Allergy Safety Policy

2026.27

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Contents

Aims 3
Legislation and guidance 3
Roles and responsibilities 3
Identifying individuals at risk 5
Assessing risk 8
Minimising risk 8
Procedures for handling an allergic reaction 9
Adrenaline devices (ADs) 10
Serious incidents and 'near misses' 11
Allergy awareness 12
Wellbeing 13
Information sharing 14
Monitoring arrangements 14
Links to other policies 14
Appendix 1 14
Appendix 2 16
..... 16

1 Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2 Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

3 Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

Risks relating to pupils with allergy are included in the risk register and actively managed

The school has an allergy safety policy which sets out:

- Arrangements to reduce the risk of individuals coming into contact with their known allergens
- Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is David Darling.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published

- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

Ensuring:

- All allergy information is up to date on the medical tracker system and readily available to relevant members of staff
- All pupils who require support with allergies have an up-do-date individual healthcare plan (IHCP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- The external catering team are aware of children with allergies and share processes around food production and control with school.
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHCP

3.3 Headteacher

The headteacher is responsible for:

- Deciding in conjunction with the SENCo, parents/carers and any relevant healthcare professionals whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHCP is required to specify arrangements that reflect the pupil's circumstances

3.4 Pupil Services Team (Lead First Aid)

Jo Waterhouse and Fiona Handy are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Keeping first aid staff up to date with AAI arrangements and important information.
- Making sure that replacement AAIs are obtained when expiry dates approach by liaising with parents and pupils.
- Logging details on Medical Tracker and the IHCP

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures

- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead
- Taking part in annual training as directed by the school.

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD
- Liaising with school staff quickly if they have any concerns or feel poorly due to their allergy.

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Supporting their peers and staff in the case of an emergency.

4 Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary
- We ask that parents/carers proactively inform us by either phone call or an email to office@chantryschool.com if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies on their starter forms in advance of their start date.
- Asking visitors to provide details of serious allergies in advance of their visit if, for example, they are attending an event where the school is providing food.

4.3 Individual healthcare plans (IHCP)

Pupils should have an IHCP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHCP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHCP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHCP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The Headteacher and SENCo are responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHCP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHCP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHCP may not be required

IHCPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHCP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHCP. Whenever the allergy action plan is updated, the pupil's IHCP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
  - Known allergens and risk factors for anaphylaxis
  - Whether a pupil has been prescribed ADs (and if so, what type and dose)
  - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
  - A photograph of each pupil to allow a visual check to be made
- The register is kept in locations easily accessible to staff and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register.

See also Supporting Children with Medical Condition Policy

5 Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6 Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating with notices posted in toilets and in the dining areas.
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

- When outdoors:
- Shoes should always be worn
- Food and drink should be covered
- Pupils will be advised to keep away from bins in the summer and identified insect nests
- The school acts quickly to remove wasp and bee nests where they pose a risk to staff and pupils
- First aid staff will deal quickly with stings and bites.

6.4 Animals

- Pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will be risk assessed for trips and science lessons when appropriate

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7 Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire
    - The pupil requires a second dose as set out in staff training

See appendix 1 and 2

8 Adrenaline devices (ADs)

Refer to the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools,

8.1 Prescribed ADs

- Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.
- Additional devices are also stored for each pupil in the staffroom which is a central location. Devices are kept in a clearly labelled grab bag with ICHP allergy information in a prominent place that is accessible to all staff
- Devices are kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- IHCP allergy information will be held and kept up to date on the Medical Tracker system by the Pupil Services / First Aid team.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

Where the school purchases spare AD's they will be purchased from medical professionals and follow the recommended AD type and dosage for the age range of children

Spare ADs for emergency use will also be stored in the staffroom (as 8.1) but kept separately from prescribed devices.

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion
- Jo Waterhouse and Fiona Handy are responsible for:
- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Contacting parents and obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of safely in the medical bin in the first aid room

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils 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. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

Staff will check medical conditions and risk assess those at risk of anaphylaxis going on school trips or off site events and ensure that an AD device is labelled and carried in the first aid bag. During the trip they will revisit the risk assessment, for example, ordering food for pupils ensuring it meets their dietary requirements.

9 Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, 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.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the Medical Tracker system, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of pupils will be notified of the incident or 'near miss' as soon as possible.

The school will share a full report with pupils, parents and any other individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with David Darling. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHCP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. See how to make a RIDDOR report]
- To the Multi Academy Trust: any serious allergen-related food safety incidents. See how to report a food safety issue

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10 Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction. All staff will do an approved online course organized by the allergy lead, as well as having a practical epipen demonstration on a training day. All training will be carried out as early as possible each Autumn term. New staff will complete an online course within 1 week of commencing in post.

This includes permanent staff, temporary staff, casual staff, catering staff and long term volunteers. It does not include contractors e.g. builders, electricians or other ad hoc maintenance personnel.

The school has available 'training pens' from EpiPen and Jext so staff can practice safely and be familiar with the differences.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with staff and parents/carers at the start of the school year.

