INSPIRE
PARTNERSHIP

Allergy and Anaphylaxis Management Policy

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1. Introduction and Purpose

This policy outlines our commitment to providing a safe, inclusive, and supportive environment for pupils and staff with mild, moderate, and severe allergies. Working alongside supporting pupils with medical conditions policy and statutory requirements under Section 34 of the children's wellbeing and schools act 2026, we aim to lower the risk of allergen exposure and ensure a robust emergency response.

Wellbeing and Anti-Bullying: We recognise that managing severe allergies and the risk of anaphylaxis can cause significant anxiety for children and young people. The trust is committed to supporting pupil wellbeing, fostering an empathetic school culture, and ensuring that pupils with allergies are not singled out or excluded. Allergy-related bullying, teasing, or deliberate exposure to allergens will be treated as severe disciplinary matters in accordance with our anti-bullying policy.

Data Protection (United Kingdom (UK) General Data Protection Regulation (GDPR)): Information regarding an individual's allergies and medical conditions constitutes special category health data under UK GDPR. Allergy records, individual healthcare plans (IHPs), and medication details will be processed, stored, and shared in a controlled and respectful manner, ensuring staff have access to critical medical information without compromising the individual's privacy or dignity.

To support this framework, Inspire Partnership trust schools partner with Kitt Medical to provide our emergency anaphylaxis kitts, unlimited staff continuous professional development (CPD) training, and an integrated system for logging near-misses and reporting emergency incidents. This policy is published publicly on trust and school websites and is available in hard copy upon request.

2. Individual Healthcare Plans (IHPs)

- **Pupil Identification & IHPs:** Every pupil identified with a known allergy, or reported by a parent/carer to be at risk of anaphylaxis, must have a comprehensive individual healthcare plan (IHP). In line with statutory guidance, a formal medical diagnosis is not required to initiate an IHP; a plan will be put in place immediately based on parent-reported risks while formal medical confirmation is sought. Where a pupil has an official allergy action plan or asthma action plan issued by a healthcare professional, it will be attached directly to their IHP.
- **Staff and Visitors:** We collect and record details of known severe allergies for staff members and regular volunteers during onboarding. Visitor sign-in protocols capture relevant emergency medical details where appropriate.

- **Collaboration & Review:** IHPs will be developed in partnership with parents, school staff, and relevant healthcare professionals. All IHPs will be reviewed at least annually, whenever an updated medical action plan is provided, or immediately following any near-miss or allergic incident.

3. Emergency Medication and Equipment

- **Accessibility and Response Time:** adrenaline auto-injectors (AAIs) will be kept in central, accessible, unlocked locations known to all staff. Storage locations are strategically chosen to ensure that an emergency device can be deployed and administered within 5 minutes of the onset of anaphylaxis symptoms anywhere on site. All AAIs (both prescribed and spare) must always be stored in pairs to ensure a secondary dose is immediately available if required.
- **Prescribed AAIs:** Parents are responsible for ensuring that individually prescribed AAIs are in date and available in school daily. The school will maintain a central register of all prescribed devices and expiration dates. Prescribed AAIs must accompany pupils to the lunchroom, playground, school fields, and on off-site visits. Clear arrangements are in place for pupils to take their prescribed devices home safely if needed at the end of the school day.
- **Spare AAIs & Asthma Equipment:** The school maintains "spare" back-up AAI devices for use in emergencies where a pupil's own device is unavailable, missing, or fails. These spare AAIs are supplied, monitored, and kept in date via our Kitt Medical subscription, wall-mounted in clearly labelled emergency anaphylaxis kits alongside instructions for use. Emergency kits also contain or sit alongside emergency salbutamol asthma reliever inhalers and spacers to support pupils experiencing co-existing respiratory distress.
- **Administration & Disposal:** Staff are authorised to administer AAIs in an emergency as part of the school's emergency protocols. Used AAIs contain needles and must be safely disposed of in an approved yellow sharps bin or handed directly to attending paramedic services.

4. Training and Competency

Whole-School Competency: In line with statutory mandates, all staff complete allergy awareness and emergency training across the school workforce, and training must be completed at least annually. All staff present during operational hours (including teaching staff, teaching assistants, administrative personnel, lunchtime supervisors, wraparound care teams, supply teachers, agency workers, peripatetic staff, and regular volunteers) must complete mandatory allergy awareness and emergency response

training.

Training Curriculum: Training through Kitt Medical and trust protocols ensures that all staff:

- Understand that allergy covers multiple conditions (food allergy, asthma, eczema, hay fever) that frequently co-exist.
- Understand the distinction between food allergies, coeliac disease, and food intolerances.
- Can recognise allergen triggers and early signs of mild, moderate, and severe allergic reactions (anaphylaxis).
- Know how to locate, deploy, and administer AAIs (prescribed and spare) and emergency asthma inhalers within the target 5-minute window.
- Know how to access pupil IHPs, contact emergency services, and notify parents immediately during an incident.

