ALLERGY SAFETY AND ANAPHYLAXIS POLICY

Castle Hill Primary School

Adopted and approved: September 2026
Review date: September 2027

Designated Allergy Lead: Andy Renwick
Governor responsible: Antony Shepherd

1. Statement of intent

Castle Hill Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including those living with allergies and those at risk of anaphylaxis. We recognise that allergies can range from mild reactions to severe and potentially life-threatening anaphylaxis. Effective allergy management therefore requires a whole-school approach involving pupils, parents and carers, staff, governors, catering providers and other relevant partners.

The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens while ensuring that pupils with allergies are able to participate as fully as possible in school life.

The school will maintain robust arrangements for responding quickly and effectively to allergic reactions and suspected anaphylaxis.

2. Aims

The policy aims to protect pupils with allergies; identify and appropriately record allergies; ensure appropriate Individual Healthcare Plans are in place; ensure staff understand allergies, anaphylaxis and their responsibilities; provide prompt emergency treatment; maintain accessible prescribed and spare adrenaline devices; establish safe arrangements for food, catering, curriculum, activities, trips and extracurricular provision; promote an allergy-aware culture; and learn from allergic reactions and near misses.

3. Legal and statutory framework

This policy takes account of relevant legislation and guidance, including:

- the Children and Families Act 2014; Children's Wellbeing and Schools Act 2026;
- DfE Allergy Safety in Schools guidance (2026);
- Supporting Pupils at School with Medical Conditions;
- Human Medicines (Amendment) Regulations 2017;
- DHSC guidance on emergency adrenalineauto-injectors in schools;
- Equality Act 2010;
- Food Information Regulations 2014;
- Food Standards Agency allergen guidance;
- and current MHRA guidance.

4. Allergy-aware approach

The school will operate as an allergy-aware school. Reasonable measures will be taken to minimise exposure to known allergens, but the school cannot guarantee a completely allergen-free environment. Terms such as "nut-free school" will not normally be used because they may create a false sense of security.

Pupils will be encouraged to wash hands appropriately before and after eating, avoid sharing food or drinks, respect the needs of pupils with allergies and immediately tell an adult if someone appears unwell.

5. Identifying pupils and Individual Healthcare Plans

Parents/carers must inform school of known or suspected allergies, new diagnoses and changes to allergies, medication or emergency arrangements. Relevant information will be recorded and shared appropriately. Where appropriate, pupils will have an Individual Healthcare Plan developed with parents/carers, the pupil where appropriate, and relevant healthcare professionals. It should identify allergens, symptoms, risk-reduction measures, medication, adrenaline arrangements, emergency procedures, school-meal arrangements, trips and activities, emergency contacts and other individual needs. Plans will be reviewed at least annually and following significant changes or reactions.

6. Roles and responsibilities

The governing board will ensure the school has an effective, annually reviewed allergy safety policy, suitable training, appropriate emergency medication arrangements and appropriate oversight. The headteacher has overall responsibility for implementation and will designate a senior member of staff to oversee allergy safety.

The Designated Allergy Lead will coordinate allergy records, IHPs, training, liaison with families and catering, prescribed and spare adrenaline arrangements, expiry checks, risk assessments and reviews of incidents and near misses.

7. Staff training

All relevant school staff will receive appropriate allergy-awareness and anaphylaxis training. Training will cover common allergens, exposure reduction, recognition of allergic reactions and anaphylaxis, emergency procedures, administration of adrenaline, calling emergency services and medication locations. Appropriate information will also be provided to supply, temporary, agency and visiting staff.

8. Emergency adrenaline devices

Pupils prescribed adrenaline devices should have their prescribed devices available in accordance with their IHP and medical advice. The school will maintain appropriate spare adrenaline devices for emergency use in accordance with current guidance. Spare devices are an additional safeguard and do not replace pupils' prescribed medication. Devices will be monitored for dose, location and expiry and replaced before expiry or promptly after use.

9. Storage and accessibility

Adrenaline is emergency medication and must be available without avoidable delay. Devices will be stored according to manufacturer instructions, at an appropriate temperature, clearly identifiable and readily accessible. They will not be locked away. Arrangements will ensure medication remains accessible during lessons, breaktimes, lunchtimes, PE, clubs, performances, trips and other activities.

