

Excel Learning Trust

Allergy Safety Policy

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1. Introduction and Purpose

Excel Learning Trust is committed to the safety, wellbeing and full inclusion of every child and young person with allergies across all of our schools. This policy has been developed in direct response to “Benedict’s Law” – the Schools (Allergy Safety) Bill, which amended the Children’s Wellbeing and Schools Act 2026, and the statutory guidance Allergy Safety in Schools published by the Department for Education (DfE) on 6 July 2026.

This policy sets out how the Trust and each of its schools will:

- identify children, young people, staff and visitors with allergies, and minimise the risk of them coming into contact with their known allergens, including managing the risk of food allergy;
- train staff in allergy awareness and emergency response;
- ensure children and young people at risk of anaphylaxis have rapid access to their prescribed adrenaline, alongside “spare” adrenaline devices held by the school;
- enable children and young people with allergies to participate fully in visits, trips and all aspects of school life;
- use Individual Healthcare Plans (IHPs) to capture the specific arrangements needed for individual pupils, including any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional; and
- promote the wellbeing and inclusion of children and young people with allergy, including preventing and responding to allergy-related bullying.

Around one in five children and young people with allergy experience their first allergic reaction while at school. This means allergy safety cannot be organised only around pupils with a known diagnosis: every member of staff across the Trust must be able to recognise and respond to anaphylaxis.

2. Scope: Who and Which Schools This Policy Covers

2.1 Schools within Excel Learning Trust

This policy applies, in full, across all schools within Excel Learning Trust.

Section 34 of the Children’s Wellbeing and Schools Act 2026 places a statutory duty to have, publish and keep under review an allergy safety policy on local-authority-maintained schools, academies (including free schools and alternative provision academies, but excluding 16–19 academies) and pupil referral units. All of the Trust’s schools therefore have a statutory duty to comply with this policy and the DfE’s statutory guidance.

Inspire Academy is an independent alternative provision school. Independent schools are not currently subject to the section 34 statutory duty. The Government has stated its

intention to introduce equivalent allergy safety requirements for independent schools (including AP) through the Independent School Standards, but this has not yet taken effect. The Executive Team has resolved that, as a matter of good practice and to ensure a single, consistent standard of safety across every child in the Trust's care, Inspire Academy will adopt and apply this policy in full, in anticipation of the regulatory standards being extended to independent schools. This policy will be updated once those regulatory standards are confirmed.

2.2 Early years and nursery provision

Where a Trust primary school operates nursery provision (i.e. for "young children", from birth until 1 September following their fifth birthday), that provision remains subject to the Statutory Framework for the Early Years Foundation Stage (EYFS), including its specific requirements on managing allergies, medical conditions and safer eating. This policy applies to nursery-age children within Trust primary schools as a matter of good practice and consistency, alongside the school's separate EYFS compliance arrangements. Reception-age and above pupils are covered by the statutory duty described in Section 2.1.

2.3 People covered

This policy applies to all individuals on a Trust school site, including:

- pupils, including those with a diagnosed allergy, a suspected allergy, or no known allergy (since first reactions can occur without a prior diagnosis);
- all staff – permanent, temporary, supply and agency staff, peripatetic staff, and regular volunteers;
- visitors and contractors with a pupil-facing role (for example, coaches, workshop leaders, exam invigilators); and
- members of staff and visitors who themselves have allergies.

Contractors carrying out work with no pupil-facing role (for example, builders, electricians or ad hoc maintenance staff) are not required to undertake allergy awareness training under this policy.

3. Legal and Policy Framework

This policy has been written with regard to the following legislation and statutory guidance:

- Children's Wellbeing and Schools Act 2026, section 34 Allergy Safety in Schools (DfE, statutory guidance, July 2026)
- Children and Families Act 2014, section 100
- Supporting Pupils with Medical Conditions at School (DfE, statutory guidance)

- Equality Act 2010
- Children Act 1989, section 3
- Education Act 2002, sections 20 and 175
- Health and Safety at Work etc. Act 1974, section 2.
- Human Medicines (Amendment) Regulations 2017
- Human Medicines Regulations 2012 (as amended in 2014)
- Food Information Regulations 2014 (including the 2021 amendment, “Natasha’s Law”)
- Requirements for School Food Regulations 2014 (the School Food Standards)
- Regulation (EC) 178/2002, Article 19
- UK GDPR and Data Protection Act 2018
- SEND Code of Practice
- Statutory Framework for the Early Years Foundation Stage (EYFS)

This policy does not create a framework for delegating clinical healthcare tasks from regulated healthcare professionals to school staff. Where a pupil requires healthcare support that falls under NHS responsibility, this will continue to be arranged through appropriate clinical governance, training, competency and accountability arrangements, separate from the allergy awareness and emergency response training described in this policy.

4. Definitions

Term	Meaning
Allergy	A condition in which the body’s immune system reacts abnormally to a normally harmless substance (an “allergen”), such as a food, insect sting, contact allergen (e.g. nickel, latex) or airborne allergen (e.g. pollen, house dust mite).
Anaphylaxis	A potentially fatal allergic reaction affecting the Airway, Breathing and/or Circulation (“ABC”). It can develop within minutes and always requires an immediate emergency response, including adrenaline.
Asthma	A lung condition, frequently associated with allergy, in which exposure to a trigger (including allergens) can provoke an asthma attack – a potentially life-threatening event.
Adrenaline auto-injector (AAI)	A device (e.g. EpiPen®, Jext®) used to deliver a single dose of adrenaline into the outer thigh muscle to treat anaphylaxis.

