

OXON CHURCH OF ENGLAND PRIMARY SCHOOL

ALLERGY POLICY

1. AIMS

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports children with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.

2. LEGISLATION AND GUIDANCE

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. ROLES AND RESPONSIBILITIES

We take a whole-school approach to allergy awareness.

3.1 and 3.2 ALLERGY LEAD

The headteacher is the overall strategic allergy lead. Mrs Natalie Brace is the operational allergy lead. Mrs Helen Russell is the identified governor for Health and Safety.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community.
- Recording and collating allergy and special dietary information for all relevant children.
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff.
 - All children with allergies have an AAI healthcare plan completed by parents and school staff.
 - AAI actions plans are reviewed at least annually. Following an NHS review meeting school documentation is updated.
 - All children with allergies have an allergy action plan completed by a medical professional.
 - All staff receive an appropriate level of allergy training.
 - All staff are aware of the school's policy and procedures regarding allergies.
- Keeping stock of the school's adrenaline auto-injectors (AAIs).
- Regularly reviewing and updating the allergy policy.
- Co-ordinating the paperwork and information from families.
- Co-ordinating medication with families.
- Checking spare AAIs are in date.

3.3 TEACHING AND SUPPORT STAFF

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among children.
- Maintaining awareness of our allergy policy and procedures.
- Being able to recognise the signs of severe allergic reactions and anaphylaxis.

- Completing appropriate allergy training as required.
- Being aware of specific children with allergies in their care.
- Carefully considering the use of food or other potential allergens in lesson and activity planning.
- Ensuring the wellbeing and inclusion of children with allergies.

3.4 PARENTS/CARERS OF CHILDREN WITH ALLERGIES

Parents/carers are responsible for:

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.
- Updating the school on any changes to their child's condition.

3.5 CHILDREN WITH ALLERGIES

These children are responsible for:

- Being aware of their allergens and the risks they pose.
- Understanding how and when to use their adrenaline auto-injector.
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose.

3.6 CHILDREN WITHOUT ALLERGIES

These children are responsible for:

- Being aware of allergens and the risk they pose to their peers.

4. ASSESSING RISK

The school's risk assessments include consideration of any child at risk of anaphylaxis. The following areas are included in school risk assessments:

- Lessons such as food technology.
- Science experiments involving foods.
- Crafts using food packaging.
- Off-site events and school trips.
- Any other activities involving animals or food, such as animal handling experiences or baking.
- A risk assessment for any child at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. MANAGING RISK

Risk Assessment 68 contains the details of our arrangements for managing risk. This document is included at the end of this policy.

5.1 HYGIENE PROCEDURES

- Children are reminded to wash or sanitise their hands before eating.
- Sharing of food is not allowed.
- Children have their own water bottles.

5.2 CATERING

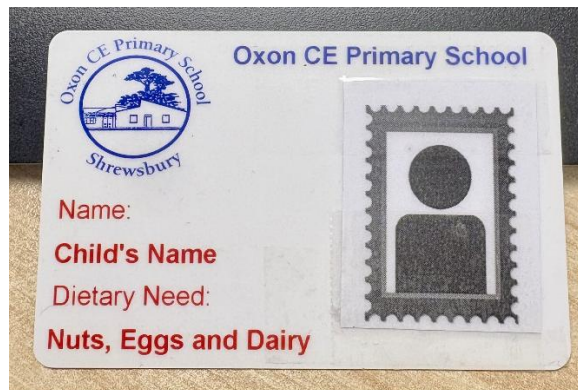
The school is committed to providing safe food options to meet the dietary needs of children with allergies. Catering staff receive appropriate training and are able to identify children with allergies.

- School menus are available for parents/carers to view. We provide additional menus to parents of children with specific allergies, these have additional information on the menu choices in relation to the identified allergy.
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of children.
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing children and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.
- Children with specific dietary needs are identified by:
 - The sheet below is displayed on the kitchen wall.

