

THE MOUNT SCHOOL

ALLERGY SAFETY POLICY

2026–2027

Version	1.0
Policy writer	Euan Burton-Smith
Last updated	August 2026
Effective from	1 September 2026
Review date	August 2027
Approval	Approved by Chris Sellers – Director / Proprietor

This policy establishes The Mount's allergy-safety arrangements across the School, Nursery/EYFS, Cedar Club, trips, clubs, catering, celebrations and other School-supervised activities.

1. Policy status and commitment

The Department for Education published Allergy safety in schools statutory guidance on 6 July 2026. It is currently statutory for maintained schools, PRUs and academies, but not yet a statutory requirement for ordinary independent schools. The DfE has stated that equivalent allergy-safety requirements are intended to be introduced through the regulatory standards applying to independent schools.

The Mount therefore adopts the July 2026 DfE allergy-safety guidance as its benchmark from 1 September 2026, alongside the Equality Act 2010, safeguarding duties, Independent School Standards, current EYFS statutory framework and applicable medicines law.

Allergy can be life-threatening. The School's approach is to reduce avoidable exposure, ensure rapid recognition and treatment, promote inclusion and learn from incidents and near misses. No school can guarantee an entirely allergen-free environment; safety depends on layered controls, accurate information, competent staff and prompt emergency action.

2. Aims

- identify pupils with known allergies promptly and maintain accurate information;
- ensure children at risk of anaphylaxis have an appropriate Individual Healthcare Plan (IHP)/allergy plan;
- ensure adrenaline auto-injectors (AAIs) and other prescribed emergency medication are rapidly accessible;
- provide allergy-awareness training for all relevant staff and enhanced training for those with specific responsibilities;
- manage food, catering, classroom, celebration, trip and environmental allergy risks proportionately;
- enable pupils with allergies to participate fully without unnecessary isolation or stigma;
- teach pupils age-appropriately about allergy safety and respectful behaviour;
- record, review and learn from allergic reactions and significant near misses; and
- coordinate allergy arrangements with medical, safeguarding, SEND, attendance and EYFS procedures.

3. Scope

This policy applies to pupils from Nursery/EYFS through Form VI and to all staff, agency/supply staff, volunteers, contractors, caterers and activity providers whose work may affect allergy safety.

It covers food allergy and non-food allergens including medicines, insect stings, latex and other identified triggers.

4. Roles and responsibilities

4.1 Director / Proprietor

The Director/Proprietor provides oversight that an effective allergy-safety policy, training, emergency arrangements and review processes are in place.

4.2 Headteacher

The Headteacher has overall operational responsibility, including ensuring that named staff coordinate allergy arrangements, training and emergency resources.

4.3 Allergy/medical lead

The Headteacher will designate an appropriately competent allergy/medical lead and deputy/cover arrangement. Their responsibilities include maintaining the allergy register, coordinating IHPs, checking emergency medicines/spares, arranging training, liaising with catering and overseeing incident/near-miss review.

4.4 Staff

All staff must know how to recognise a possible allergic reaction, how to summon help, where emergency medication is kept and that suspected anaphylaxis requires immediate emergency action.

4.5 Parents/carers

Parents/carers must provide accurate, current information about diagnosed/suspected allergies, triggers, symptoms, treatment, prescribed medication and healthcare advice; supply in-date prescribed medication/equipment; and notify the School promptly of changes.

4.6 Pupils

Pupils will be supported, according to age and ability, to understand their allergy, avoid known triggers, recognise symptoms, tell an adult immediately, carry medication where agreed and avoid sharing food.

5. Identification, allergy register and information sharing

Allergy information will be sought at admission and updated when circumstances change. The School will maintain an allergy register containing the minimum information necessary for safe care.

Essential information will be made available to staff who teach, supervise, cater for or provide care to the child, including supply staff and trip leaders. Confidentiality must not prevent necessary safety information sharing.

Where a child has a potentially severe allergy, information should be sufficiently visible to relevant staff to support rapid recognition while avoiding unnecessary public display of sensitive medical information.

6. Individual Healthcare Plans / allergy plans

A pupil at risk of anaphylaxis will have an IHP/allergy plan. Other allergies will be considered for an IHP according to severity, complexity and the need for coordinated arrangements.

The plan will normally include:

- allergen(s) and known routes of exposure;
- usual symptoms and the child's previous reaction history;
- signs of anaphylaxis and the emergency response;
- prescribed medication, AAI brand/dose where applicable and location;
- whether the child carries their own medication and what backup is available;
- food/catering and environmental controls;
- PE, trips, clubs, celebrations and other activity arrangements;
- pupil communication/independence needs;
- parent/carers and healthcare contacts;
- trained staff/cover arrangements; and
- review date and triggers for earlier review.

Clinical instructions will not be invented or altered by School staff. Plans will be reviewed at least annually and sooner following a reaction, near miss, treatment change or new healthcare advice.

7. Adrenaline auto-injectors (AAIs)

Children prescribed AAIs should have their prescribed devices available at School in accordance with clinical advice. AAIs must be rapidly accessible and must not be locked away in a manner that causes delay.

