ILCHESTER COMMUNITY PRIMARY SCHOOL

Whole School Allergy and Anaphylaxis Management Policy

Reviewed September 2026	M Mordue	**M Mordue**	**Headteacher**	**Review September 2027**

Whole School Allergy & Anaphylaxis Management Policy

This document is a Trust-wide policy template developed by PPAT Education for adoption by all schools within the Trust. It provides a consistent framework for the management of allergies and anaphylaxis across all Trust schools, ensuring compliance with relevant legislation, statutory guidance and recognised good practice.

Each school is expected to formally adopt this policy and adapt those sections identified for local amendment (for example, named roles, medication storage arrangements, emergency contacts and site-specific procedures). Schools must ensure that any local amendments remain consistent with the principles and requirements of this policy and do not reduce the standards of safety or statutory compliance established by the Trust.

The Head Teacher is responsible for ensuring that the policy is implemented effectively within their school and that all school-specific information is completed, kept up to date and reviewed at least annually.

Signed: Michelle Mordue

Created: July 2026

Implementation date: 1st September 2026

Date of next review: July 2027

Statement of Intent & Aims
Once adopted by an individual school, this policy applies to the whole school community, including pupils, staff, volunteers, contractors and visitors. Its purpose is to minimise the risk of exposure to food, medicines, insect venom, latex and other environmental allergens and ensure that any allergic reaction or anaphylaxis is recognised and treated immediately.

Purpose
- To ensure a consistent, school-wide approach to managing severe allergies for both pupils and staff members.
- To outline clear procedures that mitigate the risk of accidental allergen exposure across all school environments.
- To detail emergency response plans that secure swift, life-saving medical care for any individual experiencing anaphylaxis.
- To provide appropriate arrangements for managing all severe allergies, whether caused by food, medicines, insect venom, latex or other environmental allergen.

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Allergies managed within school extend well beyond food allergies. The school recognises that severe allergic reactions may be triggered by foods, medicines, insect venom, latex, plants, pollen, animals and other environmental allergens. This policy therefore applies equally to all allergens capable of causing an allergic reaction or anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

Allergies managed within schools are not limited to food allergies. They may also include reactions to insect venom (such as bee and wasp stings), latex, medicines, plants, pollen, animals and other environmental allergens. The arrangements set out in this policy apply to all severe allergies where there is a risk of an allergic reaction or anaphylaxis, regardless of the trigger.

This policy sets out how Ilchester Community Primary School will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Roles and responsibilities

Parental Responsibilities

- On accepting a place and entry to the school, it is the parent's responsibility to inform the Head Teacher/SENCO of any known allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to the school. {An allergy action plan is a personalised, written medical document created by a healthcare professional. It outlines an individual's specific allergies, symptoms of a reaction, and the exact step-by-step emergency instructions required to treat an allergic episode, including how and when to administer medications like adrenaline auto-injectors}. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents will work with the school to develop and review their child's Individual Healthcare Plan where one is required and will notify the school promptly of any changes to medical advice, medication or allergy management.

Staff Members with allergies

- All staff must immediately inform the Headteacher/Line Manager of any severe allergy or anaphylaxis diagnosis to allow for proper workplace safety planning.
- Allergic staff members must carry their Adrenaline Auto-Injectors (AAIs) on their person or store them in a clearly labelled, secure, yet easily accessible location known to the Head Teacher and school office.
- Staff are individually responsible for monitoring the expiry dates of their own personal AAIs and replacing them before they expire.
- Staff with severe allergies must cooperate with management to complete an individual risk assessment, reviewing it at least annually.

Staff Responsibilities

- Staff, volunteers and visitors with prescribed emergency medication, including adrenaline auto-injectors, are responsible for ensuring that their medication is available and accessible when required. The school will provide reasonable support and assistance where necessary.
- The school must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children and adults can develop allergies at any time.
- The school will ensure that supply staff, agency workers, volunteers and temporary staff are informed of pupils with severe allergies, the location of emergency medication and the school's emergency procedures before assuming responsibility for pupils.
- All staff will receive Allergy Awareness Training & AAIs (EpiPen) Use & Severe Allergy Response Training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers (under statutory safeguarding rules, regular volunteers are formally defined as volunteering three or more times in any 30-day period, volunteering once a month or more, or assisting with overnight stays). Training is provided on an annual basis and on an ad-hoc basis for any new members of staff joining part-way through the year.
- Children must always be within sight and hearing of a member of staff whilst eating. Staff should maintain effective supervision of children during mealtimes to help prevent food sharing and ensure signs of an allergic reaction are recognised and responded to promptly.
- Before a child is admitted to the school, the Head Teacher (or nominated member of staff) must ensure that information is obtained regarding any diagnosed allergies, previous allergic reactions, prescribed medication and any Allergy Action Plan. This information should be shared with all relevant staff involved in the child's care, including those responsible for food preparation and service.
- Relevant staff will be familiar with the contents of each child's Individual Healthcare Plan and Allergy Action Plan and will implement the agreed control measures during all school activities.
- At each mealtime and snack time the class teachers, catering manager and midday supervisors are responsible for checking that the food being provided meets all the requirements for each child.
- Staff (regular or cover) must be aware of the children in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with considerable caution.
- Staff leading trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all children with medical conditions, including allergies, carry their medication. Children unable to produce their required medication will not be able to

attend the excursion

- SENCO/class teacher *will* ensure that the up-to-date Allergy Action Plan is kept with the child's medication.
- Head Teacher/ Line Manager *will* ensure that an individual risk assessment is conducted for any staff member who discloses a severe allergy or history of anaphylaxis, reviewing it at least annually.
- Whilst it is the parent's responsibility to ensure that their child's medication is in date, the Class Teacher/SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- SENCO maintains an up-to-date register of pupils prescribed adrenaline auto-injectors (AAI's), including the location of medication, expiry dates and confirmation that an allergy action plan is in place.
- Class Teacher/SENCO ensures that any reaction, anxieties (serious psychological distress that occurs as a result of this incident) or near misses are recorded internally and, where the circumstances meet the reporting criteria, reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)."
- All allergic reactions and near misses will be investigated to identify learning opportunities and to determine whether policies, procedures, Individual Healthcare Plans or risk assessments require amendment.
- Where a child transfers into, out of or between schools, appropriate arrangements will be made to ensure that relevant allergy information, Individual Healthcare Plans and Allergy Action Plans are transferred promptly to maintain continuity of care.

Children's Responsibilities

- In school, children are encouraged to learn about their allergies and are taught to ask an adult 'is this safe for me?'
- In school children are taught to let an adult know if they are feeling unwell.
- In school, children are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- In school, children who have been assessed by their parent/carer and healthcare professional, in agreement with the school, as competent to carry and administer their own AAI will be encouraged to take responsibility for carrying them on their person at all times.

3. Risk Assessment

Every child diagnosed with an allergy requiring prescribed medication must have an up-to-date Allergy Action Plan provided by a healthcare professional.

The decision on whether an Individual Healthcare Plan is required will be made in consultation with parents and, where appropriate, the child's healthcare professional, taking account of the severity of the allergy, the child's needs and the school environment.

Where an Individual Healthcare Plan is in place, it should incorporate or reference the child's Allergy Action Plan together with the wider educational, pastoral and practical arrangements required to keep the child safe in school.

The school will undertake suitable and sufficient allergy risk assessments to identify hazards, evaluate the likelihood of exposure to allergens and implement appropriate control measures to reduce risk so far as is reasonably practicable. Risk assessments form an important part of

the school's overall arrangements for managing allergies and anaphylaxis and should be read alongside the child's Individual Healthcare Plan (where one is in place) and Allergy Action Plan.

Risk assessments for pupils

An individual allergy risk assessment should be considered where:

- the child has experienced anaphylaxis
- the child has multiple or complex allergies
- the child requires reasonable adjustments
- the school environment presents additional risks
- the child has communication, behavioural or developmental needs which increase risk
- activities such as cooking, science, food technology, forest school, educational visits or residential visits introduce additional hazards
- there has been a significant allergic reaction or near miss
- there is any other reason why additional control measures are required beyond those contained within the Individual Healthcare Plan.

The risk assessment should consider:

- the allergen(s) involved
- the presence of latex-containing products or equipment where relevant
- seasonal environmental hazards, including insect activity (e.g. bees and wasps), where these may increase the risk of allergen exposure
- how exposure could occur
- the likelihood and severity of harm
- classroom activities
- lunchtimes
- snack times
- food brought in from home
- birthday celebrations
- school trips
- after-school clubs
- sports fixtures
- cooking activities
- science experiments
- craft activities
- staff training requirements
- supervision arrangements
- storage and accessibility of medication
- emergency arrangements
- communication needs, cognitive ability, developmental needs and the level of supervision required
- reasonable adjustments required
- evacuation, lockdown and invacuation arrangements

Review

Allergy risk assessments will be reviewed:

- at least annually
- following any allergic reaction
- following any near miss
- when medication changes
- when medical advice changes
- when the child's circumstances change
- before residential visits where appropriate
- before activities presenting increased allergen risks.

