



Allergy Safety Policy

Adapted from Buckinghamshire Council's Health & Safety Policies
8.10 Allergy Safety Policy - July 2026

Approved by	Gemma Rehal (Headteacher)	Date	22 nd July 2026
Approved by	Aditi Zutshi (Governor)	Date	31 st August 2026
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1. INTRODUCTION

The governing bodies of maintained schools, proprietors of academies and management committees of PRUs must “have regard to” this guidance when carrying out their statutory duty to put allergy safety policies in place.

To “have regard to” means to take account of the guidance and to carefully consider it. A decision not to comply with the guidance should be supported by a clear or justifiable reason. Where advice is flagged as good practice, it is non-statutory.

Early years settings and schools which offer provision for “young children” (from birth until the 1st September following their fifth birthday) should continue to apply the Statutory Framework for the Early Years Foundation Stage (EYFS).

The Governing Body of Chestnut Lane School recognises that allergy is a significant and potentially life-threatening medical condition which can affect pupils, staff and visitors.

This policy has been developed in accordance with:

- Section 34 of the Children’s Wellbeing and Schools Act 2026.
- Allergy Safety in Schools: Statutory Guidance (DfE July 2026).
- Supporting Pupils at School with Medical Conditions statutory guidance.
- Equality Act 2010.
- Health and Safety at Work etc. Act 1974.
- Food Information Regulations 2014.

The school is committed to creating an allergy-aware environment which minimises the risk of exposure to allergens whilst enabling pupils with allergies to participate fully in all aspects of school life. The school recognises that inclusion, wellbeing and safety are equally important objectives.

2. RESPONSIBILITY AND ACCOUNTABILITY

2.1 Governing Body

While schools do not need to have a named governor overseeing allergy safety, some schools do so as a matter of good practice.

The designated Allergy Governor: Aditi Zutshi

The Governing Body will ensure:

- An Allergy Safety Policy is in place and reviewed annually.
- Suitable arrangements are established for pupils with allergy.
- Sufficient resources are available to implement this policy.
- Allergy risks are included within the school's risk management arrangements.
- Staff receive appropriate allergy awareness training.
- Appropriate emergency medication is available.
- Lessons are learned from incidents and near misses.
- The policy is published and communicated to parents, staff and pupils.

2.2 Headteacher

The Headteacher will ensure:

- Effective implementation of this policy.
- Appointment of a designated Allergy Lead.
- Adequate staffing and training arrangements.
- Appropriate Individual Healthcare Plans are developed and reviewed.
- Emergency procedures are established and tested.
- Allergy issues are considered during visits, trips and activities.
- Records of pupils with allergies are maintained.

2.3 Designated Allergy Lead

The designated Allergy Lead: Gemma Rehal

Responsible for:

- Coordinating allergy arrangements.
- Maintaining allergy registers.
- Ensuring staff training is completed.
- Monitoring emergency medication.
- Reviewing incidents and near misses.
- Liaising with parents and healthcare professionals.
- Reviewing this policy annually.

2.4 Staff Responsibilities

All staff must:

- Be familiar with this policy.
- Know how to identify allergic reactions and anaphylaxis.
- Know the location of emergency medication.
- Follow Individual Healthcare Plans.
- Take reasonable steps to minimise exposure to allergens.
- Respond appropriately to emergencies.
- Report incidents and near misses promptly. Refer to page 60 of [Allergy safety in schools statutory guidance](#):
 - **A serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
 - **A “near miss”** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

2.5 Parents and Carers

Parents are expected to:

- Inform the school of their child's allergy.
- Provide up-to-date medical information.

- Supply prescribed medication and replacement medication before expiry.
- Provide Action Plans issued by healthcare professionals if/when received.
- Participate in reviews of Individual Healthcare Plans.
- Inform the school promptly of any changes in medical condition.

