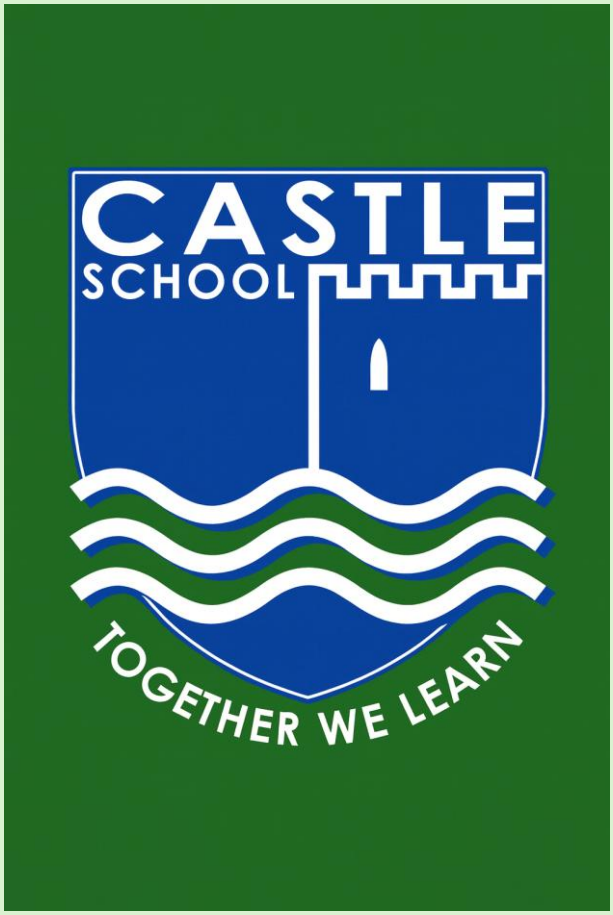

Allergy Policy and Protocol

September 2026 onwards

Contents

Castle School Allergy Policy and Protocol

1. Introduction

Castle School is committed to providing a safe, inclusive and supportive environment for all pupils, including those with allergies and those at risk of anaphylaxis.

As a special school, many of our pupils have complex health, communication, sensory and learning needs. Some pupils may be unable to recognise or communicate the symptoms of an allergic reaction, independently avoid allergens or access emergency medication. Allergy safety must therefore be embedded within whole-school practice and understood by all staff.

Allergies can range from mild to severe and, in some cases, exposure to an allergen can result in anaphylaxis, which is a potentially life-threatening medical emergency.

This policy sets out the arrangements through which Castle School will:

- identify pupils with known allergies;
- reduce the risk of exposure to known allergens;
- ensure appropriate individual planning;
- ensure rapid access to emergency treatment;
- train staff to recognise and respond to allergic reactions and anaphylaxis;
- promote inclusion and emotional wellbeing;
- record and learn from allergy-related incidents and near misses; and
- communicate effectively with pupils, families, staff, healthcare professionals and other relevant agencies.

The policy applies across all areas of school activity, including classrooms, dining areas, Food Technology, therapy and curriculum activities, outdoor areas, school transport arrangements where these fall within the school's responsibility, educational visits, residential visits, work-related learning, school events and activities taking place away from the main school site.

2. Policy Aims

Castle School aims to ensure that:

- pupils with allergies are able to participate safely and fully in school life;
- allergy is treated as an important whole-school safety and inclusion issue;
- staff understand their responsibilities for preventing and responding to allergic reactions;
- pupils requiring individual arrangements have an appropriate Individual Healthcare Plan;
- prescribed emergency medication can be accessed rapidly;
- appropriate spare adrenaline auto-injectors are available for emergency use;
- allergens are considered when planning food, curriculum activities, visits and events;
- pupils are not unnecessarily excluded from activities because of their allergy;
- the emotional and psychological impact of living with allergy is recognised;
- allergy-related bullying, threats or deliberate exposure are not tolerated;
- serious incidents and near misses are recorded, reviewed and used to improve practice; and
- families have confidence that reasonable and proportionate measures are in place to keep their child safe.

