



Allergy and Anaphylaxis Management Policy

EBN Academy 2

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☐ EMERGENCY: SUSPECTED ANAPHYLAXIS

1. Administer adrenaline auto-injector (AAI) → 2. Call 999 → 3. Lay flat, legs raised → 4. Second AAI after 5 mins if no improvement → 5. Alert parents/carers

1. Purpose & Scope

This policy sets out how EBN Academy (the “Academy”) – an alternative provision (AP) school serving pupils aged 13–16 – identifies, manages and responds to allergies and anaphylaxis affecting pupils, staff and visitors on our premises.

This policy has been written to comply with:

- Benedict’s Law – Section 72 of the Children’s Wellbeing and Schools Act 2026, which places a statutory duty on schools in England to have a whole-school allergy and anaphylaxis policy, provide mandatory staff training, hold spare adrenaline auto-injectors (AAIs) and maintain individual healthcare plans for pupils with diagnosed allergies.
- The DfE’s statutory guidance “Supporting Pupils with Medical Conditions and Allergies at School” (to be in force September 2026).
- Section 100 of the Children and Families Act 2014 – duty to support pupils with medical conditions.
- The Equality Act 2010 – severe allergy may constitute a disability; the School has a duty to make reasonable adjustments.
- Health and Safety at Work etc. Act 1974 and associated regulations.

This policy applies to all pupils, staff, volunteers, contractors and visitors on Academy premises or attending Academy activities, including off-site visits and work placements.

2. Context: Alternative Provision Considerations

As an Alternative Provision Academy, our pupil cohort may present additional complexities in allergy management, including:

- Pupils who join the Academy mid-year or at short notice, requiring rapid allergy information gathering.
- Pupils with social, emotional and mental health (SEMH) needs who may be less likely to self-report symptoms or carry their own medication.
- Higher likelihood of trauma-informed responses that could mask anaphylaxis symptoms.
- Multiple agency involvement (social workers, YOT officers, external provision partners) requiring clear information-sharing protocols.
- Small staff-to-pupil ratios that necessitate all staff being trained, not just designated leads.

These factors make robust allergy management especially critical in our setting. We regard this policy as a safeguarding document as well as a health and safety one.

3. Definitions

Term	Definition
Allergy	An immune-system response to a substance (allergen) that is normally harmless to most people. Reactions range from mild (rash, itching) to severe (anaphylaxis).
Allergen	A substance that triggers an allergic reaction. The 14 major food allergens regulated under UK law include peanuts, tree nuts, milk, eggs, wheat, sesame, fish, shellfish, soya, lupin, molluscs, mustard, celery and sulphur dioxide/sulphites.
Anaphylaxis	A severe, potentially life-threatening systemic allergic reaction that requires immediate treatment with adrenaline.

Adrenaline Auto-Injector (AAI)	A pre-filled, single-use device that delivers a measured dose of adrenaline intramuscularly (e.g. EpiPen®, Jext®, Emerade®).
Individual Healthcare Plan (IHP)	A personalised written plan, agreed with the pupil, parent/carer and healthcare professional, setting out the pupil's allergy, triggers, symptoms and emergency procedure.
Allergy Action Plan (AAP)	The emergency response section of an IHP, specifying exactly what to do if a pupil has an allergic reaction.
Designated Allergy Lead (DAL)	The trained member of staff with lead responsibility for allergy management within the Academy.

4. Roles & Responsibilities

4.1 Local Governing Board

- Ensure this policy is approved, published and reviewed at least annually.
- Appoint a nominated governor with oversight of allergy management and pupil welfare.
- Ensure adequate resources (budget, staffing, training, equipment) are provided.
- Hold the Headteacher to account for effective implementation.

4.2 Headteacher

- Take overall responsibility for the implementation of this policy.
- Appoint a Designated Allergy Lead (DAL) and ensure they receive appropriate training.
- Ensure allergy management is embedded in induction for all new staff.
- Ensure the policy is reviewed following any allergy-related incident or near-miss.