Children with Special Dietary Requirements

Child		Year and Class	Dietary requirements
Child's name	Child's Photo here	Yr 6 - A	Mild allergy to cashews, sesame seeds, walnuts and hazelnuts
Child's name	Child's Photo here	YR 6 - B	Sensitive to pineapple and Kiwi Fruit
Child's name	Child's Photo here	YR 1 - C	Milk Intolerance
Child's name	Child's Photo here	YR 2 - D	No Nuts – nuts allergy
Child's name	Child's Photo here	YR 3 - E	Egg Allergy

- Personalised dietary needs cards that are given to them before collecting their meal.



5.3 FOOD RESTRICTIONS

See Risk Assessment 68

We acknowledge that it is impractical to enforce an allergen-free school.

If a child in school has an identified allergy, we will encourage children and staff to avoid the relevant high-risk food to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a child brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 INSECT BITES/STINGS

When outdoors:

- Shoes should always be worn.
- Food and drink should be covered.

A pest control contractor is called if a wasp's nest is identified.

5.5 ANIMALS

- A specific risk assessment will be completed for all 'animal visits' to school.
- All children will always wash hands after interacting with animals to avoid putting children with allergies at risk through later contact.
- Children with animal allergies will not interact with animals.

5.6 SUPPORT FOR MENTAL HEALTH

Children with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher or attached teaching assistant.

5.7 EVENTS AND SCHOOL VISITS

- A specific risk assessment will be completed for all school visits this will include references to animals where appropriate.
- For events, including ones that take place outside of the school, and school trips, no children with allergies will be excluded from taking part.
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of children's allergies and to have received adequate training.
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. PROCEDURES FOR HANDLING AN ALLERGIC REACTION

6.10 REGISTER OF CHILDREN WITH AAIS

- The school maintains a register of children who have been prescribed AAIs to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis;
 - Whether a child has been prescribed AAI(s) (and if so, what type and dose);
 - Where a child has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the child;

Forename	Surname	Year	Reg	Known allergens	Type of AAI prescribed and dose	Two AAIs in school (class based) Y/N	Expiry date of class based AAI's	NHS care plan with AAI's Y/N	Spare AAI in school (office) clearly labelled Y/N	Expiry date of (spare) office based AAI's	School healthcare plan. Date completed on.	Other allergy medication in school. Y/N	Expiry date of allergy medication in school	Date audited	Comments
Child's forename	Child's Surname	6	Class A	Nut and shellfish allergy	Epi-Pen 300mcg	Yes	Apr-27	NHS	Yes	Mar-27	Sep-25	Cetirizine	Jun-27	*****	
Child's forename	Child's Surname	5	Class B	Egg allergy	Epi-Pen 300mcg	Yes	Dec-26	Yes	Yes	Jul-26	Feb-26	Cetirizine	Nov-26	*****	
Child's forename	Child's Surname	4	Class C	Egg and nut allergy	Epi-Pen 300mcg	Yes	Mar-27	Yes	Yes	Mar-27	Sep-25	Piriton	Oct-26	*****	
Child's forename	Child's Surname	3	Class D	Nut allergy	Epi-Pen 150mcg	Yes	Nov-26	Yes	Yes	Apr-27	Nov-25	Piriton	Dec-26	*****	
Child's forename	Child's Surname	1	Class E	Sesame seed allergy	Jest Pen 150mcg	Yes	Jun-26	Yes	Yes	Sep-26	Sep-25	Benadryl	Nov-26	*****	

6.11 AAI HEALTH CARE PLANS

- The parents/carers of all children with an AAI are asked to complete an AAI Healthcare Plan:

Oxon CE Primary School
AAI Healthcare Plan

Child's Name: _____ Class: _____

I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an AAI (Auto Immune Injector).

My child has two working, in-date AAI's, clearly labelled with their name

Medical diagnosis or condition:

Type of AAI and dose:

Specify your child's allergens, describe medical needs and give details of child's symptoms:

Hospital action plan provided for school? (this will be provided by an allergy specialist/doctor)
Yes/No (Please circle)

Parental agreement for school to administer medicine form completed?
Yes/No (Please circle)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Please ensure that the school records are updated when any changes to contact arrangements (including mobile telephone numbers) or changes in medication/dosage are made.

Emergency AAI Consent:
In the event of your child displaying anaphylaxis, I consent to them receiving the spare emergency AAI from school (held in the school office).