3. Legal and Statutory Framework

This policy has regard to relevant legislation and statutory guidance, including:

- Children and Families Act 2014, including section 100;
- Children's Wellbeing and Schools Act 2026, including section 34;
- Department for Education, *Allergy Safety in Schools: Statutory Guidance* 2026;
- Department for Education, *Supporting Pupils at School with Medical Conditions*;
- Equality Act 2010;
- Education Act 2002;
- Health and Safety at Work etc. Act 1974;
- Human Medicines Regulations 2012, as amended;
- Food Information Regulations 2014 and associated allergen requirements;
- SEND Code of Practice: 0 to 25 years;
- Data Protection Act 2018 and UK GDPR; and
- Statutory Framework for the Early Years Foundation Stage, where applicable.

The Children and Families Act 2014, as amended by the Children's Wellbeing and Schools Act 2026, places requirements on maintained schools in relation to allergy safety policies. The governing body must have regard to the DfE's statutory allergy safety guidance when carrying out its responsibilities.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions/Medication Policy, Health and Safety Policy, First Aid Policy, SEND Policy, Educational Visits procedures, Food Safety arrangements, Safeguarding and Child Protection Policy, Behaviour Policy and Data Protection Policy.

4. Roles and Responsibilities

Governing Body

The Governing Body has overall strategic responsibility for ensuring that appropriate arrangements are in place for allergy safety.

The Governing Body will:

- ensure that the school has an effective Allergy Safety Policy;
- ensure that allergy-related risks are appropriately considered within the school's risk management arrangements;
- provide appropriate support and challenge to leaders;
- assure itself that appropriate training, emergency arrangements and individual planning are in place;
- receive appropriate information regarding serious allergy-related incidents and near misses;
- consider learning from incidents and near misses when reviewing policy and practice; and
- ensure that this policy is published and readily accessible to parents/carers and staff.

Headteacher (Allergy Safety Lead)

The Headteacher is the school's named senior leader with responsibility for allergy safety.

The Headteacher will:

- provide strategic leadership for allergy safety;
- ensure that this policy is implemented consistently;
- ensure sufficient resources and arrangements are in place to manage allergy risk;
- ensure that appropriate staff training takes place;
- ensure appropriate arrangements exist for prescribed and spare emergency medication;
- ensure allergy safety is considered within relevant school risk assessments;
- ensure serious incidents and near misses are appropriately reviewed;
- report relevant themes, risks and learning to the Governing Body; and
- lead or contribute to the annual review of this policy.

Day-to-day coordination may be delegated to appropriately trained staff but overall leadership responsibility remains with the Headteacher.

Medical Welfare Lead

The Medical Welfare Lead will:

- maintain accurate and up-to-date records of pupils with known allergies;
- coordinate Individual Healthcare Plans and associated Allergy or Asthma Action Plans;
- liaise with parents/carers and relevant healthcare professionals;
- support staff to access appropriate pupil-specific information;
- monitor the storage and expiry dates of medication;
- oversee arrangements for prescribed and spare adrenaline auto-injectors;
- ensure appropriate replacement and disposal arrangements for emergency medication;
- coordinate allergy and anaphylaxis training;
- support the review of incidents and near misses; and
- advise staff regarding individual medical arrangements.

Teachers, Teaching Assistants and Other Pupil-Facing Staff

All pupil-facing staff must:

- undertake required allergy awareness and emergency response training;
- know how to access information about pupils' allergies;
- understand and follow pupils' IHPs, Allergy Action Plans and individual risk assessments;
- be alert to possible symptoms of allergic reaction or anaphylaxis;
- know how to summon emergency assistance;
- know where emergency medication is located and how it can be accessed;
- take reasonable precautions to reduce allergen exposure;
- consider allergens when planning lessons and activities;
- appropriately supervise food-related activities and mealtimes; and
- report allergic reactions, incidents and near misses.

Food Technology Staff

Food Technology staff have an additional responsibility to ensure allergy safety during practical activities.

They will:

- review relevant pupil allergy information when planning activities;
- incorporate allergy risk into lesson planning and risk assessment;
- liaise with class staff and the Medical Welfare Assistant where necessary;
- check ingredients and allergen information;
- provide ingredient information in advance where required;
- adapt ingredients, equipment or activities where reasonably necessary;
- minimise the risk of cross-contamination;
- ensure appropriate cleaning of equipment and surfaces; and
- ensure emergency medication remains readily accessible during practical activities.

Catering and Lunchtime Staff

Catering and lunchtime staff will:

- comply with food safety and allergen legislation and procedures;
- have access to relevant allergy information required to undertake their role safely;
- provide accurate information about allergens in food;
- follow agreed arrangements for pupils requiring adapted meals;
- take appropriate steps to reduce cross-contamination;
- ensure food intended for pupils with specific dietary requirements is identifiable and managed appropriately; and
- know how to obtain immediate assistance if a pupil experiences an allergic reaction.

Parents and Carers

Parents and carers are expected to work in partnership with school by:

- informing school of any known or suspected allergy;
- providing current medical information;
- informing school promptly of changes to diagnosis, treatment or medication;
- providing prescribed medication in accordance with school procedures;

- ensuring prescribed medication remains in date;
- providing current Allergy or Asthma Action Plans where issued;
- participating in the development and review of their child's IHP; and
- informing school of an allergic reaction or possible allergy-related incident that becomes apparent after their child has left school.

5. Identification and Individual Planning

Information about allergies will be obtained when a pupil joins Castle School and updated whenever new information becomes available.

Known allergies will be recorded securely through the school's appropriate systems, including Medical Tracker, Arbor and the pupil's Digital Passport where appropriate.

The school will maintain an accessible record of pupils with known allergies, including information about:

- known allergens;
- likely signs and symptoms;
- prescribed medication;
- the location of emergency medication;
- whether the pupil has an IHP;
- whether an Allergy or Asthma Action Plan has been provided; and
- any additional arrangements required to keep the pupil safe.

Relevant information will be available to staff who need it in order to support the pupil safely.

Individual Healthcare Plans

Castle School will use an Individual Healthcare Plan (within the Digital Passport) for pupils with diagnosed allergies where individual arrangements are required.

As a special school with pupils who may have significant communication, cognition, sensory or physical needs, the school may determine that an IHP is appropriate even where the arrangements required appear relatively straightforward.

The IHP will be developed in consultation with the pupil where appropriate, their parents/carers, school staff and relevant healthcare professionals.

The plan should include, as appropriate:

- the pupil's allergy and known triggers;
- signs and symptoms;
- preventive measures;
- reasonable adjustments;
- emergency action required;
- prescribed medication and dosage;
- where medication is stored and how it is accessed;
- arrangements for administration;
- arrangements for school visits and activities;
- relevant communication or sensory needs;
- agreed arrangements for sharing information; and
- emergency contact details.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, this will be attached to or referenced within the IHP.

The IHP will be reviewed at least annually and whenever there is a significant change in the pupil's needs, treatment or medication. It will also be reconsidered following a significant allergy-related incident or near miss.

Supplementary Risk Management Protocols

Where the risks associated with a pupil's allergy are particularly complex, have resulted in previous incidents or near misses, or are contributing significantly to anxiety or reduced participation, the school may develop a supplementary individual Risk Management Protocol.

This may include:

- environmental controls;
- specific staff responsibilities;
- controls for particular activities or areas;
- reassurance strategies;
- communication approaches;
- visual information or Social Stories;
- procedures for unplanned changes; and
- additional arrangements agreed with the pupil, family and relevant professionals.

These arrangements will seek to maintain safety without unnecessarily restricting the pupil's access to learning, social opportunities or the wider life of the school.

6. Minimising the Risk of Allergen Exposure

The school will take reasonable and proportionate steps to reduce the risk of pupils coming into contact with their known allergens.

Risk management will be based on the individual pupil's documented allergens, clinical information and circumstances rather than assumptions about how a particular allergy may present.

Food Provided by School. The school will ensure that:

- accurate allergen information is available for food provided by or on behalf of school;
- individual dietary requirements are communicated appropriately to catering staff;
- reasonable precautions are taken to reduce cross-contamination;
- adapted meals are clearly identifiable where required;
- food substitutions are checked for allergens before being provided;
- staff supervising pupils understand relevant dietary arrangements; and
- pupils requiring support to make safe food choices receive appropriate supervision.

Food Brought into School

Food brought into school by pupils, families or staff must not be shared with other pupils unless this has been specifically planned and authorised.

Where an individual risk assessment identifies the need for additional controls around food brought onto the premises, these will be communicated clearly and proportionately.

Curriculum and Practical Activities

Staff must consider allergy risk when planning activities involving potential allergens.

This includes, but is not limited to:

- Food Technology and cooking;
- science;
- art and craft activities;
- sensory activities;
- gardening;
- activities involving animals;
- celebrations and special events; and

- activities involving powders, sprays or other materials capable of becoming airborne.

Where an activity presents an identifiable risk, staff should first consider whether ingredients, materials, equipment or arrangements can reasonably be adapted so that the pupil can participate alongside their peers.

