



Allergy and Anaphylaxis policy

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Policy statement

Mundella Primary School is committed to providing a safe, inclusive and supportive environment for all pupils with allergies.

The school recognises that allergic reactions can occur rapidly and that anaphylaxis is a potentially life-threatening emergency. We will take reasonable and proportionate steps to reduce the risk of allergic reactions, ensure that pupils with allergies are not disadvantaged, and ensure that staff are able to recognise and respond promptly to an allergic reaction or anaphylaxis.

This policy has been reviewed and updated for September 2026 to reflect the **Department for Education statutory guidance, Allergy Safety in Schools, published July 2026**, and current guidance from **Anaphylaxis UK, Allergy UK and BSACI**.

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This policy should be read alongside the school's:

- Medical Needs
- Safeguarding and Child Protection Policy
- SEND Policy
- Behaviour Policy/Anti-Bullying Policy
- Educational Visits Policy

1. Introduction

An allergy is a reaction of the body's immune system to a substance that is usually harmless. An allergic reaction may cause mild symptoms such as itching, sneezing or a rash, but in some circumstances, it can cause a much more severe reaction called **anaphylaxis**.

Anaphylaxis is a serious, potentially life-threatening allergic reaction. It can affect the whole body and may develop within minutes of exposure to an allergen, although symptoms can occasionally develop more slowly. Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.**

Common causes of serious allergic reactions include:	Food, insect stings, medication, latex, animals and animal products, other substances identified by a healthcare professional.
A person can be allergic to anything containing a protein. Common UK allergens include, but are not limited to:	Peanuts, tree nuts, sesame, milk, egg, fish, shellfish, soya, wheat, certain fruits and vegetables, insect venom, medicines, latex, animal allergens.

Allergies are individual. The school will therefore manage each pupil according to their individual healthcare needs rather than relying solely on generalised allergen restrictions.

A school cannot guarantee an allergen-free environment. The school's approach is therefore based on **allergy awareness, appropriate risk reduction, individual planning, staff training and rapid emergency response**.

Anaphylaxis UK recommends a whole-school approach in which all staff understand allergy awareness and emergency response because a reaction may occur anywhere in school, including classrooms, corridors, playgrounds or dining areas.

2. Roles and responsibilities

Governing Body	<ul style="list-style-type: none">• ensure that the school has an appropriate and published allergy safety policy• ensure the policy is reviewed at least annually and following significant incidents or changes in guidance• monitor compliance with statutory guidance• ensure that allergy safety is considered alongside safeguarding, SEND, medical needs, health and safety and inclusion• receive appropriate information about serious incidents, near misses and lessons learned
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	<ul style="list-style-type: none"> ensure that appropriate arrangements are in place for staff training and emergency medication.
Headteacher	<ul style="list-style-type: none"> have overall responsibility for implementation of this policy ensure that the school complies with the relevant Department for Education statutory guidance appoint a named Allergy Lead ensure that all staff receive appropriate allergy awareness and emergency response training ensure that risk assessments are completed where necessary ensure that incidents and near misses are recorded and reviewed ensure that lessons learned are acted upon ensure that allergy information is shared appropriately and securely
Named Allergy Lead	<ul style="list-style-type: none"> oversee implementation of this policy coordinate the annual review maintain oversight of pupils with serious allergies coordinate staff training maintain training records ensure that appropriate spare AAIs are available and maintained ensure relevant allergy information is accessible to staff who need it while respecting confidentiality and UK GDPR requirements ensure that the school's allergy arrangements are communicated to parents/carers and relevant staff communicate with PTAs about school expectations for allergy management. ensure that allergy-related risk assessments are completed and reviewed liaise with parents/carers, healthcare professionals and the school nurse where appropriate liaise with catering providers ensure appropriate arrangements are made for educational visits monitor allergy incidents and near misses coordinate lessons learned and improvements advise governors and the Senior Leadership Team on allergy safety
Administration of Medication staff	<ul style="list-style-type: none"> monitor the availability, storage and expiry dates of spare AAIs maintain appropriate medication records coordinate checks of prescribed medication and spare AAIs maintain records of AAI use ensure emergency medication is accessible coordinate reminders to parents/carers regarding medication expiry support the Allergy Lead with incident recording and review. ensure that pupils with serious allergies have appropriate IHPs and Allergy Action Plans
All staff	<ul style="list-style-type: none"> complete the school's required allergy awareness and anaphylaxis training understand how to recognise an allergic reaction and anaphylaxis know the emergency procedure know how to access emergency AAIs know where relevant pupil medication and emergency information are located follow pupils' IHPs and Allergy Action Plans reduce exposure to known allergens where reasonably practicable