Signed: _____

Please print name: _____

Date: _____

- Those children with Asthma Healthcare Plans will have them attached to their AAI plans.

6.12 CLASS BASED BLUE FOLDERS

- Each class has a blue 'Class Folder'. The folder includes:
 - The class summary of 'Children with Medical Concerns & Dietary Requirements'

Class teacher name

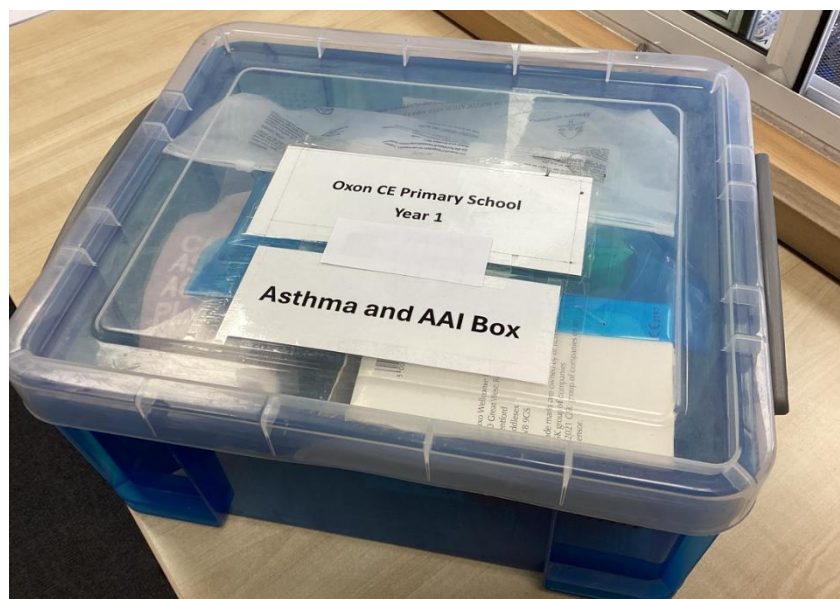
Children with Medical Concerns & Dietary Requirements

<u>Name</u>	<u>Concern</u>	<u>Medication Required</u>
Child's name	Asthma, allergy to sesame seed	Has an Epi-Pen and Cetirizine liquid.
Child's name	Coconut allergy, egg allergy, asthma	Has an Epi-Pen, <u>Piriton</u> liquid and Salbutamol
Child's name	Nut allergy	Has <u>Jext</u> Pen and Benadryl liquid.

- Any AAI Healthcare plans (including any asthma plans).
- Any NHS Allergy Action plans.

6.13 CLASS BASED AAI BOXES

- Any child on the register has an AAI box in their classroom. This ensures it can be accessed quickly by any member of staff as part of initiating an emergency response. Each box contains:
 - A photograph of each child to allow a visual check to be made;
 - The child's year group and class;
 - The child's known allergen;
 - The medication and dose within the box prescribed for the child;
 - An NHS allergy action plan;
 - A school parental agreement to administer medicine;



