

# **CMAT ALLERGEN AND ANAPHYLAXIS POLICY – ADAPTED BY EXCALIBUR PRIMARY SCHOOL**

*A thriving family of  
schools who work  
together to  
celebrate  
differences, and  
support each other  
in pursuit of  
excellence*

## DOCUMENT CONTROL

<b>This document has been approved for operation within:</b>	All Chancery schools.		
<b>Responsible Officer:</b>	CEO		
<b>To be approved by:</b>	LGBs		
<b>Approval date:</b>	November 2025		
<b>Date effective from:</b>	Nov 2025	<b>Date of next review:</b>	Nov 2028
<b>Review period:</b>	3 Year	<b>Version:</b>	1.0

# Contents

## Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Food allergies
5. Food allergen labelling
6. Animal allergies
7. Seasonal allergies
8. Adrenaline auto-injectors (AAIs)
9. Access to spare AAIs
10. School trips
11. Medical attention and required support
12. Staff training
13. Mild to moderate allergic reactions
14. Managing anaphylaxis
15. Monitoring and review

## Appendix

1. Risk Assessment

## **Statement of intent**

Excalibur Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

## 1. 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
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2023) 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following trust/school policies and documents:

- CMAT Health and Safety Policy
- First Aid Policy
- Administration of Medication Policy
- CMAT Supporting Pupils with Medical Conditions Policy
- Educational Visits and Trips Policy
- Allergen and Anaphylaxis Risk Assessment

## 2. Definitions

For the purpose of this policy:

**Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

**Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

**Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth

- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

**Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Airway
  - Swollen tongue
  - Difficulty swallowing/speaking
  - Throat tightness
  - Change in voice, e.g. hoarse or croaky sounds
- Breathing
  - Difficult or noisy breathing
  - Chest tightness
  - Persistent cough
  - Wheeze (whistling noise due to a narrowed airway)
- Circulation
  - Feeling dizzy or faint
  - Suddenly becoming sleepy, unconscious or collapsing
  - For infants and younger pupils, becoming pale or floppy

### **3. Roles and responsibilities**

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.

- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on a 3 yearly basis, and after any incident where a pupil experiences an allergic reaction.

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The SENDCo is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy and completing an Anaphylaxis Risk Assessment with them where necessary (see Appendix 1).

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.

- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary medication is out of the reach of children but still easily accessible to staff members.

Catering staff are responsible for:

- Adhering to their company's allergen policies and procedures. A copy is available in the kitchen.
- School staff responsible for food preparation and distribution are responsible for:
- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the Headteacher if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.



#### **4. Food allergies**

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

To ensure that catering staff can appropriately identify pupils with dietary needs, pupil photographs are displayed on the wall in the serving area so that it is visible to all kitchen staff.

The catering service of the school is responsible for ensuring that their company policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

All food tables will be disinfected before and after being used. Chlorine tablet solution is used.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

In other areas of the school where food is prepared e.g. Wraparound:

- Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind staff to keep them separate.
- Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.
- There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.
- Food items containing bread and wheat will be stored separately.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

#### **5. Food allergen labelling**

The catering provider will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019 (also known as Natasha's Law) and staff will be trained in accordance with the company policy.

#### **6. Animal allergies**

The Animals in School Risk Assessment is provided by the visitor/contractor and will be adhered to at all times.

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

## **7. Seasonal allergies**

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

## **8. Adrenaline auto-injectors (AAIs)**

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

If a pupil needs to administer their AAI, and this is not on their person, the AAI must be brought to them; they must not be told to go and collect it.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature, protected from direct sunlight and extreme temperature.

Although it is parents' responsibility to ensure that their child's AAI is within the expiry date, the SENDCo and the class teacher will include this in their termly checks of medication expiry dates.

Any used or expired AAI's should be returned to parents for safe disposal.

Used AAI's may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

Where any AAI's are used, the following information will be recorded on the Administration of Medication Record:

- Where and when the reaction took place
- How much medication was given and by whom

## **9. School trips**

The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the pupil at all times during a school trip.

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

## **10. Medical attention and required support**

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the classroom teacher, the SENDCo, the school nurse and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAI's.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

The SENDCo / class teacher is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken (see Appendix 1).

The Headteacher has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

## **11. Staff training**

Staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will arrange specialist training on a 3 yearly basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

Staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAI's according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAI's should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the AAI register.
- Understand how to access AAI's.
- Understand who the designated members of staff are, and how to access their help.

- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

In accordance with their company's policies, catering staff will be trained on how to identify and monitor the correct food labelling; how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law; how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

School staff with responsibility for preparing food will complete Food Allergen Awareness training which will enable them to:

- Identify the 14 major allergens and understand the seriousness of a reaction to an allergen.
- Review the PPDS changes introduced by Natasha's Law.
- Recognise the dangers of cross-contamination and illustrate how to avoid it

## **12. Mild to moderate allergic reaction**

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and contact a designated staff member to refer to the IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with the "Managing anaphylaxis" section below. Where the pupil is required to go to the hospital, an ambulance will be called.

### **13. Managing anaphylaxis**

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the pupil's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

#### **14. Monitoring and review**

The headteacher is responsible for reviewing this policy every three years.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

## Appendix 1: Anaphylaxis Risk Assessment

*From Wiltshire Children Trust (V8 January 2023), as recommended by Allergy UK*

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
Setting/School:	Key Worker/Teacher/Tutor:
Phase: Primary/Secondary:	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
<b>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</b>	
<b>Signatures:</b>	
Setting Manager/Head teacher:	Date
Parents/Carers	Date
Child/Young Person	Date
What is this child/young person allergic to?	
Allergen exposure risks to be considered      Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>	



Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the child prescribed adrenaline auto-injectors (AAIs)? YES <input type="checkbox"/> NO <input type="checkbox"/>
Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
<b>Activities</b>
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):

Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
<b>Allergy Management</b>
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
<p style="text-align: center;"><b>Outcome of Risk Assessment</b></p> <p><b>New Allergy Action Plan/Individual Healthcare Plan required?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Existing Allergy Action Plan/Individual Healthcare Plan to be updated?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>