Alternative or separate activities should not be the automatic response to a pupil's allergy. Any restriction on participation should be necessary, proportionate and based on the individual risk assessment.

Airborne and Contact Allergens

Some pupils may have clinically significant sensitivity to airborne or contact allergens.

Where this applies, the pupil's individual risk assessment will identify appropriate controls. These may include:

- substitution of materials;
- use of pre-measured or sealed ingredients;
- increased separation during preparation;
- ventilation;
- cleaning of surfaces and equipment;
- handwashing;
- management of clothing, aprons or equipment;
- changes to the location or timing of an activity; and
- additional supervision.

The aim will be to reduce risk while maintaining the pupil's dignity, inclusion and access to education.

Classroom and Shared Environment

Staff will promote safe practice by:

- discouraging the sharing of food and drink;
- ensuring appropriate hand hygiene;
- ensuring relevant food residues are cleaned appropriately;
- considering allergies when planning classroom resources;
- maintaining appropriate cleaning routines; and
- following individual pupil risk assessments.

7. Educational Visits, Community Activities and Events

Allergies must be considered when planning educational visits, community activities, work-related learning, residential visits, sports events and other activities away from the normal classroom environment.

For pupils at risk of anaphylaxis:

- the individual risk assessment and IHP must be considered;
- prescribed emergency adrenaline must accompany the pupil and be rapidly accessible;
- staff must know how to respond in an emergency;
- appropriately trained staff must accompany the pupil;
- food and environmental risks must be considered in advance; and
- emergency access and communication arrangements must be considered.

Where appropriate, the school may take spare adrenaline auto-injectors on an external visit provided that doing so does not leave inadequate emergency provision on the school site.

Having an allergy should not, by itself, prevent a pupil from participating in an educational visit or other school activity.

8. Recognising and Responding to an Allergic Reaction

All staff will receive training to recognise the signs and symptoms of allergic reaction and anaphylaxis.

Symptoms may vary and anaphylaxis can occur without a skin rash.

Any reaction affecting **Airway, Breathing or Circulation** must be treated as possible anaphylaxis.

Suspected Anaphylaxis

Anaphylaxis is a medical emergency.

If anaphylaxis is suspected:

1. **Administer adrenaline immediately.** If in doubt, give adrenaline.
2. Use the individual's prescribed adrenaline device first if immediately available.
3. If the prescribed device is unavailable, cannot be accessed quickly, has misfired, or the individual has no prescribed device, use an appropriate school spare adrenaline auto-injector.
4. Do not delay administering adrenaline while waiting to speak to emergency services or parents.
5. Call 999 immediately and state that anaphylaxis is suspected.
6. The individual should not be allowed to stand or walk. Help and medication must be brought to them.
7. Unless their individual Action Plan specifies otherwise, place the individual flat with their legs raised, adjusting their position where clinically necessary because of breathing difficulties.
8. A **further dose of adrenaline** should be given after five minutes if there has been no improvement and another appropriate device is available.
9. Remain with the individual and follow instructions from emergency services.
10. Inform parents/carers as soon as practicable.
11. Record the incident in accordance with school procedures.

An ambulance must **always** be requested following suspected anaphylaxis, even where the individual appears to recover after adrenaline.

Current DfE guidance emphasises immediate adrenaline, a 999 call, not allowing the person to stand or walk, and a further dose where there is no improvement after five minutes.

Mild or Moderate Reactions

Where symptoms are mild or moderate and there are no signs involving Airway, Breathing or Circulation, staff will follow the pupil's IHP or Allergy Action Plan and administer medication where authorised and indicated.

The pupil must remain appropriately supervised because symptoms can progress.

If symptoms develop suggesting anaphylaxis, adrenaline must be administered immediately.

IF IN DOUBT, TREAT AS ANAPHYLAXIS AND CALL 999.

9. Prescribed and Spare Adrenaline

Prescribed Emergency Medication

Pupils prescribed adrenaline must have rapid access to their medication throughout the school day, including during:

- lessons;
- break and lunchtime;
- outdoor activities;
- PE;
- Food Technology;
- activities on other parts of the school site; and
- educational visits.

Where a pupil is able to safely carry their own emergency medication, this will be supported.

Where this is not appropriate because of age, cognition, physical ability, behaviour presentation or another individual need, medication will be stored in an appropriate accessible location identified within the pupil's IHP.