The School will work toward the DfE 2026 benchmark of maintaining suitable spare emergency AAIs for School use, while recognising that the July 2026 mandatory stocking requirement does not yet apply to ordinary

independent schools. Any spare AAI scheme will comply with medicines law and current Department of Health/MHRA guidance.

A School spare is a backup and does not replace a pupil's own prescribed devices. Stock will be checked routinely for location, integrity and expiry date, with replacement arranged before expiry.

The School will keep appropriate dose/device options having regard to the pupils on roll and current clinical/manufacture guidance rather than relying on a fixed age-only table in this policy.

8. Recognising anaphylaxis and emergency response

Anaphylaxis can develop rapidly. Staff should suspect a severe reaction where there is airway, breathing or circulation difficulty, collapse, marked drowsiness/confusion, or a rapidly progressing multi-system reaction following possible allergen exposure.

If anaphylaxis is suspected:

- give adrenaline without delay using the pupil's prescribed AAI or an authorised School spare as appropriate;
- call 999 immediately and state 'anaphylaxis';
- follow the pupil's IHP and current emergency/AAI instructions;
- position and supervise the pupil appropriately and do not allow them to stand/walk unnecessarily;
- give a further AAI if indicated by current emergency guidance and the reaction has not improved or symptoms return, using an available second device;
- send an adult to meet the ambulance and provide the IHP/medication information;
- contact parents/carers as soon as practicable, without delaying adrenaline or 999; and
- ensure the pupil is medically assessed following emergency adrenaline administration.

Where there is uncertainty but anaphylaxis is reasonably suspected, staff should prioritise the emergency response rather than delay while seeking parental permission.

9. Storage and access to emergency medication

Emergency allergy medication must be stored so that it is secure from inappropriate access yet immediately accessible to staff in an emergency.

Location arrangements will account for the size/layout of the site, Nursery/EYFS areas, Cedar Annexe, playgrounds, PE, clubs and other locations. Leaders will test whether access is genuinely rapid in practice.

Medication must accompany the pupil on educational visits/off-site activities. Responsibility for carrying it must be explicitly allocated; it must not be left on a coach or in inaccessible luggage.

10. Food and catering management

The School will provide catering staff with accurate allergy information for pupils who use the service and will require appropriate allergen-management procedures.

- food for a child with allergy must be identified and served in a way that reduces mix-up/cross-contact risk;
- ingredient and allergen information must be available to those making serving decisions;
- substitutions or recipe changes must be communicated and checked;
- staff must not guess whether food is safe where information is uncertain;
- appropriate cleaning, handwashing, utensils and preparation/serving controls will be used;
- children with allergy will not be unnecessarily isolated at mealtimes where risks can be managed safely; and
- food-service incidents and near misses will be reported to the allergy/medical lead.

A 'nut-free' or similar label must not create false assurance that all risk is eliminated. Where The Mount adopts restrictions on particular foods, they are one risk-control measure and do not replace IHPs, training, hygiene and emergency preparedness.

11. Food brought from home, treats, birthdays and celebrations

Unplanned food creates additional allergy risk. Staff must follow the School's agreed arrangements before distributing food brought from home or provided for celebrations.

A pupil with allergy must not be given food merely because another child or adult believes it to be safe. Ingredient/allergen information and the child's plan must be followed.

The School may restrict home-baked/unlabelled foods or particular allergens where risk assessment indicates this is necessary. Any restrictions will be communicated clearly to families.

12. Classroom activities and curriculum

Risk assessment will consider allergens in cooking, baking, food tasting, science, art/craft materials, sensory play, gardening, animal/insect activities and other curriculum experiences.

Teachers must check allergy information during planning and make adjustments so pupils can participate safely rather than routinely excluding them.

13. Educational visits, swimming, sport and clubs

Allergy needs will be included in trip/activity risk assessment. The visit leader will confirm medication, trained staff, food arrangements, emergency access and relevant information before departure.

Where external providers or venues supply food, allergy requirements must be communicated in advance and their arrangements checked to a level proportionate to risk.

Emergency medication must remain with or immediately accessible to the pupil throughout travel and the activity.

14. EYFS and Nursery

EYFS allergy arrangements will comply with the statutory EYFS framework applying from 1 September 2026, including requirements relating to health, medicines, food/drink, information, supervision and notification of serious incidents where applicable.

Young children may be unable to recognise symptoms, resist unsafe food, communicate exposure or self-administer treatment. Staff supervision, food controls and immediate access to medication must reflect this increased dependency.

Food-sharing controls are particularly important in Nursery/EYFS. Tables, highchairs, utensils and hands will be cleaned appropriately and staff will remain alert to dropped/shared food.

15. Inclusion, SEND and reasonable adjustments

Allergy can amount to a disability under the Equality Act 2010 depending on its effect. The School will consider reasonable adjustments and will not unnecessarily exclude a pupil from meals, curriculum activities, trips or social occasions.

Where SEND, communication difficulties or anxiety affect a pupil's ability to manage allergy risk, the SENDCO and allergy/medical lead will coordinate additional support.