	<ul style="list-style-type: none"> • supervise food-related activities appropriately • prevent food sharing where this presents a risk • Educating students through awareness assemblies • report allergy incidents and near misses immediately • maintain confidentiality when handling pupil medical information • Communicate with all visitors, temporary staff and cover staff regarding children with allergies/ medical needs in their care • complete risk assessments where appropriate • promote appropriate handwashing. Where food has been used in an activity, appropriate cleaning procedures will be followed before the area is used for another purpose.
Parents/carers	<ul style="list-style-type: none"> • inform the school as soon as possible of any diagnosed allergy • provide accurate information about the allergy and known triggers • provide the child's prescribed medication, where required • provide an up-to-date Allergy Action Plan from an appropriate healthcare professional • participate in developing and reviewing the child's IHP • provide replacement medication before prescribed devices expire • inform the school of any change in diagnosis, medication or treatment • provide updated medical information following significant reactions • work with the school to support safe inclusion. • Liaise with Taylor Shaw to set up a medical diet if required and update Taylor Shaw if allergens change
Pupils	<p>Pupils will be encouraged, according to their age and developmental ability, to:</p> <ul style="list-style-type: none"> • understand their allergy • recognise their own symptoms where possible • tell an adult immediately if they feel unwell or think they have been exposed to an allergen • understand that they must not share food or medication • participate in allergy-awareness education • develop age-appropriate independence in managing their condition <p>Younger pupils will not be expected to manage their allergy or emergency medication independently.</p>

3. Individual Healthcare Plans and Allergy Action Plans

Mundella Primary School will identify pupils who require an **Individual Healthcare Plan (IHP)** to manage their allergy and will develop an IHP where appropriate.

Allergy Action Plans - An Allergy Action Plan is an important part of the pupil's individual allergy management arrangements. Where appropriate, the school will use a recognised healthcare professional-completed Allergy Action Plan, such as the BSACI plan. The school will not create or alter clinical instructions.

The pupil's IHP and Allergy Action Plan will be reviewed:	<ul style="list-style-type: none"> • when the pupil joins the school; • when an allergy diagnosis changes; • following a significant allergic reaction; • when medication changes;
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	<ul style="list-style-type: none"> • when a healthcare professional provides updated instructions; and • at least annually where appropriate.
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4. Supply, storage and care of medication

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times (age and competence dependant).

Prescribed medication supplied by parents/carers must be in date and clearly labelled. Parents will ensure that their child's medication is available whenever the pupil is on the school premises or participating in school activities.

Pupil medication

Where prescribed, a pupil's medication may include:	<ul style="list-style-type: none"> • two prescribed AAls • antihistamine where included in the child's plan • asthma medication where included in the child's plan • other prescribed medication identified in the IHP. <p>AAls should normally be carried as a pair and should not be separated.</p>
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Storage

Storage of medication and AAls:	<ul style="list-style-type: none"> • Each classroom has a medical box/ bag – When children are not able to manage their medication independently it is securely stored within the classroom, accessible to staff and not locked away in a location that would delay treatment. • Where appropriate, and with parental consent and school approval, Y6 children can carry their AAls themselves.
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Medication check

The school will check prescribed emergency medication at least termly and will remind parents/carers when medication is approaching expiry. Parents/carers remain responsible for ensuring that prescribed medication is replaced when required.

Checks will record:	<ul style="list-style-type: none"> • medication present • expiry date • correct device/strength 	<ul style="list-style-type: none"> • accessibility • accompanying documentation • condition of device
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5. Spare adrenaline auto-injectors in school

Mundella Primary School will maintain a supply of spare adrenaline auto-injectors for emergency use. Emergency devices may be used where appropriate for a child or adult experiencing anaphylaxis, including where:

- their own prescribed AAI is unavailable;
- their own device is not working;

- their prescribed device is out of date;
- the person does not have their device with them; or
- a person experiences anaphylaxis for the first time and does not have a prescribed AAI.

Spare school AAI's will be checked at least monthly and following any use.

Number and strength of spare AAI's

Mundella Primary School will maintain, as a minimum:	<ul style="list-style-type: none"> • 4 x 150 microgram AAI's suitable for younger children • 4 x 300 microgram AAI's suitable for older children/adults
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The correct strength must always be selected according to the individual's Allergy Action Plan and the instructions supplied with the device.

