International School of London

Allergy Safety Policy

Date reviewed
August 2026

To be reviewed
August 2027

1. Purpose and principles

This policy sets out how the International School of London identifies and supports students with allergies, reduces foreseeable risks of exposure, promotes wellbeing and inclusion, and responds to allergic reactions and anaphylaxis.

- Allergy safety is a shared responsibility, led by a named member of the Senior Leadership Team.
- Every student with an allergy will be treated as an individual. Controls will reflect their known triggers, symptoms, prescribed treatment and level of independence.
- No student will be excluded from learning, meals, trips or school life because of allergy where reasonable adjustments can make participation safe.
- Adrenaline is the first-line emergency treatment for anaphylaxis. Emergency plans must prioritise rapid access and action.
- Incidents and near misses will be recorded, reviewed and used to improve practice.
- Health information will be shared only with those who need it to keep the student safe and with appropriate regard to privacy and dignity.

2. Scope

This policy applies during the school day and whenever students are under School supervision, including breakfast and after-school provision, clubs, sports, performances, events, educational visits, residential trips, transport arranged by the School and activities involving external providers. It applies to employees, agency and supply staff, peripatetic staff, catering staff, regular volunteers and others with a pupil-facing role. Relevant arrangements also extend to staff and visitors who disclose an allergy.

3. Legal and guidance framework

The School has adopted the Department for Education's July 2026 allergy safety guidance as its benchmark for good practice. At the date of this policy, the published guidance states that the new statutory allergy-policy duty applies to schools, academies and pupil referral units.

- Children and Families Act 2014, section 100, and supporting pupils with medical conditions guidance.
- Children's Wellbeing and Schools Act 2026, section 34, including annual review and publication expectations for schools within scope.
- Equality Act 2010, including the duty to consider reasonable adjustments where a student's allergy amounts to a disability.
- UK General Data Protection Regulation and Data Protection Act 2018, because allergy information is special category health data.
- Food Information Regulations 2014 and applicable food information and labelling requirements, including prepacked for direct sale food.
- Human Medicines Regulations 2012, as amended, in relation to schools holding and using spare adrenaline auto-injectors.

4. Definitions

Term	Meaning in this policy
Allergy	An immune system response to a substance that is normally harmless. Triggers may be foods, medicines, insect venom, latex, animals, pollen or other contact or airborne allergens.
Anaphylaxis	A severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.
Food intolerance	An adverse reaction to food that does not involve the immune system in the same way as food allergy.
Coeliac disease	An autoimmune condition triggered by gluten. It is neither a food allergy nor an intolerance, but requires strict dietary management.
AAI	Adrenaline auto-injector, including prescribed devices and School-held spare devices.
Allergy Action Plan	A clinician-issued plan describing the student's triggers, symptoms and emergency treatment.
Individual Healthcare Plan (Emergency Info)	The School's plan for additional or different arrangements needed to support an individual student safely.

5. Governance and responsibilities

5.1 Head of School and named SLT Allergy Safety Lead

- Lead implementation and maintain clear lines of accountability.
- Ensure annual whole-staff training, effective induction and appropriate practical familiarisation.
- Ensure a current register, plans, risk assessments and emergency arrangements are maintained.
- Coordinate annual review and immediate review after serious incidents, near misses or material changes in guidance or School operations.

5.2 Medical / First Aid team and Front Office

- Obtain and record allergy information, prescribed medication, parental permissions and current clinical Action Plans.
- Coordinate Emergency Infos and communicate necessary information to relevant staff.
- Check storage, accessibility, expiry and replacement of medication and keep appropriate records.
- Support emergency response, parent communication and post-incident review.

5.3 Head Chef

- Maintain accurate ingredient, recipe and allergen information and provide clear information at the point of service.
- Control purchasing, substitutions, storage, preparation, cleaning, service and cross-contact risks.
- Ensure catering staff receive suitable allergen training and that training records are retained.
- Do not guess. If allergen status cannot be verified, do not serve the item to the student concerned and seek guidance.

5.4 All staff and volunteers

- Complete required training, know how to summon help, locate emergency medication and follow the student's plans.
- Consider allergens when planning lessons, activities, rewards, celebrations, trips and events.
- Report all reactions, medication use, errors and near misses promptly.
- Never require a student to eat or handle a food, or to participate in an allergen-related activity, contrary to their plan.

