RFS ALLERGY SAFETY POLICY

Formally adopted by the Governing Body of:	**Redcastle Family School**
On:	
Signed by Chair of Governors: ***Maureen Eade***	
Last updated:	**September 2026**
Review date:	**September 2027**

REDCASTLE FAMILY SCHOOL

ALLERGY SAFETY POLICY

Benedict's Law | Academic year 2026-27

School	Redcastle Family School
Address	St Martin's Way, Thetford, IP24 3PU
Policy lead	Emma Denty, Allergy Safety Lead
Headteacher	James Julian
Approved by	Governing Board
Approval date	September 2026
Review date	September 2027
Telephone	01842 752239
Email	office@rfs.norfolk.sch.uk

1. Purpose and statutory basis

Redcastle Family School is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. We will identify allergy-related risks, reduce avoidable exposure, prepare staff to recognise and respond to reactions, and learn from incidents and near misses.

This policy has been prepared with regard to the Department for Education's July 2026 statutory guidance, Allergy safety in schools. Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, requires maintained schools, academies and pupil referral units to have, publish and keep under review an allergy safety policy.

This policy should be read alongside the school policies for supporting pupils with medical conditions, first aid, medicines, safeguarding, behaviour and anti-bullying, educational visits, food and catering, data protection and health and safety.

2. Scope and definitions

This policy applies during the school day and to breakfast or after-school provision, educational visits, residential trips, sporting events, performances, clubs and other activities organised by the school. It covers pupils, staff, volunteers and visitors where relevant.

- Allergy: an immune-system reaction to a normally harmless substance, including foods, insect stings, medicines, airborne allergens and contact allergens.
- Anaphylaxis: a severe, potentially life-threatening allergic reaction affecting airway, breathing or circulation. Skin symptoms may be absent.
- Food intolerance and coeliac disease are managed carefully but are not the same as food allergy; emergency treatment arrangements must reflect the person's diagnosed condition and healthcare plan.

3. Leadership and accountability

The Governing Board will:

- ensure that this policy is implemented, published and reviewed at least annually;
- seek assurance that staffing, training, emergency medication and risk-management arrangements are effective;
- consider serious incidents and near misses and ensure that lessons are acted upon; and

- ensure the policy supports equality, inclusion and the wellbeing of pupils with allergies.

The Headteacher will:

- provide sufficient time, resources and authority for the policy to operate;
- ensure appropriate cover when the Allergy Safety Lead is absent; and
- ensure contractors, caterers and activity providers understand the arrangements relevant to their work.

Emma Denty, Allergy Safety Lead, will:

- lead implementation and annual review of this policy;
- maintain an overview of pupils with known allergies, their plans and required adjustments;
- coordinate staff training and induction;
- oversee checks of prescribed and spare emergency medication;
- support risk assessments for lessons, events and visits; and
- coordinate incident reviews and report themes or concerns to the Headteacher and Governing Board.

All staff are responsible for following pupils' plans, reducing avoidable risks, knowing how to summon help and responding immediately to a suspected allergic reaction.

4. Identification, records and healthcare plans

Parents and carers are asked for current medical and allergy information when a pupil joins the school and whenever information changes. The school will also consider information received from previous settings and relevant healthcare professionals.

The school will keep a secure, current allergy register recording known allergens, symptoms, prescribed medication, emergency contacts and whether an Individual Healthcare Plan (IHP), Allergy Action Plan or Asthma Action Plan is in place. Information will be shared only with people who need it to keep the pupil safe.

An IHP will be prepared with parents, the pupil where appropriate, relevant staff and healthcare advice where the allergy has a functional impact, creates a risk of harm, or requires arrangements additional to or different from those made generally. It will include:

- the pupil's allergens, usual symptoms and emergency warning signs;
- risk-reduction and reasonable-adjustment arrangements;
- medication, dosage, storage, access, consent and expiry checks;
- what staff must do during a reaction and who must be contacted;
- arrangements for meals, lessons, clubs, playtimes, transport and visits; and
- the pupil's views, wellbeing needs and agreed information-sharing arrangements.

Plans will be reviewed at least annually and sooner following a change in diagnosis or medication, an incident or near miss, or receipt of an updated clinical action plan.

