Allergy and Anaphylaxis Policy

July 2026

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1. Statement of intent

Mowbray Education Trust (the Trust) strives to ensure the safety and wellbeing of all members of our school communities. This policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and establishes robust emergency response plans.

This policy is to be adhered to by all staff members, parents, and pupils across all Trust schools, with the intention of minimising the risk of anaphylaxis occurring whilst at school. The Trust is committed to ensuring that pupils with allergies are properly supported so they can play a full and active role in school life, remain healthy, and achieve their academic potential. We want all pupils to access and enjoy the same opportunities as their peers, including school trips and sporting activities.

While the Trust cannot guarantee a completely allergen-free environment, this policy provides a framework to minimise exposure, encourage self-responsibility, and plan for effective responses to emergencies

Each school takes full responsibility for coordinating medical information and supporting pupils with allergies and headteachers are responsible for allergy safety and the local implementation of this policy.

2. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014 (Section 100)
- Children's Wellbeing and Schools Act 2026 (Section 34)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE 'Allergy safety in schools' (July 2026)
- DfE 'Supporting pupils at school with medical conditions'

It will be implemented in conjunction with relevant Trust and school-level policies, including Health and Safety, Food, Administering Medication, and Educational Visits policies.

3. Definitions

For the purpose of this policy:

- Allergy: A medical condition in which the body's immune system has an exaggerated and abnormal response to normally harmless substances (hypersensitivity)
- Allergen: A substance that triggers an allergic reaction in a susceptible person
- Anaphylaxis: A sudden, severe, and potentially life-threatening allergic reaction affecting the Airway, Breathing, and/or Circulation (ABC)
- Adrenaline Auto-injector (AAI): A medical device used to deliver a measured dose of adrenaline in the event of anaphylaxis
- Asthma: A lung disease frequently associated with allergy; exposure to allergens can provoke a life-threatening asthma attack

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- Intolerance: A non-immune system reaction where the body struggles to digest specific foods (e.g., lactose); it does not cause anaphylaxis but can cause long-term health issues

4. Roles and responsibilities

4.1 The Trust Board are responsible for:

- Ensuring policies and procedures are in place to support pupils with allergies and meet statutory responsibilities
- Ensuring the Trust's approach accounts for the individual needs of each pupil
- Ensuring staff are properly trained, receiving allergy and anaphylaxis training at least annually
- Monitoring the effectiveness of this policy and reviewing it annually, or after any significant incident

4.2 The Headteacher is responsible for:

- The local development, implementation, and monitoring of this policy within their school
- Ensuring parents are informed of their responsibilities regarding their child's allergies
- Ensuring all relevant risk assessments, particularly for food preparation and school trips, are carried out
- Ensuring designated staff trained in the use of AAIs and the management of anaphylaxis
- Ensuring catering staff are fully aware of pupils' allergies and comply with food labelling laws
- The coordination of medical information
- Ensuring medical information is regularly updated and disseminated to relevant staff, including supply and temporary staff
- Seeking up-to-date medical information from parents via annual medical forms
- Working alongside parents and staff to develop, implement, and monitor Individual Healthcare Plans (IHPs)
- Maintaining the Register of AAIs and ensuring it is updated relevant to changes in consent or pupil requirements
- Promoting the wellbeing of all those with or affected by allergy and ensuring that school acts to prevent and deals effectively allergy related bullying

4.3 All staff members are responsible for:

- Attending annual allergy awareness and emergency response training
- Being familiar with and implementing IHPs for pupils in their care
- Responding immediately and appropriately in the event of a medical emergency
- Reinforcing effective hygiene practices and ensuring pupils do not share food
- Promoting the wellbeing of all those with or affected by allergy

4.4 Parents are responsible for:

- Notifying the school of their child's allergens, the nature of their reactions, and required medications
- Providing written medical documentation and instructions from the child's doctor
- Providing written consent for the use of a spare AAI
- Ensuring any prescribed medication supplied to the school is in-date and clearly labelled

4.5 Pupils are responsible for:

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- Ensuring they do not exchange food with other pupils
- Avoiding known allergens and notifying a staff member immediately if they suspect they are having a reaction

5. Identification of individuals with allergies

5.1 New and existing pupils

- Parents/carers must notify the school in writing if their child has an allergy, including details of medication carried (e.g., AAI or inhaler)
- For new joiners, the Senior Allergy Lead will seek information from previous settings and parents in advance to ensure support is in place from the first day of attendance.
- If a pupil is diagnosed mid-term, arrangements should be put in place within two weeks.
- When a child moves to a new school, their IHP and Allergy Action Plan will be shared as part of the transition.

5.2 Staff and visitors

- All staff members must notify the school in writing of any allergies they have and medication they carry
- Information on allergies should be sought from all visitors in advance or on arrival, especially if they are likely to be served food
- Staff and visitors will ordinarily manage their own conditions, but emergency response procedures apply to all individuals on site

5.3 Records

- The school will maintain a list of all pupils and staff with known allergies, including up-to-date photos and their specific allergens
- These lists will be displayed in areas where food is served or handled (e.g., kitchen, food technology, science labs) and kept in areas accessible to staff only

6. Risk Assessment and minimising the risk of exposure

The Trust will take all reasonable steps to minimise the risk of individuals coming into contact with their known allergens.

The school will carry out an annual allergen risk assessment covering the entire environment, including catering, classrooms, communal areas, and outdoor spaces.

Proportionate steps will be taken to manage identified risks, such as allergen-free zones or cross-contamination measures

6.1 Food allergies and catering

- **Information sharing:** A list of pupils with food allergies, including photos, will be displayed in serving areas accessible only to relevant staff
- **Identification:** Schools will use at least two robust methods to identify allergic pupils at mealtimes.
- **Cross-contamination:** Kitchen staff will use colour-coded equipment (e.g., boards, sponges) and separate utensils for high-risk food preparation
- All food tables will be disinfected before and after use
- **Menu Management:** Caterers must provide information on the 14 regulated allergens in all meals. Dairy- and gluten-free options will always be available.

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6.2 Food allergen labelling (Natasha's Law)

The Trust will adhere to all allergen labelling rules for pre-packed for direct sale (PPDS) foods

- Labels must include the full name of the food and a full ingredients list with allergens emphasised.
- Staff will be trained to check labels and allergen traceability information before serving food

6.3 Non-food activities

- **Curriculum:** Activities involving food (e.g., food technology, science, art) will be risk-assessed against pupils' IHPs .
  Staff leading these activities must ensure parents are made aware of food / labelling contents prior to the activity and that consent is obtained
- **Materials:** Staff will check that materials such as play dough (wheat), glues (milk/soya), or bird feed (nuts/sesame) do not pose a risk.
- **Animal Allergies:** Risk assessments will be conducted before any animals are brought onto **school** sites, and contact will be restricted for pupils with known allergies

6.4 Seasonal allergies

Grass will not be mown while pupils are outside. Pupils with severe seasonal allergies will be provided with an indoor supervised space during high-pollen periods if necessary.

Staff will diligently manage insect nests on school grounds

7. Adrenaline auto-injectors (AAIs) and spare devices

7.1 Prescribed AAIs

- Pupils at risk of anaphylaxis should carry two prescribed AAIs at all times, including when travelling to/from school
- If a pupil cannot carry their own device due to age, it will be stored in an unlocked, easily accessible location known to staff
- AAIs will never be locked away or kept in a restricted-access location

7.2 "Spare" AAIs

The Trust expects all its schools to stock "spare" AAIs for emergency use

- **Purchase: Schools** may purchase spare AAIs without a prescription from a pharmaceutical supplier using a request signed by the Headteacher
- **Dosage:** Doses will be stocked based on pupil age: 0.15mg for children under 6; 0.3mg for those aged 6 and over
- **Location:** Spare AAIs will be stored in a central, unlocked location and must be no more than five minutes away from any point where they may be needed

7.3 Maintenance

Designated staff will conduct monthly checks to ensure spare devices are present, in-date, and stored at room temperature away from direct sunlight. Used AAIs will be disposed of appropriately in a sharps bin.