Location

Spare AAI's will be:	<ul style="list-style-type: none"> • stored in the kitchen and the school office - clearly identified in a medical box • locked but accessible to all staff • not locked away in a way that delays emergency treatment • kept separate from general first aid equipment where this helps staff identify them quickly • clearly labelled as emergency allergy medication.
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6. Staff training and allergy awareness

Mundella Primary School will ensure that all staff receive appropriate allergy awareness and anaphylaxis training.

Training will be provided:	<ul style="list-style-type: none"> • during induction for new staff • annually for all staff • when there is a significant change in guidance • when a significant incident identifies a training need 	
Training will include:	<ul style="list-style-type: none"> • what an allergy is • common allergens • causes and triggers • signs and symptoms of mild and moderate allergic reactions • recognising anaphylaxis • emergency response • when and how to use an AAI • prevention and risk reduction • individual healthcare plans 	<ul style="list-style-type: none"> • Allergy Action Plans • medication storage • school trips • catering • allergy bullying, inclusion and safeguarding • incident and near-miss reporting • staff responsibilities • practical experience of using an adrenaline trainer device

7. Inclusion, safeguarding and allergy bullying

Mundella Primary School is committed to ensuring that pupils with medical conditions, including allergies, are properly supported in terms of both physical and mental health.

Pupils with allergies should be able to:	<ul style="list-style-type: none">• attend school safely• participate in educational and sporting activities• take part in trips and residential visits• eat safely• attend clubs and extracurricular activities• participate in the full life of the school wherever reasonably practicable.
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Where an activity presents a significant risk, the school will consider reasonable adjustments and alternative arrangements rather than automatically excluding the pupil.

Allergy bullying

The school recognises that pupils with allergies may be vulnerable to:	<ul style="list-style-type: none">• teasing, bullying, threats involving allergens• deliberate exposure to allergens• food swapping and sharing• social exclusion• inappropriate comments about their allergy.
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Any such behaviour will be treated seriously and managed under the school's Behaviour and Anti-Bullying Policy and, where appropriate, safeguarding procedures. Staff will remain alert to changes in behaviour, anxiety, avoidance of eating, social withdrawal or other indicators that may suggest that a pupil is experiencing difficulties related to their allergy.

Allergy information and confidentiality

Information will be shared with staff who need it to keep a pupil safe.

The school will:	<ul style="list-style-type: none">• maintain accurate allergy records• ensure relevant staff know which pupils require emergency medication• ensure emergency information is accessible when needed• follow UK GDPR and data protection requirements• review arrangements for sharing allergy information with staff, supply staff, trip leaders and catering staff.
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8. Catering and food management

All food businesses, including school caterers, must comply with relevant food allergen legislation and provide appropriate allergen information. Mundella Primary School will work with its catering provider to ensure that pupils with diagnosed food allergies are appropriately supported.

The school and catering company will:

- expect parents to provide relevant allergy information to the catering provider;
- ensure that staff responsible for food understand allergen risks;
- ensure allergen information is available;

- take reasonable steps to prevent cross-contamination;
- ensure staff understand food labelling;
- ensure appropriate cleaning procedures are followed;
- consider individual pupil risk assessments;
- provide suitable menus where required;
- communicate changes to parents/carers where necessary; and
- ensure that food is not provided to a pupil with a diagnosed food allergy unless its suitability has been appropriately checked.
- Provide children with allergy lanyards – to indicate to catering staff who they are/ what they are allergic to
- Accompany children to the food counter to support catering staff to identify each child
- Supply children with a white tray
- Supervise the duration of consuming food
- Provide an area to eat which can be monitored by trained first aid staff
- Peak Edge will ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers
- Identify students with allergies at point of service by photograph. Identification is not reliant on one person but with two people checking that the correct meal is going to the correct child
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

Parents/carers may liaise with the catering provider where appropriate to discuss their child's needs.

Food brought from home

Any food brought from home must be clearly labelled and, where appropriate, provided in a plastic container (not glass).

The school will communicate expectations to families regarding:	<ul style="list-style-type: none"> • food sharing • packed lunches • snacks • birthday sweets (e.g., Haribo's individually packaged) 	<ul style="list-style-type: none"> • celebrations (e.g., Easter eggs must be allergen safe)
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Food should not be shared between pupils.

Food treats

Food treats are restricted in school to safe options. Where food is used as part of a lesson, reward, celebration or event, staff must consider known allergies before providing it.