2.6 Pupils

Where age and ability permit, pupils will be encouraged to:

- Understand and manage their own allergy.
- Carry their medication where appropriate.
- Follow agreed safety arrangements.
- Alert staff immediately if they feel unwell or experience symptoms.

3. IMPLEMENTATION

3.1 Allergy Awareness Training

The school will provide annual allergy awareness and emergency response training for all staff, including:

- Teachers.
- Support staff.
- Regular Volunteers (as deemed necessary).

Training will include:

- Understanding allergy and allergic conditions.
- Food allergy awareness.
- Asthma and allergy risks.
- Recognising allergic reactions.
- Recognising anaphylaxis.
- Emergency response procedures.
- Administration of adrenaline devices.
- Use of emergency asthma inhalers.
- Understanding Individual Healthcare Plans.
- Preventing allergen exposure.
- Incident reporting procedures.

New staff will receive allergy awareness information as part of induction.

Any training must be Benedict's Law compliant such as [AllergyWise® School Training | CPD Accredited | Anaphylaxis UK](#)

The school will check that third Party staff have received the appropriate training.

Posters with emergency actions will be displayed prominently around the school site.

3.2 Wellbeing and Inclusion

The school recognises that allergies can have a significant impact on emotional wellbeing. The school will:

- Promote an inclusive environment.
- Provide reassurance through effective safety arrangements.

- Encourage pupil involvement in decisions affecting them.
- Prevent discrimination.
- Address allergy-related anxiety.
- Promote awareness amongst staff and pupils.

Bullying

The school will not tolerate bullying associated with allergies including:

- Deliberate exposure to allergens.
- Threats involving allergens.
- Derogatory comments.
- Exclusion from activities.

Incidents will be managed in accordance with the Behaviour and Anti-Bullying Policies.

3.3 Minimising Exposure to Allergens

The school will implement reasonable and proportionate measures to minimise allergen exposure. This includes:

- Maintaining records of known allergens.
- Considering allergy risks during lesson planning.
- Assessing activities involving food.
- Considering allergens within science, art, DT and cookery lessons.
- Risk assessing animal visits and petting experiences.
- Ensuring cleaning arrangements minimise contamination risks.
- Considering airborne or contact allergens where relevant.

The school adopts an **allergy-aware approach** and whilst a 'nut free' policy is in place, we do not rely solely on this policy to support safety.

3.4 Food Allergy Management

The school will:

- Ensure allergen information is available for food provided.
- Work with catering providers to meet legal requirements.
- Minimise cross-contamination risks.
- Prohibit food sharing.
- Ensure food used during lessons and celebrations is appropriately risk assessed.
- Encourage clear labelling of packed lunches where necessary.
- Provide templates for clear labelling at cake sales and CLESA events.
- Ensure pupils with allergies are not unnecessarily segregated from peers.

Reasonable adjustments relating to food provision will be recorded within Individual Healthcare Plans

3.5 Identification of Individuals with Allergy

The school will maintain an up-to-date Allergy Register recording:

- Pupil name.
- Allergy type.
- Known allergens.

- Prescribed medication.
- Individual Healthcare Plan status.

Information will be obtained from a variety of sources which may include:

- Admission forms.
- Parents and carers.
- Previous educational settings.
- Healthcare professionals.

Information will be reviewed regularly and whenever circumstances change.

3.6 Individual Healthcare Plans

An Individual Healthcare Plan will normally be developed where:

- A pupil's allergy impacts school life.
- There is risk of harm.
- Additional arrangements are required.

Plans will include:

- Allergy details.
- Known allergens.
- Medication requirements.
- Action Plans where available.
- Preventative measures.
- Support arrangements.
- Educational adjustments where necessary.
- Emergency procedures.
- School trip arrangements.

Plans will be reviewed:

- Annually.
- Following changes to medical advice.
- Following incidents or near misses.

3.7 Prescribed Adrenaline Devices

The school will ensure pupils at risk of anaphylaxis have rapid access to prescribed adrenaline devices at all times.

