Ickleford Primary School

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**A Church of England School**

# Allergy Safety Policy

Date of Approval: Autumn 2026
Date of next review: Autumn 2027

July 2026

# Allergy Safety Policy

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| **Allergy Lead; Person responsible for this policy & it's implementation** | Mrs Sarah Wright, Headteacher |
| **Link Governor for allergy and anaphylaxis.** | Dr Elizabeth Skinner |
| **Review Frequency** | Annually or when an incident is experienced |
| **Date approved** | Autumn Term 2026 |
| **Date of next review** | Autumn Term 2027, or sooner if there are changes to legislation, statutory guidance, local authority procedures, or school circumstances that require an earlier review. |
| **Purpose** | To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise. |
| **Links with other policies** | Safeguarding<br>Positive Behaviour<br>Attendance<br>Anti-bullying<br>Health and Safety |

**This policy is based on the Hertfordshire County Council template, which has been developed to ensure compliance with the *Allergy Safety in Schools* statutory guidance published in July 2026. The template was written and reviewed by Anaphylaxis UK, who worked closely with the Department for Education in the development of the statutory guidance.**

**This policy has been carefully reviewed and personalised for Ickleford Primary School to reflect the specific needs, procedures, staffing structure, facilities and pupil population of our school. It outlines the arrangements in place to support pupils with allergies, minimise risks, ensure effective communication with families and healthcare professionals and provide a safe, inclusive environment in which all children can learn and thrive.**

## Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the

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

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow’s milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

For food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Should pupils have an allergic reaction through skin contact they need monitoring for at least an hour.

Ickleford Primary School has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance are managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual’s asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Ickleford Primary School understands that severe allergies are included in the Equality Act, 2010. The Act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

**Emergency Treatment and Management of Anaphylaxis**

**What to look for:**
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING -** sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness an d, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or if nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

**Minimising Risk and Exposure to Allergens**

Following risk assessment, Ickleford Primary School, minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of an allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Ickleford Primary School will only eliminate a food following a risk assessment, supported by medical advice where necessary. Where a food is restricted, this will be limited to the smallest area and shortest time necessary; for example, within a cooking lesson where a pupil with a specific allergy is participating.

Ickleford Primary School operates as a nut-free school and parents/carers are regularly reminded not to send nuts or nut-containing products into school. The school's catering provider also operates nut-free procedures. However, while approximately 90% of food allergy reactions are caused by one of the 14 major regulated allergens, any food has the potential to trigger an allergic reaction. Therefore, the school recognises that no environment can be guaranteed to be completely free from allergens and does not rely solely on food bans to manage risk.

Blanket bans, particularly relating to nuts, can create a false sense of security. As a result, the school's approach focuses on effective allergen management, staff training, clear communication, risk assessment, individual healthcare planning and emergency preparedness.

Ickleford Primary School is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Ickleford Primary School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog

Ickleford Primary School will ensure that allergy is included in all relevant school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Ickleford Primary School will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating parent community and promoting community allergy awareness e.g. reminders in school newsletters.
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

**Food Provision and Catering**

Ickleford Primary School will manage the risk of food allergies and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering provider complies with Food Standards Agency allergen management regulations.
- Ensuring school caterers provide information on food allergens to parents/carers and make this information available to pupils, where appropriate.
- Providing pupils' allergen information to the caterers as soon as reasonably practical ensure that pupils can eat safely.
- Enabling parents/carers to liaise directly with the catering company or school chef regarding dietary requirements and allergen management.

**Identifying pupils with allergies at the point of service through the following process:**

1. Parents/carers provide the school with medical evidence from a GP, consultant, or specialist healthcare professional confirming the pupil's allergy and any required dietary adjustments.
2. The school records the allergy information on our MIS system.
3. Parents also share the relevant details with HCL, the school's catering provider, in accordance with data protection requirements. This enables pupils to receive meals that match their dietary requirement.
4. The pupil's allergy information is entered onto the online catering system and linked to their meal account.

5. Catering staff are informed of pupils with allergies before meals are prepared and served, enabling allergen information to be considered throughout the food preparation process.
6. At lunchtime, pupils with registered allergies are identified through the use of coloured flight trays and allergy alerts displayed on the Citrus system when they log in to select or collect their meal.
7. Meals for pupils with allergies are checked and served by two members of the catering team to ensure the correct meal is provided to the correct child.
8. Catering staff explain the meal being served and complete a final verification at the point of service before the meal is issued.