Pupils will also be supported to develop an age-appropriate understanding of allergies, anaphylaxis and allergy safety through assemblies, PSHE lessons and other appropriate learning opportunities. This will promote awareness, inclusion and understanding, and help pupils understand how they can contribute to keeping themselves and others safe. The school may use suitable resources from Allergy School to support this learning Allergy School

11 Wellbeing

Pupils with allergies can experience isolation and friendship issues and may also suffer from anxiety and depression relating to their allergy. Pupils with allergies will have additional support through:

- The Pastoral care team (Year heads/ Form Tutors / Wellbeing and counselling)
- Regular check-ins with the Pupil Services team and first aid staff
- The SEN team
- Specialist external agencies as organised by relevant school staff

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12 Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13 Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14 Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- First Aid Policy
- Supporting pupils with medical conditions policy
- Data protection policy

15 Appendix 1

The Chantry School
ANAPHYLACTIC EMERGENCIES
A QUICK RESPONSE CAN SAVE A LIFE
Be prepared | Stay calm | Follow the steps
BEFORE ANY EMERGENCY!
Do you know your EpiPen users, and do you check them to see if they are carrying their EpiPen?
EpiPen users must have their bags with them at all times.
Bags should be taken into lessons, assemblies and on the sports field.
KEY ROLES
CLASS TEACHER
First response: stay with the pupil, give the first EpiPen, follow the steps and support the pupil until the First Aider arrives.
FIRST AIDER
Will come to you with a spare named EpiPen. Takes over from the class teacher, uses a second EpiPen if required, continues to liaise with Emergency Services and remains with the pupil until paramedics arrive.
WHAT TO DO IF A PUPIL HAS AN ANAPHYLACTIC EMERGENCY
If a pupil suffers an anaphylactic emergency in a classroom or around the school site, follow these steps.
1 RECOGNISE
Pupil show signs of anaphylaxis (e.g. difficulty breathing, swelling, rash, vomiting, feeling faint).
Act immediately – do not delay.
2 CALL FOR HELP
Stay with the pupil.
Send a pupil to Pupil Services with the allergy card to get a First Aider and any spare named EpiPens from the staff room and bring them to your location.
Pupil Services will call an ambulance. The caller must state "Anaphylaxis" to the call handler to prioritise the call.
3 POSITION THE PUPIL (Class Teacher)
Lie the pupil flat on their back with legs raised.
If breathing is difficult in this position allow the pupil to sit up.
Do not stand the pupil up if seated or lying down. This can prove fatal during anaphylactic shock.
4 GIVE THE EPIPEN (Class Teacher)
Locate the pupil's EpiPen on their person or in their school bag (every pupil with an allergy requiring an EpiPen should be carrying at least one with them).
Administer the EpiPen to the outer thigh (as per training).
Log the time the EpiPen was administered.
5 FIRST AIDER ARRIVES (Takes over care)
The First Aider on duty rota will come to the location with a spare named EpiPen.
They will be updated by the class teacher.
The First Aider will take over from here and use the spare EpiPen if required after 5 minutes from the initial dose.
6 CLASS MOVES (Class Teacher)
Once the First Aider has arrived and taken over, the class teacher can remove the class to another location.
Ensure the pupil is left in the care of the First Aider.
7 ONGOING CARE (First Aider)
The First Aider will remain with the pupil, monitor their condition and use the spare EpiPen if required (after 5 minutes from the initial dose).
The First Aider will continue to speak to Emergency Services on the mobile phone until paramedics arrive.
They will stay with the pupil until paramedics arrive.
8 AMBULANCE & HANDOVER (First Aider)
The ambulance will be called by Pupil Services.
The First Aider will continue to speak to Emergency Services on the mobile phone until paramedics arrive.
Staff will follow the instructions of the emergency services.
The pupil will be handed over to paramedics, with details of the time(s) EpiPen(s) were administered.
KNOW | PREPARE | RESPOND | SAVE LIVES

Appendix 2

The Chantry School
ADMINISTERING THE EPIPEN

READY
RESPECTFUL
RESPONSIBLE

Every Pupil. Every Lesson. Every Day.

A SIMPLE GUIDE TO SAVE A LIFE

1 REMOVE THE BLUE SAFETY CAP

Remove the blue safety cap.

2 POSITION CORRECTLY

Point the orange tip towards the outer thigh at a right angle.

3 ADMINISTER

Place the EpiPen firmly into the muscle of the outer thigh – listen for an **audible click**. Hold the EpiPen in place firmly for **3 seconds.**

4 CAN BE GIVEN THROUGH CLOTHING

The EpiPen can be given through clothing, but be aware to avoid seams, pockets and buttons.

5 RECORD TIME AND REPEAT IF NEEDED

Take a note of the time that the EpiPen was administered.

If there has been no improvement after **5 minutes**, administer the second EpiPen into the opposite thigh.

6 NEEDLE COVERS AUTOMATICALLY

When the EpiPen is removed the needle will be automatically covered.

Act quickly. Follow these steps. It could save a life.

A safe school is everyone's responsibility.

The Chantry School