



CASTLE COURT
SCHOOL

Allergy and Anaphylaxis Policy

Reviewed: August 2026

Document owner: P Dunsford (Acting Deputy Head / Designated Safeguarding Lead)

Due for review: August 2027

Approved: 16/10/26 by Board of Governors

Aims and Objectives

In line with [Benedict's Law](#), Castle Court School is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. This policy outlines Castle Court School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond should an incident occur. It also sets out how we support our pupils and staff with allergies to ensure their wellbeing and inclusion, to ensure they are enabled and supported to be part of life and education in all aspects as possible, and demonstrating our commitment to being an 'Allergy Aware School'. In addition, to ensure that special dietary requirements are met and catered for wherever reasonably possible.

The school aims to:

- Safeguard pupils with allergies.
- Reduce the risk of exposure to allergens.
- Ensure all staff understand allergy management and emergency procedures.
- Promote inclusion so pupils with allergies can participate safely in all school activities.
- Ensure rapid access to emergency medication and treatment.
- Work in partnership with parents, carers and healthcare professionals.

Legislation and Statutory Duties

Section 34 of the [Children's Wellbeing and Schools Act 2026](#) requires that LA maintained schools, academies and PRUs must have an allergy safety policy. However, it is expected that the Secretary of State will soon impose equivalent allergy safety measures on independent and non-maintained special schools through the Independent School Standards and Non-Maintained Special School Regulations. Castle Court School has therefore created an Allergy Policy in lieu of this becoming a legal requirement.

Other statutory duties of relevance to children and young people with allergies, include:

- The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child
- The duties to safeguard and promote the welfare of pupils under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the Non-Maintained Special Schools (England) Regulations 2015; 7
- The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.
- The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).
- [The Early Years Foundation Stage \(EYFS\) statutory framework](#).

- The common law duty of care which requires schools, educational settings, and other persons responsible for children and young people to take reasonable care to avoid acts or omissions which could reasonably be foreseen to cause injury or harm. This includes taking appropriate steps to identify, assess and manage allergy-related risks and to respond appropriately in the event of an allergic reaction.

What is an Allergy?

Allergy is a medical condition which occurs when a person reacts to a substance that is usually considered harmless (such as food, insect stings, contact allergens and airborne allergen). The body perceives the substance as a threat and this subsequently triggers an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a reaction that can progress rapidly and may cause death. Anaphylaxis typically affects the Airway/Breathing/Circulation (“ABC”).

Anaphylaxis

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse. Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- food allergens;
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, most anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare.

Castle Court School has a whole school awareness approach because it ensures all pupils and staff are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure. Coeliac disease and food intolerance can present symptoms which are like those of food allergy; it is important that Coeliac disease and food

intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy. Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Castle Court School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Definitions

ANAPHYLAXIS: Anaphylaxis is a severe life-threatening allergic reaction and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything however the most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex, wasp and bee stings are other allergens. Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat. There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are: celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by their brand name. There are two brands licensed for use in the UK: 'EpiPen' and 'Jext'. For the purposes of this policy, we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the hazards and risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site, where an identified pupil and/or member of staff is in attendance.

SPARE DEVICES: Schools can purchase and hold spare adrenaline devices. These should be held as a back-up, in case pupils' prescribed adrenaline device are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

Roles and Responsibilities

Castle Court School takes a whole-school approach to allergy management.

The School Medical Officer is responsible for:

- Collecting and coordinating the paperwork (including Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners).
- Providing support on how this information (above) is disseminated to all school staff, including the Catering Team and part-time employees.
- Ensuring a list, with photographs of pupils, is shared with relevant staff and teams, advising them of those pupils with allergies and keeping this updated.
- Ensuring the information from families is up-to-date and reviewed annually
- Coordinating medication with families and ensuring medication is in date. Whilst it's the parents and carers responsibility to ensure medication is up to date, the school will also have systems in place to notify parents where expiry dates are approaching.
- Keeping an adrenaline device register to include Adrenaline devices prescribed to pupils and Spare devices, including brand, dose and expiry date. The location of spare devices will also be documented.
- Regularly checking spare devices: their location, that they are in date, arranging for any required replacements, and ensuring staff know where they are.
- Working alongside the Designated Allergy Lead and Director of Operations, providing on-site anaphylaxis training for staff and pupils and refresher training as required e.g. before school trips.
- Being the point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is up-to-date and communicated to all staff.
- Keeping a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.
- Taking decisions on allergy management across the school.
- Regularly reviewing and recommending updates to this policy.