In addition, the school will:

- Ensure that food used within school is appropriately labelled. This includes food provided by the kitchen or canteen and food used as part of curriculum activities, such as cooking lessons, as unlabelled food may pose a greater risk of allergen exposure.
- Teach pupils the importance of not sharing, trading or swapping food, drinks, utensils or food containers, and reinforce safe practices through age-appropriate allergy awareness education

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

To support the safety and inclusion of all pupils, particularly those with allergies and other dietary needs, food and drink provided by parents, carers, or other external sources will not be accepted for distribution within school for birthdays, celebrations, treats, or similar occasions.
These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, Ickleford Primary School, ensures that this policy is shared and the third-party provider meets the same procedures.

Ensuring that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training)

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

**Medication and Adrenaline Devices (ADs)**

Pupils at risk of anaphylaxis are prescribed two adrenaline devices which they must have them close to them at all times. This includes the journey to and from;

- school,

- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so when the child is not in the classroom e.g. during lunch, the AAIs are kept in a known location and are accessible at all times. This is the playground green first aid box.This is also the case during wrap around care. This is in their store cupboard, in the dining room.
Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

**Spare Adrenaline Devices**
The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Ickleford Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for pupil's own adrenaline devices. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

**Ickleford Primary School holds:**
- One pair of 150 microgram adrenaline auto-injectors (AAIs) for emergency use with children typically aged under 6 years.
- One pair of 300 microgram adrenaline auto-injectors (AAIs) for emergency use with children typically aged 6 years to 12 years.
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**These are located in:**
- The wall-mounted Kitt Medical Emergency Anaphylaxis Kit in the school dining room.

**They are stored in an orange wall-mounted container labelled 'Emergency Anaphylaxis Kit'. The location is clearly signposted and known to all staff.**

The First Aid Lead and Office Administrator are responsible for undertaking monthly checks to ensure that all spare adrenaline auto-injectors are in date and that the medication remains clear and colourless. Expiry dates are also monitored remotely by Kitt Medical, which provides replacement devices before expiry and following use. This dual-monitoring process helps ensure that the school's Emergency Anaphylaxis Kit remains fully stocked and operational at all times.

Adrenaline devices that are used will be disposed of in a sharps box 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.

**In the event of anaphylactic reaction:**

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person 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.

**Pupil self-management:**

Depending on their age, level of understanding and competence, pupils will be encouraged and supported to take increasing responsibility for carrying and managing their own prescribed adrenaline auto-injectors (AAIs). At Ickleford Primary School, pupils with prescribed AAIs are expected to carry them in a Medpac Insulated Medical Pouch unless an alternative arrangement is identified within their Individual Healthcare Plan (IHP).

The Medpac Insulated Medical Pouch helps to protect adrenaline auto-injectors from temperature extremes and enables rapid identification in an emergency. The pouch displays the pupil's photograph and key identifying information on the exterior. A copy of the pupil's Individual Healthcare Plan (IHP) and emergency medication instructions is stored inside the pouch alongside the pupil's two prescribed adrenaline auto-injectors.
This consistent approach enables staff to quickly identify the pupil, locate their medication and access essential medical information without delay during an emergency.

Older pupils, particularly those preparing for transition to secondary school, will be supported in developing the knowledge, confidence and skills required to take increasing responsibility for carrying and managing their own emergency medication, under the guidance of their parents/carers and healthcare professionals. For example, pupils may be supported to take responsibility for ensuring their Medpac pouch accompanies them throughout the school day and is handed to the appropriate member of staff when required.

At lunchtime, the pupil's Medpac pouch is handed to the Midday Supervisory Assistant (MSA) on duty in the dining hall. When the pupil moves outside for playtime, the pouch is transferred to the MSA supervising the playground and is kept in the designated green first aid box, which remains readily accessible outdoors at all times. At the end of playtime, the

pouch is handed to the class teacher as pupils are collected from the playground. This process ensures that emergency medication remains immediately available while maintaining appropriate supervision and safeguarding arrangements.

However, symptoms of anaphylaxis can develop very suddenly and may rapidly affect a pupil's ability to self-administer medication. School staff will therefore always be prepared to locate and administer a pupil's adrenaline auto-injector(s) if the pupil is unable to do so themselves. A pupil's increasing independence does not replace the responsibility of school staff to respond promptly and appropriately in an emergency.

**Staff Training and Emergency Response**

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, and peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- The difference between food allergy, intolerance and coeliac disease
- That a pupil can be allergic to any food, not just the top 14 allergens
- The symptoms of allergic reactions and how to treat
- The symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
    - All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline
- How to report an allergic reaction including:
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens
- The impact that allergy can have on a pupil’s wellbeing
- The school’s allergy safety policy
    - Checking if a pupil is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

**Emergency preparedness**

As part of the CPD, provided by KITT Medical, Ickleford Primary School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.
Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy

- the storage of spare adrenaline
- practice with adrenaline trainer devices

Ickleford Primary School will communicate key messages to relevant individuals regarding risk reduction leading up to festivals, trips and end of term celebrations.