16. Safeguarding, bullying and deliberate exposure

Threatening, teasing, coercing or deliberately exposing a child to an allergen may constitute bullying, child-on-child abuse and, depending on circumstances, a serious safeguarding matter. It must not be dismissed as a prank.

Staff will report deliberate or suspected deliberate allergen exposure to the DSL immediately as well as initiating the medical response. The School will consider police/children's social care involvement according to risk and circumstances.

Where a parent persistently fails to provide essential prescribed emergency medication or follow-up despite support, the DSL will consider whether this creates a safeguarding concern.

17. Staff training

All staff who may supervise pupils will receive allergy-awareness training appropriate to their role. Training will include recognition of allergic reactions/anaphylaxis, emergency action, how to access AAI, food/cross-contact awareness and the School's reporting procedures.

Staff expected to administer an AAI will receive practical instruction appropriate to the devices used. Training will be refreshed regularly and when pupil needs, devices or guidance change.

Supply/temporary staff will receive essential allergy information before assuming responsibility for affected pupils.

18. Cleaning, hygiene and environmental controls

Handwashing with soap and water and appropriate cleaning of surfaces/equipment are important controls for food allergens. Staff will not rely solely on hand sanitiser as a substitute for removal of food allergen residue.

Non-food allergens such as latex, medicines, insect stings or environmental triggers will be addressed through individual risk assessment and IHPs.

19. Incidents and near misses

Every serious allergic reaction and significant near miss will be recorded and reviewed. A near miss includes an event that could reasonably have caused harm but did not, such as wrong food served but intercepted, missing/inaccessible AAI, incorrect allergy information or failure of an agreed control.

The review will consider the child's plan, staff actions, training, catering/food controls, medicine availability, communication, supervision and environmental factors. Actions, responsible persons and deadlines will be recorded.

The Headteacher/DSL will consider any safeguarding, ISI/Ofsted/EYFS, RIDDOR or other notification requirement according to the facts. A medical incident review does not replace safeguarding procedures.

20. Communication with parents and the School community

Parents/carers of pupils with allergy will be involved in planning and informed of significant incidents. The wider School community will receive proportionate information about food restrictions and allergy-safe behaviour without unnecessary disclosure of a child's medical information.

The School will make clear that families must not encourage children to share food and should comply with any communicated restrictions.

21. Records, checks and audit

The School will maintain records of IHPs, staff training, prescribed/spare AAI checks, reactions, medicine administration and significant near misses.

At least termly, and more frequently where risk requires, the allergy/medical lead will check that allergy information is current, emergency medicines are present/in date, storage remains accessible and relevant staff understand arrangements.

A whole-policy review will take place at least annually and after a serious incident, significant near miss, change in pupil profile, DfE/regulatory change or identified weakness.

Appendix A – Allergy IHP / management plan

Pupil / DOB / year group:

Allergen(s):

Known route(s) of exposure:

Previous reaction history:

Usual early symptoms:

Signs of anaphylaxis for this child:

Prescribed medication:

AAI brand/dose and number of devices:

Where medication is kept:

Does pupil self-carry?

School spare authorised/arrangement:

Emergency response:

Food/catering controls:

Classroom/activity controls:

Trip/club arrangements:

SEND/communication considerations:

Parent/carers contacts:

Healthcare professional/plan source:

Staff requiring information/training:

Date agreed:

Review date:

Earlier review triggers:

Appendix B – Termly allergy safety check

- Allergy register checked against pupils on roll and parent updates.
- IHPs present, current and accessible.
- Prescribed AAIs/medicines present and in date.
- Spare AAIs: appropriate stock, doses/devices, expiry dates and locations checked.
- Emergency medication can be reached rapidly from all relevant areas.
- Named allergy/medical lead and cover current.

- Staff allergy training current; new/supply staff arrangements effective.
- Catering holds current allergy information and substitutions/change process checked.
- Trips/clubs/PE arrangements sampled.
- EYFS/Nursery food-sharing and cleaning controls checked.
- Incidents/near misses since last check reviewed and actions completed.
- Parent information/restrictions remain current.
- Actions / owner / deadline:

Appendix C – Anaphylaxis emergency card

- SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY.
- 1. Give adrenaline auto-injector without delay.
- 2. Call 999 and say 'ANAPHYLAXIS'.
- 3. Follow the child's IHP/current AAI instructions.
- 4. Keep the child appropriately positioned and supervised; do not make them stand or walk unnecessarily.
- 5. If symptoms do not improve or return, give a second AAI when indicated by current emergency guidance.
- 6. Send someone to meet the ambulance.
- 7. Contact parent/carers — but NEVER delay adrenaline or 999.
- 8. Record and complete serious-incident/near-miss review.

Appendix D – Allergy incident / near-miss review

Pupil / date / time / location:

Allergen/suspected allergen:

What happened:

Symptoms:

Adrenaline/other treatment and times:

999/ambulance outcome:

Was the IHP followed?

Were AAI's immediately accessible/in date?

Food/catering issue?

Supervision/communication issue?

Training issue?

Safeguarding concern?

Parent communication:

What prevented greater harm (if near miss)?

Root causes / learning:

Actions / owner / deadline:

Headteacher/DSL review: