Inspire Education Trust

Together we achieve, individually we grow

ALLERGY SAFETY POLICY

Policy date	July 2026	**Review date**	July 2027

Document History

Version	Date	Author	Summary of changes
V1	July 2026	Rob Darling	New Policy
V2	Month YYYY	Name	

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1 Purpose, Status and Scope

Section 34 of the Children's Wellbeing and Schools Act 2026 requires maintained schools, academies and pupil referral units to have an allergy safety policy. This policy sets the Trust-wide standard for preventing and responding to allergy risks across Inspire Education Trust.

It applies whenever pupils are under the care of an Inspire academy, including lessons, break and lunchtimes, breakfast and after-school provision, clubs, fixtures, educational visits, residentials and other off-site activity. It should be read alongside the Trust policies for Supporting Pupils with Medical Conditions and Administration of Medicines, Educational Visits, First Aid, Safeguarding, Behaviour, Equality, Health and Safety and Data Protection.

The policy covers food, medication, insect venom, latex, pollen, animal dander and other relevant airborne or contact allergens. Asthma, eczema and hay fever may coexist with allergy. Coeliac disease and food intolerance require appropriate management but are not allergic conditions.

2 Policy Principles

- Allergy safety is a whole-school responsibility, not solely a first-aid or catering matter.
- The Trust will take proportionate and reasonable steps to reduce exposure to known allergens while recognising that no setting can guarantee an allergen-free environment.
- Pupils with allergies will be included in school life through advance planning, reasonable adjustments and safe alternatives where an activity cannot be made sufficiently safe.
- Emergency medication must be rapidly accessible. In suspected anaphylaxis, adrenaline must be given without delay and emergency services called.
- Planning will be collaborative and involve the pupil, parents/carers, school staff and healthcare professionals as appropriate.
- Health information will be shared only as necessary to keep individuals safe and handled in accordance with data-protection requirements.
- Incidents and near misses will be recorded, reported and used to improve practice.

3 Leadership, Governance and Responsibilities

3.1 Trust Board and Local Governing Committees

- The Trust Board approves this policy and receives assurance that statutory requirements are implemented across the Trust.
- Local Governing Committees monitor local implementation, including training completion, emergency readiness and themes from incidents and near misses. A linked governor may support oversight, but operational responsibility remains with school leaders.

3.2 Headteacher/Principal and named Allergy Safety Lead

Each academy will name a member of the senior leadership team as Allergy Safety Lead. The Headteacher/Principal retains overall responsibility.

The Allergy Safety Lead will:

- Drive implementation of this policy and maintain an academy implementation record
- Ensure arrangements exist to identify pupils with allergies and keep records current

- Coordinate annual staff training, induction and arrangements for supply, temporary, peripatetic, agency, catering and regular volunteer staff
- Ensure Individual Healthcare Plans (IHPs), risk assessments and emergency arrangements are completed and reviewed
- Ensure prescribed and spare emergency medication is accessible, in date and appropriately located
- Ensure incidents and near misses are reported to parents/carers, the Headteacher/Principal, the Local Governing Committee and the Trust as appropriate through Arbor
- Lead at least annual review of academy arrangements and act promptly on lessons learned

3.3 School staff

- Complete required training and follow this policy, the pupil's IHP and any healthcare professional's Action Plan.
- Know how to check whether a pupil in their care has a known allergy and where emergency medication and plans are located.
- Consider allergy risk when planning lessons, practical work, celebrations, clubs and events, including food, craft materials, glue, seeds, plants, latex, animals, science materials and cooking ingredients.
- Make reasonable adjustments for contact or airborne allergens, for example changes to materials, room ventilation, outdoor activity or location where the individual risk assessment requires this.
- Prevent cross-contact, promote safe behaviours and report concerns, reactions and near misses immediately.
- Inform parents of incidents or near misses.

3.4 Parents and Carers

- Tell the academy promptly about a known or suspected allergy, previous reactions, prescribed medication and changes in need.
- Participate in collaborative planning and review of the IHP and provide a current Allergy Action Plan and/or Asthma Action Plan where one has been issued by a healthcare professional.
- Provide correctly labelled, prescribed, in-date medication and replace it before expiry.
- Agree arrangements for day-to-day management, emergency response, visits and the pupil's growing independence.

