

Allergy Safety Policy

Last Review September 2026	Next Review September 2027	Review Frequency Annually	Coordinator School Nurse and QA Manager.	Nominated Trustee Chair of EC&T
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Introduction and Core Principles

The Mulberry Bush School is committed to providing a safe, inclusive and welcoming environment for children, young people, staff and visitors with allergies. Allergic reactions can range from mild symptoms to anaphylaxis, a life-threatening emergency affecting breathing and/or circulation. Anaphylaxis can develop quickly and may occur without a visible rash. Adrenaline must be given immediately and 999 called.

This policy supports a whole-site allergy aware approach across the school and children's residential provision. Allergy risks will be identified, reduced and reviewed through effective communication, risk assessment, staff training, emergency planning and working in partnership with parents/carers, placing authorities, health professionals and relevant agencies.

As The Mulberry Bush School provides both education and children's home/residential provision on the same site, this policy applies across the full 24-hour environment.

Severe allergies may meet the definition of disability under the Equality Act 2010 where they have a substantial and long-term impact on day-to-day activities.

Reasonable adjustments will be considered where required. Coeliac disease, food intolerance, asthma and eczema may require separate management plans but are outside the main scope of this policy unless linked to allergy or anaphylaxis risk.

Laura Pemberton (School Nurse) is the Allergy Lead for The Mulberry Bush School.

Emergency Treatment and Management of Anaphylaxis

Mild to moderate allergic reactions may include hives, tingling or itching in the mouth, swelling of the lips, face or eyes, stomach pain, vomiting, mild throat tightness or sudden changes in behaviour. These symptoms should be treated in line with the individual's allergy action plan and monitored closely.

Anaphylaxis should be suspected where there is airway, breathing or circulation symptoms, including throat or tongue swelling, difficulty swallowing, wheeze,

breathing difficulty, persistent cough, dizziness, collapse, pale clammy skin, confusion or loss of consciousness.

Emergency action:

- Stay with the individual, call for help and do not move them unnecessarily.
- Lay them flat with legs raised; prop up only briefly if breathing is difficult.
- Administer adrenaline immediately, note the time given and follow the device instructions.
- Call 999 and state clearly that this is anaphylaxis.
- Give a second adrenaline device after five minutes if there is no improvement.
- Start CPR if there are no signs of life and contact parents/carers as soon as possible.

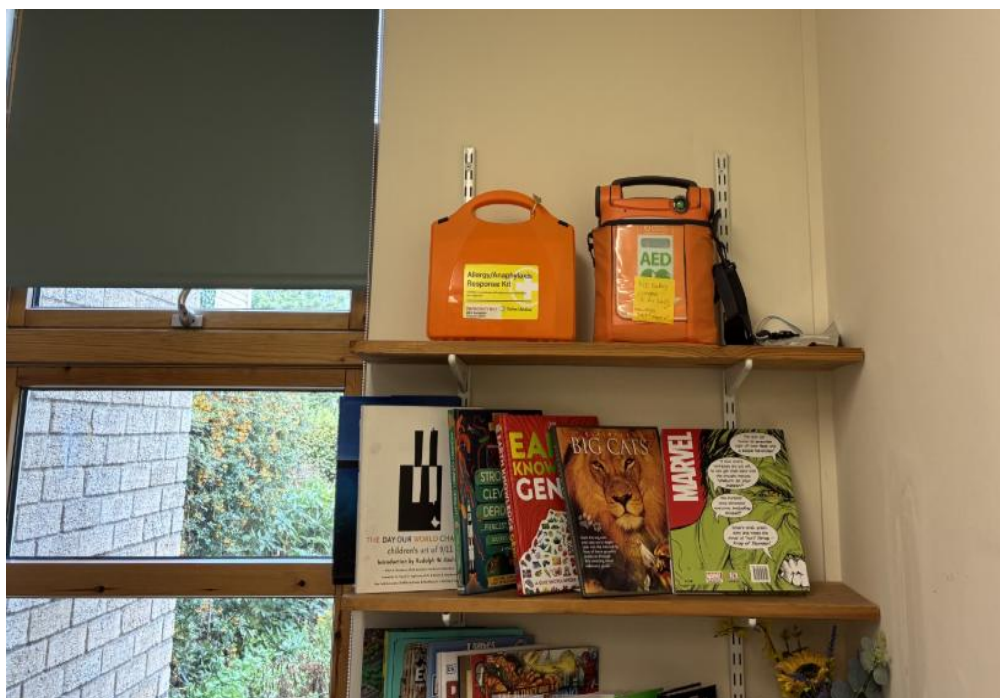
All individuals must go to hospital for observation after anaphylaxis, even if they appear to have recovered.

