Allergy Management and Anaphylaxis policy

Inspired Learning Group

September 2026

Contents

1 Introduction and aims

1.1 This is the allergy management and anaphylaxis policy for Inspired Learning Group, hereafter referred to within this policy as **ILG, Our** or **We.** The policy applies to the operations within all our schools and nurseries (which may be referred to as settings).

1.2 ILG is committed to providing a safe, inclusive and supportive environment. Allergy risks will be managed through proportionate risk assessment, training, communication and emergency planning. Any suspected anaphylaxis will be treated as a medical emergency.

1.3 Allergy management forms part of our safeguarding arrangements, as failures to identify, communicate or respond appropriately to known allergies may place children at risk of significant harm.

2 Policy statement

2.1 Our statement of general policy is to:

2.1.1 ensure that pupils, staff and visitors with medical conditions, including allergies, are protected

2.1.2 ensure that in terms of both physical and mental health, children are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential

2.1.3 ensure that a consistent approach to prevention, preparedness and emergency response is adopted

2.1.4 to provide and maintain safe and healthy learning and working conditions

2.1.5 to provide information, instruction, training and supervision to staff

3 Scope and application

3.1 This policy applies to all pupils, staff, volunteers, contractors and visitors.

3.2 The policy applies to the whole school, including the EYFS. It also applies to all staff (including employees, fixed-term, part-time, temporary and voluntary staff and helpers).

3.3 The policy applies on site, during transport, educational visits, residential trips and extra-curricular activities.

4 Regulatory framework

4.1 This policy has been prepared to meet ILG's and the setting's responsibilities under:

4.1.1 Education (Independent School Standards) Regulations 2014 (as amended 2026);

4.1.2 Statutory framework of the Early Years Foundation Stage *(*DfE, September 2026);

4.1.3 Allergy safety in schools (DfE, July 2026);

4.1.4 Supporting Pupils with Medical Conditions at school (DfE, September 2014). Last updated August 2017;

4.1.5 Guidance on the use of adrenaline auto-injectors in schools (Department of Health, September 2017);

4.1.6 Human Medicines Regulations 2012;

4.1.7 Equality Act 2010;

4.1.8 Relevant requirements arising from Benedict's Law from September 2026, which strengthens the protection of children and adolescents with a particular risk of anaphylaxis within educational settings.

4.2 This policy has regard to the following guidance and advice:

4.2.1 Keeping children safe in education (DfE, September 2026)

4.3 The School policies and procedures listed below are relevant but not limited to the following:

4.3.1 Child protection and Safeguarding policy

4.3.2 Health and safety policy

4.3.3 First Aid policy

4.3.4 Catering policy

4.3.5 Educational visits policy

4.4 A number of additional resources are available on Sharepoint under ILG Head Office External\Operations\Benedict's Law.

5 Publication and availability

5.1 This policy is for internal use, and is made available to all staff in each setting.

5.2 This policy is available in hard copy on request from the school or nursery. It can also be made available in large print if required.

6 Responsibility statement and allocation of tasks

6.1 The Proprietor acting on behalf of ILG is committed to protecting the health and safety of those affected by the setting's operation, including but not restricted to its employees, pupils and visitors to the site. This includes aspects related to allergy management.

6.2 The Proprietor delegates responsibility for all allergy matters to the Head or Nursery Manager of the setting, who are responsible for local implementation.

6.3 The setting seeks to minimise the presence of nuts and nut-containing products where reasonably practicable. However, it cannot guarantee a nut-free or allergen-free environment.

6.4 All staff must familiarise themselves with the relevant legislation and Individual Healthcare Plans.

6.5 **Parent responsibilities:**

6.5.1 On entry to the setting, it is the parent's responsibility to provide accurate information about their child, and in particular any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

6.5.2 Parents must supply a copy of their child's Individual Healthcare Plan where in place. If they do not currently have an Individual Healthcare Plan, this should be developed as soon as possible in collaboration with a healthcare professional (eg. GP or allergy specialist).

6.5.3 Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary and upon expiry.

6.5.4 Parents are requested to keep the setting up to date with any changes in allergy management. The Individual Healthcare Plan will be kept updated accordingly.

6.6 **Staff and setting responsibilities:**

6.6.1 All staff must receive annual allergy awareness training, and any other training appropriate for their role. Also see separate section on training.

6.6.2 All staff must be aware of the pupils in their care who have known allergies, as an allergic reaction could occur at any time and not just at mealtimes. As well as full time staff, this includes cover and supply staff, lunchtime supervisors, before and after school club supervisors, and sports coaches. Any food-related activities must be supervised with due caution.

6.6.3 Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Where required medication is unavailable, the setting will undertake an individual risk assessment to determine whether safe participation is possible. In most circumstances involving pupils at risk of anaphylaxis, attendance may not be possible until appropriate medication is available.