5. Staff training and awareness

All pupil-facing staff present when pupils are scheduled to be on site will receive allergy-awareness and emergency-response training at least annually. This includes permanent, temporary, supply, peripatetic, agency, catering and club staff and regular volunteers. New staff will receive information during induction; cover and supply staff will be briefed before taking responsibility for pupils.

Training will enable staff to:

- understand allergies, routes of exposure, co-existing conditions and the difference between allergy, coeliac disease and intolerance;

- recognise mild, moderate and severe symptoms, including anaphylaxis;
- locate and follow pupils' IHPs and action plans;
- locate prescribed and spare emergency medication quickly;
- administer an adrenaline auto-injector (AAI) and use an emergency inhaler and spacer where authorised;
- call emergency services, inform parents and record the incident; and
- report risks, reactions and near misses without delay.

Training under this policy is school-level awareness and emergency-response training. It does not replace any clinical-governance, competency or healthcare-delegation arrangements required for an individual pupil.

6. Minimising exposure and managing food

The school cannot guarantee an entirely allergen-free environment. It will take reasonable and proportionate measures based on the known risks and each pupil's plan. Blanket bans will not be relied upon as the sole control measure.

The school will:

- work with its caterer to maintain accurate ingredient and allergen information, manage substitutions and reduce cross-contact;
- ensure staff supervising meals can identify pupils who need specific arrangements while avoiding unnecessary singling out;
- require handwashing with soap and water where necessary; alcohol hand gel does not reliably remove food allergens;
- clean tables, equipment and shared surfaces appropriately and manage spillages promptly;
- consider allergens in food brought from home, celebrations, rewards, fundraising and shared snacks;
- not permit food sharing where this could place a pupil at risk;
- consider airborne and contact allergens, animals, plants, latex and products used in school; and
- check ingredients and exposure risks when planning cooking, science, art, sensory, music and other practical activities.

Parents should not send food for general distribution without prior agreement. Staff must not give a pupil with a known food allergy unverified food. Individual arrangements will be agreed through the pupil's plan.

7. Medication and emergency equipment

Pupils prescribed AAIs must have rapid access to them at all times, including in dining areas, classrooms, playgrounds, sports areas and on visits. Medication must be clearly labelled, in date and stored in accordance with the manufacturer's instructions and the pupil's plan. Where appropriate, pupils may carry their own medication, with a backup arrangement agreed with parents.

The school will hold clearly labelled spare AAIs in pairs, at appropriate dosages, in the first aid room in the office area. Prescribed emergency medication and the school's emergency allergy equipment will also be held there unless an individual pupil's healthcare plan specifies that medication should be carried by the pupil or kept in another immediately accessible location. The room and equipment must remain readily accessible to authorised staff and must not be locked away. Arrangements will ensure that an AAI can reach any pupil who needs it within five minutes. The Allergy Safety Lead or delegated trained member of staff will record monthly checks, expiry dates, use, replacement and safe disposal.

A spare AAI will be used only in accordance with current legal requirements and Department of Health and Social Care guidance, normally where a pupil is known to be at risk of anaphylaxis, the pupil's own device is unavailable or unusable, and the required parental consent and medical authorisation arrangements are in place. In an unexpected life-threatening emergency, staff will follow the 999 call handler's instructions.

8. Emergency response to suspected anaphylaxis

Anaphylaxis must be treated as a medical emergency. If in doubt, give adrenaline promptly; delay is more dangerous than giving it unnecessarily.

1. Send for the pupil's emergency kit and a second AAI. Do not leave the pupil alone.
2. Administer an AAI immediately into the outer mid-thigh, through clothing if necessary, following the device instructions and the pupil's plan.
3. Call 999 and say "anaphylaxis". Give the school address, access point and details of the AAI administered.
4. Lie the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious, place them in the recovery position. Do not let them stand or walk.
5. If symptoms do not improve after five minutes, administer a second AAI and update 999.
6. Arrange for someone to meet the ambulance, bring the pupil's plan and medication, and contact parents or carers.
7. The pupil must be transferred to hospital and must not be left alone, even if they appear to recover.

Staff will also follow any specific instructions in the pupil's current Allergy Action Plan. Used devices will be handed to ambulance staff or disposed of safely as clinical sharps.