Designated Allergy Lead: Each school will appoint a named senior leader and/or governor as the allergy lead to oversee policy implementation, monitor staff training compliance, review incident data, and coordinate emergency drills.

Induction: New, supply, and temporary staff will receive an allergy briefing and policy overview during their induction prior to supervising pupils.

5. Accident and Near Miss Reporting

- **Internal Logging:** To continuously enhance school safety protocols and maintain compliance with Benedict's Law, all severe allergic reactions and "near-miss" incidents (e.g., minor reactions, cross-contamination scares, or missing medication) must be formally recorded and reviewed through the Kitt Medical online portal.
- **Parent and Community Reporting:** Recognising that allergic reactions or symptoms from in-school exposure may only manifest after a pupil has returned home, parents, carers, and external healthcare professionals are encouraged to report any post-school incidents directly to the school's allergy lead.
- **Post-Incident Review:** Every incident or near-miss will trigger a review of the relevant pupil's IHP, site risk assessments, and staff procedures to identify learning points and prevent reoccurrence.

6. Risk Reduction and Environments

- **Inclusive Catering & Food Management:** We work closely with catering providers to ensure clear ingredient labelling in compliance with Natasha's Law

for pre-packed for direct sale (PPDS) foods and strict management of cross-contamination risks. Clear information on food allergens is made available to parents and pupils.

- **Classroom & Curriculum Activities:** Staff planning any curriculum or extracurricular activity must assess and manage allergen exposure risks. Specific risk assessments are required for food technology, science experiments, art and craft materials (such as egg cartons, nut-based oils), musical performance care, and activities involving animals.
- **Non-Food and Airborne Allergens:** Where pupils or staff have known severe allergies to contact or airborne allergens (for example, latex, insect stings, pollen), reasonable adjustments and environmental controls will be established in their IHP/risk assessment.
- **Off-Site Activities & Trips:** Educational visit risk assessments must explicitly address allergen management. Staff must ensure that a copy of the pupil's IHP, their prescribed double-pack of AAIs, and trained staff accompany the pupil on all off-site trips.
- **"Nut-Aware" Approach:** The school promotes a "nut-aware" environment and discourages pupils, staff, and visitors from bringing known high-risk allergens onto the premises.

7. Required Updates to Linked Policies

To ensure trust-wide compliance, the following policies have been reviewed and updated in tandem*:*

1. **Supporting Pupils with Medical Conditions Policy:**
    - Ensure the definition of "Emergency" explicitly includes anaphylaxis protocols.
    - Confirm liability and indemnity cover specifically includes the administration of AAIs.
2. **Health and Safety Policy:**
    - Update risk assessment templates to include specific sections for allergen management in classrooms (such as food technology or science).
3. **Educational Visits Policy:**
    - Mandate that a copy of the pupil's IHP and their medication must accompany them on all trips.
4. **Food Policy:**
    - Incorporate "Natasha's Law" requirements for Full Ingredient Labelling (FIL) for any pre-packed for direct sale (PPDS) foods.
5. **Exclusion and Attendance Policy:**
    - Ensure that absences related to severe allergic reactions or medical appointments are not penalised.

8. Appendix 1: Example Individual Healthcare Plan (IHPs)

Also included in Supporting Pupils with Medical Conditions Policy:

1. Pupil Information	
Child/Young Person's Name:	
Date of Birth:	
School:	
Class/Form:	
Address:	
Medical Condition / Diagnosis:	
Plan Date:	
Review Date: (At least annually or as needs change)	

2. Key Contacts & Roles		
Contact Role	Name	Phone Number
Parent / Carer 1		
Parent / Carer 2		
GP		
Specialist Nurse / Clinic		
School special educational needs co-ordinator (SENCo)		
Designated Support Staff		

3. Medical Needs & Care Requirements
Symptoms, Triggers & Signs: (Describe daily symptoms, known triggers, and early warning signs)

Daily Care Requirements & Routine: (Include daily care, equipment, dietary needs, or physical adjustments needed)	
Educational, Social & Emotional Support: (Specific adjustments for learning, PE, break times, and emotional support)	
Trips & Off-Site Activities: (Arrangements, risk assessments, or additional staff required for trips)	
4. Medication Details	
Name of Medication:	
Dose & Method:	
When to be Administered:	
Side Effects / Contraindications:	
Self-Administration: Yes / No (Specify level of supervision required)	
Storage Requirements:	
5. Emergency Procedures	

What Constitutes an Emergency?	
Action to Take in an Emergency:	
Designated Lead in an Emergency:	
6. Agreement & Sign-off	
Pupil Voice / Comments: (Optional, where appropriate)	
I agree that the medical information contained in this plan may be shared with relevant school staff and emergency services to ensure my child's safety and well-being.	
Parent/Carer Signature:	**Date:**
School Lead Signature:	**Date:**
Healthcare Professional Signature:	**Date:**

Approved by	board of trustees (14.09.26)
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Date Amended	
Created by	compliance officer
Applies to	All staff & pupils
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