <ul style="list-style-type: none"> <li>▪ The identification method should be a thorough process – for example, not solely down to teachers to identify the pupils, in case the teachers are absent.</li> <li>▪ Photos should not be the sole identification method.</li> </ul> </li> <li>• Ensure all staff and lunchtime assistants are adequately trained on medical diets and allergen management.</li> <li>• Educate pupils about allergies and supporting their peers with medical diets.</li> </ul>	<ul style="list-style-type: none"> <li>• Approve medical diet menus when they are provided.</li> <li>• Provide a photo of child, if requested, to aid identification method.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all team members are adequately trained on medical diets and allergen management.</li> <li>• Develop medical diet menus following an agreed process (i.e. company policy), where safe to do so</li> <li>• Ensure the medical diet menus are provided to the school and parents in a timely manner.</li> <li>• Ensure the information held on ingredients and recipes is accurate and regularly reviewed.</li> <li>• Meet the Food Information Regulations and future allergen legislation.</li> </ul>
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\*The medical note provided must be the most up to date version and, if a newly diagnosed allergy/intolerance, the medical note should be dated within the last 6 months. This note should be provided at the parents' earliest opportunity. Should the pupil's allergy/intolerance change, this medical note should be resubmitted to the school/caterers with the most recent information. In the instance that a pupil no longer requires medical diet support, parents are also required to notify the school and caterer in writing.

Acceptable medical evidence should be documentation from a professional medical source i.e. a medical doctor, registered dietitian, nurse or other qualified NHS medical professional. School-composed care plans, private commercial laboratory reactivity results and homeopathic diagnoses should not be accepted.

It is also advised that parents provide schools and their caterer with a copy of the pupil's Allergy Action Plan. Completed by the pupil's health professional, the plans are designed to provide medical and parental consent for schools to administer medicines in the event of an allergic reaction. More information can be found online here: <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

### 3. Allergen Management

The first priority of all parties must always be the **safety** of customers and pupils with medical dietary requirements. Risks to consider when providing support for a medical diet in schools include: analysis of the capabilities of the school kitchen, the nature of the allergen(s) and the severity of the allergy.

#### 3.1 Risk Assessment Process

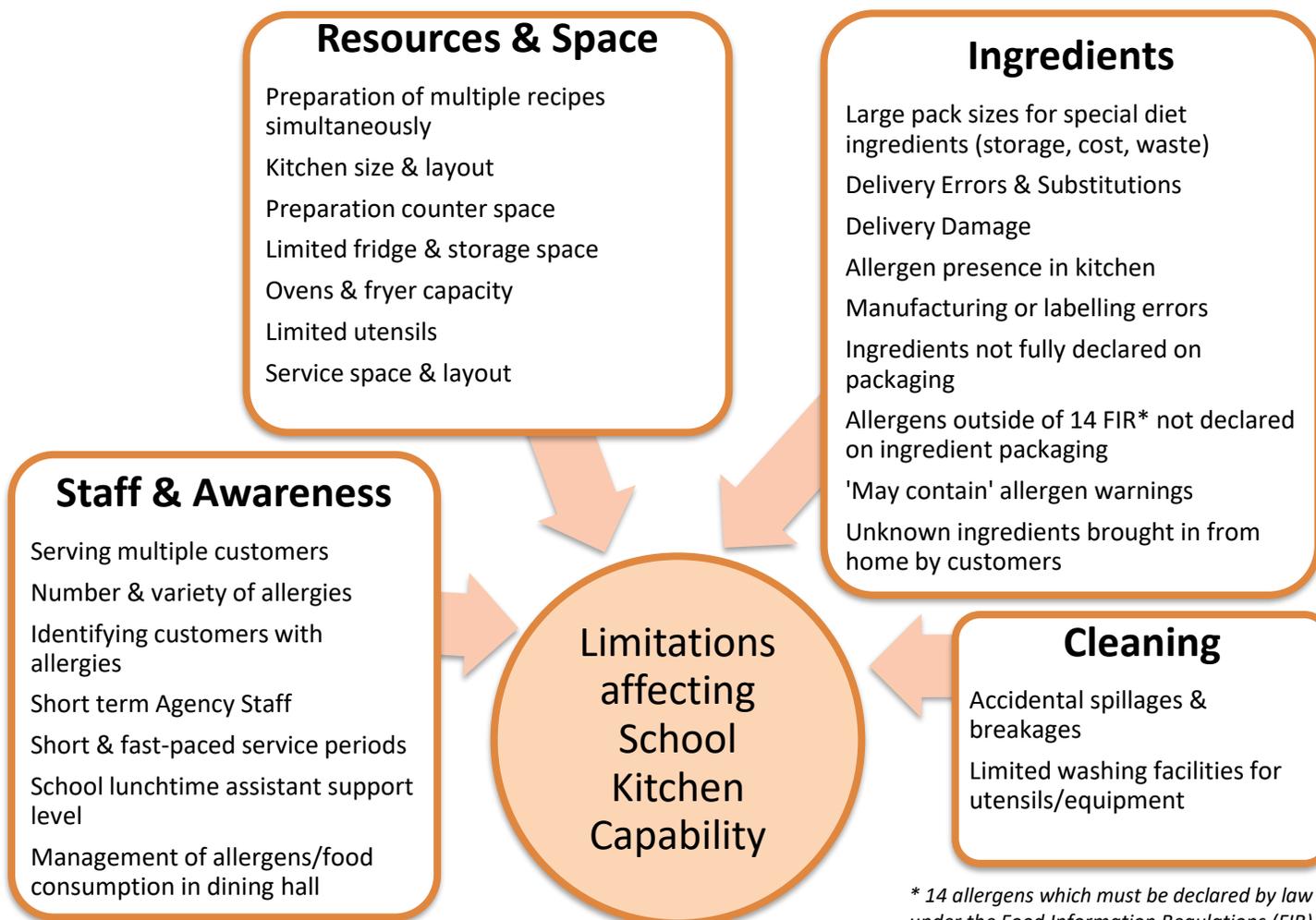
A Risk Assessment Process Tool has been developed to support schools and caterers to assess the risk status of delivering a medical diet request. It is highly recommended that schools and their caterers incorporate this risk assessment into their safeguarding and/or allergen management policies.