Admissions Team

They will work with the School Medical Officer and Catering team to ensure that:

- There is a clear method to capture allergy/intolerance information or special dietary information at the earliest opportunity, alongside other medical information.
- There is a clear structure in place to communicate this information to the relevant parties

- Visitors (e.g. Open days and events) are aware of the catering set up, if food is to be offered and plans for medication if the child is to be left without parental supervision.

Designated Allergy Lead (DAL)

The Designated Allergy Lead (DAL) is a member of the school's SLT and is responsible for:

- Leading the implementation of a school-wide Allergy Safety Policy
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy
- Championing and practising allergy and asthma awareness across the school
- Being the overarching point of contact for colleagues, pupils and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all colleagues
- Making sure all colleagues are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures
- Regularly reviewing and updating the Allergy Safety Policy
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team as appropriate.

All staff

All staff are responsible for:

- Making the school, and their direct line manager and other colleagues, aware of their own individual allergies and actions, including where they keep their emergency medications. Staff are encouraged to share this information
- Championing and practising allergy awareness across the school
- Understanding and adhering to this Policy, and related procedures, and seeking support where needed
- Undertaking annual Anaphylaxis Awareness training
- Being aware of pupils and staffs with allergies, and what they are allergic to
- Considering the risk, to those with allergies, posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times

- Preventing/responding to allergy-related bullying, following guidelines set out in the school's Anti-Bullying policy

All Parents / Carers

Whether their child has an allergy or not, they are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the School Medical Officer and Admissions team with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, e.g. in packed lunches, as snacks, for fundraising events or birthdays. Permission to bring in food not provided by the school catering team must be sort in advance from the school's Designated Allergy Lead, to ensure inclusion and safety for all pupils onsite with allergies. These procedures apply to the school led breakfast club, main break and lunch time offering and after school provision.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

Parents/Carers of pupils with allergies should:

- Fully complete a New Pupil Medical Questionnaire form before their child commences at Castle Court School, giving details of any dietary requirements, intolerances and/or allergies. These details must also explain why any food items cannot be consumed, what effect it has on the child, if any medication is required, and if the allergy has been diagnosed by a doctor. A child's entry into school could be delayed without this information.
- Work with the school to complete an Individual Healthcare Plan / Allergy Action Plan.
- Provide the school or their child with two labelled adrenaline devices and (for day pupils only) provide any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams as required.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too. This includes any specific dietary needs or newly diagnosed allergies/intolerances.
- Provide an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring. i.e. not exposing themselves intentionally, to their known allergen.

- Adhere to the School's 'No Nuts' policy - In view of the number of children who suffer from allergies, peanuts peanut butter and chocolate spread such as Nutella are not permitted in the school and will not be used in any circumstances. Vigilance is to be exercised about any food coming into school. The bringing of snacks and drinks must not put in harm's way, or discriminate against, those with special dietary needs.

All Pupils should:

- Be allergy aware and understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients, they should ensure they are adhering to food restrictions and guidance about food being brought in.
- Speak to their form tutor if they have any questions or concerns around allergies.

Those with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understanding that they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction
- Age-appropriate: Always carrying their adrenaline devices with them (both devices)
- Understanding how and when to use their adrenaline device
- Talking to the School if they are concerned by any system related to their allergy
- Raising their voice if they experience any inappropriate behaviour

Where members of staff have a known allergy, or other medical condition, they should make this known to their line manager wherever possible, so that the school can support colleagues and provide any reasonable adjustments as required.

Governors

The governing body are responsible for:

- Ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis.
- Monitoring this policy with it being a standing agenda item at meetings.
- Selecting a named governor who works closely with the allergy lead and reports to the meetings. This person is the safeguarding governor, Hannah Doust.

Information and Documentation.

Identification of those with known allergies

As described above, in responsibilities, the school will seek to obtain annually from parents; medical information, including allergies, medications, ongoing medical conditions, and other relevant information relating to pupils. Such information will be held on EduLink and SIMS to ensure there is widespread sharing of information to those who need it.

Where events are held, and where visitors arrive, food provided is always sign posted with known allergens highlighted. For planned events/training, attendees are asked to advise the school of any known allergies.

Members of staff are always encouraged to share pertinent medical information with the school, including allergies, to ensure colleagues can mitigate and respond appropriately. However, it is up to the member of staff in question if they wish to share such information.

Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils with an allergy where no adrenaline has been prescribed. Systems allow for teachers to easily see which pupils in their class have medical conditions – Systems accessible include EduLink and SIMS.

Individual Healthcare Plans (IHPs) and Allergy Action Plans

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed. Individual Healthcare Plans are school owned documents that are co-created by school, parents and pupils.

