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| **Policy Name** | Allergy policy | | | | |
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| **Author** | Whole School Designated Safeguarding Lead | | | | |

| **Version History** | | | | |
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## Policy Statement and Purpose

This policy sets out the parameters in which staff at ICS London must operate regarding allergies, allergy intervention and training in line with guidance published July 2026.

## Scope

Definitions of Key Terms:

This policy has been written through consultation with:

- Allergy Safety in Schools statutory guidance published in July 2026, issued under section 34 of the Children's Wellbeing and Schools Act 2026

The following policies should be read in conjunction with this policy:

- Safeguarding Policy
- First Aid Policy

This policy applies to:

- **Staff**
- **Volunteers**
- **Students**

### Access

This policy is published online. We inform parents and guardians about this policy when their children join ICS London.

The policy is provided to all staff (including temporary staff and volunteers) at induction alongside our Safeguarding and First Aid Policies

### Failure to comply

Failure by ICS London staff to follow this policy will result in intervention by the Senior Leadership Team.

### The designated allergy leads:

- Michael Neville - Secondary Lead
- Jared D'roza - Deputy - Secondary Deputy
- Simon Jacobs - Primary Lead
- Katrina Blair - Primary Deputy

## Awareness and training

All staff, not only designated first aiders, will receive annual allergy awareness training. Training will cover:

- Recognising the early signs and symptoms of an allergic reaction, including anaphylaxis
- Understanding common allergens and how exposure can occur (food, contact, airborne, cross-contamination)
- How to respond quickly and calmly in an emergency, including when to call 999
- Safe and confident administration of adrenaline auto-injectors (AAIs), including any nasal adrenaline spray in use
- Staff members' individual responsibilities under this policy and the law

Training will be extended to all staff groups who interact with pupils, including teaching assistants, midday supervisors, catering staff, office staff, minibus drivers and caretaking staff, and to regular supply and agency staff where practicable.

The Governing Body will designate a member of the senior leadership team as the named lead for allergy safety, with oversight from the Governing Body as a whole. This role is distinct from, and should not default to, the catering manager or school nurse alone.

Refresher training will take place at least annually, and additional training will be arranged whenever a new pupil with a diagnosed allergy joins the school, or when an existing pupil's Individual Healthcare Plan is updated.

ICS London's Anaphalaxis training is provided by Kitt Medical Online.

## Minimising risk

The school will take a whole-school, proactive approach to reducing the risk of allergic reactions, including:

- Maintaining an up-to-date allergen and dietary needs record, shared appropriately with catering and pastoral staff
- Clear labelling of food in the dining hall in line with Natasha's Law principles, and close working with catering providers on the 14 major allergens
- Preventing cross-contamination in food preparation, service, and in classroom or shared spaces (e.g. cookery, food-based science or DT lessons, food-related rewards and celebrations)
- Risk-assessing events involving food, including class parties, bake sales, cultural celebrations, fundraising events and food brought in by parents
- Considering seating arrangements in dining halls where appropriate for higher-risk pupils

- Age-appropriate awareness-raising with pupils themselves, so older pupils understand the importance of not sharing food and reporting symptoms promptly

Risk minimisation will be reviewed whenever a new allergy is identified, following any incident or near miss, and as part of the annual policy review.

## Identification

On admission, and at the start of each academic year, parents/carers will be asked to declare any diagnosed allergies, including the specific allergen(s), severity, and any prescribed medication.

The school will maintain a central, secure record of all pupils with a diagnosed allergy, accessible to relevant staff (class teachers, form tutors, catering staff, first aiders, and cover/supply staff via a clear and simple briefing).

Photographs (with parental consent) may be used discreetly in staff rooms, dining areas and cover folders to support quick identification in an emergency, particularly for younger pupils.

The school recognises that a first anaphylactic reaction can occur in a pupil with no prior diagnosis; all staff will therefore be trained to recognise and respond to symptoms in any pupil, not only those on the allergy record.

