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Ethos Academy Trust

Allergy and Anaphylaxis Policy

ETHOS ACADEMY TRUST

Nurturing inclusive learning communities

1	**Summary**	Allergy and Anaphylaxis Policy			
2	**Responsible person**	Janine Taylor			
3	**Accountable ELT member**	Callum Priestley			
4	**Applies to**	Ethos Academy Trust			
5	**Trustees and/or individuals who have overseen development of this policy**	N/A			
6	**Headteachers/Service Heads who were consulted and have given approval (if applicable)**	N/A			
8	**Ratifying committee(s) and date of final approval**	Learning and Achievement Committee 18th June 2026, amendments 18th September 2026			
9	**Version Number**	1.1			
10	**Available on**	**Every**	**Y/N**	**Trust Website** **Academy Website** **Staff Portal**	**Y/N** **Y/N** **Y/N**
11	**Related documents (if applicable)**	Supporting Pupils with Medical Conditions			
12	**Disseminated to**	All staff			
13	**Date of implementation (when shared)**	September 2026			
14	**Date of next formal review**	September 2027			
15	**Consulted with Recognised Trade Unions**	N/A			

Date	Version	Action	Summary of changes
June 2026	1.0	New Policy	Introduced in line with Benedicts Law and DfE guidance
10.09.26	1.1	New Policy - amendment	Final minor amendments to approved version

Contents

1. Compliance with Statutory Guidance on Allergies and Anaphylaxis

This policy details how Ethos Academy Trust, in relation to Allergies and Anaphylaxis, ensures compliance with the regulations as set out by Benedict's Law (2026), Supporting Pupils in schools with medical conditions statutory guidance (DfE 2017), The Equality Act (2010) and Health and Safety duties. As well as the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, The Food Information Regulations 2014 and The Food Information (Amendment) (England) Regulations 2019

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are outlined in Appendix 1

2. Benedict's Law (2026) Compliance Mapping Table

Benedicts Law requirement	What the Law requires Schools/academies to do	Where this Is covered in the Policy
Whole-school allergy policy	Schools must have a dedicated allergy/anaphylaxis policy separate from general medical policy, available to all staff, parents and regular visitors	Allergy and Anaphylaxis Policy implementation
Individual Healthcare Plans (IHPs)	Every pupil with an allergy must have a personalised, up-to-date plan	Individual Healthcare Plan section
Staff training	All staff must be trained in allergy awareness, anaphylaxis recognition, and AAI use	Staff Training section
Emergency response procedures	Schools must have clear procedures for recognising and treating anaphylaxis immediately	Emergency Treatment section
Spare adrenaline auto-injectors	Schools must hold spare, in-date AAIs accessible to staff	Spare AAIs section
Accessibility of medication	Medication must be accessible within minutes and not locked away	Storage & Care section
Record keeping	Schools must record allergic reactions, AAI use, and near misses	Roles (All Staff)
Risk assessment	Schools must assess risks for allergic pupils (daily school life & trips)	Risk Assessment & Trips section
Inclusion and equality	Pupils with allergies must be fully included and not disadvantaged	Inclusion and safeguarding section
Communication with parents and professionals	Schools must work with parents, healthcare professionals, and external agencies	Roles and responsibilities
Catering and allergen management	Schools must ensure safe food provision and allergen information	Catering section
Staff awareness of pupils' needs	Staff must know which pupils have allergies and how to respond	Roles (All Staff)
Incident review and learning	Schools should review incidents to improve practice	Mentioned in recording incidents
Policy ownership and leadership	Schools must assign named responsible persons	Policy Addendum / roles
Monitoring and review	Schools should regularly review policy effectiveness	Front page review date

3. Introduction

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

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

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

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

Common UK Allergens include (but are not limited to) :-

- Peanuts;
- Tree Nuts;
- Sesame;
- Milk;
- Egg;
- Fish;
- Latex;
- Insect venom;
- Pollen;
- Animal Dander.

This policy sets out how the schools within Ethos Academy Trust will support pupils with allergies, to ensure that they are safe and are not disadvantaged in any way whilst taking part in school life. It has been written in line with the DfE Allergy safety policy template.

This policy will be published on academy websites and made available on request. Age-appropriate allergy awareness will be promoted with pupils, and parents/carers will be informed of relevant allergy safety arrangements where appropriate.