During evacuation practices, Ickleford Primary School will ensure that a pupil's adrenaline devices are with them. Should a real evacuation happen, the pupil may have to go home without their adrenaline devices if these have not been taken out during an evacuation.

**Roles and Responsibilities:**

**Allergy Lead/Headteacher and Governing Board**

The Governing Board is responsible for ensuring that the school's allergy policy sets out clear arrangements to minimise the risk of pupils, staff and visitors coming into contact with known allergens and outlines the school's emergency response procedures for managing anaphylaxis.

Oversight of this policy is maintained through the Environment, Safety and Buildings (ESB) Committee, where allergy management and any related incidents are considered as part of the committee's responsibility for health, safety and risk management.

Ickleford Primary School has a nominated governor for allergy management who works closely with the Headteacher to monitor the implementation of this policy. The nominated governor provides assurance to the Governing Board that procedures are being followed and reports on any allergy-related incidents, reviews undertaken, lessons learned and any actions required to further strengthen the school's allergy management arrangements.

Ickleford Primary School includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Ickleford Primary School has a named member of the senior leadership team, the Headteacher, who is responsible, as Allergy Lead, for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

**The Allergy Lead/Headteacher is responsible for:**

- Ensuring effective systems are in place to identify, manage and support pupils and staff with allergies.
- Ensuring allergy information is collected, recorded and shared appropriately with relevant staff, catering providers and external agencies where necessary.
- Ensuring robust systems are in place for the identification of pupils with allergies, including at mealtimes and during educational visits.
- Ensuring the **First Aid Lead and Administrative Team** maintain accurate allergy records, Individual Healthcare Plans (IHPs) and arrangements for the management of spare adrenaline auto-injectors.
- Ensuring allergic reactions, incidents and near misses are recorded, reviewed and used to inform improvements to practice.

- Ensuring the **PSHE Lead** promotes age-appropriate allergy awareness, inclusion and understanding amongst pupils through the curriculum and wider school activities.
- Ensuring appropriate communication takes place with parents/carers, governors, catering providers and relevant external agencies.
- Ensuring all staff receive annual allergy and anaphylaxis training and that allergy management forms part of the induction process for all new, temporary and supply staff.
- Ensuring staff have opportunities to familiarise themselves with adrenaline auto-injectors and practise using trainer devices regularly.
- Monitoring the implementation and effectiveness of this policy and reporting significant incidents, lessons learned and required improvements to the Environment, Safety and Buildings Committee.

**The School Business Manager is responsible for:**

- Overseeing the school's contract with Kitt Medical and ensuring that the service continues to meet the school's operational needs and statutory requirements.
- Monitoring the effectiveness of the Kitt Medical provision, including the supply of spare adrenaline auto-injectors, expiry date monitoring, replacement arrangements, staff training resources and the maintenance of emergency equipment.
- Liaising with Kitt Medical and other relevant providers to resolve any issues relating to service delivery, compliance or equipment provision.
- Ensuring appropriate budget provision is made for allergy management resources and services.

**All Staff:**
Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the pupils IHP
- implementing the pupils IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

**Parents:**
Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the pupil's allergy and its management.

- Ensuring that the pupil always has in date medication with them at school

**Identification of Individuals with Allergies**

**Admissions Data Collection:** Ickleford Primary School collects detailed medical information from parents/carers regarding known allergies, dietary requirements and treatment histories prior to admission. This information is gathered through the school's Management Information System (Arbor) as part of the admissions process and is further discussed during individual meetings with parents/carers before pupils attend transition visits and induction sessions.

Where a pupil is diagnosed with an allergy after starting at the school, parents/carers are required to inform the school as soon as possible and provide relevant medical evidence. The school will update records on Arbor, review any necessary risk assessments and healthcare plans, share relevant information with staff and catering providers, and implement any additional support required to ensure the pupil's safety.

**Information Sharing:** UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through: Arbor and the HCL online System.

**Transition:** Allergy information and existing care plans are shared as part of a pupil's transition. Ickleford Primary School will request allergy information from the previous school or setting and will consider whether any existing arrangements are suitable to implement. The school will work with parents/carers and, where appropriate, the pupil, to develop a new Individual Healthcare Plan (IHP) that reflects the pupil's needs within the context of Ickleford Primary School. Staff will provide relevant information to support transition visits and formal transfer arrangements.

Parents/carers are also expected to take an active role in the transition process by informing the receiving school of their child's allergy and medical needs, providing up-to-date medical information and medication, and meeting with the receiving school to discuss arrangements. This shared approach helps to ensure continuity of care, effective risk management, and a smooth transition between educational settings.

**Staff:** Pre-employment questionnaires will ask whether an individual has any allergies. Where an allergy is declared, the Headteacher and First Aid Lead will meet with the member of staff to discuss their needs and agree any reasonable adjustments required to ensure a safe working environment.