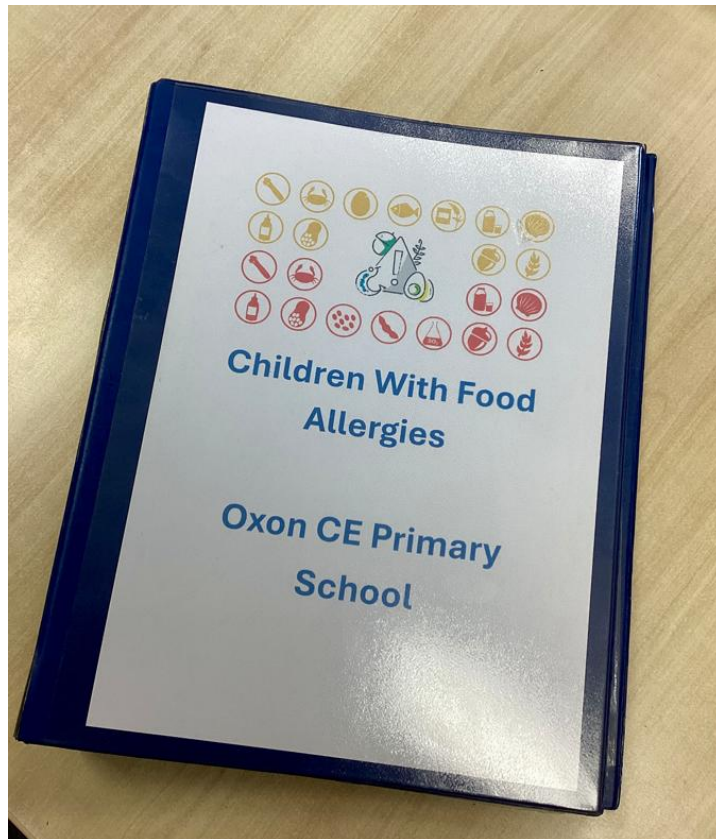
6.14 OFFICE BASED AAI FILE

- The school office has a blue 'AAI Folder', this folder includes:
 - The register of children with AAIs.
 - A copy of all individual AAI Healthcare plans.
 - A copy of any NHS Allergy Action plans,
 - A checklist of injectors and expiry dates with monthly checks recorded.

SEE SECTION 7.6 for details of the Emergency Anaphylaxis Kit (Office based).

6.15 REPROGRAPHICS ROOM ALLERGY FILE (Immediately available to all staff at all times)

- The reprographics room has a blue 'AAI Folder', this folder includes:
 - Named photographs of all children with allergies.
 - Summary information about the allergy.



6.2 ALLERGIC REACTION PROCEDURES

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.
- Staff are trained in the administration of AAIs to minimise delays in a child receiving adrenaline in an emergency.
- If a child has an allergic reaction, the staff member will follow the child's allergy action plan.
- If an AAI needs to be administered, a member of staff will use the child's own AAI, or if it is not available, a school one.
- If the child has no allergy action plan, staff will follow the NHS advice on [treatment of anaphylaxis](#):

Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings. Call 999 if you think you or someone else is having an anaphylactic reaction.

Symptoms of anaphylaxis

Symptoms of anaphylaxis happen very quickly.

They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.

Symptoms include:

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet

You may also have a rash that's swollen, raised or itchy.

Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

You or the person who's unwell may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

What to do if you have anaphylaxis

Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you think you're having an anaphylactic reaction.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If you have been stung by an insect, try to remove the sting if it's still in the skin.
5. If your symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Do not stand or walk at any time, even if you feel better.

- A school AAI device will be used instead of the child's own AAI device if:
 - Medical authorisation and written parental consent have been provided, or
 - The child's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).
- If an AAI device has been administered, the child will be taken to hospital, staff will stay with the child until the parent/carer arrives or accompany the child to hospital by ambulance.
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the child will be monitored and the parents/carers informed.

7. ADRENALINE AUTO-INJECTORS (AAIS)

The school follows the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#).

7.1 PURCHASING OF SPARE AAIS

The allergy lead is responsible for buying spare AAIs and ensuring they are stored according to the guidance.

- The spare AAI's will be sourced from a school medical supplier.
- Each child will have one spare AAI purchased for them.
- The brand of AAI ordered for the child may match the AAI's that are prescribed and sent in from home.
- The dosage of the AAI ordered will match the AAI's that are prescribed and sent in from home.

7.2 STORAGE (OF BOTH SPARE AND PRESCRIBED AAIS)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Kept in a safe and suitably central location to which all staff have access at all times but is out of the reach and sight of children.
- **Not** locked away, but accessible and available for use at all times.
- **Not** located more than 5 minutes away from where they may be needed.

Spare AAls will be kept separate from any child's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 MAINTENANCE (OF SPARE AAls)

Natalie Brace and Claire Hanna-Williams are responsible for checking monthly that:

- The AAls are present and in date.
- Replacement AAls are obtained when the expiry date is near.

7.4 DISPOSAL

AAls can only be used once. Once a spare AAI has expired, it will be disposed of in line with the manufacturer's instructions. If any AAI has been administered, it will be taken to hospital with the child. Parents will be asked to collect children's prescribed AAls and take them home.

7.5 USE OF AAls OFF SCHOOL PREMISES

- Any class allergy boxes will be taken on school visits.
- An additional emergency AAI will also be taken.

7.6 EMERGENCY ANAPHYLAXIS KIT (OFFICE BASED)

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls.
- Instructions for the use of AAls.
- Instructions on storage.
- Manufacturer's information.
- A list of children to whom the AAI can be administered.
- A record of when AAls have been administered – ERP report to the local authority.



8. TRAINING

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions.
 - How to spot the signs of allergic reactions (including anaphylaxis).
 - The importance of acting quickly in the case of anaphylaxis.
 - Where AAls are kept on the school site, and how to access them.
 - How to administer AAls.
 - The wellbeing and inclusion implications of allergies.
-
- Training will be carried out annually by the allergy lead (SSS training).
 - Training will be carried out annually by all staff (SSS training).
 - All kitchen staff complete the full school-based SSS allergy training.
 - All kitchen staff complete Level 2 Food Safety (this includes allergy training).
 - The cook in charge complete Level 3 Food Safety (this includes allergy training).
 - The cook in charge complete Level 3 Food Allergen Management in Catering.
 - Additional more specialist catering training (WLP) may also be undertaken.

9. LINKS TO OTHER POLICIES

This policy links to the following policies and procedures:

- Health and Safety Policy
- Medical Policy
- Food Policy
- Educational Visits Policy

10. MEMBER OF STAFF WITH ALLERGIES

Any member of staff with identified allergies should notify the headteacher and the allergy lead. A written healthcare plan will be completed with them.

POLICY DATE: MAY 2026

MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS
OUTLINE GENERAL RISK ASSESSMENT - FORM RA2

Oxon CE Primary School		REF NO.	RA 68
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TASK/OPERATION BEING ASSESSED	FOOD ALLERGIES
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PURPOSE/METHOD OF WORK
Systems in place to ensure that children with food allergies are not offered 'un safe' food. See section below.

CHEMICALS/MATERIALS INVOLVED	HSC NO.	ASSESSMENT DATE
N/A		

SPECIFIC WORK EQUIPMENT PROVIDED
Disposable protective gloves and apron Cleaning equipment

MAIN HAZARDS IDENTIFIED	WHO WILL BE AFFECTED	CONTROL MEASURES TO REDUCE THE RISK
Child with food allergies eating 'un safe' food served by the school kitchen at lunchtime.	The child with food allergies.	• Details of any food allergies or intolerance is collected from parents via the School Registration Form initially and annually via the Data Collection Sheet sent out from the school office. Parents are free to contact the school office at any point if their child develops an allergy. • Medical information from these forms is added to SIMS. • Parents pre-order school lunches. This allows parents to avoid any food choices that are unsafe for their children. • Each day, the children are given a coloured wrist band that matches with their parents menu choice. • As an additional safety check, the office staff print a weekly report that merges the information from SIMS with the menu choices parents have made online. It then identifies any conflicts or risks. • The kitchen staff check the report to ensure that children are not given a menu choice that is unsafe. • When concerns are raised, the kitchen staff alert the office staff who then contact parents. Following those conversations, a change is made to the online menu choice. • Photographs of children with severe food allergies are displayed in the school kitchen. • Kitchen staff ensure that they can identify children with food allergies and serve them appropriate food. • Allergy procedures in the kitchen.
Child with food allergies eating 'un safe' food during lunchtime – packed lunch.	The child with food allergies.	• Children should only eat the food provided by their parents. • Lunchtime supervisors to ensure that children only eat the food that they have been provided with.
Child with food allergies eating 'un safe' food as part of a curriculum activity (including on a school visit).	The child with food allergies.	• 'Food Consent Form' completed by parents for all children each year. School office to identify any children who are not allowed to participate in food activities. • 'Data Collection Sheet' completed by parents for all children each year. School office to identify any children with food allergies or intolerances. • The school office will update the class 'Medical Concerns and Dietary Requirements' list and give a copy to each of the year group teachers. • Teachers to be proactive about withdrawing a child from the 'eating' element of an activity if required by the parental preference. • Teachers to be proactive about making appropriate adjustments to the 'eating' element of an activity if required by medical needs.