Staff should:	<ul style="list-style-type: none"> • read ingredient labels carefully • check allergen information • use appropriate cleaning procedures • prevent cross-contamination • use appropriate utensils and preparation areas • complete a risk assessment • follow the school's and catering provider's allergy procedures.
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Food preparation and cross-contamination

Where necessary, food for pupils with allergies should be prepared separately and with appropriate controls.

Curriculum and activities involving food

The use of food in:	<ul style="list-style-type: none">• cooking;• baking;• science experiments;• art and craft;• sensory activities;	<ul style="list-style-type: none">• assemblies;• cultural events;• celebrations; and• fundraising activities
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Activities must be considered in advance and should be risk assessed where necessary and modified or replaced where a significant risk cannot be adequately controlled.

9. School trips and off-site activities

Mundella Primary School is committed to ensuring that pupils with allergies are included in educational visits, residential trips, sporting events and other off-site activities. A pupil must not be excluded from a trip simply because they have an allergy. Where an activity presents a significant risk, reasonable adjustments or alternative arrangements will be considered.

Pupils/ Staff should take their prescribed medication and AAI's with them. The school will risk assess whether spare AAI's should also be carried.

Trip leaders will ensure that:	<ul style="list-style-type: none">• the pupil's IHP and Allergy Action Plan are available• prescribed medication is taken; staff know where medication is located• appropriate staff know how to respond /are appropriately trained• emergency contact information is available• catering arrangements have been checked/ venue contacted• risk assessment has been completed• emergency medical services and access to healthcare have been considered• appropriate spare AAIs are taken where the risk assessment identifies this as necessary• consider overnight arrangements
risk assessment will consider:	<ul style="list-style-type: none">• location• remoteness• journey time• access to emergency medical services• communication arrangements• likely allergens• the number of pupils with serious allergies• staff support required

Sporting events

Pupils with allergies should have every opportunity to participate in sporting events. A member of appropriately trained staff will accompany pupils where required.

10. Risk assessments, incident reporting, review, Emergency preparation

Individual risk assessment	Mundella Primary School will complete a risk assessment where necessary for pupils with serious allergies. The risk assessment will be reviewed regularly and following significant changes or incidents.
Activity/ trip risk assessment	The school will complete risk assessments prior to trips and activities which may risk contact with allergens.
Whole-school risk assessment	The school will maintain a whole-school allergy safety risk assessment updated at least annually
Allergy incidents and near misses	<p>Mundella Primary School will record and learn from serious allergic reactions, anaphylaxis incidents and near misses. A near miss may include:</p> <ul style="list-style-type: none"> • an allergen being accidentally provided to the wrong pupil • medication being unavailable • an expired AAI being identified • incorrect food being supplied
Following a significant incident or near miss, the school will:	<ul style="list-style-type: none"> • ensure the pupil/person receives appropriate medical care • inform parents/carers where appropriate • notify the Allergy Lead and Headteacher and record the incident • review the - IHP and Allergy Action Plan, relevant risk assessment • identify what went well • identify what could be improved • implement corrective actions • communicate relevant lessons learned to staff • report externally where required by law or relevant guidance.
Use of any AAI	<ul style="list-style-type: none"> • administration of an AAI will be recorded by the member of staff administering the medication using the attached report -appendix 2 • the report will be shared with the Allergy and Anaphylaxis Lead and SLT. • school will review every AAI administration to determine whether changes are required
Policy monitoring and review	The Governing Body will receive appropriate assurance that the policy is being implemented.

11. Emergency preparedness

Mundella school will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

SLT/ Allergy Lead will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, staff will ensure that a student's adrenaline device is with them and the office staff will take the emergency medication – AAI and Inhaler.

Nut and allergen policy

Mundella Primary School recognises that nuts are only one of many allergens. The school does **not** claim to be an allergen-free or nut-free environment. The school will nevertheless take reasonable measures to reduce exposure to known allergens.

The school requests that staff, parents/carers and pupils do not knowingly bring nut or seed products onto the school site. This forms part of the school's agreed risk-reduction arrangements.