Emergency medication must not be locked away in a manner that prevents rapid access.

Spare Adrenaline Auto-Injectors

Castle School will maintain appropriate spare adrenaline auto-injectors for emergency use on each of its sites.

As a special school covering a wide age range, the school will maintain appropriate doses for the pupils attending the school. DfE guidance indicates that special schools should normally have a pair of 150 microgram spare AAIs and a pair of 300 microgram spare AAIs, with appropriate provision on each site where required.

Spare devices will:

- be stored in pairs;
- be clearly identified as emergency/spare devices;
- be stored at the appropriate temperature;
- not be locked away;
- be positioned so that adrenaline can be brought to an individual experiencing anaphylaxis within five minutes;

- be checked routinely for expiry;
- be replaced promptly when used or expired; and
- be disposed of safely after use or expiry.

The Medical Welfare Lead will maintain oversight of these arrangements.

Consent and Emergency Use

The school will seek advance parental/carer consent for use of a spare adrenaline auto-injector where there is a known need and will record this within the pupil's healthcare documentation.

However, **the absence of recorded advance consent must not delay life-saving emergency treatment**.

In an emergency, reasonable action may be taken to save life and a spare adrenaline auto-injector may be administered where indicated. DfE guidance confirms that the Human Medicines arrangements do not require prior consent before a spare AAI can be used in an emergency.

10. Training and Staff Awareness

All staff who are present during periods when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually.

This includes, as relevant:

- teachers;
- teaching assistants;
- senior leaders;
- administrative staff;
- premises and support staff with pupil-facing responsibilities;
- lunchtime staff;
- temporary and supply staff;
- agency workers;
- peripatetic staff;
- wraparound staff; and
- regular volunteers.

Appropriate arrangements will be made to ensure new, temporary, agency and cover staff have the information and training necessary to undertake their role safely.

Training will include:

- what allergy is and how allergic reactions may occur;
- common allergens and routes of exposure;
- the distinction between allergy, intolerance and other dietary conditions;
- recognition of mild and moderate allergic reactions;
- recognition of anaphylaxis;
- the relationship between allergy and asthma;
- emergency response;
- how and when to administer adrenaline;
- the location of prescribed and spare emergency medication;
- how individual Allergy and Asthma Action Plans are used;
- strategies for reducing allergen exposure;

- the emotional impact of allergy;
- reporting incidents and near misses; and
- the school's Allergy Safety Policy.

Staff training in allergy awareness does not replace any additional clinical training or competency assessment required for an individual pupil's healthcare needs.

The DfE expects annual allergy awareness and emergency-response training for all pupil-facing staff, including temporary, supply, agency, catering and regular volunteer staff. We engage with our partners to ensure this provision is in place.

11. Wellbeing, Inclusion and Allergy-Related Bullying

Castle School recognises that living with allergy, particularly where there is a risk of anaphylaxis, can have a significant impact on a pupil's emotional wellbeing.

This may be particularly significant for pupils who also experience autism, communication difficulties, sensory processing differences, anxiety or difficulty understanding risk.

Staff will:

- provide reassurance through clear and consistent safety arrangements;
- involve pupils in decisions where this is appropriate to their age and understanding;
- use accessible communication, visual support or Social Stories where beneficial;
- avoid unnecessarily drawing attention to or singling out pupils with allergy;
- support pupils to develop appropriate understanding and independence wherever possible; and
- work with families where allergy-related anxiety affects attendance, engagement or participation.

Allergy-related bullying will not be tolerated.

This includes:

- deliberately exposing or threatening to expose someone to a known allergen;
- deliberately contaminating food, belongings or an environment;
- threatening to make someone eat or touch an allergen;
- teasing a pupil about their allergy or medication;
- excluding a pupil because of their allergy; or
- deliberately undermining reasonable safety arrangements.

Such behaviour will be managed in accordance with the school's Behaviour and Safeguarding procedures, taking account of the needs, understanding and capacity of the pupils involved.

12. Serious Incidents, Near Misses and Learning

Castle School is committed to learning from allergy-related incidents and near misses.

A serious incident includes an event in which an individual with an allergy is harmed or placed at immediate and significant risk of harm, including circumstances requiring emergency medication, urgent clinical intervention or emergency services.

A near miss is an event which did not cause harm but had a clear potential to do so, for example where an error, omission or system failure could reasonably have resulted in serious harm had circumstances been slightly different.