Adults

Where a member of staff has a severe allergy or is at risk of anaphylaxis, the school will complete an individual workplace risk assessment in consultation with the employee. The assessment will identify foreseeable sources of allergen exposure, evaluate the level of risk and identify appropriate control measures to ensure, so far as is reasonably practicable, the health, safety and welfare of the employee whilst undertaking their duties.

Whole-school allergy risk assessment

The school will periodically review allergy risks across the school environment, considering food allergens as well as other potential allergen sources including insect activity, latex-containing products, medicines, plants and other environmental allergens where relevant.

The school will monitor the site for hazards that may increase exposure to non-food allergens, including known insect nesting sites, bee and wasp nests, latex-containing products where suitable alternatives are available, and, where reasonably practicable, avoid planting or retaining highly attractive flowering plants immediately adjacent to high-use pupil areas where individuals have a known insect venom allergy.

Areas considered include, but are not limited to, the following:

- catering arrangements
- food preparation
- lunchtime supervision
- breakfast and after-school clubs
- food brought in from home
- curriculum activities involving food
- fundraising events
- visitors
- sports days
- educational visits
- school productions
- PTA events
- cleaning arrangements
- seasonal grounds maintenance
- control of insect nesting activity
- communication systems
- emergency equipment
- staff training

Findings from these assessments will be used to improve procedures and reduce foreseeable risks to pupils, staff and visitors.

4. Allergy Action Plans

Allergy Action Plans provide the clinical emergency treatment instructions for managing an allergic reaction or anaphylaxis. They do not replace an Individual Healthcare Plan (IHCP) where one is required under the Department for Education's guidance "Supporting Pupils at School with Medical Conditions"

Where a child has a severe allergy or an allergy requiring prescribed medication, the school will consider, in consultation with parents and relevant healthcare professionals, whether an Individual Healthcare Plan is required.

The Allergy Action Plan should be attached to, or referenced within, the Individual Healthcare Plan to ensure staff have access to both the child's day-to-day support arrangements and the emergency medical instructions.

5. Individual Healthcare Plans (IHCPs)

An Individual Healthcare Plan (IHCP) sets out how the school will support a child with a medical condition during normal school activities. It is a school document developed by the school in partnership with parents, the child (where appropriate), relevant school staff and healthcare professionals where appropriate.

The IHCP should include, where appropriate:

- the child's allergies and triggers
- the child's Allergy Action Plan
- details of prescribed medication
- when and where medication should be carried or stored
- the child's usual symptoms
- daily management arrangements
- mealtime arrangements
- arrangements during PE
- school trip arrangements
- educational visits
- risk reduction measures
- reasonable adjustments
- staff training requirements
- emergency procedures
- who is responsible for each aspect of the child's care
- contact details for parents/carers
- review arrangements

Individual Healthcare Plans will be reviewed at least annually, or sooner if the child's allergy, treatment, medication or circumstances change.

The existence of an Allergy Action Plan alone does not remove the need for an Individual Healthcare Plan where one is considered necessary.

6. 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.

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.
- 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.

In younger children, anaphylaxis almost always involves skin reactions. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may experience diarrhea, and they may display sudden behaviour changes such as inconsolable crying, becoming clingy and refusing food. The child may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If an individual has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

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

Where an individual is displaying signs and symptoms consistent with anaphylaxis, treatment must not be delayed whilst attempting to contact a parent/carer, confirm medical history or obtain consent. In a suspected life-threatening emergency, staff should administer an adrenaline auto-injector where appropriate, call 999 immediately and follow the advice of the emergency call handler.

Action:

- Keep the person where they are, call for help and do not leave them unattended.
- **LIE PERSON 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 AUTO-INJECTOR (AAI) WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** immediately**,** state **ANAPHYLAXIS (ana-fil-axis)** and follow the advice provided by the emergency call handler.
- If symptoms have not improved after 5 minutes and emergency services have not arrived, administer a second AAI if available.
- If there are no signs of life, commence CPR immediately and follow the advice of the emergency call handler until the ambulance arrives.
- Notify the emergency contact, parent/carer (for pupils), or nominated contact/manager (for adults) as soon as possible.