5.5 Parents / carers and students

- Parents and carers must provide accurate, timely information, current plans and in-date prescribed medication, and inform the School promptly of changes.
- Students should follow agreed avoidance and medication arrangements, speak up if unsure or unwell, and must not share food or medication. Expectations will be appropriate to age and maturity.

6. Identification, records and individual planning

1. Allergy information will be requested on admission and reviewed at least annually. Families must notify the School immediately of a new diagnosis or change.
2. The School will maintain a secure allergy register showing known allergens, symptoms, medication, plan status and relevant risk controls. Staff access will be role-based.
3. A current clinician-issued Allergy Action Plan and, where relevant, Asthma Action Plan will be requested. The School will not rewrite clinical instructions.
4. An Emergency Info will be developed where the allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from general measures. The student and parents or carers will be involved, with clinical advice sought where appropriate.

5. The Emergency Info will specify triggers, symptoms, emergency action, medication and storage, staff support, adjustments, catering arrangements, off-site arrangements and review triggers.
6. Plans will be reviewed at least annually and sooner after a reaction, near miss, medication change, new clinical plan or significant change in School activity.

7. Training and awareness

All staff present when students are scheduled to be on site will receive allergy awareness and emergency response training at induction and at least annually. This includes permanent and temporary staff, supply teachers, agency staff, peripatetic staff, catering staff, regular volunteers and staff supervising breakfast or after-school activities. Contractors with no pupil-facing role are outside the general training requirement but must follow site safety instructions.

Training will cover:

- allergic conditions, routes of exposure, food allergy, asthma, eczema and hay fever, and the difference between allergy, coeliac disease and intolerance;
- where to find information on known triggers and individual plans;
- recognition of mild or moderate reactions and anaphylaxis;
- calling 999, summoning internal help, contacting parents and providing information to ambulance staff;
- location and use of prescribed and School-held spare AAIs and emergency asthma inhalers, supported by device-specific familiarisation;
- responsibilities for reducing exposure, supporting student wellbeing and reporting incidents and near misses.

The Allergy Safety Lead will maintain a training matrix. Supply and cover arrangements must provide a concise emergency briefing and access to essential information before staff assume responsibility for students. Additional role-specific training will be provided for catering, medical, trip-leading and other staff where required. Training does not replace clinical competence or delegation arrangements for individual healthcare support.

8. Minimising exposure and cross-contact

8.1 Whole-school controls

- The School will use risk assessment rather than describing the site as “allergen-free”. Blanket bans may be considered only where proportionate and supportable, and do not remove the need for individual plans and emergency readiness.
- Staff will check planned materials and activities for allergens, including cooking, craft, science, sensory play, music, food rewards, animals and gardening.
- Food sharing will be discouraged. Handwashing with soap and water will be promoted before and after eating. Eating surfaces and equipment will be cleaned using effective procedures.
- Food brought from home for class events or celebrations must comply with School instructions and have original packaging or a reliable ingredient and allergen list. Unlabelled food may not be served where allergen status is uncertain.

- Reasonable measures will be agreed for contact or airborne allergens and documented in the student's Emergency Info or activity risk assessment.
- External hirers, visitors and activity providers will receive relevant controls where their activity could affect allergy safety.

8.2 Catering and food information

- The Head Chef will maintain current recipes, ingredient specifications and an allergen matrix for food produced or served by the School.
- Approved suppliers will be used and product labels checked. Ingredient substitutions or recipe changes must be reflected in allergen information before service.
- Controls will address segregation, dedicated or thoroughly cleaned equipment, storage, preparation order, cleaning, hand hygiene and service practices to minimise cross-contact.
- Clear allergen information will be available at the point of choice. Students and staff will be encouraged to ask. Catering staff must check records rather than rely on memory.
- For students assessed as high risk, an individually agreed service method, such as a clearly identified pre-plated meal, may be used and documented in the Emergency Info.
- Prepacked for direct sale food and other packaged food will be labelled in accordance with applicable requirements. Records supporting allergen declarations will be retained under catering procedures.