Where appropriate:

- Medication will accompany pupils during activities and visits.
- Medication will be accessible within five minutes.
- Medication will be kept in the red emergency bags in classrooms and the second AAI will be kept in the Site Manager's office.

Parents will be responsible for ensuring medication remains in date.

3.8 Spare Adrenaline Devices

The school will maintain spare Adrenaline Auto-Injectors (AAIs) in accordance with national guidance. Spare AAIs will:

- Be stored within less than five minutes of one another.
- Be clearly marked.
- Remain accessible and unlocked.
- Be checked regularly for expiry.

Emergency Anaphylaxis Kits

Location(s):

- Site Manager's Office.
- Multipurpose Room.

Contents:

- Spare AAls.
- Emergency instructions.
- Incident recording forms.
- Emergency contact information.

3.9 Emergency Response

'Unwell Cards'

Due to the age of our children, there are 'Unwell Cards' in all classrooms, the dining room, hall, art/music room and multipurpose room that are visibly displayed. These can be used by a child if they feel suddenly, or increasingly, unwell and are unable to tell a member of staff (perhaps because they are talking to, or dealing with, another child). If the child shows the card to the member of staff they will receive help immediately.

All staff will follow the principle:

"If in doubt, give adrenaline."

Where anaphylaxis is suspected:

1. Administer adrenaline immediately.
2. Call 999.
3. Inform parents/carers.
4. Monitor the individual continuously.
5. Administer a second dose after five minutes if symptoms persist.
6. Complete incident reporting procedures as soon as possible thereafter.

The child or adult having the reaction must not be asked to walk to the medication.

Medication must be brought to them.

3.10 School Visits and Educational Activities

Pupils with allergies will not be excluded from visits, trips or extracurricular activities solely because of their allergy.

Risk assessments will consider:

- Access to medication.
- Emergency procedures.

- Catering arrangements.
- Staff training.
- Location of medical facilities.

Trained staff will accompany relevant pupils. For further information see Educational Visits Policy & Guidelines.

3.11 Information Sharing and Confidentiality

The school will:

- Process allergy information in accordance with UK GDPR.
- Share information only where necessary to safeguard the pupil.
- Ensure relevant staff can access essential information.
- Balance confidentiality with safety requirements.

All health information will be treated as special category data [What is special category data? | ICO](#).

3.12 Serious Incidents and Near Misses

All allergy-related serious incidents and near misses will be:

- Recorded.
- Reported.
- Investigated.
- Reviewed for improvement opportunities.

Reports will include:

- Who was involved.
- What happened.
- Causes identified.
- Actions taken.
- Lessons learned.

The school adopts a "no blame" learning culture and will use incidents to improve practice.

4. MONITORING AND REVIEW

This policy will be:

- Reviewed annually.
- Reviewed following serious incidents or significant near misses.
- Evaluated following emergency drills.
- Amended to reflect legislative or guidance changes.

5. ADDITIONAL INFORMATION AND USEFUL CONTACTS

Associated Documents

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Educational Visits Policy

- Behaviour Policy
- Safeguarding and Child Protection Policy
- Data Protection Policy
- Individual Healthcare Plan Template
- Allergy Action Plans
- Asthma Action Plans

Sources:

DfE Allergy Safety in Schools Statutory Guidance (July 2026) and DfE Allergy Safety Policy Template [Allergy safety in schools - GOV.UK](#)

If you require further support please contact healthandsafety@buckinghamshire.gov.uk

Alternatively call the Health and Safety Team via the HR Support Line by calling 01296 382233 (option 6).

APPENDIX A

Poster to be displayed prominently around the school site.

Recognise the signs of anaphylaxis

A ➔ - Tightening of the throat - Hoarse voice - Difficulty swallowing - Swollen tongue	B ➔ - Sudden wheezing - Difficult or noisy breathing - Persistent cough	C ➔ - Persistent dizziness - Pale or floppy - Suddenly sleepy - Collapse/unconscious
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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**