Term	Meaning
“Spare” adrenaline device	An AAI purchased by the school, without a prescription, for use in a genuine anaphylactic emergency where a pupil’s own prescribed device is unavailable, has misfired, or the reaction occurs in someone without a known prior diagnosis.
Allergy Action Plan / Asthma Action Plan	A medical document issued by a healthcare professional for an individual pupil, setting out how to recognise and respond to their allergic reaction or asthma attack, including medication instructions and consent.
Individual Healthcare Plan (IHP)	A school-owned (not clinical) document setting out the additional or different arrangements a school will put in place to support a specific pupil with their allergy, including in an emergency. It refers to, and where relevant attaches, any Allergy or Asthma Action Plan.
Coeliac disease	An autoimmune condition causing hypersensitivity to gluten. It is not an allergy and cannot cause anaphylaxis; it is managed through the Trust’s wider medical conditions arrangements rather than this policy.
Food intolerance	A non-immune reaction to a food (e.g. lactose intolerance) which cannot cause anaphylaxis, managed through dietary avoidance under the Trust’s wider medical conditions arrangements.
Non-allergic triggers	Some pupils have medically recognised sensitivities or triggers that do not meet the clinical definition of allergy but can still cause serious or life-threatening reactions, for example mast cell disorders such as mast cell activation syndrome (MCAS). Any known trigger with the potential to cause significant harm will be identified and managed under this policy, on the basis of a medical letter from the relevant healthcare professional setting out the triggers to be avoided and how to manage a reaction.
Near miss	An event in which an allergen exposure or emergency response failure occurred but did not result in harm – for example, an allergen almost being served to a pupil who avoids it.

5. Roles and Responsibilities

As the academy trust, Excel Learning Trust is, in law, responsible for ensuring every Trust school has an allergy safety policy that meets the requirements of Benedict’s Law. The Trust discharges this responsibility through the scheme of delegation summarised below.

5.1 Executive Team

- Approves this policy and any material revisions to it.

- Ensures allergy safety risk is reflected on the Trust's central risk register and is reported on at least annually.
- Holds the central Trust Allergy Safety Lead and Head of School/Principals to account for implementation through the Trust's standard governance and assurance cycle.

5.2 Central Trust Allergy Safety Lead

A named member of the Trust's central senior leadership team, Gemma Shaw, Assistant Director of School Improvement (Inclusion), is responsible, on behalf of the Executive Team, for

- owning this Trust-wide policy and leading its annual review (or sooner following a serious incident or near miss);
- ensuring each school has a named School Allergy Safety Lead;
- providing consistent training resources, templates (including the Individual Healthcare Plan template) and procurement routes (for example, for "spare" adrenaline devices) across the Trust;
- collating serious incidents and near misses reported by schools, to identify Trust-wide lessons and trends; and
- providing assurance to the Trust Board that each school is compliant with this policy and the DfE statutory guidance.

5.3 Academy Committees / Head of Schools and Principals

- The Head of School or Principal of each school is accountable for allergy safety within their school and for the implementation of this policy day to day.
- Each Head of School/Principal will appoint a named School Allergy Safety Lead, who must be a member of the school's senior leadership team (responsibility must not sit with a catering manager alone).
- Allergy-related risk will be included on each school's local risk register and reported to its Academy Committee / Trust representative.
- Each school will complete and keep up to date the School-Level Annex at Appendix A, recording its local arrangements.

5.4 School Allergy Safety Lead (named senior leader in each school)

- Drives implementation of this policy in their school and leads or contributes to its review.
- Maintains the school's record of pupils, staff and regular visitors with known allergies.
- Oversees the production, quality and regular review of Individual Healthcare Plans.

- Coordinates whole-school allergy awareness training, including induction of new and supply staff.
- Oversees the procurement, storage, in-date checking and safe disposal of “spare” adrenaline devices and emergency asthma inhalers.
- Ensures serious incidents and near misses are recorded, reported and reviewed, and that lessons are fed back into the policy and individual IHPs.
- Acts as the school’s point of contact for parents, healthcare professionals and the Trust’s central Allergy Safety Lead on allergy matters.

5.5 All staff

- Complete allergy awareness and emergency response training at least annually (see Section 6).
- Know how to recognise an allergic reaction and anaphylaxis, and how to respond, including how to locate and use “spare” adrenaline devices.
- Follow the arrangements set out in individual pupils’ IHPs and take reasonable steps to reduce the risk of pupils and colleagues being exposed to known allergens.
- Report any incident or near miss promptly, in line with Section 13.

5.6 Catering provider

Excel Learning Trust schools use a contracted external catering provider. The Trust’s catering contract requires the provider to:

- provide clear, accurate and accessible information on the 14 legally regulated allergens for every dish served, and comply with “Natasha’s Law” labelling requirements for any food prepacked for direct sale;
- maintain robust cross-contamination controls in food preparation, handling and service, and provide allergen training for catering staff;
- make catering staff available to meet with parents/carers of pupils with food allergy to discuss safe meal provision; and
- notify the school promptly of any allergen incident or near miss connected to food it has supplied, and cooperate with the school’s investigation and, where applicable, statutory notification duties under Article 19 of Regulation (EC) 178/2002.