9. Educational visits, sport and extended provision

Pupils with allergies will be supported to participate fully. The visit or activity leader will review the pupil's plan, complete an allergy-specific risk assessment where appropriate, confirm food and accommodation arrangements, and ensure that prescribed AAIs, any agreed spare devices and a trained adult are immediately available. Medication will travel with the pupil, not separately in luggage or a vehicle.

External providers, transport staff and venues will receive relevant information on a need-to-know basis. Emergency access, mobile-phone coverage and the distance to medical help will be considered. The same principles apply to breakfast and after-school clubs, residential visits, sports fixtures and performances.

10. Wellbeing, inclusion and anti-bullying

The school recognises that allergy and the risk of anaphylaxis can cause anxiety and affect attendance, participation and social inclusion. Pupils will be listened to and supported without being made to feel responsible for managing risks beyond their age and understanding. Reasonable adjustments will be made where required.

Bullying, teasing, threatening behaviour or deliberate exposure involving a pupil's allergy will be treated seriously under the behaviour and anti-bullying policies and may also constitute a safeguarding concern. Staff will avoid practices that unnecessarily isolate or stigmatise pupils with allergies.

11. Incidents, near misses and learning

All allergic reactions, administration of emergency medication, ambulance call-outs and near misses must be reported promptly to the Allergy Safety Lead and Headteacher and recorded on the school's incident

system. Parents must be informed. Late-onset symptoms reported after the pupil returns home will also be recorded and considered.

A proportionate review will consider the trigger, supervision, food or activity controls, availability and timeliness of medication, staff response, communication and whether the pupil's plan or this policy needs amendment. Serious incidents will be reported to relevant bodies where required. Learning will be shared without disclosing unnecessary personal information.

12. Information sharing and confidentiality

Health information is special-category personal data. The school will hold and share it lawfully, securely and respectfully. Relevant staff must have enough information to keep a pupil safe, but information will not be shared more widely than necessary. The pupil and parents will be involved in deciding how information is communicated, subject to the school's legal duties.

Temporary staff, caterers, visit leaders and emergency responders will receive the information required for their role. Current plans and emergency contact details will be accessible during an emergency, including off site.

13. Responsibilities of parents and pupils

Parents and carers should:

- provide accurate, current information, action plans and medication;
- replace medication before expiry and notify the school immediately of changes;
- attend planning and review meetings where needed; and
- work with the school on safe food and activity arrangements.

Pupils will be encouraged, in a manner appropriate to their age and understanding, to know their allergens and symptoms, avoid food sharing, carry medication where agreed, tell an adult immediately if they feel unwell and contribute to their own plan. A pupil's developing independence does not remove the school's duty of care.

14. Publication, monitoring and review

This policy will be published on the school website and made available in hard copy on request. Staff will be reminded of it through annual training and induction. Age-appropriate allergy awareness will be promoted among pupils in consultation with affected pupils and parents.

The Allergy Safety Lead will review the policy at least annually and sooner after a serious incident, near miss, significant change in the school's circumstances, or revised national guidance. The review will consider training completion, medication checks, plan quality, incidents, near misses, pupil and parent feedback and the effectiveness of risk controls.

15. Key references

- Department for Education, Allergy safety in schools: statutory guidance (July 2026).
- Department for Education, Supporting pupils at school with medical conditions.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Food Standards Agency, allergen guidance and food information requirements.
- NHS guidance on allergies and anaphylaxis.
- Anaphylaxis UK emergency and school resources.

Appendix A: Emergency information to display with AAI kits

SUSPECT ANAPHYLAXIS? Give adrenaline immediately, call 999 and say "anaphylaxis".

- Airway: swelling of tongue or throat, hoarse voice, difficulty swallowing.
- Breathing: wheeze, persistent cough, noisy or difficult breathing, blue colour.
- Circulation/consciousness: pale or clammy skin, dizziness, collapse, confusion, unresponsiveness.
- Lie the person flat with legs raised; if breathing is difficult, allow sitting with legs extended. Do not allow standing or walking.
- Give a second AAI after five minutes if symptoms have not improved.

School address/access instructions: Redcastle Family School, St Martin's Way, Thetford, IP24 3PU. Telephone: 01842 752239

Location of prescribed AAIs: First aid room in the office area, unless the pupil's healthcare plan states otherwise.

Location of spare AAI kits: First aid room in the office area.

Emergency kit check lead: Emma Denty

School office email: office@rfs.norfolk.sch.uk