Where will I find the adrenaline device?

The Mulberry Bush School holds 4 x EpiPens (300 mcg). Each kit contains 2 x 300 mcg EpiPens and 1 x Salbutamol Inhaler 100mcg.

They are located in:

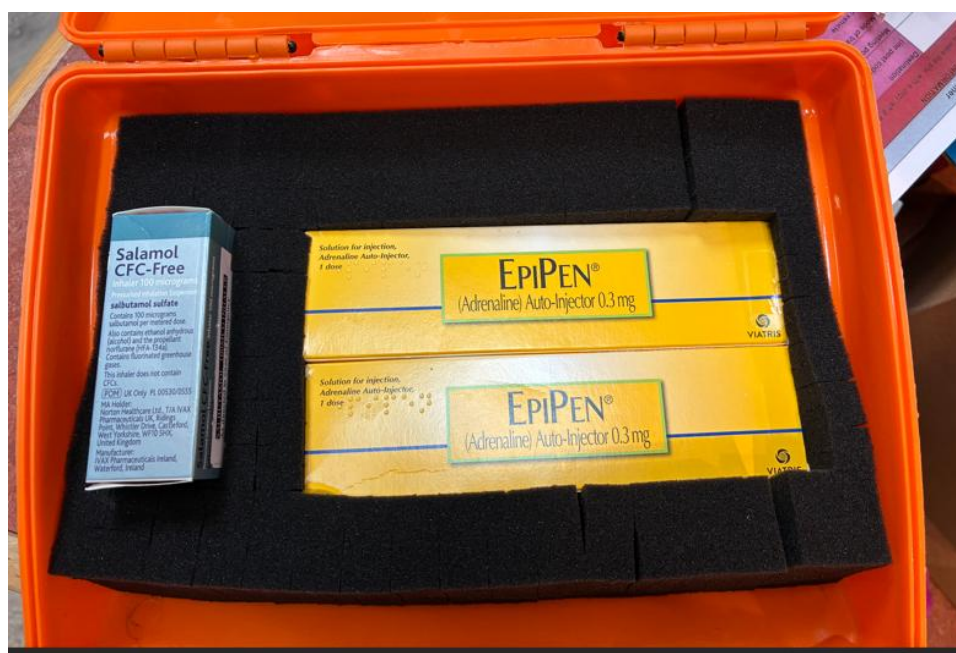
Head Teachers Office



Group Living Management Office (aka Nicky's Office)



They are stored in ORANGE coloured secure containers with unique numbered security seals and are labelled 'Allergy/Anaphylaxis Response Kit'. Allergy/Anaphylaxis kits are stored at room temperature, below 25 degrees.



Risk Reduction and Allergy Awareness

The school will maintain a whole-site allergy risk assessment and ensure allergy risks are considered in relevant individual, curriculum, catering, residential, trip, activity, transport and environmental risk assessments. Control measures will cover the school day, residential/home routines, evenings, weekends, mealtimes, snacks, food brought onto site, food provided by the school, airborne/contact allergens, non-food allergens and hygiene expectations.

The school will reduce risk by:

- providing annual allergy awareness and emergency response training for staff;
- sharing relevant allergy information with staff and catering teams on a need-to-know basis;
- working with parents/carers, placing authorities and health professionals to understand individual needs;
- supporting children to understand allergy safety through appropriate awareness work; and
- maintaining high hygiene standards and clear expectations about food sharing.

Food Provision and Catering

The school will manage food allergy risk across education and residential provision by ensuring catering arrangements comply with allergen management requirements, providing accurate allergen information, sharing children's allergy information with caterers and residential teams promptly, and using reliable point-of-service identification checks. Food provided by the school, used in curriculum activities, prepared in residential areas, brought onto site, or shared during celebrations, snacks or visits must be labelled and managed to reduce the risk of cross-contamination.

Staff who provide or prepare food for children will receive appropriate training in reading labels, preventing cross-contamination and following individual plans.

Medication and Adrenaline Devices

Children who are individually prescribed adrenaline devices because they are at risk of anaphylaxis should have two prescribed devices available at all times, including during lessons, meals, play, sports, trips and journeys to and from activities.

At this time, the school does not have any children who are prescribed, or required to carry, their own adrenaline device. This position will be reviewed if a child's allergy needs, medical advice or prescribed medication change. The school will continue to hold spare adrenaline devices for emergency use.

All adrenaline devices must be accessible within five minutes across both school and residential areas, including during the school day, evenings, weekends and overnight where required. Devices must be stored at room temperature, protected from heat and sunlight, and not refrigerated. Where a child has individually

prescribed devices, these should remain with the child where appropriate. If this is not possible, they must be kept in an unlocked, clearly identified central location accessible throughout the school day and residential provision. Spare devices must also be stored in a clearly identified emergency location that staff can access promptly.