School leaders will engage regularly with the catering provider to understand and assure themselves of the controls in place, and will reflect catering-specific arrangements in the School-Level Annex (Appendix A).

5.7 Parents and carers

- Provide the school with full and up-to-date information about their child's allergy, including any Allergy or Asthma Action Plan, and inform the school promptly of any change.
- Work with the school to develop and review their child's Individual Healthcare Plan.
- Provide, and keep in date, any prescribed adrenaline devices or other medication their child needs to carry.
- Inform the school of any reaction that occurs outside school which may be relevant to the pupil's safety in school.

5.8 Pupils

Pupils will be supported and encouraged, in a way that is appropriate to their age and understanding, to take increasing responsibility for managing their own allergy, including carrying and being aware of their own medication where appropriate. Decisions about self-management are made individually, with the pupil, their parents and, where relevant, healthcare professionals, and will never be assumed on the basis of age alone.

6. Allergy Awareness Training

First aid training alone is not sufficient to meet the requirements of this policy. All staff present at any time when pupils are on site will undertake allergy awareness and emergency response training at least annually. New and supply staff will receive this training as part of induction, before they are left unsupervised with pupils, wherever practicable.

Training will ensure all staff:

- understand what an allergy is, the range of allergic conditions (food allergy, asthma, eczema, hay fever and others) and how they can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- can identify the range of symptoms of a mild to moderate allergic reaction and can recognise anaphylaxis;
- know how to respond in an emergency, including calling 999, informing parents, and how to locate and administer emergency medication (adrenaline for anaphylaxis; a reliever inhaler for an asthma attack), whether prescribed to a named pupil or a school "spare" device;
- understand the impact an allergy can have on a pupil's wellbeing, and the importance of preventing and responding to allergy-related bullying;
- understand this policy and their responsibilities within it;

- know how to check whether a pupil is on the school's record of known allergies and how to access and use an Allergy or Asthma Action Plan; and
- know how to report an allergic reaction or case of anaphylaxis, whether an actual incident or a near miss.

Staff should be reassured that, in a genuine emergency, the law protects those acting in good faith to save a life. Hesitation, imperfect technique, or a mistake made while acting reasonably does not amount to misconduct. If in doubt whether a reaction is anaphylaxis, staff should treat it as anaphylaxis.

It is good practice for schools to run periodic allergy safety drills, in the same way as fire drills, to test staff response to a simulated case of anaphylaxis. Results should be recorded and used to inform this policy's review, in the same way as a near miss.

7. Wellbeing and Inclusion

Living with allergies and the possibility of anaphylaxis can be a significant source of anxiety for pupils and their families, which may be increased where a pupil also lives with difficult-to-control asthma or eczema. Trust schools will:

- provide reassurance that steps are being taken to minimise the risk of exposure to known allergens, and that robust emergency arrangements are in place;
- communicate regularly with pupils, parents and staff to maintain awareness of the seriousness of allergy;
- engage proactively with new pupils who have a known allergy, including – where helpful – offering a tour of the kitchen and dining area to build familiarity and reduce anxiety; and
- consider “allergy champion” roles for staff and pupils, providing a point of contact and support for new joiners and anxious pupils.

Pupils with allergies must never be excluded from school activities, extracurricular clubs, trips or lunchtime simply because of the risk posed by their allergy, and must not be segregated from their peers at mealtimes. Bullying connected to a pupil's allergy – including excluding them using known allergens, mocking their need to avoid allergens, or threatening to force-feed them an allergen – is a serious safeguarding and wellbeing matter and will be addressed under the relevant Trust Behaviour Policy.

Pupils and staff with allergies will be involved in developing and reviewing the arrangements that affect them, including their own Individual Healthcare Plan.

8. Minimising the Risk of Exposure to Known Allergens

8.1 General principles

Each school will take reasonable, proportionate steps to reduce the risk of pupils, staff and visitors coming into contact with their known allergens, whether through food, airborne allergens or contact allergens (for example, animal fur, latex or nickel). This does not mean preventing pupils from taking part in an activity because of allergy risk; where an activity would expose the whole group to a material that could affect one pupil (for example, a craft activity using egg boxes or wheat-based play dough), the school will find a suitable alternative for the whole group rather than excluding the individual.

Staff planning any activity, particularly craft, cooking, science, music or activities involving animals, must consider the risk of allergen exposure. Known higher-risk materials include:

- recycled food packaging, which may retain allergen traces;
- some play dough and craft materials, which may contain wheat flour;
- some glues and adhesives, which may contain milk, wheat or soya; and
- bird feed, which may contain nuts or sesame.

8.2 “Allergy aware” rather than “nut free”

The Trust does not operate blanket “nut-free” policies. Such policies can create a false sense of security, since nuts are only one of the 14 legally regulated allergens and any food can cause a reaction; “may contain” precautionary labelling also makes strict “nut-free” rules difficult to enforce in practice. Instead, schools will maintain an “allergy aware” culture – remaining actively alert to the risk posed by all allergens, minimising exposure through the practical controls in this policy, and maintaining robust emergency response arrangements. Individual schools may still ask parents not to send in particular foods as a precaution, but this is a supplementary measure and not a substitute for the controls in this policy.