6.6.4 The setting will ensure that the up-to-date Individual Healthcare Plan is kept with the pupil's medication.

6.6.5 It is the parent's responsibility to ensure all medication in date, however the setting will check medication kept on site on a termly basis and send a reminder to parents if medication is approaching expiry.

6.6.6 The setting will keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

6.6.7 The setting will ensure that any reaction or near misses are recorded and reported internally or in accordance with RIDDOR.

6.6.8 For boarding schools, relevant leads will ensure that clear communication is provided to parents, pupils and staff. House kitchen controls will be conducted through the review of food/snack arrangements.

6.7 **Pupil responsibilities:**

6.7.1 Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

6.7.2 Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

7 Allergy identification

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

7.2 Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. In sensitive cases, anaphylaxis can occur within either seconds or a few minutes of contact with a substance to which they are allergic.

7.3 Common triggers include certain foods (for example nuts, milk, fish, shellfish, egg), medication (for example general anaesthetics, aspirin), insect stings (particularly wasps and bee stings), latex (types of rubber found in some rubber gloves), pollen and drugs.

7.4 Whilst any medical condition carries with it variation amongst sufferers, these are some examples of the common symptoms which may be felt by the sufferers and signs witnessed. Symptoms usually come on quickly, within minutes of exposure to the allergen.

- Swelling (lips, eyes, tongue, hands, feet or face)
- Tingling or itchy feeling in the mouth
- Red itchy rash anywhere on the body (Hives/Urticaria)
- Widespread flushed skin
- Stomach pain or vomiting
- Anxiety/panic

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

8 Emergency response procedures and treatment

8.1 Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Any suspected anaphylaxis should be treated as a medical emergency. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds. Antihistamines are not a substitute for adrenaline in the treatment of anaphylaxis.

8.2 What does adrenaline do?

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

8.2 AAIs should be administered where a person is believed to be experiencing anaphylaxis, or where this is specified within their Individual Healthcare Plan. If there is any doubt as to whether a severe allergic reaction is occurring, staff should administer the AAI without delay. Delaying treatment may increase the risk of serious harm.

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

Action:

Whilst explained within the Individual Healthcare Plan, the general treatment pathways are as follows:

- **Remove** the cause (if known)
- **Lay** the casualty down flat with their legs raised, call for help and do not leave them unattended. They can be propped up if struggling to breathe, but this should be for as short a time as possible.
- **Locate** 'adrenaline auto-injector' (AAI)
- **Check** instructions on the device
- **Check** casualty pocket for obstructions
- **Administer** without delay as per device instructions in muscle of the mid-upper-outer thigh
- **Call** 999 and state 'ANA-FIL-AX-IS'
- If necessary, a second dose should be provided if there is no improvement within 5 minutes or symptoms & signs (ideally administer second dose in the opposite leg)
- **DO NOT** allow casualty to stand or walk even if feeling better
- If no signs of life commence CPR.

8.4 While waiting for the ambulance, keep the casualty 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.

8.5 All casualties must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can reoccur after treatment.

8.6 Staff administering an AAI should:

- remain calm and reassure the person;
- follow the instructions provided on the AAI device and within the Individual Healthcare Plan;
- administer the AAI into the outer thigh;
- inform the school office and Head/Nursery Manager as soon as reasonably practicable;
- arrange for parents/carers to be contacted without delay.

8.7 A person who has received an AAI must always be assessed by medical professionals, even where symptoms appear to have improved.

8.8 All incidents must be recorded and reviewed, and if necessary the Individual Healthcare Plan updated.

9 Individual Healthcare Plans (IHPs)

9.1 Anyone with a diagnosed severe allergy should have an Individual Healthcare Plan incorporating the Allergy Action Plan.

9.2 These plans are designed to function as individual healthcare plans for people with food allergies, providing medical and parental consent for settings to administer medicines in the event of an allergic reaction to a child, including consent to administer a spare adrenaline auto- injector.

9.3 Plans should include allergens, symptoms, medication, emergency contacts and emergency procedures. Templates are available from anaphylaxis.org.uk.

9.4 Plans must be kept up to date. They are reviewed annually and immediately following any allergic reaction, any change in medication, treatment or circumstances, or following medical advice received. Records must also be updated whenever circumstances change.

9.5 Poorly controlled asthma significantly increases the risk of severe anaphylaxis and should be considered when reviewing Healthcare Plans.

10 Allergy registers and record keeping

10.1 A live allergy register must be maintained by the school or nursery.

10.2 Relevant information should be available to staff involved in supervision, catering and trips.

10.3 Information shall be processed in accordance with data protection requirements.

11 Supply, storage and care of medication

11.1 Staff and pupils (depending on their level of understanding and competence) are encouraged to take responsibility for and to carry their own AAI on them at all times in a suitable bag/container (for example a red drawstring bag).