3.5 Pupils

Pupils will be involved in planning in a way that is appropriate to their age and understanding. They should avoid known allergens, not share food or medication, and seek adult help if concerned. Staff must not rely on a pupil being able to recognise or communicate symptoms, particularly where the pupil is young or has communication needs.

School	Named SLT/ Allergy Safety Lead	First Aid Lead
Arley	Leanne Critchlow	Jessica Tooth
Blue Coat CE	Annette Miller	Sarah Carey/Rabinder Samra
Clifford Bridge	Charlotte Jacques	Margaret Sutherland
Frederick Bird	Clare Rees	Clare Rees
Hearsall Community	Vessi Pavlova	Shelley Midrock
Stockingford	Kathryn Gardiner	Emma Metha
Walsgrave CE	Michelle Smith	Michelle Smith
Whittle	Vicki Curzons	Lisa Adcock

4 Identification and Allergy Register

Academies will gather information through admissions, transition records, annual data checks, parent/carer updates, healthcare information and notifications of new diagnosis or changed need. A secure allergy register will record known allergens, relevant plans, prescribed emergency medication, storage/access arrangements and review dates. Relevant staff will be alerted through the academy's agreed secure system.

Staff and regular visitors should provide relevant information to the academy's Allergy Safety Lead or the person identified through the academy's visitor and induction arrangements.

4.2 Individual Healthcare Plans and Action Plans

An IHP will be co-produced where an allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from those ordinarily available. The plan will be developed with parents/carers, the pupil where appropriate, relevant staff and healthcare professionals as needed.

An Allergy Action Plan or Asthma Action Plan is issued by a healthcare professional. It does not replace the academy's IHP. Where provided, it must be attached or clearly linked to the IHP. The IHP will be reviewed whenever a new Action Plan is received, needs or medication change, or following a relevant incident or near miss.

- Known allergens, symptoms and likely presentation
- Day-to-day risk reduction and reasonable adjustments
- Food, curriculum, social-time and environmental arrangements
- Medication, consent, location, rapid access and expiry checks
- Emergency response, including the use of prescribed or spare devices
- Arrangements for PE, clubs, trips, residentials and transport
- The pupil's ability to self-manage and the support required
- Impact on learning, attendance and emotional wellbeing
- Named staff, training needs and review arrangements

5 Training and Awareness

All staff present when pupils are scheduled to be on site must complete allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. New staff must receive training through induction; academies must assure themselves that cover and supply staff receive the information and training needed before taking responsibility for pupils.

Training will enable staff to:

- Understand allergy, common routes of exposure and the relationship with asthma, eczema and hay fever
- Distinguish allergy from coeliac disease and food intolerance
- Identify relevant triggers and locate individual information
- Recognise the full range of allergic-reaction symptoms and anaphylaxis
- Call emergency services, contact parents/carers and follow the emergency procedure
- Locate and use prescribed and spare adrenaline auto-injectors and, where relevant, emergency asthma medication
- Use an IHP and Allergy or Asthma Action Plan
- Understand the impact of allergy on wellbeing and inclusion
- Reduce exposure in lessons, food provision, social times, clubs and visits
- Record and report reactions, AAI use and near misses
- Understand the academy's Allergy Safety Policy and their responsibilities in reducing exposure to known allergens and responding to emergencies.

Training under this policy is awareness and emergency-response training. It does not replace any additional clinical competency or delegation arrangements required for an individual pupil.

6 Wellbeing, Inclusion and Safeguarding

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

Schools will:

- Promote a culture of understanding and inclusion;
- Where an activity cannot be undertaken safely despite reasonable adjustments, an alternative activity will be planned to ensure the pupil remains included in learning;
- Provide pastoral support where allergy-related anxiety is identified;
- Challenge myths and misconceptions regarding allergies;
- Listen to pupils and parents/carers about anxiety, stigma, isolation and the practical impact of allergy;
- Pupils will not be singled out unnecessarily. Adjustments and communication will preserve dignity and promote participation;
- Staff will address teasing, bullying, food-sharing pressure, threats or deliberate exposure through behaviour and safeguarding procedures. Deliberate exposure may present a serious safeguarding and health risk;
- Age-appropriate allergy education will promote understanding and safe behaviour.