8.3 Airborne and contact allergens

Where a pupil has a known allergy to an airborne or contact allergen (for example, animal fur, latex or pollen), the school will put reasonable, individually tailored measures in place, recorded in the pupil’s Individual Healthcare Plan, which may include (as relevant) adjustments to seating, ventilation, use of animals in the classroom, or PE and outdoor activities.

8.4 Air quality

Air pollutants, both outdoors and indoors, can trigger allergy, asthma and other respiratory illness. Clean air is a core asthma control measure. Trust schools will consider environmental air quality alongside infection prevention as part of their wider health and safety responsibilities, including good ventilation, air quality monitoring, and supplemental HEPA filtration where ventilation is limited and outdoor air quality is poor. Where a pupil’s

asthma or allergy is affected by indoor air quality, this will be recorded in their Individual Healthcare Plan.

8.5 Visits, trips and off-site activities

Every child or young person at risk of anaphylaxis will have a specific, written risk assessment before taking part in any trip or visit off the school premises. Pupils at risk of anaphylaxis will take their own prescribed adrenaline device(s) with them, and at least one member of staff trained in emergency first aid will accompany the activity. Schools should consider, on a trip-by-trip basis, whether it is also appropriate to take “spare” adrenaline devices, but this must never leave the school site without adequate “spare” cover for anyone remaining on site.

Pupils with allergies must not be prevented from participating in a visit or trip, or have unreasonable barriers placed in their way – for example, being told a parent must attend to manage their allergy.

9. Food Allergy and Food Provision

9.1 Statutory basis

All Trust schools, and any contracted caterer acting on their behalf, are “food businesses” for the purposes of food information law whenever they provide food on a regular, organised basis (including through breakfast and after-school clubs). This means:

- information on the 14 legally regulated food allergens must be provided for all food served, clearly and accessibly, to pupils and parents/carers;
- food prepacked for direct sale (PPDS) – for example, sandwiches made and packaged on site before being sold – must carry a full ingredients list with the relevant allergens emphasised, in line with “Natasha’s Law”; and
- the Requirements for School Food Regulations 2014 (the School Food Standards) must be met for all food and drink provided across the school day; where reasonable adjustments are needed for a pupil’s allergy, these will be made within that framework and recorded in the pupil’s IHP.

Food provided occasionally by others, for example, cakes at a parents’ association event, generally falls outside the strict legal definition of a “food business” supply, but schools will still, as good practice, seek clear allergen information for any food brought onto site in this way.

9.2 Identifying pupils with food allergy at mealtimes

Each school will operate at least two independent methods for identifying pupils with a known food allergy at mealtimes (for example, a staff member checking the register of

known allergies, combined with coloured lanyards, photo boards or a list held securely in the kitchen/serving area). The method chosen will be proportionate to the size of the school and the age of pupils, and will always balance safety with dignity, pupils with food allergy must be able to eat alongside their peers and must not be seated separately as standard practice.

9.3 Reducing cross-contamination and exposure

- Lunch boxes, bottles and other food/drink brought from home for a pupil with food allergy will be clearly labelled with the pupil's name.
- Meals for pupils with food allergies will, where practicable, be prepared first and kept separate, with appropriate cleaning of surfaces and utensils between preparation of different meals.
- Trading, sharing or swapping of food, food utensils or containers between pupils is discouraged and actively managed at lunchtimes.
- Where menus must be changed at short notice (for example, due to a supply shortage), catering staff will ensure the needs of pupils with food allergies continue to be met and any change is clearly flagged.
- Where food is brought in by others rather than provided by the school, for example treats or birthday cakes, parental engagement and permission will be sought in advance, so that pupils with allergy remain both safe and included.
- Unlabelled food carries a greater risk of allergen exposure than packaged food carrying precautionary ("may contain") labelling. This applies to food used in the classroom curriculum as much as to food from the school kitchen. Ingredients brought into school for curriculum use should wherever possible arrive in their original packaging with the ingredients list intact, rather than decanted into unlabelled containers.

9.4 Free school meals

Where a pupil eligible for free school meals has a food allergy, the school will make reasonable adjustments, agreed with the caterer, the pupil and their family, to enable them to access their entitlement safely. These arrangements will be recorded in the pupil's Individual Healthcare Plan.

9.5 Notifiable food safety incidents

Where a school or its caterer has reason to believe that unsafe food (for example, food containing an undeclared allergen) has left the school's or caterer's immediate control and may pose a risk to others beyond a single, contained incident, the School Allergy Safety Lead will seek advice from the local authority environmental health team (or relevant Primary Authority) on whether formal notification under Article 19 of Regulation (EC) 178/2002 is required. Isolated incidents that are identified and contained immediately are

unlikely to require formal notification, but must still be recorded and reviewed under Section 13.