4. Role and responsibilities

The schools Senior Leadership Team have the responsibility to:

- Ensure that the up-to-date IHCP/Allergy Action Plan is kept with the pupil's medication;
- It is the parent's responsibility to ensure all medication prescribed is in date however school staff will check medication kept at school on a regular basis and send a reminder to parents if medication is approaching expiry;
- Keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) (Arbor) and a record of use of any AAI(s) and emergency treatment given using CPOMs;
- Keep a register of staff and regular visitors with known allergies and those who have been prescribed AAIs and record any use of these on Every compliance incidents;
- Ensure that any reaction or near misses is recorded on CPOMs and reported internally or in accordance with RIDDOR and used to inform future risk assessments and policy reviews.

The Headteacher has a responsibility to:

- Ensure the school is inclusive and welcoming;

- Liaise with key stakeholders including children (as appropriate), named staff, special educational needs coordinators, pastoral support/welfare officers, inclusion workers, setting nurses, parents, governors, the setting health service, local health care professional, the local authority transport service, catering providers and local emergency care services to ensure provision meets need;
- Ensure that the policy is shared with all staff;
- Ensure the policy is implemented effectively;
- Ensure that information held by academies is accurate and up to date and that there are good information sharing systems in place using Individual Healthcare Plans;
- Ensure confidentiality;
- Ensure that staff are appropriately insured;
- Assess the training and development needs of staff and arrange for them to be met;
- Ensure that all temporary and new staff including trainees and work placements and those undertaking work experience, understand their roles and responsibilities in relation to the medical conditions policy;
- Inform and share information with the School Nurse, community nurses, CLA nurses and other medical professionals if any new information comes to light.
- Maintain responsibility for information sharing, including ensuring all data is stored confidentially and handled as special category data under UK GDPR

All staff have a responsibility to:

- Complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Maintain an awareness of this policy and mark as read on Every documents as and when each review is released.
- 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. Any food-related activities must be supervised with due caution.
- Carefully consider the use of food or other potential allergens in lesson and activity planning;
- Ensure the wellbeing and inclusion of pupils with allergies and ensure bullying relating to allergies be prevented by providing communication and understanding of allergies to pupils appropriate to them ;
- 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 as necessary. Pupils unable to produce their required medication will not be able to attend the excursion.
- Give immediate help to casualties with allergies and anaphylaxis;
- Ensure that an ambulance or other professional medical help is called as prescribed in the individual healthcare plan or whenever appropriate.
- Ensure incidents/near misses are reported internally to SLT by recording on CPOMs at the earliest opportunity
- Declare their own allergies to the Senior Leadership team and ensure where medication is prescribed, that this is available to themselves at all times.

The School Nurse and healthcare professionals (Paediatrician, specialist nurses, GPs) have a responsibility to:

- Inform the school when a child has been identified as having an allergy which requires support;
- Obtain consent from the parent/carer to share information with the school;
- Work alongside the parent/carer, LA, other professionals and school to ensure the child remains in the setting.

Individual doctors and specialist healthcare professionals have a responsibility to:

- Assist in developing the children's Individual Healthcare Plans provided by parents for those children with allergies;
- Notify the School Nurse when a child has been identified as having an allergy;
- Ensure children and young people have regular reviews of their allergy and their medication;
- Provide the Trust with information and advice regarding individual children and young people with allergies (with the consent of the pupil and their parent/carer).

Pupils with allergies (as far as is reasonably practicable) have a responsibility to:

- Have a good awareness of their symptoms and let an adult know as soon as they suspect they are having an allergic reaction;
- 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.

Pupils without allergies (as far as is reasonably practicable) have a responsibility to:

- Be aware of allergens and the risk they pose to their peers;
- Older pupils might also be expected to support their peers and staff in case of an emergency.

Parents/carers of a child with an allergy have a responsibility to:

- On entry to the school, it is the parent/carer's responsibility to inform the SENCO of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication;
- Parents/carers are to supply a copy of their child's Allergy Action Plan to the SENCO. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a relevant healthcare professional, such as the School Nurse, specialist or paediatrician;
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary;
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The IHCP will be kept updated accordingly.

The catering provider has responsibilities to:

- Establish communications and training for all food service staff and related personnel;
- Develop and review policies and procedures regarding the provision of severe food allergies;
- Assist the headteacher to determine whether a meal can be provided to children with food allergies and/or food intolerances.