		Teachers to ensure that other relevant staff including teaching assistants and supply teachers are aware of this information.
Child with food allergies eating 'un safe' food as part of a Christmas party.		'Food Consent Form' completed by parents for all children each year. School office to identify any children who are not allowed to participate in food activities. 'Data Collection Sheet' completed by parents for all children each year. School office to identify any children with food allergies or intolerances. - The school office will update the class 'Medical Concerns and Dietary Requirements' list and give a copy to each of the year group teachers. - Teachers to be proactive about withdrawing a child from the 'eating' element of an activity if required by the parental preference. - Teachers to be proactive about making appropriate adjustments to the 'eating' element of an activity if required by medical needs. - Teachers to ensure that other relevant staff including teaching assistants and supply teachers are aware of this information. - If the class includes children with severe allergies teachers will need to consider the arrangements for serving food. This includes decisions on 'mixing' food on serving plates. Teachers may choose to 'plate up' food for an individual child with specific requirements. - In recent years, additional checks have been completed by the school office when the exact food is known.
Child with food allergies eating 'un safe' food that has been brought into school by another child (such as birthday treats or charity events).	The child with food allergies.	At the current point in time the school does not distribute treats brought in by children or parents to share with the class.
Staff sharing food based presents with children.	The child with food allergies.	Message sent to staff Dec 21: - A number of members of staff have asked about giving gifts to the children at the end of term. - Obviously you are under no obligation to give anything and we are not suggesting any extra gift giving. You must take into account Natasha's law that came into force In September 2021. - Items in original packaging with a commercial label of contents are fine. - The issue is when you 'make up' a package containing different items. If you do this you must accurately label the contents – think of a 'Pret' sandwich. If you are unsure please google it and have a look. Or follow the link: https://www.food.gov.uk/business-

		guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#labelling-guidance-for-schools-colleges-and-nurseries
Child with food allergies eating 'un safe' food that is provided as part of a PTA organised event (where parents are not present.) Such as film night or school disco.	The child with food allergies.	• When the PTA are planning an event the issue of food allergies is considered at the planning meeting. (If this is not raised by the PTA the staff member who is present will raise it.) • The normal procedure would be for PTA volunteers to write a letter to parents explicitly stating any food that will be provided as part of an event (where parents are not present). • The PTA plans the management of the event to ensure the safety and wellbeing of any children who are not allowed particular items of food. • For children with complex allergies the PTA may consider giving opportunity for the parent to send food for their child to eat as part of the event.
Child or member of the public with food allergies eating 'un safe' food that is provided as part of a PTA organised event. Such as summer fayre or Christmas Fayre. • Food cooked or served on site such as burgers and hot dogs.	The child, member of staff or member of the public with food allergies.	Food Standards Agency: Providing food at community and charity events (1 October 2021)

Providing food at community and charity events

Guidance on providing food in a village hall or other community setting for volunteers and charity groups. It includes advice on registration, certificates and allergen information.

Last updated: 1 October 2021

[View as PDF](#)

[Print this page](#)

Food supplied, sold or provided at charity or community events, such as street parties, school fetes or fundraisers, must comply with food law and be safe to eat.

Registration

If you supply food on an occasional and small-scale basis, it is unlikely you will need to register. You may need to [register with your local authority as a food business](#) if you provide food on a regular and organised basis.

Our [guidance on the application of EU food hygiene law](#) gives practical examples of community and charity events selling or supplying food. It will help you decide whether your events will require registration.

If you handle, prepare, store and serve food occasionally and on a small scale, you do not need to register.

Allergen information

From 1st October 2021, [new allergen labelling requirements](#) were applied to a category of food called prepacked for direct sale (PPDS).

PPDS food is food that is packed on the same site as which it is sold (this includes mobile premises used by the same business) before the customer orders it.

The allergen labelling law, sometimes called Natasha's Law, applies to [registered food businesses](#). If your activity does not need to be registered as a food business, you don't have to provide information for consumers about allergens present in the food as ingredients.

However, we recommend that the more information you can provide about allergens orally or in writing for customers, the better it is, so that they can make safe choices, particularly for those with allergies.

If you are a registered food business, you will need to follow the [allergen rules](#).