9.6 Catering model at secondary schools

The Trust's catering provider does not prepare individually managed or plated meals for secondary age pupils in the way it does at primary. Instead, secondary pupils are supported to manage their own allergy through clear allergen labelling, transparent menu information, and identification at the point of sale (for example, via the till system). This reflects an intentional shift towards pupils taking increasing responsibility for their own allergy management as they get older, consistent with Section 5.8 of this policy.

This change in approach must never be assumed to mean a pupil needs less support simply because of their age. Where a pupil's IHP identifies a continuing need for additional support at secondary school, for example, because of a history of anaphylaxis or a complex or recently diagnosed allergy, the School Allergy Safety Lead will agree individual arrangements with the catering provider, the pupil and their parents, rather than defaulting to the standard self-management model.

Parents and pupils will be made aware of this change in catering model as part of transition arrangements between a Trust primary school and a Trust secondary school, so that families do not assume the plated meal arrangements used at primary continue unchanged at secondary.

9.7 Food used in the curriculum

Food is used across the curriculum, including in craft, science, primary cooking and secondary food technology. Different arrangements apply depending on whether the school or the pupil supplies the ingredients.

Where the school supplies the ingredients or materials

- Staff will substitute an allergen-free alternative where an activity requires a food ingredient, for example, wheat-free flour for play dough or cooking.
- Food containers such as egg cartons and yoghurt pots can retain allergen traces. Staff will use alternative, non-food containers for craft activities where possible. Where food containers are essential to the activity, for example junk modelling, staff will ensure all materials used are free from any allergen that poses a risk to a pupil in that group.
- Where an activity would involve most of a group using a material that might contain an allergen affecting one of them, an alternative will be found for the whole group rather than excluding the individual.

Where pupils supply their own ingredients

The Trust does not require all pupils in a class to bring allergen-free ingredients as a matter of course. Instead:

- Before a scheme of work involving food begins, the School Allergy Safety Lead will provide the teacher with the allergy details of every pupil in the class, drawn from the school's record of known allergies. Teachers must not rely on pupils to self-declare an allergy, or on informal recall.
- The teacher will complete a written risk assessment for the scheme of work, identifying the allergens involved, the pupils at risk and the controls to be applied. The risk assessment will be reviewed if the composition of the class changes.
- Controls will be proportionate to the risk identified and may include: restricting a specified allergen from the ingredients list for the whole class where cross-contamination cannot otherwise be managed; adapting the recipe for the pupil concerned; allocating separate workstations, equipment, utensils and oven space; and requiring hand washing and cleaning of surfaces and equipment before and after each practical.
- Where a whole-class restriction is applied, parents will be informed in writing, in advance, of the ingredients pupils must not bring.
- Pupils with a food allergy will not taste or handle food they have not prepared themselves unless the ingredients have been checked by staff.
- Clear expectations will be set for pupils and parents that ingredients brought in for curriculum use are labelled, prepared and stored safely (see also Section 9.3).

10. Identifying Pupils, Staff and Visitors with Allergies

Each school will keep an up-to-date, secure record of every pupil, member of staff and (where relevant) regular visitor with a known allergy, including their known allergens and whether they carry medication such as an adrenaline device. Information will be actively sought:

- from parents, the pupil themselves (where age-appropriate) and any previous school, when a pupil joins. Arrangements should be in place by the start of the relevant term for new starters, and within two weeks for in-year admissions wherever the school is able to do so;
- from staff, before or when they commence work; and
- from visitors, in advance of their visit wherever possible, particularly where they are likely to be offered food.

It is good practice to keep an accessible (staff-only) list of pupils with known allergy, including a current photo and their known allergens, in areas where food is served or handled and in food technology, science, art and craft classrooms.

When a pupil already on roll is newly diagnosed with an allergy, develops an allergy, or their condition changes, the school will update its records and review the pupil's Individual Healthcare Plan without waiting for the policy's annual review.

11. Individual Healthcare Plans

11.1 Who needs an Individual Healthcare Plan (IHP)

A pupil should have an IHP where all three of the following apply:

1. their allergy has a functional impact on them at school;
2. they are at risk of harm as a result of their allergy; and
3. they require arrangements that are additional to, or different from, those made for pupils generally.

A formal medical diagnosis is not required for a pupil to have an IHP; schools should act on the functional impact and risk of harm, whether the allergy is diagnosed or suspected. A single IHP should cover all of a pupil's support needs; pupils should not have multiple IHPs for different conditions. Not every pupil with an allergy needs an IHP, for example, a pupil with mild hay fever who is able to self-manage with over-the-counter antihistamine under the school's general medical conditions arrangements may not require one. The decision rests with the Head of School/Principal, made together with the pupil's parents and, where relevant, healthcare professionals.

11.2 What an IHP contains

Schools will use the Trust's standard Individual Healthcare Plan template (based on the DfE model) which records:

Section	Content
Key information	Pupil's name, date of birth, class, current photo, emergency contact details, and who in the school needs to be aware of the plan.
The allergy	Known allergens; whether the pupil is likely to recognise a reaction themselves and alert others.
Managing the allergy	Any care/action plan or prescribed medication; what practical adjustments manage the risk; the extent to which the pupil can take responsibility for their own allergy.
Impact on education	Potential impact on health, learning and wellbeing; any interaction with SEN.
Arrangements for support	Specific adjustments the school will make, including at meal/snack times, and how missed learning due to allergy-related absence will be supported.