8. Individual Healthcare Plans (IHPs)

8.1 A pupil will have an IHP if they have an allergy that has a functional impact on them, or if they are at risk of harm requiring additional arrangements.

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IHPs will be developed in collaboration with parents, the pupil, and health professionals, must be kept as "live" documents, and reviewed at least annually.

8.2 **Content of IHPs**

The IHP must include:

- Details of the allergy, triggers, symptoms, reactions, and treatments
- Medication requirements (dose, storage, and access)
- Specific support for educational, social, and emotional needs (e.g., managing absences or bullying)
- Clear emergency response procedures and contact details
- Any Allergy Action Plan or Asthma Plan issued by a healthcare professional must be attached to the IHP

9. School trips and external visits

A specific risk assessment will be conducted for every trip or visit for any child at risk of anaphylaxis attending a trip. If a pupil has been prescribed an AAI, at least one trained adult must accompany them on the trip.

Two AAIs must be taken on the trip and be easily accessible at all times.

The pupil MUST bring their own prescribed medication; If a pupil fails to bring their prescribed life-saving medication, they will not be permitted to attend the trip

10. Staff training

Annual Training
All staff (permanent, temporary, volunteers, and catering staff) will receive annual allergy awareness training covering recognition of symptoms, emergency response, and the use of AAIs

Emergency Response
Training will ensure staff know how to call 999, locate emergency medication, and understand that adrenaline must be given without delay if anaphylaxis is suspected

Induction
New, supply, peripatetic, regular volunteers, and temporary staff will be briefed on this policy and the location of IHPs and emergency medications

11. Managing allergic reactions and anaphylaxis

11.1 Mild to moderate reactions

Symptoms may include swollen lips/face, itchy mouth, hives, or abdominal pain. Staff must stay with the pupil, follow their IHP (e.g., administer antihistamines), and contact parents immediately.

The pupil must be monitored for at least 60 minutes as mild symptoms can progress to anaphylaxis

11.2 Anaphylaxis (Emergency Response)

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If a pupil shows signs of Airway, Breathing, or Circulation distress:

1. **Lay the pupil flat** with legs raised (if breathing is difficult, allow them to sit but do not stand them up)
2. **Administer the pupil's prescribed AAI** without delay. If unavailable or misfiring, use the **school's** "spare" device
3. **Immediately dial 999** and say "**anaphylaxis**".
4. **Stay with the pupil** until the ambulance arrives. If a pupil is taken to hospital, a member of staff will accompany them if parents are not present
5. If there is no improvement after five minutes, **administer a second dose** of adrenaline using a second device

12. Serious incidents and “near misses”

Definition
A serious incident is any event where an individual is harmed or placed at significant risk (e.g., requiring an AAI). A “near miss” is an event that had the potential to cause harm but did not

Recording
All such events must be recorded in the accident book, detailing who was affected, what happened, and the response
Review
Following any incident, the Headteacher and Senior Allergy Lead will conduct a "no blame" review to learn lessons and update IHPs or policies as necessary

Reporting: Parents must be notified as soon as possible 100. Certain incidents must be reported to the local authority (food safety) or the HSE (RIDDOR)

13. Support for the wellbeing of pupils

The school will actively promote the wellbeing of pupils with allergies and act to prevent allergy-related bullying.

Joiners with known allergies may be offered a tour of the canteen to meet staff and reduce anxiety

14. Unacceptable practice

It is not generally acceptable practice to:

- Prevent children from easily accessing their medication or AAIs
- Assume every pupil with the same condition requires the same treatment
- Send children with allergies home frequently or prevent them from staying for normal school activities
- Penalise children for their attendance record if absences are related to their allergy
- Require parents to attend school to administer medication or accompany their child on trips

15. Monitoring and review

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This policy will be reviewed annually by the Trust Board. Individual schools must monitor the effectiveness of the policy locally and report any concerns to the Headteacher immediately.

16. Log of changes to policy

Version	Page	Change	Editor	Date
1.0	Whole document	New Policy	CF	10/7/26
1.1	Whole document	Updated based on Browne Jacobson model policy	CF	20/7/26

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