Serious incidents and near misses will be recorded as soon as practicable.

Records will identify:

- who was affected;
- what happened;
- when and where it occurred;
- known or possible causes;
- the response taken;
- any medication administered;
- whether emergency services were involved;
- who was informed; and
- how the incident concluded.

Parents/carers will be informed as soon as reasonably practicable.

Parents/carers and pupils may also report allergy-related incidents or reactions that become apparent after the pupil has left school.

Following a serious incident or significant near miss, the Allergy Safety Lead will consider:

- whether existing procedures were followed;
- whether the procedures were adequate;
- whether the incident could reasonably have been prevented;
- whether additional training is required;
- whether changes to the environment or practice are needed;
- whether the pupil's IHP or individual risk assessment requires amendment;

- whether this policy requires early review; and
- whether any external notification or reporting obligation applies.

Reviews will be approached constructively and with the primary purpose of learning and reducing future risk.

Relevant learning will be shared with staff while respecting pupil and family confidentiality.

The Governing Body will receive appropriate periodic information about serious incidents and near misses and resulting actions.

13. Early Years Foundation Stage

For children within the EYFS, Castle School will additionally ensure that the requirements of the current EYFS Statutory Framework are followed.

Before a child is admitted, information will be obtained about:

- food allergies;
- food intolerances;
- special dietary requirements; and
- relevant health needs.

This information will be kept up to date and shared with staff who prepare, handle or provide food.

At each meal and snack time there will be clarity about which member of staff is responsible for checking that the food and drink provided is appropriate for each child.

Parents/carers and, where appropriate, healthcare professionals will be involved in developing and updating Allergy Action Plans.

Staff working within EYFS provision will understand:

- the symptoms and treatment of allergies and anaphylaxis;
- the difference between allergies and intolerances; and
- that allergies can develop at any time.

These arrangements reflect the specific safer-eating and allergy requirements in the EYFS statutory framework applying from September 2026.

14. Information Sharing and Confidentiality

Information about a pupil's allergy is health information and is treated as special category personal data.

The school will hold, use and share this information where necessary to keep the pupil safe, meet its legal responsibilities and enable appropriate participation in education.

Information will only be shared with people who require it for a legitimate purpose.

Relevant staff must nevertheless have sufficient access to allergy information to respond safely and effectively.

Information sharing will be handled sensitively and in accordance with the school's Data Protection Policy, UK GDPR and the Data Protection Act 2018.

The school will seek to balance appropriate confidentiality with the need to ensure staff know:

- which pupils have significant allergies;
- what their known allergens are;
- where individual plans can be accessed; and
- what action is required in an emergency.

15. Communication and Awareness

This policy will be:

- published on the school website;
- made available in hard copy on request;
- communicated to staff;
- incorporated into staff training and induction; and
- shared with families as appropriate.

Allergy awareness will also be promoted among pupils in an age- and developmentally appropriate way.

Where appropriate, pupils may be taught how to seek adult assistance if another pupil experiences an allergic reaction.

Any pupil-specific awareness activity will be undertaken sensitively and, where appropriate, discussed with the pupil and their parents/carers.

16. Monitoring and Review

The Headteacher, supported by the Medical Welfare Lead and relevant members of the Senior Leadership Team, will monitor implementation of this policy.

Monitoring will include consideration of:

- allergy-related incidents;
- near misses;
- training completion;
- medication and expiry checks;
- IHP reviews;
- concerns raised by pupils, families or staff;
- risk assessments;
- catering and curriculum arrangements; and
- emerging statutory or clinical guidance.

The policy will be formally reviewed at least annually.

An earlier review will be considered following:

- a serious allergy-related incident;
- a significant near miss;
- identification of a weakness in existing arrangements;
- significant changes in the needs of pupils;
- changes in legislation or statutory guidance; or
- recommendations arising from external professional advice.

Pupils with allergies and their parents/carers will be given appropriate opportunities to contribute to the development and review of allergy safety arrangements.

17. Complaints

Any concern about the implementation of this policy should initially be raised with the school so that it can be investigated and addressed promptly.

Formal complaints will be considered under the school's Complaints Policy.

Concerns following an allergy-related incident or near miss will be considered alongside the school's incident review arrangements so that any necessary learning and corrective action can be identified.

Policy Lead: Headteacher – Allergy Safety Lead
Operational Lead: Medical Welfare Lead
Approved by: Governing Body
Review: At least annually