- Where appropriate and agreed with the pupil and parents/carers, peers may be taught how to summon adult help, but peer awareness never replaces staff responsibility;
- Attendance or missed learning associated with allergy will be considered in the IHP, including arrangements to maintain progress where needed.

7 Reducing Exposure to Allergens

Each academy will use its allergy register, IHPs and proportionate risk assessment to minimise exposure to known allergens. Controls will reflect the person, allergen, activity and setting rather than relying on blanket rules.

- Food brought in or provided by the academy will be managed to reduce cross-contact and accidental sharing.
- Staff will formally consider allergy risks when planning practical, creative, scientific, musical, cooking, gardening or animal-related activity and when selecting materials or rewards.
- Where a known allergy involves airborne or contact exposure, the IHP or risk assessment will identify reasonable site, timetable, ventilation, cleaning, activity or supervision adjustments.
- Before special events, fundraising, celebrations and external providers, the organiser will identify allergy risks and agree suitable controls or alternatives.
- Blanket "nut-free" or "allergen-free" claims will not be made because absolute absence cannot be guaranteed. An academy may restrict particular items where a specific, evidenced risk assessment supports this.

8 Catering

- Catering providers must supply clear and accurate allergen information and follow applicable food-information and food-safety requirements.
- Relevant catering staff will receive necessary pupil information securely and be told promptly of changes. Photographs may be used only where necessary and proportionate for identification.
- Parents/carers and, where appropriate, the pupil will be involved in agreeing safe meal arrangements.
- Procedures will address ingredient checking, substitutions, labelling, storage, preparation, serving, cleaning and cross-contact.
- Food brought from home should be clearly labelled where this supports safety. Food will not be shared.
- For pupils who cannot safely take part in a planned food-based activity, the academy will provide an inclusive alternative rather than expose the pupil to unreasonable risk.

9 Prescribed and Spare Emergency Medication

9.1 Prescribed Medication

Where a pupil has been prescribed adrenaline auto-injectors (AAIs), the academy will ensure that they have rapid access to their medication at all times, including during lessons, lunchtimes, breaktimes, wraparound provision, sports activities, educational visits and residential trips.

The academy will plan on the basis that adrenaline may need to be administered within five minutes of the onset of anaphylaxis.

- Prescribed AAIs will be supplied by parents/carers and stored in accordance with the prescription and healthcare professional's Action Plan.
- Pupils prescribed AAIs will normally have two devices available at all times.
- Medication will be clearly labelled with the pupil's name and accompanied by the current Allergy Action Plan and any other relevant healthcare information.
- Medication must remain immediately accessible and must never be locked away.
- Arrangements for access to medication before school, after school, during transport and on educational visits will be recorded within the Individual Healthcare Plan (IHP).

9.2 Self-Carry Arrangements

Where a pupil is considered competent to carry and manage their own medication, this will be agreed with parents/carers and recorded in the IHP.
Where a pupil is too young, does not wish to self-carry, or is not assessed as being able to do so safely, the medication will be held by the responsible member of staff or in another immediately accessible location which remains with, or travels alongside, the pupil as required.
Staff must not assume that a pupil will always be able to self-administer medication during an allergic emergency and must be prepared to assist or administer medication where required.
Checking and Replacing Medication

Parents/carers are responsible for ensuring that prescribed medication remains in date and is replaced before expiry.

The academy will maintain records of prescribed emergency medication and undertake regular documented checks to identify:

- approaching expiry dates;
- damaged devices;
- used or missing medication; and
- changes to prescribed medication.

Parents/carers will be informed promptly if replacement medication is required.

9.3 Storage and Disposal

Prescribed AAIs will:
- be stored at room temperature;
- be protected from direct sunlight and temperature extremes;
- be kept in a clearly identifiable container; and
- remain readily accessible to staff at all times.

Used AAIs will be treated as sharps and disposed of in accordance with the Trust's Medical Conditions and Medicines procedures.

