



Muschamp Primary School

Allergy Policy

Introduction

The purpose of this policy is to help those responsible for the well being of staff, pupils/ students and others in schools to reduce the risk from allergic reactions that may cause anaphylaxis.

Anaphylaxis is a life-threatening allergic reaction that occurs when someone with an allergy or allergies is exposed to something they are allergic to (known as an allergen), such as certain foods, medicine or insect stings. Symptoms of anaphylaxis happen very quickly. They usually start within minutes of coming into contact with something a person is allergic to. Anaphylaxis UK states that 20% of fatal food-anaphylaxis cases in children occur in school.

Legal Requirements and Standards

Health and Safety at Work Act 1974 - The school has a legal and moral duty to ensure the health, safety and wellbeing of employees and those, such as students and pupils, who are affected by the school's undertakings. This includes the use of a third party to provide food services such as in many school canteens.

The school will also comply with the EU Food Information for Consumers Regulation (1169/2011) Prepacked for Direct Sale (PPDS) Food - On the 1st October 2021, the requirements for prepacked for direct sale (PPDS) food labelling changed in Wales, England, and Northern Ireland. The new labelling helps protect consumers by 2 of 18 School Food Allergies Next review 2029 Reviewed and updated April 2026 providing potentially life-saving allergen information on the packaging. Any business that produces PPDS food will be required to label it with the name of the food and a full ingredients list, with allergenic ingredients emphasised within the list.

PPDS is food which is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. For example, a sandwich made in your kitchen, packaged and sold in the canteen.

PPDS does not apply to any food that is not in packaging or is packaged after being ordered by the consumer. These are types of non-prepacked food and do not require a label with name, ingredients and allergens emphasised. In these cases, allergen information must still be provided but this can be done through other means, including orally.

The Food Information Regulations 2014 requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

The Children and Families Act 2014 places a duty on schools to provide suitable support to pupils/students with medical requirements. This includes the need for individual health plans for pupils/students where relevant.

From September 2026 - Benedict's Law

Children's Wellbeing and Schools Act 2026, Section 34 (amending Section 100 of the Children and Families Act 2014).

Supported by **DfE statutory guidance: "Allergy safety in schools" (6 July 2026)**.

Aims and Objectives

It is the policy of Muschamp Primary School to minimise the risks of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at school or attending any school related activity. The policy aims to reduce the risk of anaphylaxis occurring in individuals at risk. It sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise. Where an external canteen, breakfast/after school club are used, they will either follow this policy or have their own which meets or exceeds this level.

This policy will follow guidance from:

- Department. for Education - Supporting Pupils at School with Medical Conditions
- Food Standards Agency
- Anaphylaxis UK
- The school's selected H&S advisors

Although the school cannot guarantee it is an allergen free location, we will use this policy to help reduce the risk to staff and pupils/students in line with legislation, or where reasonable, better than the standard.

The school is committed to proactive risk food allergy management through the following:

- encouraging self-responsibility and learned avoidance strategies amongst those staff/pupils/students suffering from allergies;
 - remind staff, parents and pupils/students to confirm to the school any allergies when action may be required;
- ensuring pupils/students who need them have a health care plan in place, including those with allergies;
- In the same way, the school encourages staff to notify the school of known risk of anaphylaxis to provide a care plan or keep one with their adrenaline auto-injector. Staff would need to be asked to provide written consent in these cases;
- keeping an up to date list of staff/pupils/students with allergies and ensuring (where required) the school's caterers have access to the information;
- liaising with the school's canteen and other food providers staff/management;
- regular monitoring of the management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site; and
- Whole school training on allergies, anaphylaxis and how to administer an epipen.

Responsible Person

The “Responsible Person” is a member of staff that will ensure relevant allergy controls are in place at the school and who will review the individual person’s requests where needed. The responsible person at Muschamp will be the DSL.

Information from Parents and Staff

The school requests that parents and staff report any food allergies that affect staff/pupils/students when the student or staff member first joins the school (or if they joined prior to this policy being used, they will be asked when this policy is activated). Parents/Staff are encouraged to report allergies when they are aware of the condition. Parents will be required to complete the form in Appendix A, which will also be available on the school’s website. An individual health plan will also be required

Training for Staff

All staff are required to complete Anaphylaxis training on an annual basis from September 2026.

Supply, storage and care of medication

The school has procedures in place for ensuring medication is in school and with the child at all times.

1. Parents are asked to use the link to complete a Medication permission Form.
2. That information is then transferred to the child’s SIMS register information under medication details and quick note.
3. The medication information is copied and put into a red bag with the medication. That red bag follows the child around wherever they go in the school and on school trips.
4. All adults that work with that child are made aware of the medical information.

Common Food Allergens

Guidance: Common Food Allergens: Food Standards reports
(<https://allergytraining.food.gov.uk/english/rules-and-legislation/>) there are 14 allergens (or products that contain them) that must be suitably labelled/indicated as being present in food.

They are:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs

- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts) <https://allergytraining.food.gov.uk/english/rules-and-legislation/#allergen-rules> The above list does not cover all the food groups that may be an issue (for example kiwi fruit), and only notes those that must be noted on labels.

Banning Nuts

Muschamp Primary School is a nut free school. This is shared with all staff and parents on a regular basis.

Data Protection GDPR

Medical information for pupils and staff is private and confidential. However, key information will be passed on to relevant staff/Depts and third parties., including a photo of the student (where required). This will include the following:

- Any adults working with the child
- Catering contractor/School caterers
- Breakfast/After School Clubs
- Documents pertaining to educational visits

School Catering, DT/ Food tasting

The school will work with its catering team each year when reviewing the lunch menu/ ingredients and children with allergies.

The caterers will review their procedures as required. For example they will:

- ensure staff have training/guidance regarding allergens;
- review ingredients and menus;
- publicise information on food containing allergens
- ensure their staff are aware of those with allergies ;(this may include photos);

Teachers will include any children with allergies on risk assessments when planning any food preparation and food tasting during lessons/ events.

The school works closely with the catering provider. Parents must upload medical information about the allergen(s) directly to the catering company in the form of a hospital or GP letter. The caterers then generate a “special menu” for that child based on the information provided.

They inform the school and we issue the child with a RED BAND to wear every day at lunchtime. This indicates to the servers that the child has a special diet. All of this information is added to the “medical notes” section of SIMS for each child.

Symptoms and Treatment

We follow the advice provided by What to look for: Anaphylaxis UK: Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting. More serious symptoms are often referred to as the ABC symptoms and can include:
 - AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
 - BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
 - CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

TREATMENT AND ACTION:

Action: Keep the child where they are, call for help and do not leave them unattended.

1. LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
2. USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. Adrenaline Auto-injectors should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
3. CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
4. If no improvement after 5 minutes, administer second adrenaline auto injector.

5. If no signs of life commence CPR.
6. Call parent/carer as soon as possible.
7. Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.
8. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Guidance: Spare Injector: The Human Medicines Regulations 2017 allow the school to purchase and hold spare adrenaline auto injectors, without the need for a prescription. Any spare injector must be:

- regularly checked to ensure it is still within date, and
- replaced if used.

There are 2 spare epipens kept in the school office. One labelled “child” and one labelled “adult” for additional use if needed.

Excerpt from the current “Guidance on the use of adrenaline auto-injectors in schools” “Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injector should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,¹ and any spare auto injector(s) held by a school should be in addition to those already prescribed to a pupil.”

Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils/students prior to the trip and make plans accordingly taking into account the activities planned.

Where reasonable, school trips will avoid areas that may affect a pupil/student’s allergy. Where such trips are being planned, the school will work with the parents to work out what is possible.

If pupils/students are going offsite, staff will check to ensure each pupil/student/s two adrenaline auto-injectors (or other suitable medication) is being carried, before setting off. (Please note that pupils and students who need adrenaline auto-injectors need to have two of them with them - current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injectors should carry two of the devices at all times.)

The need for an injector will be noted on all relevant educational visit documents during the planning stage.

Written September 2026
Review September 2027

Appendix

1- Medication information sheet

NAME OF CHILD		PHOTO OF CHILD		DATE OF BIRTH	YEAR GROUP	CLASS
MEDICAL CONDITION	NAME OF MEDICINE (AS DESCRIBED ON CONTAINER)	DOSE REQUIRED	TIME REQUIRED			