### Staff

Pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure the member of staff has a safe working environment this will be managed by HR

### Visitors

Visitors will be asked about allergies on arrival when signing into the school Inventry system. If an allergy is declared, the allergy leader will be notified, and this information will be communicated as necessary to ensure the visitor has a safe working environment.

This information is held in accordance with GDPR and is deleted each night.

## Individual health plans

Every pupil with a diagnosed allergy will have an Individual Healthcare Plan (IHP/IHCP), developed with parents/carers and, where appropriate, the pupil's GP,Each plan will include:

- The specific allergen(s) and known triggers
- Signs and symptoms specific to that pupil
- Step-by-step emergency response, including who administers medication and when to call 999
- Details of prescribed medication, dosage and storage location
- Named staff with responsibility for the pupil in different settings (classroom, dining hall, PE, trips)
- Arrangements for transition points (new school year, change of teacher, move between phases, e.g. primary to secondary within the school)

Plans will be reviewed at least annually, and immediately following any reaction, change in diagnosis, or change in prescribed medication. A copy will be held centrally and with relevant class/subject teachers, with a summary version accessible to cover and supply staff.

## Prescribed Adrenaline

Where a pupil has their own prescribed adrenaline auto-injector (or other prescribed adrenaline device), parents/carers must provide this in date, correctly labelled, and it must be readily accessible at all times the pupil is on the premises or on a school-organised activity — never locked away out of reach.

Pupils who are able to do so, in line with medical advice and their IHCP, will be supported and encouraged to carry and self-administer their own device; younger or less independent pupils will have devices held securely but accessibly by a designated member of staff.

The school will monitor expiry dates and will contact parents/carers in good time to arrange replacement devices. Parents/carers remain responsible for supplying and replacing their child's prescribed medication; spare school-held devices do not replace this responsibility.

At least two, ideally more, staff members familiar with each pupil's IHCP and device will be identified per site/building to ensure cover during staff absence.

## Spare auto injectors

In line with the DfE statutory guidance, the school holds spare adrenaline auto-injectors on site for use in a genuine emergency, including for a pupil or member of staff experiencing a first-time reaction with no prior diagnosis or prescribed device.

Spare devices are:

- Stored centrally in a known, unlocked, clearly signed location, accessible within five minutes from anywhere on the school site
- Checked regularly for expiry and stock levels by the designated allergy lead
- Adrenaline auto-injectors specifically — spare nasal adrenaline sprays are not currently permitted to be stocked as spares
- Never a substitute for a pupil's own prescribed device where one has been provided

Use of a spare device will always be followed by a call to 999, and by the incident-recording and information-sharing procedures set out in Sections 8 and 9 of this policy.

Where a 'spare' AAI is used on a person without a known allergy, staff should feel confident to administer it. Under Human Medicines Regulations 2012, Regulation 238, there is a legal exemption to administer a 'spare' or back-up AAI to any pupil or person (including staff and visitors) experiencing an unexpected, life-threatening anaphylactic emergency, even if that individual is not formally known to have a prescription or prior allergy diagnosis.

The Human Medicines (Amendment) Regulations 2017 does not require consent to have been obtained for 'spare' adrenaline devices to be used.

Spare Auto Injectors are stored in the school's Anaphylaxis Kitt(s), which is clearly labelled 'Emergency Allergy Medication' to avoid any confusion with devices prescribed to a named person.

These are kept safely, not locked away, and are accessible and known to all staff. The school holds several orange Kitt Medical keys with which they can access the medication, and also holds a spare key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.

Spare Auto Injectors are located in an Anaphylaxis Kitt(s) in the following area(s):

- Primary reception area.
- Secondary reception area.

Adrenaline devices that are used will be disposed of in a sharps box, kept in the first aid room, 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.