Section	Content
Visits and trips	Arrangements needed for the pupil to participate safely in activities off the school's normal timetable.
Emergency response	Reference to (and attachment of) any Allergy/Asthma Action Plan; signs of an emergency; what to do and who to contact; location of "spare" adrenaline.
Review	When issued, by whom, when last discussed with the pupil/parents, and when next due for review.
Annexes	Attached medication details, consent, and any Allergy/Asthma Action Plan or care plan issued by a healthcare professional.

An IHP is not a clinical document. Schools are not responsible for clinical judgement, and staff are not expected to have clinical expertise. The IHP records how the school will respond to the information and advice it receives from the pupil, their parents and any healthcare professionals involved. Where a healthcare professional has issued a care plan, Allergy Action Plan or Asthma Action Plan, the IHP will refer to and attach it rather than duplicating or summarising its clinical content, to avoid the risk of transcription error.

IHPs will be developed and reviewed in genuine partnership with the pupil and their parents, drawing on any available clinical advice, and will be reviewed at least annually, whenever an updated Action Plan is received, and whenever the pupil's circumstances change. When a pupil moves between Trust schools (for example, from a Trust primary to a Trust secondary), a new IHP will be prepared by the receiving school, informed by, but not simply copied from, the previous plan.

12. Prescribed Adrenaline and "Spare" Emergency Medication

12.1 Prescribed adrenaline devices

Pupils prescribed adrenaline (whether an auto-injector or non-injectable nasal device) will have rapid access to their own devices at all times; in lessons, at lunch, in the playground, on the sports field, while travelling to and from school, and on trips, recognising that adrenaline should be administered within five minutes of a reaction starting. Where age or other considerations mean a pupil cannot keep their device with them, it will be stored in an unlocked, accessible, central location known to all relevant staff.

Each school's School-Level Annex (Appendix A) will record:

- arrangements for pupils/parents to take individually prescribed devices home each day and to check they remain in date; and

- how the school keeps a record of which pupils have been provided with prescribed adrenaline and an Allergy Action Plan.

12.2 “Spare” adrenaline auto-injectors (AAIs)

The Human Medicines (Amendment) Regulations 2017 permit schools (though not early years settings or FE colleges) to purchase AAIs, without a prescription, for use in a genuine emergency. Because up to one in five anaphylaxis reactions in schools occur in a pupil without a pre-existing diagnosis, every Trust school (including Inspire Academy, applying this policy as a matter of good practice) will stock “spare” AAIs of the correct dosage for its pupils.

Indicative minimum stock levels, in line with DHSC guidance, are:

School type	Under-6 dose (150 micrograms)	6-and-over dose (300 micrograms)
Nursery provision within a primary school	One pair of “spare” AAIs	N/A
Primary school (Knavesmire, Scarcroft, Woodthorpe, Carr Junior)	One pair of “spare” AAIs	One pair of “spare” AAIs
Secondary school (Millthorpe, York High School)	N/A	One or two pairs of “spare” AAIs (larger sites should consider two pairs, sited so that a pair is always within five minutes of anywhere on site)
Inspire Academy	N/A	One or two pairs of “spare” AAIs (larger sites should consider two pairs, sited so that a pair is always within five minutes of anywhere on site)

When storing “spare” AAIs, schools will ensure:

- they are stored at room temperature, away from direct sunlight, and are never refrigerated;
- they are readily accessible at all times and are never locked away (though may be kept out of pupils’ casual reach, given the needle);

- they are stored in pairs, and in larger schools in more than one location (for example, near the dining hall and near the playground/sports field) so that a pair can always be brought to any pupil within five minutes;
- they are clearly labelled as “spare”, to avoid confusion with a device prescribed to a named pupil, and are ideally kept as part of a clearly marked “emergency anaphylaxis kit” alongside any emergency asthma inhaler and instructions for use;
- expiry dates are checked routinely (recommended: at least monthly, and following any use), and devices are reordered promptly when used or nearing expiry; and
- used or expired AAIs are disposed of safely, in line with manufacturer guidance – for example, via a sharps bin, a pharmacy, or handed to ambulance paramedics attending an incident.

Purchase requests for “spare” AAIs will be made on school headed paper, signed by the Head of School/Principal, confirming the school’s name, the quantity required and that the devices are for emergency administration to pupils at the school, in line with DHSC guidance.

The Regulations currently permit only AAIs to be purchased as “spare” devices. Non-injectable nasal adrenaline devices may be prescribed to an individual pupil but cannot be stocked by the school as a “spare”. Where a pupil prescribed a nasal adrenaline device experiences anaphylaxis and their own device is not available or misfires, the school’s “spare” AAI will be used.

12.3 “Spare” emergency asthma inhalers

Each school may also hold an emergency salbutamol reliever inhaler and spacer, for use where a pupil who has been prescribed a reliever inhaler cannot access their own (for example, because it is empty, broken or has been left at home). Unlike “spare” AAIs, an emergency inhaler may only be used where written parental consent has been obtained in advance. Emergency inhalers will be stored alongside “spare” AAIs.