9.4 Spare Adrenaline Auto-Injectors (AAIs)

Each academy will maintain a supply of spare AAIs in accordance with current statutory guidance. Spare AAIs are intended to support emergency treatment where:

- a pupil's prescribed device is unavailable;
- a prescribed device has been used, damaged or misfired;
- a second dose of adrenaline is required; or
- an individual is experiencing suspected anaphylaxis and does not have their own prescribed device available.

9.5 Storage and Availability

Academies will:

- store spare AAIs in clearly labelled emergency anaphylaxis kits;
- store devices in pairs;
- ensure devices are readily accessible and not locked away;
- maintain sufficient supplies and locations to reflect the size and layout of the site; and
- ensure that a pair of AAIs can be brought to any person experiencing anaphylaxis within five minutes.

On larger or multi-site campuses, additional emergency anaphylaxis kits may be required to achieve this standard.

9.6 Monitoring of Spare Devices

The Allergy Safety Lead, or delegated member of staff, will ensure that:

- spare AAIs are checked regularly;
- stock records are maintained;
- expired devices are replaced promptly;
- devices used in an emergency are replaced without delay; and
- disposal arrangements comply with relevant health and safety requirements.

9.7 Use of Spare AAIs

Spare AAIs may be administered in accordance with current legislation, statutory guidance, parental consent arrangements and the pupil's emergency care documentation.
Spare devices support, but do not replace, the expectation that pupils who have been prescribed AAIs have access to their own medication at all times

10 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 severe 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 and, on rare occasions, can be fatal.

If the pupil 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. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD 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 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 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

11 School Trips

Each educational visit involving a pupil with a significant allergy will include an individual risk assessment. The assessment will consider transport, food provision, accommodation, environmental and contact allergens, access to emergency medication, availability of emergency services, staffing arrangements and communication with external providers. The pupil's prescribed medication and current Action Plan must accompany them at all times. The academy will work with parents/carers to ensure that pupils with allergies can participate safely and fully in educational visits and residential experiences wherever reasonably possible.

12 Incident and Near Miss Review

All allergic reactions, suspected reactions, administrations of adrenaline and allergy-related near misses must be recorded. Reports may be made by pupils, parents/carers, staff or healthcare professionals, including where the effect of exposure becomes apparent after the pupil has left the academy.

- Inform parents/carers promptly and provide a clear factual account
- Notify the Allergy Safety Lead and Headteacher/Principal
- Preserve relevant records, packaging or information and consider any statutory reporting duty
- Review the IHP, Action Plan, risk assessments, training, catering, supervision and medication access as relevant
- Identify and implement lessons, communicate them to relevant staff and record completion
- Report incidents and near misses through academy governance and to the Trust so themes can inform policy review

13 Sharing Information

Information relating to allergies will be shared on a need-to-know basis to ensure pupil safety. Information may be share with:

- relevant teaching staff;
- lunchtime supervisors;
- first aid staff;
- educational visit leaders;
- catering providers.

Allergy and other health information is special category personal data under UK GDPR. The academy will hold it securely, keep it accurate and current, and share only the information necessary to protect the pupil and enable staff to fulfil their responsibilities. The method of sharing, including the use of photographs, allergy lists or electronic alerts, will be proportionate, controlled and respectful of the pupil's dignity.

14 Useful Information Links

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

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

- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

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

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- andmanagement

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

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

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

Appendix 1

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:

Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here. Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person's learning.
Indicate how the allergy may impact on the child or young person's emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where "spare" adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting. Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access. Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	Date:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	Date:
Parental consent:	Date:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	Date:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	Date:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	Date:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	Date:

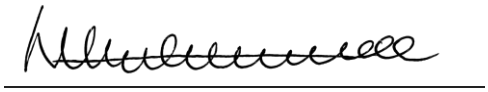
Review

This policy will be reviewed at least annually and following any serious allergy incident or significant near miss. Reviews will consider incident reports, emerging guidance and feedback from pupils, parents and staff. The policy will be published on academy websites and available upon request.

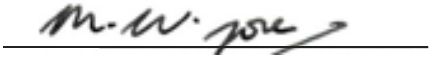
Approval

Written by	Rob Darling	July 2026
Next review date		July 2027
Approved by		Board of Directors
Approval date		28 August 2026

Signed:



Lois Whitehouse
CEO



Mark Gore
Chair of Directors