5. Assessing Risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology;
- Science experiments involving foods;
- Crafts using food packaging;
- Off-site events and trips;
- Any other activities involving animals or food, such as animal handling experiences or baking;
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where an academy has a school dog and a pupil has an allergy to dog specific dander.

6. Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis;

- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose);
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil.

The register is kept on the MIS and can be checked quickly by any member of staff as part of initiating an emergency response.

7. Individual Healthcare Plans and Allergy Action Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Set out how children and young people with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person’s Individual Healthcare Plan should be reviewed to incorporate it.

8. Hygiene Procedures

In order to prevent contamination and minimize the risk of allergy-related incidents, schools will:

- Remind pupils to wash their hands before and after eating;
- Minimise the sharing of food;

9. 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 main way 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 recur after treatment.

10. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times in a suitable bag/container.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit prescribed for them which is kept within 5 minutes of them, not locked away and accessible to all staff. Where it is the expectation that the medication goes home with the pupil at the end of each day, staff on duty will ensure this is collected and given to the child as they leave school.

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

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)

- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is in date and clearly labelled, however where AAIs are kept on site, these will be checked in line with the spare AAIs by school staff on a regular basis and a reminder will be sent to parents if medication is approaching expiry.

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

Older children and medication
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 school staff need to be prepared to administer medication if the young person cannot.

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

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor or specialist collection service. The sharps bin location is outlined in Appendix 1.

11. Spare' adrenaline auto-injectors in school

All Ethos Academy Trust schools have purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in pairs and clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

All schools should ensure that no pupil is more than five minutes from adrenaline devices and they should not be kept in a locked cupboard. The location for spare AAIs in the schools is outlined in Appendix 1.

Business Support teams are responsible for checking whether the spare medication is in date on a monthly basis and to replace as needed.

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

12. Staff Training

All staff will complete allergy and anaphylaxis awareness training annually, and on an ad-hoc basis during induction of new staff.

Training includes requirements as detailed in the DfE guidance Allergy safety in schools - GOV.UK:

- Knowing the common allergens and triggers of allergy;
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency

services;
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device;
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what;
- Managing allergy action plans and ensuring these are up to date.

Where appropriate, schools may provide practical familiarisation using trainer devices.

13. Inclusion and safeguarding

All Ethos Academy Trust schools are 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.

14. Catering

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

All catering providers must make allergen information available with food information legislation and local provider arrangements.

Business Support teams will inform the Catering Provider or Cook of pupils with food allergies.

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

- 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;
- The pupil should be taught to also check with catering staff, before selecting their lunch choice;
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Provider;
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

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. School trips

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 may not be able to attend the excursion if the required medication cannot be sought.

The trip along with all the activities on the trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight 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 trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools/venues. The school will ensure that staff are fully aware of the situation. The school/venue being visited will be notified that a member of the team has an allergy when arranging the fixture. The school will ensure the pupil has their own medication with them prior to the trip commencing. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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

16. Allergy awareness and nut bans

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

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts;
- Cereal, granola or chocolate bars containing nuts;
- Peanut butter or chocolate spreads containing nuts;
- Peanut-based sauces, such as satay;
- Sesame seeds and foods containing sesame seeds.

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

17. Insect bites/stings

To minimise the risk of allergy-related anaphylaxis to insect bites or stings, schools will ensure that, when outdoors:

- Shoes should always be worn
- Food and drink should be covered

18. Animals

To minimise the risk of allergy-related anaphylaxis to animal and animal dander allergies, schools will ensure that:

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact;
- Pupils with animal allergies will avoid contact with animals.

Appendix 1 – Academy Specific Information

Academy	Named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the academy's anaphylaxis policy	Location of spare AAI pens	Used pens can be handed to the paramedics for safe disposal. If a sharps bin is required, please add location
Elements Academy	Headteacher – David Bisley	Main Office	
Engage Academy	Headteacher – Alison Ward	Main Office	
Enrich Academy	Headteacher – Matt Allison	Main Office	
Ethos College	Headteacher – Rebecca Smith	Main Office	
Evolve Academy	Headteacher – Matt Long	Main Office	
Reach Academy	Headteacher – Jack Ghee	Main Office	