Whilst you are waiting for the ambulance, keep the child 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.

All children must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Following any allergic reaction requiring treatment or emergency medical assistance, the child's Individual Healthcare Plan, Allergy Action Plan and associated risk assessments will be reviewed with parents and amended where necessary.

Following an episode of anaphylaxis, the school should consider holding a debrief with relevant staff to identify any learning points, provide support where required and review emergency procedures.

7. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own AAIs on them at all times.

Medication should accompany the pupil whenever they move away from their usual classroom for activities including PE, educational visits, forest school and emergency evacuation where it is safe to do so.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is readily accessible and available without delay.

EYFS & KS1 pupils - clear plastic container with name and photograph attached – spare pens kept in the staffroom medical cupboard.

KS2 pupils - clear plastic container with name and photograph – spare pens kept in the staffroom medical cupboard.

Pupil's individual medication should be stored in a suitable container and clearly labelled with the pupil's name and a photograph attached. The pupil's medication storage container should contain:

- An adrenaline auto-injector (AAI) i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that their child's anaphylaxis kit is up-to-date and clearly labelled, however the Class Teacher/SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Older children and medication
Older children should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Staff medication
Any staff member who discloses a severe allergy or history of anaphylaxis must carry their Adrenaline Auto-Injectors (AAIs) on their person or store them in a clearly labelled, secure, yet easily accessible location known to the Head Teacher and school office. Staff are individually responsible for monitoring the expiry dates of their own personal AAIs and replacing them before they expire.

Storage
All AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service. The sharps bin is kept in the staff toilets.

8. 'Spare' adrenaline auto-injectors in school

Ilchester Community Primary School has purchased spare **AAIs for emergency use in children or adults who are at risk of anaphylaxis** if their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

The absence of a known allergy, Allergy Action Plan or prior diagnosis must not prevent staff from responding to a suspected anaphylactic emergency where, in their judgement, the signs and symptoms indicate that immediate treatment is required.

These are stored in the Infant and Junior Staffrooms in the medical cupboards clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

Ilchester Community Primary School holds four spare pens which are kept in the following

location/s:-

Two pens (one of each age group) in the Infant Staffroom Medical Cupboard

Two pens (one of each age group) in the Junior Staffroom Medical Cupboard

The SENCO/Business Manager is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

Written parental permission for use of the spare AAIs on pupils is included in the pupil's allergy action plan.

The school will maintain a register of pupils for whom parental consent has been provided to administer a spare AAI and will ensure this information is readily accessible in an emergency.

9. Staff Training

The named staff members (at least 2) who are responsible for coordinating the mandatory training for all staff are:-

Louise King, SENCO
Michelle Mordue, Headteacher

All staff will complete Allergy Awareness Training & AAIs (EpiPen) Use & Severe Allergy Response Training annually, and on an ad-hoc basis for any new members of staff joining part-way through the year.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs & symptoms of an allergic reaction & anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of an individual having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

10. Inclusion and safeguarding

The school recognises its duties under the Equality Act 2010 and will make reasonable adjustments where required to ensure that pupils with allergies are not placed at a substantial disadvantage compared with their peers.

Ilchester Community Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Ilchester Community Primary School recognises that severe allergies and anaphylaxis can affect

adults as well as children. The school will take reasonable steps to support staff, volunteers, contractors and visitors who have a known severe allergy or who are at risk of anaphylaxis, ensuring that they can participate safely in school activities. This includes individuals whose allergies are triggered by food, medicines, insect venom, latex or environmental allergens.

Where the school is made aware of an adult's severe allergy, appropriate arrangements will be considered, which may include:

- ensuring relevant staff are aware of any necessary emergency procedures;
- supporting individuals to keep their own prescribed medication, such as adrenaline auto-injectors, accessible at all times;
- considering allergy risks when planning activities, events, meetings, trips and visitors to the school;
- reducing avoidable risks from allergens where reasonably practicable, including through good hygiene practices and awareness of food sharing and cross-contact;
- ensuring that staff and volunteers know how to respond appropriately if an adult experiences an allergic reaction or anaphylaxis while on school premises.

The school recognises that adults with allergies should be treated with dignity and respect and will avoid unnecessary restrictions or exclusion from activities. Support arrangements will be proportionate and based on individual needs, risk assessment and consultation with the person concerned.

11. Food Management & Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view termly (three-weekly menu rotation) in advance with all ingredients listed and allergens highlighted on the on Ilchester Community School - UIFSM/Free School Meals and forwarded to parents in advance of each new term.

Where meals are selected and pre-ordered by parents/carers via an online system such as ParentPay, Parent Mail, or other online pre-order systems, allergen information is available at the point where the meal choice is made. The 14 regulated allergens are clearly identified using their full names rather than abbreviations, symbols or coded letters.

Where parents/carers select and pre-order meals, they are responsible for making an informed choice based on the allergen information provided. The school and catering provider remain responsible for ensuring allergen information is accurate, accessible and that appropriate procedures are followed to minimise the risk of allergen exposure.

Where a pupil has a diagnosed food allergy, the school and catering provider will consider whether an individual catering or meal service risk assessment is required. This should take account of the child's Allergy Action Plan, Individual Healthcare Plan (where one is in place), identified allergens, the risk of cross-contact, meal preparation and serving arrangements, supervision during mealtimes, and any reasonable adjustments required to enable the child to eat safely alongside their peers.

Risk assessments should also be completed for any school activity involving food, including cooking lessons, food technology, bake sales, cultural celebrations, fundraising events, breakfast clubs, after-school clubs and other activities where there is an increased risk of allergen exposure. Appropriate control measures should be implemented to minimise risk while promoting inclusion.

Allergen information is also available at the point of service so that catering staff, lunchtime supervisors and pupils can develop age-appropriate awareness of allergens and safe food choices, with appropriate adult support.

The Head Teacher/Admin Team will ensure that the Catering Manager/Catering Provider is informed of all children with food allergies, has access to the relevant information contained within the child's Allergy Action Plan and Individual Healthcare Plan (where one is in place), and is aware of any control measures identified through individual risk assessments.

The Admin Team keep a record of children with allergies with a photograph of the child included with their entry. A list of children with allergies is regularly reviewed/updated and both the school kitchen staff and the external catering provider are kept informed.

Parents/carers are encouraged to meet with the SENCO to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Children should be supported to develop an age-appropriate understanding of their allergies and how to stay safe. This should be tailored to their individual needs and communication methods, including non-verbal forms of communication where appropriate. Children should be encouraged to seek confirmation from a member of staff before eating any food where there is uncertainty about its safety.
- If food is purchased from the school tuck shop, or at events, parents should check the appropriateness of foods by speaking directly to the PTA/Head teacher/Class Teacher.
- Children should be supported, where appropriate to their age, understanding and communication needs, to seek reassurance from a responsible adult before purchasing food if they are unsure whether it is safe for them.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the SENCO.
- Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats or items brought in by staff, parents/carers or visitors).
- Where food is supplied by external providers for school events, the organiser must ensure that allergen information is available and communicated appropriately before food is served.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be

restricted/risk assessed depending on the allergies of particular children and their age.

Food allergies affecting adults on the school site

Ilchester Community Primary School recognises that staff, volunteers, contractors and visitors may also have food allergies, including potentially life-threatening allergies (anaphylaxis). The school will take reasonable steps to reduce the risk of allergic reactions arising from food provided, prepared or consumed on the school premises.

Staff, volunteers and regular visitors with food allergies are encouraged to inform the school of their allergy, known triggers and any emergency medication requirements, where they wish to do so, to enable appropriate support and emergency planning. Any information shared will be handled sensitively and in accordance with data protection requirements.

Where food is provided by the school, including staff meetings, training events, celebrations, events or other catering arrangements, reasonable consideration will be given to known allergies and dietary requirements. Allergen information will be available, and adults will be encouraged to check ingredient information and seek clarification from the appropriate person if they are unsure whether food is safe.

The school recognises that it cannot guarantee an allergen-free environment; however, it will promote awareness, good communication and sensible precautions to reduce the risk of accidental exposure.

Staff should also be mindful that food brought onto the premises for personal consumption may pose a risk to others with allergies. Where appropriate, food should be labelled, stored safely and not shared with pupils unless it has been checked and approved in line with the school's allergy procedures.

12. Management of Non-Food Allergens

The school recognises that severe allergic reactions may also result from exposure to non-food allergens including, but not limited to:

- insect venom (e.g. bee or wasp stings)
- latex
- medicines
- plants
- pollen
- mould
- animals

Where a pupil or member of staff has a known allergy to a non-food allergen, appropriate control measures will be identified through the Individual Healthcare Plan (where applicable) and risk assessment.