The 14 regulated food allergens are: celery; cereals containing gluten; crustaceans; eggs; fish; lupin; milk; molluscs; mustard; tree nuts; peanuts; sesame; soya; and sulphur dioxide / sulphites at regulated levels.

9. Medication and access to adrenaline

- Students prescribed AAIs must have rapid access to them at all times, including classrooms, dining areas, playgrounds, sports areas, assemblies, clubs and trips. Arrangements will reflect age, maturity and the Emergency Info.
- Prescribed AAIs must be in date, clearly labelled and accompanied by the relevant Action Plan. Families remain responsible for supplying replacement prescribed devices, while the School will monitor and send timely reminders.
- Emergency allergy and asthma medication must not be locked away or stored where access would be delayed. Storage must also protect devices from inappropriate use and from temperatures outside manufacturer instructions.
- The School will keep an auditable record of medication held, location, dosage, expiry checks, use, replacement and disposal. Used AAIs will be given to ambulance clinicians where possible or disposed of safely as a sharps device.
- When a student leaves School or moves activity area, the responsible staff member must verify that required emergency medication and plans travel with the student.

9.1 School-held spare adrenaline auto-injectors

Subject to verified procurement, storage and authorisation arrangements, ISL will maintain clearly labelled School-held spare AAIs. They will be stored in pairs and positioned so that a pair can be brought to a person experiencing anaphylaxis within five minutes across the occupied site. Larger or multi-building areas may require more than one kit.

- Spare AAIs will be used in accordance with current law, official guidance, the student's plan and the School's written emergency protocol.
- Kits will be readily accessible, not locked away, clearly distinguishable from individually prescribed medication and checked on a documented schedule.
- Checks will cover integrity, correct storage, dosage, quantity and expiry. Used, damaged or expired devices will be replaced promptly.
- Each kit will include concise emergency instructions and a record form. The verified locations will be publicised to all staff and included in induction and drills.

10. Emergency response

Treat as anaphylaxis and act immediately

If there are airway, breathing or circulation problems, sudden collapse, or a rapidly progressing reaction in a person with possible allergen exposure, follow the emergency steps below. Do not delay while seeking diagnostic certainty.

7. Call 999 immediately and say "anaphylaxis". Give the School address, exact location and access point. Send someone to meet the ambulance and summon the School's internal first-aid response.
8. Administer the student's prescribed AAI without delay in accordance with their Action Plan and device instructions. If it is unavailable or unusable, use a School-held spare AAI where permitted by the School protocol.
9. Keep the person lying down with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious, place in the recovery position. Do not allow them to stand, walk or suddenly sit up.
10. If symptoms do not improve, or return, give a second AAI after five minutes where a second device is available, following current emergency guidance.
11. If the person has asthma symptoms, give the prescribed reliever inhaler after adrenaline and in accordance with their Asthma Action Plan. Adrenaline must not be delayed.
12. Contact parents or carers after emergency treatment has begun. Monitor breathing and responsiveness, start CPR if required and follow 999 instructions.
13. Transfer the person to hospital by ambulance even if they appear to recover. Provide the ambulance team with the Action Plan, details and times of treatment, and used devices.

For mild or moderate symptoms without signs of anaphylaxis, follow the individual Action Plan, seek first-aid support, monitor continuously and be prepared to escalate. Antihistamine must never be used as a substitute for adrenaline where anaphylaxis is suspected.

11. Educational visits, sport and off-site activities

- The trip or activity leader must identify students with allergies when planning and complete a specific, recorded assessment of exposure and emergency risks.
- The student must not leave site until the leader has physically verified required prescribed medication, the Action Plan and any additional equipment. AAIs should be carried in the cabin, not checked luggage, when travelling by air.

- At least one accompanying adult must be trained and confident in the emergency arrangements. All accompanying staff must know the student, controls, medication location and communication plan.
- Food providers, host venues, transport providers and residential accommodation must receive necessary dietary information in advance. Written confirmation should be obtained where proportionate.
- The plan must address remote locations, travel time for emergency services, phone coverage, access points, local emergency numbers when abroad, medication temperature, time-zone implications and contingency food.
- A student will not be excluded automatically. If risks cannot be reduced adequately, senior leaders will work with the family to explore reasonable alternatives.