Each pupil with an allergy has an Individual Healthcare Plan. Information includes:

- A photograph of each pupil
- Known allergens and risk factors for reactions, including the Allergy Action Plan
- A history of their allergic reactions
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline devices, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis
- A copy of their Allergy and/or Asthma Action Plan.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Transition

Allergy information and existing care plans are shared as part of a pupil's transition. Castle Court School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Castle Court School will work with parents (and the pupil if appropriate) to write a new Individual Healthcare Plan if required. Staff will provide information about pupils with allergies for transition visits and taster days ahead of a move of schools.

Staff

A pre-employment questionnaire will ask incoming staff whether they have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers

They will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

Assessing Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual. That said, Castle Court School will only eliminate a food following a risk assessment supported by medical advice when necessary.

Blanket bans to nuts create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction. Castle Court School is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens. The school takes steps to minimise the risk of exposure and have robust emergency response plans in place.

Allergens can crop up unexpectedly. Members of staff (including temp/volunteers) must consider allergies in all activity planning and include it in risk assessment. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Bringing animals into the school, e.g. a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days, open days, and celebrations.
- The Catering department displays lists of known allergens, and provide health alternatives for those with allergies/intolerances.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. Pupils may require individual support, as not all allergies should be treated equally.

Pupils with known allergies are specifically indicated on Edulink and SIMS for staff to see. This information allows colleagues to ensure they can identify and adapt activities to mitigate against an exposure.

Prior to events/open days etc./trips and visits – staff should consider (as a minimum):

- Confirmation of those attending with allergies, including action plans
- Consulting with those with allergies
- If emergency medications are readily accessible
- Colleagues in attendance are appropriately trained
- Emergency actions and procedures are understood by all members of staff in attendance.

Food including mealtimes and snacks

School Catering - The school is committed to providing all children a safe, daily, balanced diet incorporating protein, vitamins, minerals, fats and carbohydrates.

- Due diligence is carried out regarding allergen management when appointing catering staff.
- All catering staff and other colleagues preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff.
- Catering will endeavour to provide varied meal options to those with allergies.
- The school has robust procedures in place to identify pupils with food allergies. The School Medical Officer and Admissions team provide regular communications, including at the start of the year, of pupils with known allergies, including their photograph.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for all to see. Other ingredient information will be available on request.
- Where changes are made to the ingredients this will be communicated to those with dietary needs.
- Precautionary Allergen Labelling or “May Contain” labelling, applied to all menus and displays in lunch hall.
- Nuts/peanuts are not purchased/used in catering however, where required, precautionary labelling is applied.

In addition, the catering department have a ‘kitchen allergen monitoring’ system:

- Prior to choosing any dish for the menu, the head chef will check all IHPs for pupils with known allergies in order to ensure the ingredients included are not going to result in a reaction.
- The head chef will ensure that all staff who work in catering are regularly reminded of which pupils have allergens (at daily briefings and via copies of those pupils IHP’s being displayed with the kitchen)

Food brought into school

Castle Court School is aware that pupils and staff could bring in food to the school. As an Allergy Aware school, we encourage a considered approach to bringing in food. Communication and education are key to ensure our community awareness of allergies, including any peers who may have an allergy, to ensure ‘brought in allergens’ are avoided. This education extends to staff through their allergy awareness training, and information provided to them by other responsible departments such as The School Medical Officer and Admissions.

Permission for pupils to bring in food not provided by the school catering team (for example, a packed lunch or treats for a child’s birthday) must be sort in advance from the school’s Designated Allergy Lead, to ensure inclusion and safety for all pupils onsite with allergies. These procedures apply to the school led breakfast club, main break and lunch time offering and after school provision.

Where external parties (such as parents, governors etc) bring in food for events, such as open morning, fetes etc. they are advised to avoid the common 14 allergens and ensure any ingredients/precautionary labelling is applied to the product. It will be the responsibility of the event organiser to communicate this requirement to all concerned. All food (where not provided by catering) coming onto school premises or taken on a school trip or to a match, should be checked to ensure nuts are not an ingredient in another product, or where a pupil has another identified allergen, these too are also checked. Label checks on all foods brought in for events should be undertaken by the lead of the event. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

Food Bans or Restrictions

While we may wish to restrict certain foods on site, at certain times, messaging around this will be carefully considered. For example, bans are almost impossible to enforce and can lead to a sense of complacency or give a false sense of security. Reminding everyone to be 'allergy aware' and to remain vigilant is vital. It is also important that we don't give the impression of one allergen being more dangerous than others.