4.3 Designated Allergy Lead (DAL)

The DAL is the operational lead for allergy management. The current DAL is:

Name	Scott Oulaghan
Role / Job Title	Pastoral Manager
Contact	0121 272 7020
Training	Designated Allergy Lead Training – theallergyteam.com

The DAL is responsible for:

- Maintaining the School's Allergy Register (a confidential, up-to-date record of all pupils with known allergies).
- Co-ordinating the development and review of all Individual Healthcare Plans (IHPs).
- Ensuring AAIs are in stock, in date, correctly stored and accessible.
- Liaising with parents/carers, pupils, and health professionals regarding allergy management.
- Reviewing incident records and identifying lessons learned.
- Ensuring the catering provider (if applicable) is briefed on pupil allergens.

4.4 All Staff (including support, catering and supply staff)

- Complete mandatory allergy awareness training before working unsupervised with pupils and annually thereafter.
- Know the location of AAIs and the emergency response procedure.
- Know which pupils in their care have diagnosed allergies and be familiar with their IHPs.
- Never dismiss a pupil's report of an allergic symptom as minor.

- Record and report all allergic reactions and near-misses to the DAL on the same day.
- Never administer medication (including an AAI) without appropriate training.

4.5 Pupils

- Carry their own prescribed AAI(s) at all times if assessed as capable of doing so, in accordance with their IHP.
- Inform a member of staff immediately if they feel they are having an allergic reaction.
- Not share food or drinks with other pupils.
- Be supported to understand their condition through age-appropriate education.

Given the Alternative Provision context, staff should recognise that some pupils may lack the capacity or inclination to self-manage due to SEMH needs. Risk assessments should reflect this.

4.6 Parents & Carers

- Provide accurate, up-to-date allergy information to the Academy before or at enrolment (and update it promptly if circumstances change).
- Provide the Academy with a minimum of two in-date, prescribed AAIs per pupil where applicable.
- Sign and review the pupil's IHP at least annually or after any significant change.
- Attend meetings with the DAL to discuss their child's allergy management as requested.

5. Allergy Identification & Registration

5.1 New & Existing Pupils

The Academy collects allergy information at the point of enrolment or as early as possible upon admission (recognising that Alternative Provision placements may be at short notice). This information is gathered via:

- The Academy's pupil registration/medical information form.
- Review of any existing education, health and care (EHC) plan or medical records transferred from previous settings.
- A welcome meeting with parents/carers and the pupil.
- Communication with the referring authority or exclusion panel where relevant.

All pupils with a known or suspected allergy are added to the Allergy Register within 24 hours of this information being received. The Allergy Register is stored securely, is accessible to all teaching and support staff, and is reviewed at the start of each term.

5.2 Undiagnosed or Suspected Allergies

If a pupil presents with symptoms suggestive of an allergic reaction or a parent/carer reports a concern not yet formally diagnosed, the Academy will:

- Record the information on the Allergy Register as 'suspected allergy – under investigation'.
- Take precautionary measures appropriate to the suspected allergen.
- Advise the family to seek medical assessment without delay.
- Implement a precautionary IHP until a diagnosis is confirmed or excluded.

6. Individual Healthcare Plans (IHPs)

Every pupil with a diagnosed allergy will have an IHP. Under Benedict's Law and DfE statutory guidance, IHPs are mandatory for any pupil with a known allergy. The IHP is a living document and must be:

- Developed in collaboration with the pupil (where appropriate, given their age and SEMH needs), parents/carers and a healthcare professional.
- Signed by the parent/carer and the DAL.

- Shared with all staff who work with the pupil (including supply and agency staff).
- Reviewed at least annually, and immediately after any allergic reaction or significant change in the pupil's condition.
- Stored securely but accessibly – both digitally and as a laminated copy in the pupil's medical file and on the classroom/staff noticeboard.

Each IHP will include, as a minimum:

- Pupil's full name, date of birth, photograph and class/year group.
- Name and contact details of parent/carer and GP.
- Specific allergen(s) and known triggers.
- Description of the pupil's typical symptoms (mild to severe).
- Details of prescribed medication, including AAI type, dose and location of device.
- Step-by-step emergency Allergy Action Plan (AAP) – see Section 8.
- Details of any relevant co-morbidities (e.g. asthma, eczema) that may affect reaction severity.
- Whether the pupil can self-administer their AAI and any specific handling notes.
- Consent for the School to administer emergency medication.
- Date of last review and next scheduled review.

7. Adrenaline Auto-Injectors (AAIs)

7.1 Prescribed AAIs

Pupils with a prescribed AAI must have two in-date devices available at school at all times. These are:

- Stored in a clearly labelled, unlocked, accessible location known to all staff (and to the pupil where appropriate).
- Never stored in a locked cabinet or out-of-reach location – this directly contravenes allergy safety guidance and could cost a life.
- Carried by the pupil if their IHP permits and they are assessed as capable.
- Checked monthly by the DAL for expiry date and condition.
- Replaced promptly when used or when approaching expiry.

7.2 Spare (Emergency) AAIs

Under Benedict's Law, the Academy is required to hold spare AAIs for emergency use. These spare devices may be used:

- When a pupil's own AAI is not available (e.g. forgotten, used, or expired).
- For a first-time reaction in a pupil with no prior diagnosis (first presentations can occur at any age).
- In accordance with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance permitting schools to hold adrenaline for emergency use.

Spare AAI provision:

- The Academy holds a spare AAI on site at all times (appropriate to the age range 13–16).
- Spare AAI are held in the school's first aid location/medical room in an unlocked, clearly labelled box.
- Spare AAI is checked monthly for expiry by the DAL and replaced before expiry.
- A written record is maintained of all checks, including the date, device type, batch number and expiry.
- Use of a spare AAI is recorded as a critical incident and reported to parents/carers and the MHRA.

7.3 Following Use of an AAI

After any AAI is administered (prescribed or spare):

- Call 999 immediately – adrenaline is a temporary measure; the pupil requires hospital assessment.
- Administer a second AAI after 5 minutes if there is no improvement.

- Never leave the pupil unattended.
- Complete the Academy's allergy incident form on the same day.
- Notify the DAL, Headteacher and parents/carers.
- Order a replacement device without delay.

8. Emergency Response Procedures

MILD / MODERATE ALLERGIC REACTION – Symptoms may include:

- Itching, tingling or swelling of the lips, tongue or throat
- Nettle rash (urticaria) or flushing of the skin
- Watering or itchy eyes
- Nausea or stomach cramps
- Runny nose

Response to mild/moderate reaction:

1. Remove or distance the pupil from the suspected allergen.
2. Contact parent/carer and the pupil's GP / seek medical advice.
3. Give antihistamine if prescribed in the IHP.
4. Monitor the pupil closely – mild reactions can escalate rapidly to anaphylaxis.
5. Do NOT leave the pupil unsupervised.
6. Record the reaction on the incident log.

SEVERE ALLERGIC REACTION (ANAPHYLAXIS) – Suspect anaphylaxis if ANY of:

- Swelling of the throat, tongue or airway – difficulty breathing or swallowing
- Wheezing, stridor or severe asthma attack
- Pale, floppy, loss of consciousness or collapse
- Rapid or weak pulse
- Severe abdominal pain, vomiting or diarrhoea
- Sudden anxiety, confusion or sense of impending doom

8.1 Anaphylaxis Emergency Protocol (REACT)

R	RECOGNISE anaphylaxis – use the symptoms above. Do not wait for all symptoms to be present.
E	EPINEPHRINE (adrenaline) – administer AAI to outer mid-thigh immediately. Do not hesitate.
A	AMBULANCE – call 999 immediately after administering adrenaline. State 'anaphylaxis'.
C	COMFORT & POSITION – lay flat with legs raised (unless breathing is impaired, in which case allow to sit). Keep warm. Do not let them stand or walk.
T	TRACK & TREAT – monitor continuously. Administer second AAI after 5 minutes if no improvement. Stay with the pupil until paramedics arrive.

After the emergency:

- Inform parents/carers and the Headteacher immediately.
- Complete the allergy incident form on the same day.
- Preserve any food/substance suspected of causing the reaction for investigation.
- Carry out a critical incident debrief within 5 working days.

- Review and update the pupil's IHP as required.
- Report to RIDDOR if the incident meets reporting criteria.

9. Staff Training

Under Benedict's Law, allergy awareness training is mandatory for all school staff in England from September 2026. This Academy treats this requirement as applying immediately.

9.1 Training Requirements

Staff Group	Training Level	Renewal
Designated Allergy Lead	Full allergy & anaphylaxis management (e.g. AllergyWise® for Schools – Lead)	Annually
All teaching & support staff	Allergy awareness & emergency AAI administration	Annually
Supply / agency staff	Allergy awareness & AAI awareness (pre-deployment briefing)	Every placement
Catering staff	Food allergen awareness (Level 2 Food Safety minimum) + school AAI protocol	Annually
Volunteers & regular visitors	Allergy awareness briefing	Each engagement

Training records are maintained by the DAL and are available for inspection. No member of staff should be left unsupervised with pupils until they have completed the minimum required training.

9.2 Training Content

As a minimum, all staff training will cover:

- What allergies are and which allergens are most common.
- How to recognise the symptoms of a mild/moderate allergic reaction and anaphylaxis.
- How and when to administer an AAI (including the Academy's spare devices).
- The Academy's emergency response protocol (REACT).
- Where to find pupils' IHPs and the Allergy Register.
- The importance of record-keeping and incident reporting.
- Considerations specific to AP pupils (SEMH needs, reluctance to self-report).

10. Prevention & Risk Reduction

10.1 Food & Drink

- The School operates a 'known allergen-aware' environment. Where possible, specific high-risk allergens (e.g. peanuts) are prohibited from the school site entirely if a pupil has a severe allergy to that allergen.
- Catering staff prepare and label all food in accordance with UK food allergen labelling regulations (Natasha's Law).

- Menus and ingredients information are shared with parents/carers of pupils with diagnosed allergies before meals are served.
- Pupils are not permitted to share food or drinks.
- Food brought in from home (packed lunches, snacks) is subject to the allergen restrictions detailed in individual IHPs and communicated to parents/carers.
- Staff must not bring food into classrooms or communal areas that could pose a risk to pupils with severe allergies without prior agreement with the DAL.

10.2 Off-Site Activities

- The DAL is notified of all off-site activities and educational visits.
- Risk assessments for all off-site activities include specific consideration of allergy management.
- A copy of the relevant pupil's IHP and AAI accompanies the pupil on all off-site activities.
- At least one trained member of staff (trained to administer AAIs) accompanies every trip.
- Venue catering provision is checked against pupil allergen requirements in advance.

10.3 Celebrations, Events & External Visitors

- Any food brought into the school for celebrations, events or by visitors must be declared to the DAL in advance.
- Food from external parties is not shared with pupils who have relevant allergens in their IHP.

10.4 Environmental Allergens

- Non-food allergens (e.g. latex, insect stings, certain plants, animal dander) are considered in risk assessments where relevant to individual pupils.
- Science, art and design technology lessons are risk-assessed for potential allergen exposure.

11. Communication & Information Sharing

- Allergy information is shared with all staff who work with a pupil as part of their induction and at the start of each term.
- Photographs of pupils with severe allergies (alongside their IHP summary) are displayed in staff areas, the medical room and the kitchen.
- Supply, agency and new staff are briefed by the DAL or a designated deputy on their first day.
- Allergy information is treated as confidential – shared only on a need-to-know basis and in accordance with UK GDPR and the Data Protection Act 2018.
- Parents/carers are informed of any allergic reaction experienced by their child, however mild, on the day it occurs.
- Transition information, including IHPs, is shared securely with any receiving educational setting when a pupil leaves the Academy.

12. Record-Keeping & Incident Reporting

Under Benedict's Law and good safeguarding practice, the School maintains the following records:

Record	Responsible	Retention
Allergy Register	DAL	Reviewed termly; retained as long as pupil is on roll + 7 years
Individual Healthcare Plans (IHPs)	DAL + parent/carers	Reviewed annually; retained for 7 years after pupil leaves

Allergy Incident Log	DAL	Retained for 7 years (25 years if injury to child)
AAI Stock Check Records	DAL	Retained for 3 years
Staff Training Records	DAL / HR	Retained for duration of employment + 7 years
Policy Review Log	Headteacher / Governor	Retained permanently

All allergy incidents (including near-misses) are recorded using the Academy's Allergy Incident Form. The DAL reviews all incident records at least termly to identify patterns and implement improvements.

13. Policy Review

This policy is reviewed:

- Annually as a minimum, prior to the start of the autumn term.
- Immediately following any anaphylaxis emergency or serious allergy incident.
- When changes to legislation or statutory guidance require amendment (including upon publication of the DfE's finalised Benedict's Law guidance, expected summer 2026).
- When there are significant changes to the Academy's pupil population, staffing or physical environment.

Changes to this policy are communicated to all staff and to parents/carers of pupils with known allergies within 10 working days of revision.

14. Related Policies & Documents

- Supporting Pupils with Medical Conditions Policy
- Safeguarding & Child Protection Policy
- Health & Safety Policy
- SEND Policy
- Off-Site Visits / Educational Visits Policy
- First Aid Policy
- Equality, Diversity & Inclusion Policy
- Data Protection & Privacy Policy

Appendix A: Allergy Incident Report Form

To be completed on the same day as any allergic reaction or near-miss and submitted to the DAL.

Pupil Name	
Date of Incident	
Time of Incident	
Location	
Staff Present	
Suspected Allergen / Trigger	
Symptoms Observed (describe)	
Severity (circle): MILD / MODERATE / SEVERE / ANAPHYLAXIS	
Action Taken	
AAI Administered? (Yes / No)	<i>If Yes: Time administered, which device (prescribed / spare), which thigh</i>
999 Called? (Yes / No)	<i>If Yes: Time called / Time paramedics arrived</i>
Parent/Carer Notified? (Yes / No)	<i>If Yes: Name, time notified, method</i>
Headteacher Notified? (Yes / No)	<i>Time</i>
Outcome	
Follow-up Actions Required	
Completed by (Name / Role)	
Date Submitted to DAL	

Appendix B: AAI Stock Check Record

To be completed monthly by the Designated Allergy Lead.

Date Checked	Device Type	Batch No.	Expiry Date	Condition	Checked By (Signature)

Appendix C: Individual Healthcare Plan (IHP) Template

To be completed by the Designated Allergy Lead in collaboration with the pupil, parent/carer and healthcare professional.

INDIVIDUAL HEALTHCARE PLAN – ALLERGY & ANAPHYLAXIS

Pupil Full Name:	Date of Birth:	Year Group:	Photo attached: Y / N
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Known Allergen(s)	
Severity of Allergy	<i>Mild / Moderate / Severe (circle)</i>
Diagnosed by (GP / Allergist)	
Date of Diagnosis	
Relevant Co-morbidities (e.g. asthma, eczema)	
Parent/Carer Name & Contact Number	
GP Name & Contact Number	
Allergy Specialist Contact (if applicable)	
Location of Prescribed AAI	
AAI Type & Dose	
Can Pupil Self-Administer? (Yes / No / With Supervision)	
Any Additional Notes (SEMH considerations, etc.)	
IHP Review Date	
Parent/Carer Signature & Date	
Pupil Signature & Date (if appropriate)	
DAL Signature & Date	

This policy was written in accordance with Benedict's Law (Children's Wellbeing and Schools Act 2026, s.72) and the DfE statutory guidance on Supporting Pupils with Medical Conditions and Allergies at School.