12. Useful links and supporting guidance

Department for Education

<p>Allergy Safety in Schools – statutory guidance, July 2026</p> <p>DfE Allergy Safety in Schools statutory guidance</p> <p>Anaphylaxis UK</p> <p>Anaphylaxis UK – Benedict's Law guidance</p> <p>Anaphylaxis UK – AllergyWise® for Schools</p> <p>Spare AAls in schools</p> <p>Department for Education – Using emergency adrenaline auto-injectors in schools</p>	<p>Allergy UK</p> <p>Allergy UK</p> <p>BSACI</p> <p>BSACI – Paediatric Allergy Action Plans</p> <p>Department for Education – Supporting pupils with medical conditions</p> <p>Supporting pupils at school with medical conditions</p>
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Appendix 1

Emergency treatment and management of anaphylaxis

Recognising an allergic reaction:

Mild to moderate symptoms may include:	<ul style="list-style-type: none">• a red, raised or itchy rash;• hives or urticaria;• itching or tingling in the mouth;• swelling of the lips, face or eyes;• abdominal pain;• nausea;• vomiting;• other symptoms identified in the pupil's Allergy Action Plan. <p>*These symptoms are treated with antihistamines.</p>		
Anaphylaxis may involve:	AIRWAY <ul style="list-style-type: none">• swelling of the throat or tongue;• tightness in the throat;• difficulty swallowing;• hoarse voice; or• other airway obstruction.	BREATHING <ul style="list-style-type: none">• Sudden wheezing;• difficulty breathing;• noisy breathing;• persistent coughing; or• other significant breathing difficulty.	CIRCULATION <ul style="list-style-type: none">• dizziness;• feeling faint;• sudden weakness;• confusion;• pale or clammy skin;• collapse;• loss of consciousness; or• other signs of cardiovascular compromise.
<p>Anaphylaxis can develop very rapidly and requires urgent treatment.</p> <p>In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.</p>			

The pupil must go to hospital following anaphylaxis, even if symptoms appear to have improved, because symptoms may recur.

Important - Adrenaline is the first-line treatment for anaphylaxis. Antihistamines do **not** replace adrenaline in anaphylaxis. Staff must never delay administration of adrenaline while attempting to establish whether symptoms are definitely anaphylaxis. Where a pupil has been exposed to a known allergen and is displaying symptoms consistent with anaphylaxis, the threshold for administering adrenaline should be low.

IF ANAPHYLAXIS IS SUSPECTED:

1



GIVE ADRENALINE WITHOUT DELAY.

Use the pupil's prescribed adrenaline auto-injector where available. If the pupil's prescribed device is unavailable, not working or cannot be accessed promptly, use the school's spare AAI where appropriate.

Do not delay administration while waiting for a first aider, parent/carers, office staff or another designated person.

2



CALL 999.

State clearly:

"ANAPHYLAXIS – ANAPHYLAXIS – ANAPHYLAXIS."

Give the school's location and follow the emergency operator's instructions.

3



NOTE THE TIME THE ADRENALINE WAS GIVEN.

4



KEEP THE CHILD IN THE APPROPRIATE POSITION.

- The child should generally lie flat with legs raised.
- If they are struggling to breathe, they may need to sit with their legs outstretched, but should not stand or walk.
- If unconscious but breathing, place them in the recovery position as appropriate.

5



A SECOND DOSE OF ADRENALINE SHOULD BE GIVEN AFTER 5 MINUTES IF THERE IS NO IMPROVEMENT OR SYMPTOMS ARE WORSENING, in accordance with the child's action plan and device instructions.

6



IF THERE ARE NO SIGNS OF LIFE, COMMENCE CPR AND FOLLOW THE 999 OPERATOR'S INSTRUCTIONS.

7



DO NOT ALLOW THE CHILD TO STAND OR WALK EVEN IF THEY FEEL BETTER.

8



SEND SOMEONE TO MEET THE AMBULANCE IF POSSIBLE.

9



CONTACT THE PARENT/CARER AS SOON AS PRACTICABLE.

10



ALL CASES OF ANAPHYLAXIS REQUIRE EMERGENCY MEDICAL ASSESSMENT.

Appendix 2

Allergy Incident form

Following a near miss, reaction or anaphylaxis a thorough review needs to be undertaken to understand why the incident happened and to identify the measures needed to prevent future occurrences.

Date of incident		Type of incident	Near miss/reaction/anaphylaxis
Location of incident		Person affected	Student/employee
What happened – the cause?			
Were AAls administered?	Yes No		
What action was taken?			
What were the contributory factors?			
What needs to happen in future to avoid a recurrence?			
Are there any training needs?	Yes No	Does the policy need reviewing?	Yes No
Have staff (and students) involved been debriefed?	Yes No	Have staff (and students) involved been offered support?	Yes No
Does the student have an allergy action plan?	Yes No	Has the allergy action plan been updated if needed?	Yes No
Does the student have an IHP?	Yes No	Has the IHP been updated?	Yes No
Has medication been replaced?	Yes No		
Is this RIDDOR reportable?	Yes No		
Parent/staff comments			
Date reported to manager			
Manager's comments			
Manager's signature		Form completer's signature	