Food hygiene certificates

You do not need a food hygiene certificate to make and sell food for charity events. However, you need to make sure that you handle food safely.

Keeping food safe

Following the 4Cs of food hygiene will help you prepare, make and store food safely. The 4Cs of food hygiene are:

- [cleaning](#)
- [chilling](#)
- [cooking](#)
- [avoiding cross-contamination](#)

Here are some general practical tips for when you're making food for large numbers of people:

- prepare food in advance and freeze it, if you can, but ensure the food is properly defrosted before you use it
- wash your hands regularly with soap and water, using hand sanitisers if hand washing facilities are not available
- always wash fresh fruit and vegetables
- keep raw and ready-to-eat foods apart
- do not use food past its use-by date
- always read any cooking instructions and make sure food is properly cooked before you serve it
- ensure that food preparation areas are suitably cleaned and sanitised after use and wash any equipment you are using in hot soapy water
- keep food out of the fridge for the shortest time possible

Chilled food

Food that needs to be chilled, such as sandwich fillings served as part of a buffet, should be left out of the fridge for no more than four hours. After this time, any remaining food should be thrown away or put back in the fridge. If you put the food back in the fridge, don't let it stand around at room temperature when you serve it again.

Use-by dates

Use-by dates show how long the food remains safe to eat or drink. Check and follow the use-by dates of the food you serve. Food cannot be supplied in any circumstances if its use-by date has passed. This also applies if you are supplying people with packaged food from a food bank.

[WRAP date labelling guidance](#)  provides advice on how to safely redistribute surplus food and avoid food waste.

Foods that need extra care

Some foods are more likely to cause food poisoning than others. These include:

- raw milk
- raw shellfish
- soft cheeses
- pâté
- foods containing raw egg
- cooked sliced meats

PTA to place a notice stating:

‘Food allergies – caution!’

We do not have details of the ingredients used in any food or drink served.’

Child or member of the public with food allergies eating 'un safe' food that is provided as part of a PTA organised event. Such as summer fayre or Christmas Fayre.

- Cakes cooked at home and donated.

The child, member of staff or member of the public with food allergies.

Cakes

You can serve home-made cakes at community events. They should be safe to eat if:

- a recipe from a reputable source is used
- the people who make them follow good food hygiene advice
- the cakes are stored and transported safely

Making and transporting cakes

If you make a cake at home:

- use recipes from reputable sources
- always wash your hands before preparing food
- make sure that surfaces, bowls, utensils, and any other equipment are clean
- don't use raw eggs in anything that won't be thoroughly cooked, such as icing or mousse
- keep cheesecakes and any cakes or desserts containing fresh cream in the fridge
- store cakes in a clean, sealable container, away from raw foods

On the day, when you bring in cakes from home or run the stall, you should:

- transport cakes in a clean, sealable container
- make sure that cheesecake and any cakes or desserts containing fresh cream are left out of the fridge for the shortest time possible, ideally not longer than 4 hours
- when handling cakes use tongs or a cake slice

Storing cakes

You can keep cakes and baked goods with high sugar content in:

- airtight containers - this will prevent mould growth through absorption of moisture from the atmosphere
- the fridge - cakes will last for longer, but their quality may be affected

Any cakes with high moisture additions, such as cream added after baking, should not be left at room temperature. They must be stored chilled (in the fridge) and eaten within the use-by date of the added product.

There are some types of icing, such as ganache and buttercream, that can be kept outside the fridge. It's best to store them somewhere cool and dry. Check the guidelines for storage of the particular icing product you will be using.

Using jam jars

It is safe to re-use glass jam jars occasionally to supply home-made jam or chutney as long as the jars are properly washed. If jam jars are re-used, they should be free from chips and cracks, and should be sterilised prior to each use. Well-fitting lids will also minimise any hygiene risks to the food in the jars.

The regulations on food contact materials, which may limit the re-use of jam jars, apply to businesses. These regulations are highly unlikely to apply to the use of jam jars for occasional community and charity food provision. If you have any concerns about the re-use of jam jars, contact your [local authority food safety team](#).

PTA to place a notice stating:

'Food allergies – caution!

Please be aware these cakes have been donated for this event and we do not have details of the ingredients used.'