The purpose of this risk analysis tool is to provide caterers with a framework to assess the risk status of delivering a medical diet request safely. Scores should be used as part of discussions with the school, parents/guardians and pupil about how to mitigate the risks to enable reasonable adjustments to be made safely and not as the sole indicator of safety. The ultimate decision to cater for a pupil with a medical diet will be based on a whole school risk assessment and evaluation. For more information about how to access the risk assessment process tool, please contact LACA via the website: [www.laca.co.uk](http://www.laca.co.uk)

*LACA cannot be held liable for any decisions or actions made as a result of the use of this risk assessment process.*

#### 3.2 Capabilities of school kitchens

Factors which may affect the ability of a kitchen to cater for a medical diet, which must be considered by schools, caterers and parents include:



\* 14 allergens which must be declared by law under the Food Information Regulations (FIR)

### 3.3 Complex, Airborne and Severe Allergies

**Complex Allergies:** Where a pupil's requirements are very complex (for example multiple allergies or allergies which do not fall under the 14 listed allergens of the Food Information Regulations), it may be necessary to supply a limited ingredient menu to meet individual requirements. Many caterers will provide a jacket potato with a suitable topping as a reasonable alternative to the main meal offer, if it cannot otherwise be reasonably or safely adjusted. Caterers may reject an application for a medical diet request if a risk assessment indicates that food could not reasonably be produced which would be safe for a pupil.

**Airborne Allergies:** Schools should undertake a separate risk assessment to evaluate the safety of a pupil with an airborne allergy.

**Severe Allergies:** Schools should discuss any requests for catering for severe allergies with their caterer and should be aware that removing allergens or ingredients from the full menu provision may be unrealistic (please refer to section 3.2 for information about ingredient limitations and 3.7 regarding 'free from' claims) and have an impact on the variety of dishes available for the whole school. If a school wishes to remove an allergen or ingredient from the school menu then this must be discussed with the caterer in order to make an informed decision.

### 3.4 Nut Allergies

Even with a 'no nut policy' in place, schools cannot ensure there is no risk of traces of nuts in ingredients and products. The Anaphylaxis Campaign, for example, does not promote the banning of peanuts or nuts from schools. This is because no school can guarantee a truly peanut/nut-free environment and allergen management should be consistent across the full 14 mandatory allergens.

### 3.5 Wheat Allergies, Gluten Intolerances & Coeliac Disease

Although gluten is one of the fourteen allergens with regard to allergen labelling, it is different from the other allergens in having a legal threshold ( $\leq 20\text{ppm}^*$ ) covered by a separate piece of legislation for gluten free labelling of food and ingredients. With due care and careful planning in managing the supply chain, ingredients, preparation, serving, storage and associated processes and quality controls school kitchens should reasonably be able to prepare meals which are suitable for pupils with wheat allergies, gluten intolerances & Coeliac disease.

Undertaking testing to hold a gluten free status in school kitchens is not a legal requirement.

### 3.6 Allergies to allergens not listed in the 14 mandatory allergens under Food Information Regulations

Caterers are advised to undertake the LACA Allergen Risk Assessment Process alongside their schools to determine whether the allergen or combination of allergens can safely be catered for in the school kitchen.

### 3.7 'Free From' Statements

School kitchens can implement reasonable controls for cross-contamination and control the ingredients within a recipe. It is not appropriate, however, for dishes produced in school kitchens to be considered by any party as 'free from' unless the required rigorous assessments are met, given that multiple ingredients are used in the kitchens and the risk of cross contamination cannot be eliminated.

### 3.8 Re-introduction of allergens to a pupil's diet

Allergens should only be re-introduced onto a pupil's menu by a caterer once an allergy has been confirmed to have ceased in writing from the parent or by updated medical evidence. Caterers cannot be responsible for the gradual re-introduction of ingredients (such as re-introduction of milk using the 'milk ladder') to a pupil's diet.

\* ppm = Parts Per Million