10. Recognising and responding to anaphylaxis

Possible signs include swelling of the tongue or throat, difficulty swallowing, hoarse voice, breathing difficulty, wheezing, persistent coughing, shortness of breath, dizziness, collapse, pallor, clamminess or reduced consciousness. Anaphylaxis can occur without obvious skin symptoms.

ANAPHYLAXIS IS A MEDICAL EMERGENCY.

If anaphylaxis is suspected:
1. Administer adrenaline immediately in accordance with the pupil's emergency plan/current guidance. Do not delay while waiting for another adult or parent.
2. Call 999 and state that anaphylaxis is suspected.
3. Follow the emergency operator's instructions.
4. Position and supervise the pupil appropriately; do not allow the pupil to suddenly stand or walk.
5. Have a second adrenaline device available.
6. If symptoms have not sufficiently improved, administer a second dose in accordance with current emergency guidance.
7. Ensure an adult remains with the pupil.
8. Contact parents/carers once emergency treatment is underway.
9. Ensure the pupil receives hospital medical assessment even if they appear to recover.

11. Food and catering

The school and catering provider will maintain robust systems for managing food allergies, including accurate allergy information, allergen information, suitable meals, ingredient and substitution checks, cross-contact reduction, cleaning procedures and appropriate staff training. Food must not be given to a pupil with an allergy if staff cannot establish that it is suitable.

12. Food brought into school and celebrations

Parents/carers will be encouraged to support the allergy-aware approach. Particular foods may be restricted where a pupil's individual risk assessment identifies a reasonable and proportionate need, while recognising the school cannot guarantee that an allergen will never enter the premises. Pupils should not share food or drinks.

Known allergies must be considered before food is distributed for birthdays, rewards, parties, fundraising or themed days. Alternative arrangements should enable pupils with allergies to participate wherever reasonably possible. For this reason cakes and biscuits which may contain nuts/traces of nuts cannot be shared.

13. Curriculum, trips and activities

Allergy risks must be considered in cooking, science, art, sensory activities, gardening and other activities involving potential allergens. Pupils will not normally be excluded from educational visits solely because of an allergy. Risk assessments will consider the pupil's IHP, potential exposure, food, medication, adrenaline devices, trained staff, emergency medical assistance, travel and communication with venues/providers.

The policy also applies to school-organised breakfast clubs and after-school extracurricular activities. Relevant staff must have access to pupil information, emergency procedures and medication.

14. Parents, pupils and inclusion

Parents/carers should provide accurate information, prescribed medication, medical documentation and updates, and work collaboratively with the school.

Pupils will be supported, according to age and understanding, to recognise their allergens and symptoms, avoid sharing food, report symptoms promptly and develop appropriate independence.

Allergy-related bullying, teasing or deliberate exposure to allergens will be taken seriously and may constitute a serious behaviour and safeguarding concern.

The school recognises that some pupils with allergies may meet the definition of disability under the Equality Act 2010. Reasonable adjustments will be considered and pupils should not be unnecessarily excluded from school meals, curriculum activities, celebrations, clubs, trips or residentials.

15. Incident and near-miss reporting

Serious allergic reactions and significant near misses will be recorded and reviewed. Reviews will consider the cause, adherence to procedures, speed of recognition and response, accessibility of medication, training needs and changes required to reduce recurrence.
Relevant IHPs and risk assessments will be reviewed where appropriate.

16. Communication, monitoring and review

The policy will be published on the school website and made known to parents/carers, staff and pupils in an age-appropriate manner.

The governing board will review the policy at least annually, and sooner following a serious reaction, significant near miss, changes in legislation or guidance, significant changes in pupil need or identified weaknesses.

ANNUAL ASSURANCE CHECK

The governing board should confirm that:
• the policy has been reviewed and published;
• families and pupils have been appropriately informed;
• relevant staff training is current;
• the allergy register and IHPs are current;
• prescribed and spare adrenaline devices are accessible and in date;
• catering and educational-visit procedures appropriately manage allergy risks;
• incidents and near misses have been reviewed; and
• resulting actions have been completed.