11.2 For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

11.3 Medication should be stored in a suitable container and clearly labelled with the person's name. The medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date Individual Healthcare Plan
- Antihistamine as tablets or syrup (if included on the Individual Healthcare Plan)
- Spoon if required
- Asthma inhaler (if included on the Individual Healthcare Plan)

11.4 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the setting will check medication kept on site on a termly basis and send a reminder to parents if medication is approaching expiry.

11.5 Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

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

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

11.8 AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor.

12 Medication and adrenaline auto-injectors (AAIs)

12.1 Spare AAIs are held as permitted by law and guidance. These are for emergency use and should only be administered where a child has been diagnosed as being at risk of anaphylaxis, and has both medical and parental consent recorded. These may be needed where their own devices are not available or not working (eg. because they are out of date) or are experiencing anaphylaxis for the first time.

12.2 Depending on the number of pupils and staff at the setting and the size: Nurseries and prep schools would normally have 2 x spare AAIs and 1 x trainer AAI. Through schools, schools would normally have 4 x spare AAIs and 2 x trainer AAIs. Depending on the need, all settings should consider having a separate anaphylaxis kit for trips and boarding (where applicable).

12.3 The spare AAIs are stored in [insert location and details, preferably in a red drawstring bag] clearly labelled 'EMERGENCY AAI', kept safely, not locked away and **accessible and known to all staff.**

12.4 Expiry dates of spare AAIs will be monitored by the setting and checked on a termly basis.

13 Prevention and risk reduction measures

13.1 Risk assessments should be undertaken where allergy risks exist.

13.2 Setting and individual risk assessment templates are available from anaphylaxis.org.uk, where there is also a range of other tools to support allergy awareness.

13.3 Reasonable controls should be implemented to reduce exposure to allergens.

13.4 Staff and parents should be aware that an allergen-free environment cannot be guaranteed, however the setting will make every effort to reduce risks wherever possible.

14 Catering and food provision

14.1 Catering teams must comply with allergen legislation and this policy, as well as the ILG Catering Policy.

14.2 Allergen information, particularly those relating to the 'Top 14' allergens must be accurate and available for all food products.

14.3 The menu is available for parents to view on the website (or on request), with all ingredients listed and allergens highlighted.

14.4 Controls should be implemented to reduce cross-contamination risks. For example through cleaning arrangements, as this often occurs through surfaces such as tables, equipment, shared utensils.

14.5 Procurement of food products should ensure that suppliers provide and maintain accurate allergen information, and notify the setting of any recipe changes. Any unauthorised food substitutions must be prevented.

14.6 Pupils with allergies should only be provided with food that has been confirmed as suitable.

14.7 The setting adheres to the following Department of Health guidance recommendations:

14.7.1 Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

14.7.2 If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.

14.7.3 The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

14.7.4 Where food is provided by the setting, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

14.7.5 Food should not be given to nursery or primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

14.7.6 Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

15 Early Years children

15.1 Particular care must be taken in EYFS settings, in line with the Statutory framework for the EYFS. These include the following:

15.1.1 All dietary requirements and allergies must be clearly communicated and recorded.

15.1.2 Suitable supervision arrangements must be maintained.

16 Educational visits, residentials and transport

16.1 Allergy risks must be incorporated into planning processes, and medication must accompany pupils during visits and off-site activities. Emergency arrangements must be confirmed in advance.

16.2 Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

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

16.4 Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

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

17 Staff training

17.1 Two members of staff are responsible for co-ordinating staff anaphylaxis training and the upkeep of this policy. Their names and roles are [insert details].

17.2 All staff must receive annual allergy awareness training. This is available through various first aid providers, as well as online through the following:

17.2.1 TES course 'Understanding Anaphylaxis'

17.2.2 Food Standards Agency website on this link: Allergy training (although this is not sufficient on its own)

17.3 Relevant staff should also receive practical AAI training using training devices.

17.4 New staff must receive allergy training as part of induction, or at the earliest opportunity.

17.5 Training records must be retained on the central training matrix.

18 Visitors, contractors and lettings

18.1 Reasonable arrangements should be considered where allergy risks are identified.

18.2 Third parties remain responsible for their own legal obligations and risk assessments.

18.3 External caterers, holiday clubs and sports providers are also expected to follow this policy and must receive a copy.

19 Recording, reporting and investigation

19.1 All significant incidents and near misses should be recorded.

19.2 Investigations should identify lessons learned and any improvements required.

20 Monitoring and audits

20.1 Settings should undertake periodic audits of these arrangements. These will also be considered as part of the ILG Health & Safety audit.

20.2 The Head or Nursery Manager will provide periodic assurance to the governing body that the policy is being followed appropriately.

21 Version control

Date of adoption of this policy	1 September 2026
Date of last review of this policy	September 2026
Date for next review of this policy	Autumn 2028
Policy owner	ILG Head Office