12.4 Using “spare” adrenaline: emergency procedure

In the event of a suspected anaphylactic reaction, staff will:

1. Lay the person flat with their legs raised (or in a comfortable breathing position if this is not possible) and bring help and medication to them – never make them walk to get help.
2. Use their own prescribed adrenaline device immediately if it is available; if not, use the school’s “spare” AAI without delay. If in doubt whether the reaction is anaphylaxis, give adrenaline – it is very safe and may be lifesaving.
3. Call 999 immediately and state “anaphylaxis”.
4. Give a second dose of adrenaline after five minutes if there is no improvement.

5. Stay with the person for at least 60 minutes, even if they appear to recover, in case symptoms return.
6. Inform parents/carers as soon as possible, and record and report the incident in line with Section 13.

The 2017 Regulations do not require consent to have been obtained in advance for a “spare” AAI to be used in a genuine emergency; anyone may take reasonable action to save a life. It remains good practice to seek advance parental consent, and this will be sought as part of each pupil’s IHP wherever an allergy is known.

13. Serious Incidents and Near Misses

13.1 What counts as a serious incident or near miss

A serious incident includes any case of anaphylaxis, any occasion on which emergency medication was administered, and any allergen exposure that caused significant illness. A near miss includes, for example, an allergen almost being served to a pupil who avoids it, or a pupil’s prescribed adrenaline being found to be out of date or missing when needed. Because the effect of an allergen exposure at school is sometimes not recognised until a pupil is back at home, schools will also accept and act on reports made after the event by a pupil, their parents, or a healthcare professional.

13.2 Recording and reporting

- Every serious incident and near miss will be recorded by the School Allergy Safety Lead, using the school’s standard incident log.
- Parents/carers will be informed of any incident involving their child, and the Trust Board will be informed of serious incidents.
- Where the incident relates to food supplied by the school or its caterer, the School Allergy Safety Lead will consider whether statutory notification is required (see Section 9.5) and will liaise with the caterer accordingly.
- Incidents will be reported to the Trust’s central Allergy Safety Lead, to allow Trust-wide trends and lessons to be identified.
- Where relevant, incidents will also be considered against the school’s safeguarding procedures, and any RIDDOR-reportable event will be reported to the Health and Safety Executive by the Trust’s central Health and Safety lead.

13.3 Learning lessons

Every serious incident and near miss will prompt a review of whether the arrangements in place, including this policy and the pupil’s IHP, were appropriate, and whether changes are needed. Failure to learn lessons from incidents and near misses has contributed directly to child deaths in schools nationally; this review step is not optional. Support for the wellbeing

of the pupil involved, their peers and staff following a serious incident will be considered as part of the school's pastoral response.

13.4 Complaints

Any concern or complaint about how an allergy-related incident, or this policy, has been handled should be raised in the first instance with the School Allergy Safety Lead or Head of School/Principal, and may otherwise be raised through the Trust's Complaints Policy.

14. Information Sharing and Data Protection

A pupil's allergy and health information is "special category data" under UK GDPR, meaning it is highly sensitive and subject to additional legal protection. Trust schools have a lawful basis to hold, use and share this data where necessary to keep a pupil safe and included, but will always do so in a controlled, proportionate and respectful way – unnecessary or careless sharing can undermine a family's confidence in the school and can be distressing or embarrassing for the pupil concerned.

Information about a pupil's allergy will be shared with staff on a need-to-know basis (for example, class teachers, catering staff, first aiders and those supervising clubs or trips), and with a receiving school when a pupil transfers, in line with the Trust's Data Protection Policy. Records will be kept up to date and disposed of in accordance with the Trust's data retention schedule.

15. Publishing and Raising Awareness of This Policy

- This policy will be published on the Trust's website and, where practicable, on each school's own website, and will be made available in hard copy on request.
- All staff will be made aware of this policy as part of induction and their annual allergy awareness training.
- Parents and pupils will be made aware of the policy's existence and how to access it, including through new-starter information.
- Where a pupil is prescribed adrenaline, the school will discuss with the pupil and their parents whether it is appropriate for close friends or classmates to understand how to seek help in an emergency. Any such wider awareness will never be a substitute for staff's own emergency response arrangements.

16. Unacceptable Practice

The following practices are not acceptable in any Excel Learning Trust school, and any instance will be treated as a serious matter:

- preventing a pupil from easily accessing their medication, including prescribed adrenaline devices;
- ignoring the views of a pupil, or their parents/carers, about their allergy;
- ignoring medical evidence or the advice of healthcare professionals;
- assuming every pupil with allergy needs the same support, or that older pupils no longer need support because they can take on more responsibility;
- assuming a pupil does not have an allergy simply because they do not yet have a formal diagnosis;
- sending a pupil with allergy home frequently, or excluding them from normal or extracurricular activities (including lunch), for reasons connected to their allergy;
- sending an unwell pupil to an office or medical room unsupervised – in an allergic emergency, help must always come to the pupil;
- penalising a pupil's attendance record, or excluding them from attendance-related rewards, where absence relates to their allergy (for example, hospital appointments);
- requiring, or making a parent/carer feel obliged, to attend school to administer medication or provide medical support to their child; and
- creating unnecessary barriers to a pupil with allergy taking part in any aspect of school life, including trips, for example by requiring a parent to accompany them.