Food Hygiene for Pupils

- Pupils are encouraged to wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

School Trips and Sports Fixtures

No pupil should be denied the opportunity to experience life and learning outside of school. Appropriate management of trips and visits is key to their success, to avoid exposures, and to manage an allergy related incident in a controlled prompt and effective manner.

- Staff leading the trip will have a register of pupils with allergies and medication details. They should also be aware of any accompanying member of staff with an allergy.
- It is the trip leader's responsibility to ensure that all pupils with anaphylaxis on the trip are carrying two in date adrenaline pens. For a prep school child, the staff member will need to carry the pens.
- Allergies will be considered on risk assessments and catering provision put in place
- Parents may be consulted if necessary, or if the trip requires an overnight stay
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See Adrenaline devices section below for School Trips and Sports Fixtures.

School Buses

Castle Court School's policy is that only food prepared by the school's catering team should be eaten on our school buses. An example of when this might occur is for away matches when children often have a 'grab and go' lunch. In all other circumstances, no food brought in from home is to be consumed on the buses. This includes when pupils are travelling from early morning swimming back to school, when on route to and returning from whole day sports fixtures and curriculum trips and during residential trips. This is to ensure the safety of pupils with allergies who travel on those buses and to avoid cross contamination.

Food brought from home can be eaten prior to embarking on school buses if they adhere to the school's guidelines on not containing any nut or peanut products, including peanut butter, Nutella and products containing nuts. Also, Sesame products, including hummus, tahini and breads or other foods containing sesame seeds.

Storage of Adrenaline Devices (General)

- Pupils prescribed with Adrenaline devices must always have easy access to two
- Devices must not be kept locked away. They must be easily accessible at all times
- Adrenaline devices should be stored at correct temperatures (following manufacturer's guidelines), not in direct sunlight or above heat sources (e.g. radiator).
- Used or out of date pens will be disposed of as 'sharps' by the School Medical Officer.

Spare Adrenaline Devices

Castle Court School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Spare adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy or for those whose pens have malfunctioned, or where a second pen is required. It is important to note that the pupil's own pen should be used in the first instance wherever possible.

Spare adrenaline pens are stored in the medical room in Knoll House and in a medical box located in the staffroom in the middle of the school. These devices are stored in containers which are clearly labelled.

The School Medical Officer is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires. Adrenaline devices that are used will be disposed of in a sharps box, kept in the medical room in Knoll House or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

Adrenaline Devices on School Trips / Fixtures

Pupils prescribed with adrenaline devices must carry two of their own devices when on trips, always. It is the trip leader's responsibility to check this BEFORE departure.

- No pupil should be denied opportunities to experience educational trips and visits because of a misplaced adrenaline device – trip leaders should consult with the medical centre in these circumstances so that alternative devices can be obtained
- Adrenaline devices will be always kept close to the pupil in question e.g. not stored in the hold of the coach when travelling or left in changing rooms
- Adrenaline devices should be protected from extreme temperatures.
- Staff accompanying the pupils are to be made aware of pupils and colleagues with allergies and be trained to recognise and respond to an allergic reaction
- Leaders should consider whether to take spare devices to sporting fixtures and on trips, and seek advice where required

Responding to an allergic reaction/anaphylaxis

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. The school will obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

See Appendix at the end of this policy for further information on recognising and responding to an allergic reaction.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching,

peripatetic staff have received allergy awareness training. Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- How to report an allergic reaction including: Mild to moderate o Anaphylaxis o Near miss/incident
- Understand their responsibilities in risk reduction to ensure that pupils are prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy
- How to check if a student is on the record of those with a known allergy
- How to use an allergy or asthma action plan

Emergency preparedness

Castle Court School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures. Throughout the year, the school medical officer will remind staff of key aspects of the policy such as:

- How to find out who has an allergy (this information is provided on EduLink under a child's medical tab)
- Where the school's spare adrenaline autoinjector (AAI) devices are stored.
- Practice with adrenaline trainer devices

Castle Court School will communicate key messages regarding risk reduction leading up to school trips, residential and end of term celebrations. During fire drills and lockdown practices, Castle Court School will ensure that a pupil's adrenaline device is either with them or in close proximity. Should a real fire happen, the pupil may have to go home without adrenaline if this has not been taken out during an evacuation.

Reporting serious Incidents and "Near Misses"

Castle Court School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Castle Court School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Castle Court School uses an allergy incident and near miss report form to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written. Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and pupils (including the effected individual) responded, what was done to support the individual, whether emergency services were called and how the incident concluded.