Control measures may include:

- using latex-free products wherever reasonably practicable and avoiding latex-containing equipment where suitable alternatives are available
- checking medical supplies and PE equipment for latex content where appropriate
- managing outdoor activities during periods of increased insect activity
- ensuring rubbish and food waste are managed to reduce attraction of bees and wasps
- avoiding known allergenic plants where reasonably practicable
- ensuring medicines are only administered in accordance with medical advice and healthcare plans
- making reasonable adjustments where environmental allergens present an increased risk.

The school recognises that it is not possible to eliminate all environmental allergens. The focus will therefore be on reducing foreseeable risks, maintaining awareness and ensuring emergency medication and trained staff are available where required.

13. Off-site trips and visits

Trip leaders must review the child's Individual Healthcare Plan, Allergy Action Plan and relevant risk assessments during the planning stage of every educational visit to ensure that appropriate control measures, emergency procedures and reasonable adjustments are in place.

Trip leaders will check that all children with medical conditions, including allergies, have their required medication available and accessible before departure. If essential emergency medication, such as an adrenaline auto-injector (AAI), is not present, the child will not be able to attend the trip. The decision will be discussed with parents wherever practicable; however, the school will not permit attendance where emergency medication required by the Allergy Action Plan is unavailable.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic children and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the trip leader should be arranged. Staff at the venue for an overnight school trip should be informed in advance that a child or accompanying adult with an allergy will be attending and may require appropriate food arrangements. The trip leader should confirm how allergen information will be provided, how meals will be prepared and served, and what procedures are in place to minimise the risk of accidental exposure.

Adults with allergies attending off-site visits
The school recognises that staff, volunteers, parents/carers, governors or other adults accompanying or supporting an off-site visit may also have food allergies, including potentially life-threatening allergies (anaphylaxis).

Adults attending trips and visits are encouraged to inform the trip leader of any known allergies, dietary requirements or emergency medication needs where they wish to do so, so that appropriate consideration can be given as part of the planning process. Any information shared will be treated sensitively and in accordance with data protection requirements.

Where food is provided during a trip or visit, including by venues, residential providers or catering companies, the trip leader should ensure that allergen information is available and communicated appropriately. Adults with allergies should be encouraged to check food information and seek clarification where required.

Where an adult accompanying the visit has a severe allergy, a risk assessment should be completed, and reasonable adjustments should be considered to support their safety and enable them to participate fully in the activity.

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. For sports fixtures, the school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

The school recognises that staff, volunteers, parents/carers and other adults supporting sporting excursions may also have food allergies, including potentially life-threatening allergies (anaphylaxis). Where an adult has informed the school of a severe allergy, the trip leader should consider this as part of the planning arrangements and ensure that appropriate measures are in place to reduce the risk of accidental exposure.

Where food, refreshments or packed lunches are provided, allergen information should be available and communicated appropriately. Adults with allergies should be encouraged to check food information and raise any concerns with the trip leader or catering provider. Where necessary, reasonable adjustments should be considered to enable adults with severe allergies to participate safely in the activity.

Adults attending sporting excursions who require emergency medication, such as an adrenaline auto-injector (AAI), should ensure it is available, in date and accessible throughout the visit. Trip leaders should be aware of any emergency arrangements that have been shared with the school.

14. Allergy awareness and nut bans

Ilchester Community Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect individuals, and no school could guarantee a truly allergen free environment for an individual living with a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, children and all other staff are aware of what allergies are, the importance of avoiding the children's/adult's allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk assessments may determine that a section of the premises needs to be kept free of a particular allergen. In this instance, when the individual has left that area of the premises or

their allergies change, the risk assessment must be reviewed, and restrictions lifted.

15. Useful Links

Allergy safety in schools – Statutory Guidance for governing bodies of maintained schools and proprietors of academies in England July 2026
https://www.gov.uk/government/publications/allergy-safety-in-schools

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

I am Compliant - https://app.iamcompliant.com/login

- Allergy Awareness Training & AAIs (EpiPen) Use & Severe Allergy Response Training

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management – https://www.allergyuk.org/for-industry-and-education/schools-early-years/whole-school-allergy-awareness-management-2/

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils with medical conditions at school –
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834