This may include sharing relevant information with colleagues on a need-to-know basis, ensuring emergency medication is readily accessible, considering and mitigating workplace allergen risks, and implementing an Individual Healthcare Plan or risk assessment where appropriate. Staff with allergies are expected to follow the school's allergy management procedures in the same way as pupils and visitors.

Examples of reasonable adjustments may include: ensuring the member of staff's adrenaline auto-injectors are readily available; agreeing appropriate storage arrangements

for emergency medication; sharing emergency response procedures with relevant colleagues; providing information to staff on recognising the signs and symptoms of an allergic reaction; considering allergen risks in staff rooms, classrooms, educational visits and school events; and ensuring that appropriate arrangements are in place for trips, residential visits and other off-site activities. Regular reviews will take place if a member of staff's medical needs change.

**Visitors and regular volunteers:** Visitors and regular volunteers will be asked about any allergies ahead of their visit. Where an allergy is declared, appropriate information will be shared with relevant staff and reasonable measures put in place to ensure the individual can participate safely in school activities.

**Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans**

**Allergy action plans**

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that the pupil is recognisable.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Some children with IgE allergies will be advised by their healthcare professional that they do not need to carry adrenaline auto-injectors. Parents should request an Allergy Action Plan and provide this to the school along with a Medpac containing prescribed and labelled antihistamine. These children should still be observed for signs of Anaphylaxis in the unlikely event of an allergic reaction.

**Individual Healthcare Plans (IHPs)**

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses, in exceptional circumstances.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Ickleford Primary School will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- individual healthcare plans are created whilst pupils are waiting for a diagnosis

**School Trips and External Visits**

Ickleford Primary School ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. To ensure that the pupil is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. For residential trips the child's prescribed adrenaline devices that are normally held at school will be the ones required for the duration of the trip.
Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Ickleford Primary School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

In conjunction with the Allergy Lead (Headteacher), the Trip Leader will consider the need for school-held spare adrenaline auto-injectors as part of the educational visit risk assessment. Decisions regarding the use of spare devices will be based on the individual circumstances of the visit and the needs of pupils both on and off site.

Ickleford Primary School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy and will share relevant information, with parental consent where required, to support safe participation. Where refreshments are provided, the school will communicate pupils' dietary requirements and allergies in advance and seek confirmation that appropriate options are available.

In addition, the accompanying staff member will ensure that pupils have immediate access to their prescribed medication, that relevant healthcare plans are available, and that supervising adults are aware of any pupils at risk of an allergic reaction and the action to be taken in an emergency. Pupils will be reminded not to share food or drinks with others during the event.

**Serious Incidents and "Near Misses":**

Ickleford Primary School approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Ickleford Primary School is aware that, when an allergic reaction or anaphylaxis incident occurs, materials such as residues of food consumed or handled, food packaging, ingredient labels, and samples of fluids may constitute important evidence that may need to be seized, retained and/or provided to relevant authorities or healthcare professionals as part of any subsequent investigation. Staff will therefore take reasonable steps to preserve such materials where it is safe and appropriate to do so, without delaying emergency treatment.

Ickleford Primary School uses Arbor, on a pupil’s record, to record allergic reactions (incidents) and near misses (for example, accidental exposure without a reaction, allergen labelling errors, or incorrect food being provided). All incidents and near misses will be recorded as soon as possible and reviewed by the Allergy Lead/Headteacher. Where necessary, an investigation will be undertaken, actions identified, and risk assessments, healthcare plans or procedures updated to reduce the likelihood of recurrence.

Themes, trends, significant incidents and any resulting changes to practice will be reported to the Environment, Safety and Buildings Committee as part of the school's monitoring and review of allergy management arrangements.

Ickleford Primary School will share the report with the pupil’s parents/carers, the pupil and the individual(s) involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Ickleford Primary School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil’s IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

**Wellbeing and Support**

At Ickleford Primary School allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school’s culture. Pupils with allergy become anxious because of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Ickleford Primary School:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- plans school celebrations, rewards and communal events inclusively from the outset to eliminate social isolation

- involves pupils, staff and the parents/carers of pupils with allergies in the development and periodic review of the school's allergy policy and procedures. Feedback will be welcomed and considered as part of the review process, considering statutory requirements, clinical guidance, operational practicality and the needs of the wider school community.
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes “allergy champion” roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies. They can share feedback and support new joiners or anxious pupils
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting’s policies and the support available

**Safeguarding:**

Ickleford Primary School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person’s medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

**Unacceptable practice**

Ickleford Primary School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- if older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- if a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;

- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This is reflected in the school's attendance policy.
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

**Policy Review and Publication**

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

**Further reading:**

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

**Benedict's law:**
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

**Food:**
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses:
https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

**Statutory Duties:**

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.