## Inclusion in school life: Visits, Trips and awareness

Pupils with allergies will be fully included in all aspects of school life, including educational visits, residential trips, sporting fixtures, clubs and extracurricular activities. Allergy status must never be used as a reason to exclude a pupil from an activity.

For each trip or visit, the trip leader will:

- Review the IHCP of any participating pupil with a diagnosed allergy as part of the trip risk assessment
- Ensure the pupil's own prescribed medication travels with them and remains accessible at all times
- Risk-assess, on a case-by-case basis, whether it is appropriate to also take a spare adrenaline device, particularly for higher-risk or remote destinations
- Confirm that at least one trained member of staff able to recognise symptoms and administer adrenaline is present throughout
- Check catering and food arrangements at the destination in advance, including with external providers, hosts or exchange families

The school will also promote wider allergy awareness among the pupil body, for example through PSHE/health education, to reduce stigma, discourage food-sharing without checking ingredients, and ensure pupils with allergies are not, in line with national data on bullying linked to allergies, subject to teasing or exclusion because of their condition.

ICS London recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols

## Food Provision and Catering

ICS London will manage the risk of food allergy and provide clear information on allergens in food provided by Connect Catering.

School catering is compliant with Food Information Regulations 2014 allergen management requirements;

- Ensuring school caterers provide information on food allergens to parents/carers, and that this is available for pupils to check independently;
- Providing pupils' allergen information to caterers in a timely manner to ensure pupils can eat safely;
- Teaching pupils not to share, trade or swap food, utensils or food containers, and why this matters.

- Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays), parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.
- These procedures also apply to school-led breakfast clubs.

## Accurate Recording of incidents

All allergic reactions, near misses, and uses of adrenaline (prescribed or spare) will be recorded promptly using the school's incident reporting system, including:

- Date, time and location of the incident
- The pupil (or member of staff) involved and known/suspected allergen
- Symptoms observed and action taken, including medication administered and by whom
- Whether emergency services were called and the outcome
- Staff present and any gaps in response identified

Near misses (e.g. an allergen served in error but not consumed, or a device found to be missing or expired) will be recorded with the same rigour as actual reactions, in order to identify patterns and learning points.

The school will review all incidents and near misses with the senior leadership team and Governing Body, ensuring lessons learnt are fed back into training, risk assessments, and this policy, and reported to parents/carers and, where required, external agencies.

Additionally, all staff are responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency;
- supporting the creation of a pupil's IHP;
- implementing a pupil's IHP;
- curriculum adaptation to minimise risks;
- completing risk assessments for curriculum activities involving food, and for trips and visits including sporting events;
- being aware of the pupils in their care who have known allergies — an allergic reaction could occur at any time, not just at mealtimes — and planning any food-related, craft, science, musical or cooking activity, or activity involving animals, with allergy risk in mind, supervised with due caution.

## Information Sharing

Information about a pupil's allergy will be shared on a need-to-know basis with all staff who supervise that pupil, including subject teachers, coaches, cover and supply staff, and catering and site staff, while respecting the pupil's and family's privacy and data protection rights under UK GDPR.

Information sharing will include:

- A clear, accessible summary in staff briefing systems, cover folders and seating/registration systems
- Communication with catering providers and any external clubs, coaches or providers using school premises
- Transition information shared proactively between year groups, key stages, and — where the school spans multiple phases — between the primary and secondary sections, to ensure no gaps at points of change
- Timely communication with parents/carers following any incident, near miss, or change to arrangements
- Sharing relevant information with external settings during trips, exchanges or work experience placements

Records will be stored securely, retained in line with the school's data retention schedule, and reviewed as part of the annual policy review, alongside training records and incident logs.

## Governance

Our named Governor with oversight for allergies and anaphylaxis is:

Katherine Tyler.

*This policy should be read alongside the school's policy on Supporting Pupils with Medical Conditions, its Food and Catering Policy, and relevant risk assessments for educational visits. It will be reviewed at least annually, or sooner following any incident, change in statutory guidance, or DfE regulation.*