12. Wellbeing, inclusion and anti-bullying

Allergy can cause significant anxiety and may affect eating, participation and social relationships. Staff will listen to the student, avoid unnecessary attention or stigma, support age-appropriate independence and ensure reasonable adjustments are embedded in everyday practice. Allergy-related teasing, food threats, deliberate exposure or interference with medication will be treated seriously under the Anti-Bullying and Behaviour policies and may also require safeguarding action.

Awareness for peers will be proportionate, discussed with the student and family, and focused on getting adult help and respecting safety arrangements. Peer awareness never replaces staff responsibilities.

13. Information sharing, confidentiality and images

Allergy information is special category personal data. ISL will process it under an appropriate lawful basis and condition, apply data minimisation, restrict access and retain records in line with the School's retention schedule. Consent will be sought where consent is the appropriate basis for a particular optional use, but emergency safety arrangements will not depend on consent where another lawful basis applies.

- Essential information will be made available to staff who need it to prevent or respond to harm, including temporary staff and trip leaders.
- Photographs or highly visible allergy identifiers will be used only where necessary and proportionate, using the least intrusive location and access arrangement that meets the identified safety need. Arrangements will be discussed with the student and family and reviewed regularly.
- Public displays accessible to visitors or the wider student body will be avoided unless a documented assessment shows they are necessary and proportionate.
- Information shared with caterers, venues or third parties will be limited to what they need, transferred securely and governed by appropriate data protection arrangements.
- After an emergency, accurate information may be shared with ambulance clinicians, other healthcare professionals and parents or carers as necessary.

14. Incidents, near misses and learning

Every allergic reaction, suspected reaction, use of emergency medication, medication access failure, labelling or service error, and near miss must be reported promptly through the School's incident process. Reports may be made by students, parents, staff, visitors or healthcare professionals, including where the effect becomes apparent after the student has gone home.

- The immediate priority is care of the affected person and preservation of relevant information such as labels, menus, batch details and medication records.
- The Allergy Safety Lead will coordinate a timely, proportionate review with relevant staff, the family and, where appropriate, the student, caterer or healthcare adviser.
- The review will identify what happened, contributory factors, whether plans were followed, what worked, corrective actions, owners and completion dates. It will not be used to discourage reporting.
- Serious incidents will be escalated under safeguarding, health and safety, insurance, data protection, food safety or regulatory procedures as applicable.
- Lessons will inform risk assessments, training, catering controls, medication placement and policy review. Personal details will be limited in wider learning communications.

15. Monitoring, publication and review

The policy will be available to staff and families, published on the School website and available in hard copy on request. Allergy safety will be highlighted at least annually to students, parents and all relevant workers, and embedded in staff induction and refresher training.

The Allergy Safety Lead will review this policy at least annually and sooner following a serious incident or near miss, a material change in law or guidance, a change in catering or premises, or evidence that controls are ineffective. The review will consider training completion, plan currency, medication availability and expiry, incident themes, trip arrangements, catering audits, student and family feedback, and completion of previous actions.

Appendix A: Staff emergency quick guide

Recognise	Respond
Possible anaphylaxis	Airway swelling or hoarse voice; breathing difficulty, wheeze or persistent cough; pale, clammy, collapse, confusion or loss of consciousness; or rapid deterioration after possible allergen exposure.
First actions	Call 999, say "anaphylaxis", summon help and bring the AAI kit. Give adrenaline without delay following the Action Plan and device instructions.

Position	Lie flat with legs raised. If breathing is difficult, sit with legs extended. Recovery position if unconscious. Never allow standing or walking.
Second dose	If no improvement or symptoms return, give a second AAI after five minutes, if available.
Aftercare	Monitor, follow 999 instructions, contact parents after treatment starts, and transfer to hospital by ambulance even if recovered.
Record	Record symptoms, suspected trigger, times, medication and device details. Preserve labels and report the incident or near miss.

Never delay adrenaline

Antihistamines and asthma inhalers do not treat the airway swelling or circulatory problems of anaphylaxis. Give adrenaline first when anaphylaxis is suspected.

At ISL London, Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families has a role to play. To fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.