Castle Court School will share the report with the pupil's parents, the pupil and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Castle Court School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

Asthma

It is vital that pupils with anaphylaxis keep their asthma well controlled. Individuals with poorly controlled asthma face a higher risk of severe, life threatening or fatal outcomes during an episode of anaphylaxis. Pupils are required to ensure their asthma inhaler is on their person at all times. The school holds emergency inhalers in the medical room in Knoll House to support those pupils with an exacerbation of their condition, and where their personal device is not available or is empty.

Wellbeing and Support

At Castle Court School allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Castle Court School will:

- Regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- Include allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- Involve pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- Take allergy bullying extremely seriously and seek to actively monitor, prevent and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- Invite new joiners with allergies to have a tour of the kitchen and dining room so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in this environment
- Proactively engage with new joiners with known allergies, setting out the school's allergy policy and procedures and the support available.

Safeguarding

Castle Court School recognises that a safeguarding referral may be needed if an incident highlights a concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Castle Court School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- Preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- Assuming every child with the same condition requires the same support;
- Assuming older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- Ignoring the views of the child or young person or their parents;
- Ignoring medical evidence or the opinion and advice of healthcare professionals;
- Assuming a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition.
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school including external visits and trips, e.g. by requiring parents to accompany the child.

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Appendix A – Reactions & Symptoms plus Emergency Actions

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious. However, sometimes they are life threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Contact First Aider
- Locate adrenaline devices as a precaution (Use it if signs of severe reaction)
- Give oral antihistamine and make a note of the time
- Contact the School Medical Officer for further advice if needed
- Phone parent or guardian where required
- Continue to monitor the pupil for at least 60 minutes

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called ANAPHYLAXIS. In rare cases, anaphylaxis can be fatal because it affects the person's Airway, Breathing and circulation systems (ABCs). It should

always be treated as a time-critical medical emergency. Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

SIGNS & SYMPTOMS

A – Airway

Persistent cough Hoarse voice Difficulty swallowing Swollen tongue Tight throat

B – Breathing

Difficult/noisy breathing Sudden wheeze Persistent cough Short of breath

C - Circulation Dizziness / faint Pale or floppy Sleepy Collapse or unconscious Clammy skin

Recognise the signs of anaphylaxis



- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue



- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough



- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

- ① **Lie flat with legs raised** (if breathing is difficult, allow to sit)



- ② **Give adrenaline device without delay**
(use the school's spare device if needed)



Scan this code for instructions on how to use adrenaline devices

- ③ **Immediately dial 999** for ambulance
and say **ANAPHYLAXIS** (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

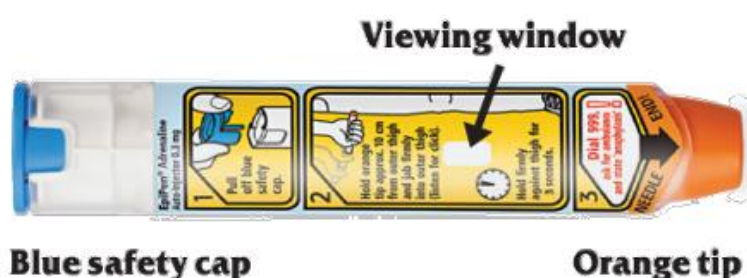
GENERAL EMERGENCY ACTIONS DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be led down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket!
4. Deliver the adrenaline according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device.
8. Start CPR and call for a defibrillator, if they collapse unresponsive AND stop breathing normally.
9. Hand over used devices to paramedics and remember to get replacements.

Appendix B

EpiPen - Specific Instructions:

1. Grasp EpiPen in dominant hand (writing hand), with thumb nearest blue cap and form fist around unit (orange tip down)
2. With other hand pull off blue safety cap.
3. Hold the EpiPen at approximately 10 cm away from the outer thigh. The orange tip should point towards the outer thigh.
4. Jab the EpiPen firmly into outer thigh at a right angle (90-degree angle) (listen for click).
5. Hold firmly against thigh for 3 seconds. The injection is now complete and the window on the autoinjector is obscured.
6. EpiPen should be removed (the orange needle cover will extend to cover needle) and safely discarded.
7. Dial 999, ask for an ambulance, and state "anna-fa-laxis"



Reducing the risk of allergen exposure in pupils with food allergy

- Bottles, other drinks and lunch boxes provided for pupils with food allergies should be clearly labelled with the name of the child.
- **School caterers** must provide information on food allergens to parent/carers, and have this available for the pupil to be able to check independently. Catering staff should be available to meet with parents/carers to discuss provision of allergen safe meals.
- **Leaders** need to be aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.
- Where food is provided by the school, **school employees** should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for pupils with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) guidance from the Medical Centre should be sought in advance to ensure inclusion and safety for pupils with an allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).