17. Governance, Monitoring and Review

17.1 Inspection

Ofsted inspectors consider how well medical conditions and allergy safety arrangements are implemented as part of their evaluation of safeguarding. Inspire Academy, as an independent school, is subject to inspection under the Independent School Standards; the Trust's decision to apply this policy at Inspire Academy supports its ongoing compliance and readiness for any future regulatory change in this area.

17.2 Risk register

Allergy-related risk will be recorded on both the Trust's central risk register and each school's local risk register, and actively managed by the relevant Academy Committee.

17.3 Review of this policy

- This policy will be reviewed at least annually by the central Trust Allergy Safety Lead, in consultation with School Allergy Safety Leads.

- It will also be reviewed sooner following any serious incident or near miss which suggests the policy or related procedures may leave a pupil, member of staff or visitor at risk.
- Pupils, staff and parents with lived experience of allergy will be invited to contribute to the review.
- Material changes will be reported to, and approved by, the Trust Board.

18. Equality Act Considerations

Severe allergy can meet the Equality Act 2010 definition of disability where it has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Hay fever alone is expressly excluded from this definition unless it aggravates another condition. Where a pupil's or staff member's allergy meets this threshold, the Trust will consider its duties to avoid discrimination and to make reasonable adjustments under the Equality Act 2010 alongside this policy. An Equality Impact Assessment for this policy is provided in the accompanying Implementation and Impact Assessment document.

19. Related Policies and Sources of Support

19.1 Related Trust policies

- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- SEND Policy
- Data Protection Policy
- Educational Visits and Trips Policy
- Behaviour and Anti-Bullying Policy
- Attendance Policy
- Complaints Policy

19.2 External sources of support

- DfE, Allergy Safety in Schools (statutory guidance, July 2026) and accompanying Allergy Safety Policy and Individual Healthcare Plan templates – gov.uk
- DfE/DHSC, Supporting Pupils with Medical Conditions at School (statutory guidance)

- DHSC, Using Emergency Adrenaline Auto-Injectors in Schools; Emergency Asthma Inhalers for Use in Schools
- MHRA, Adrenaline Auto-Injectors: Guidance and Resources for Safe Use
- British Society for Allergy and Clinical Immunology (BSACI) – Allergy Action Plan templates; www.spareadrenalineinschools.uk
- Asthma + Lung UK – Asthma Action Plan templates and school resources
- Anaphylaxis UK and Allergy UK – training and school resources
- Food Standards Agency – Allergen Guidance for Food Businesses; Allergen Information for Non-Prepacked Foods; PPDS labelling guidance
- Benedict Blythe Foundation

Appendix A: School-Level Annex (to be completed by each school)

This annex records the site-specific arrangements required by this policy. It must be completed and kept up to date by the School Allergy Safety Lead for each of the Trust's schools, reviewed at least annually, and made available to Trust central assurance visits and to Ofsted/ISI as required. A separate, completed annex is held for each of: Millthorpe School; York High School; Knavesmire Primary School; Scarcroft Primary School; Woodthorpe Primary School; Carr Junior School; and Inspire Academy.

Item	School's local arrangements
School name	[Insert]
Named School Allergy Safety Lead	[Insert name and role]
Deputy/cover arrangements for the Lead	[Insert]
Location(s) of "spare" AAI kit(s)	[Insert – e.g. school office/reception, dining hall, PE department. Confirm every point on site is within 5 minutes.]
Stock and dosage of "spare" AAIs held	[Insert numbers and micrograms, per Section 12.2]
Location and consent arrangements for emergency asthma inhaler	[Insert]
Who checks expiry dates, and how often	[Insert name/role and frequency]
Catering provider and site contact	[Insert]
Method(s) of identifying pupils with food allergy at mealtimes	[Insert]
Where the pupil allergy register is held and who can access it	[Insert]
Arrangements for nursery/EYFS provision (if applicable)	[Insert]
Local induction process for new/supply staff	[Insert]
Date this annex was last reviewed	[Insert]

Appendix B: Quick-Reference – Recognising and Responding to Anaphylaxis

Mild to moderate allergic reaction (not anaphylaxis)

- Swollen lips, face or eyes; itchy or tingling mouth; mild throat tightness.
- Hives or an itchy skin rash.
- Abdominal pain or vomiting; sudden change in behaviour.
- Response: treat with the pupil's prescribed oral antihistamine if available; contact parents; keep the pupil under observation for at least 60 minutes, as reactions can worsen.

Anaphylaxis – always a medical emergency

- **Airway:** swelling of the throat or tongue, a hoarse voice, difficulty swallowing.
- **Breathing:** sudden wheeze, difficulty breathing, persistent cough, noisy breathing.
- **Circulation:** dizziness, feeling faint, sudden sleepiness, confusion, pale/clammy skin, loss of consciousness.

If in doubt, treat as anaphylaxis. Adrenaline is very safe and delay is the greatest risk to life:

1. Lay the person flat, legs raised (or in a comfortable breathing position) – bring help and medicine to them.
2. Give adrenaline immediately (their own device, or the school's "spare" AAI).
3. Call 999 and say "anaphylaxis".
4. Give a second dose after 5 minutes if there is no improvement.
5. Stay with them for at least 60 minutes, even if they seem to recover.
6. Inform parents/carers and record and report the incident.