The school holds 4 spare adrenaline devices, stored as 2 emergency pairs, for use in an emergency. These spare devices do not replace a child's own prescribed medication. Under the Human Medicines (Amendment) Regulations 2017, spare adrenaline devices may be used in an emergency to save life. Advance consent is good practice, but in an emergency any person may take reasonable action to save life without checking prior consent.

The School Nurse and Quality Assurance Manager will ensure adrenaline devices are checked monthly, replaced before expiry and disposed of safely if used, out of date or degraded. If a child is prescribed emergency allergy medication in future, they will be supported, where appropriate, to take increasing responsibility for carrying and managing it, while staff remain prepared to administer medication if needed.

Staff Training and Emergency Preparedness

All staff, including education, care, residential, catering, waking night, bank/agency and activity staff where relevant, will receive allergy awareness and emergency response training appropriate to their role. Training will cover allergy and anaphylaxis, recognising symptoms, administering adrenaline and asthma inhalers where relevant, reducing risk, using individual plans, reporting incidents and understanding the impact allergy can have on wellbeing and inclusion.

Relevant staff training includes *High Speed Training – Allergy & Anaphylaxis Training for Schools* and *The Children's Home Training Home – Food Safety and Hygiene*. Staff members also complete face to face medication training with the school nurse on an annual basis.

The school will practise its emergency response to anaphylaxis annually, review learning and update procedures where needed.

Roles and Responsibilities

Role	Key responsibilities
Trustees	Ensure effective allergy arrangements, monitor implementation and include allergy risk on relevant governance agendas and risk registers.
SLT / Allergy lead / Catering Manager	Communication, risk assessment, training, individual plans, catering links, spare devices and policy review.
All staff	Understand and follow this policy, implement IHPs, complete relevant risk assessments, support inclusion and report incidents or near misses.

Parents/carers/ placing Local Authorities.	Provide accurate allergy information and contribute to plans.
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Identification, Plans and Information Sharing

The school will collect allergy and medical information before admission, during transition and whenever circumstances change. Relevant information will be shared securely with Education, Group Living, Catering, and others who need it to keep the individual safe, so that allergy arrangements are consistent throughout the child's school day and living arrangements.

Clinical allergy action plans are completed by health professionals and set out the allergy, medication and emergency treatment. Individual Healthcare Plans are school-owned documents co-produced with parents/carers, children where appropriate and relevant professionals. They set out the allergy, medication, risk controls, emergency actions and communication arrangements. IHPs must include allergy action plans and asthma plans where relevant and be reviewed annually, after incidents or near misses, or when circumstances change. See Annex A.

Staff, visitors and regular volunteers will be asked to share relevant allergy information where this is needed to maintain a safe environment. Visitors will be asked to provide this information through the Inventory sign-in process. Staff members and regular volunteers will be asked as part of the recruitment and onboarding process. If a staff member or regular volunteer develops an allergy after completing their initial paperwork, they are responsible for informing the Allergy Lead as soon as possible.

Trips, Visits and Off-Site Activities

Trip risk assessments must consider allergen exposure, medication, transport, emergency care access and inclusion. Trip leaders must check prescribed medication before departure, carry relevant emergency supplies and agree with the allergy lead whether spare adrenaline devices are required.

Incidents, Near Misses and Review

All allergic reactions, accidental exposures, labelling errors and other near misses must be recorded promptly on the agreed system and reviewed in a no-blame learning culture.

Learning and actions must be documented, shared as appropriate and reflected in the child's IHP or wider procedures.

This policy will be reviewed annually, following significant incidents or near misses, or sooner if statutory guidance, medical advice or school arrangements change.

Linked Policies and Statutory Guidance

This policy should be read and used in line with the MBS Health and Medical Policy and relevant children's home policies and procedures, including medication, safer food handling/catering, care planning, risk assessment, emergency procedures, individual healthcare plans and allergy action plans.

This policy has been informed by the following statutory guidance and legislation:

- Department for Education, *Allergy safety in schools* statutory guidance, July 2026.
- Department for Education, *Supporting pupils with medical conditions at school* statutory guidance.
- Children and Families Act 2014, section 100.
- Equality Act 2010.
- Human Medicines (Amendment) Regulations 2017.
- Food Information Regulations 2014 and relevant Food Standards Agency allergen guidance.

Annex A

Template – Individual Healthcare Plan

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
House / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: • Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. • Note any requirement for a risk assessment and prompts for specific issues which should be considered.	
Emergency response: <i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i>	

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents/carers/Local Authority

Date

Issued by:

Date:

Next planned review:

Date: