



Allergy Management and Anaphylaxis Policy: Benedict's Law

Reviewed: September 2026

Review date: September 2027

Person responsible for policy: JDB / TJL

Policy Statement

This policy outlines the school's arrangements for supporting pupils with allergies and reducing the risk of allergic reactions and anaphylaxis. It reflects the principles of Benedict's Law and the Department for Education's guidance *Supporting Children and Young People with Medical Conditions and Allergy* (2026).

The school recognises that allergies can have a significant impact on a pupil's safety, wellbeing, attendance, participation and educational progress. Pupils with allergies will be supported to access all aspects of school life safely and inclusively.

The school acknowledges that anaphylaxis is a potentially life-threatening medical emergency and that prompt recognition and treatment are essential.

The school will:

- Create a safe and inclusive environment for pupils with allergies.
- Identify pupils with allergies as early as possible.
- Maintain robust systems for communication and information sharing.
- Ensure staff understand their responsibilities.
- Maintain emergency procedures for allergic reactions and anaphylaxis.
- Work closely with parents, carers and healthcare professionals.
- Maintain Individual Healthcare Plans (IHCPs) where required.

2. Legal and Regulatory Framework

This policy should be read alongside:

- Benedict's Law.
- DfE Supporting Children and Young People with Medical Conditions and Allergy (Draft 2026).
- Children and Families Act 2014.
- Equality Act 2010.
- Health and Safety at Work Act 1974.
- Keeping Children Safe in Education.
- School Medical Conditions Policy.
- First Aid Policy.



- Educational Visits Policy.
 - Safeguarding and Child Protection Policy.
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3. Aims

The aims of this policy are to:

- Protect pupils from avoidable exposure to allergens.
- Ensure appropriate healthcare arrangements are in place.
- Ensure prompt and effective emergency responses.
- Promote independence appropriate to age and understanding.
- Reduce anxiety for pupils and families.
- Provide clear guidance for staff.
- Ensure compliance with statutory and safeguarding responsibilities.

4. Definitions

Allergy – An immune system reaction to a substance that is normally harmless.

Allergen – A substance capable of causing an allergic reaction.

Anaphylaxis – A severe and potentially life-threatening allergic reaction requiring immediate medical treatment.

Adrenaline Auto-Injector (AAI) – Emergency medication prescribed for severe allergic reactions, including devices such as EpiPen

Individual Healthcare Plan (IHCP) – A document outlining a pupil's medical needs, management arrangements and emergency procedures.

5. Roles and Responsibilities

Governing Board

The Governing Board will:

- Ensure suitable allergy management arrangements are in place.
- Receive assurance regarding policy implementation.



- Monitor significant incidents where appropriate.

Co-Headteachers

The Co-Headteachers will:

- Ensure implementation of this policy.
- Allocate appropriate resources.
- Ensure staff training is provided.
- Ensure systems exist for monitoring compliance.
- Review serious incidents and lessons learned.

Allergy Lead / Designated Senior Leader

The designated allergy lead will:

- Maintain the Allergy Register.
- Coordinate Individual Healthcare Plans.
- Liaise with parents and healthcare professionals.
- Ensure emergency medication is accessible.
- Coordinate staff training.
- Monitor policy implementation.

School Staff

All staff are expected to:

- Familiarise themselves with pupils at risk.
- Follow Individual Healthcare Plans.
- Act immediately during emergencies.
- Attend required training.
- Report incidents and concerns.

Parents and Carers

Parents and carers must provide detailed information from a GP or Consultant that includes (some of which can be provided through the Individual Healthcare Plan (Appendix A):

- any diagnosed allergy and triggers
- Provide accurate medical information from a GP or Consultant.



- Supply prescribed medication, replacing medication before its expiry date.
- Complete and review the Allergy IHCP contained in Appendix A. (To help, a completed example is contained within Appendix B).
- Inform the school of any changes.
- Completion of the BSACI Allergy Action Plan – See Appendix C

Pupils

Pupils will be encouraged, where appropriate, to:

- Understand their condition.
- Avoid known triggers.
- Carry prescribed medication when agreed.
- Report symptoms immediately.
- Inform staff if medication has been used.

6. Identification of Pupils with Allergies

Parents must notify the school as soon as possible if their child has a diagnosed allergy.

Information will normally be obtained through:

- Admission documentation.
- Annual data collection processes.
- Medical evidence.
- Healthcare professionals.
- Communication from parents or carers.

Where a significant allergy is identified, an Individual Healthcare Plan will be developed.

7. Individual Healthcare Plans (IHCPs)

The school recognises that effective healthcare planning is essential to keeping pupils safe.

The Allergy Individual Healthcare Plan template in Appendix A forms part of this policy and must be completed for pupils requiring formal allergy management arrangements.

IHCPs will include:



- Details of diagnosed allergies.
- Known allergens and triggers.
- Symptoms of mild, moderate and severe reactions.
- Medication requirements.
- Arrangements for storage and access to medication.
- Emergency response procedures.
- Educational visit arrangements.
- Individual risk-reduction measures.

Plans will be reviewed:

- At least annually.
- Following an allergic reaction.
- Following medical changes.
- At parental request where appropriate.

The IHCP will be uploaded onto Arbor and pinned with a note to inform staff.

8. Risk Reduction and Prevention

The school cannot guarantee an allergen-free environment. Instead, the school adopts a risk-reduction approach.

Risk reduction measures may include:

- Maintaining an Allergy Register.
- Providing staff awareness information.
- Considering allergy risks in lessons.
- Ensuring cleaning arrangements are effective.
- Considering allergens in food technology activities.
- Reviewing catering arrangements.
- Assessing risks before visits and events.
- Restricting certain activities where identified by risk assessment.

Allergy information will be shared on a need-to-know basis whilst respecting confidentiality and data protection requirements.



9. Catering and Food Provision

Where food is provided, reasonable steps will be taken to:

- Support pupils with known allergies.
- Promote awareness of allergen risks.
- Minimise opportunities for cross-contamination.
- Communicate relevant information between catering staff and school leaders.

Pupils will be encouraged not to share food, drinks, utensils or containers.

10. Staff Training

All staff will receive appropriate allergy awareness training.

Training may include:

- Understanding allergic conditions.
- Recognition of symptoms.
- Recognition of anaphylaxis.
- Use of adrenaline auto-injectors.
- Emergency procedures.
- Reporting requirements.

Additional training will be provided for relevant staff where required.

Training records will be maintained.

11. Medication

The school will make suitable arrangements for storing and accessing medication.

Where prescribed:

- Medication must be clearly labelled.
- Medication must be in date.
- Medication must be accessible without delay.
- Staff must know where medication is located.

Where appropriate and agreed, pupils may carry their own medication.

The school will maintain spare adrenaline auto-injectors in accordance with legal requirements.

12. Emergency Procedures

Any suspected anaphylactic reaction will be treated as a medical emergency.

Staff must:

1. Remain with the pupil.
2. Send for trained assistance.
3. Follow the pupil's IHCP.
4. Administer prescribed medication immediately where indicated.
5. Use an adrenaline auto-injector if anaphylaxis is suspected.
6. Call 999 and state 'anaphylaxis'.
7. Contact parents or carers.
8. Continue monitoring until emergency services arrive.
9. Record the incident.

If in doubt, staff should act immediately and seek emergency medical assistance.

13. Educational Visits and Off-Site Activities

Pupils with allergies will be supported to participate fully in educational visits wherever reasonably possible.

Visit leaders must:

- Review the pupil's IHCP.
- Complete appropriate risk assessments.
- Ensure access to medication.
- Identify trained accompanying staff.
- Know emergency procedures and contact arrangements.



14. Recording and Reporting

The school will record and report to Local Authority;

- Allergic reactions.
- Anaphylactic incidents.
- Administration of AAls.
- Near misses.
- Concerns regarding compliance with healthcare arrangements.

All significant incidents will be reviewed to identify lessons learned and any required improvements.

15. Monitoring and Review

This policy will be reviewed annually or sooner if:

- Legislation changes.
- National guidance changes.
- A serious incident occurs.
- School procedures require amendment.

APPENDIX A – ALLERGY INDIVIDUAL HEALTHCARE PLAN (TO BE COMPLETED BY PARENTS/CARERS)

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy



Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____



APPENDIX B – SAMPLE COMPLETED ALLERGY INDIVIDUAL HEALTHCARE PLAN

Pupil: Oliver Smith

Date of Birth: 14 March 2013

Year Group: Year 8

Diagnosed Allergies

- Peanuts
- Tree Nuts

Known Triggers

- Peanut-containing foods.
- Tree nuts.
- Cross-contamination from food preparation areas.

Symptoms

Mild:

- Itchy mouth.
- Rash.
- Stomach discomfort.

Severe:

- Swollen tongue.
- Difficulty breathing.
- Wheezing.
- Dizziness.
- Collapse.

Medication

- EpiPen Auto-Injector.
- Antihistamine tablets.

Stored in Student Services Medical Room.



Pupil authorised to carry personal EpiPen.

Emergency Procedure

1. Administer EpiPen immediately if anaphylaxis is suspected.
2. Call 999.
3. Inform parents.
4. Administer second EpiPen after 5 minutes if required.
5. Continue observation until emergency services arrive.

Reasonable Adjustments

- Staff informed through allergy register.
- Additional controls in food technology lessons.
- Medication accompanies all educational visits.
- Staff supervising visits briefed in advance.

Review Date

01 September 2027



Appendix C – BSACI Allergy Action Plan



bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of
Paediatrics and Child Health
Leading Change. Saving Lives.

**Anaphylaxis
Campaign**
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited,
can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available
- 4 Commence CPR if there are no signs of life
- 5 Stay with child until ambulance arrives, do NOT stand child up
- 6 Phone parent/emergency contact

*** IF IN DOUBT, GIVE ADRENALINE ***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

Emergency contact details:

1) Name:



2) Name:



Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name:

Sign Here

Hospital/Clinic:



Date:



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