Improving Outcomes
Increasing Life-Chances

Allergy and Anaphylaxis Policy

Signed:  **on behalf of Inclusive Schools Trust**

Date: 15.07.2026

ALL DIFFERENT, ALL EQUAL, ALL LEARNING

Drayton & Nightingale Partnership

Allergy and Anaphylaxis Policy

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1. Introduction and Purpose

All schools within the Trust are committed to providing a safe, inclusive and supportive environment for all pupils, including those living with allergies.

This policy sets out how the school will identify, manage and respond to allergy-related risks, and ensures our practice is in full compliance with the statutory guidance introduced under Benedict's Law (The Schools (Allergy Safety) Bill, 2026), which came into force in September 2026.

Benedict's Law was enacted following the tragic death of five-year-old Benedict Blythe in 2021, who died from anaphylaxis at school after being given milk, to which he had a known allergy. This policy honours that legacy by embedding consistent, high-quality allergy safety into every aspect of school life.

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

2. Statutory and Legal Framework

This policy has been developed in accordance with the following legislation and statutory guidance:

Legislation / Guidance	Requirement
Benedict's Law / Schools (Allergy Safety) Bill (2026)	Mandatory allergy awareness training for all staff; spare Adrenaline Auto Injectors (AAIs) in every school; whole-school allergy policies.
Children and Families Act 2014 — Section 100	Schools must support pupils with medical conditions.
Supporting Pupils at School with Medical Conditions (DfE, updated 2026)	Statutory guidance on individual healthcare plans and staff training.
Human Medicines (Amendment) Regulations 2017	Schools permitted to hold spare adrenaline auto-injectors (AAIs).
Natasha's Law (2021)	All PPDS food must be labelled with name and full ingredients, allergens highlighted.
Health and Safety at Work Act 1974	Employer duty to ensure staff and pupil safety.

Equality Act 2010	Schools must make reasonable adjustments for disabled pupils, including those with severe allergies.

3. Scope and Definitions

This policy covers **all allergic reactions**, including but not limited to: food allergies (e.g. peanuts, tree nuts, milk, eggs, wheat, sesame, fish, shellfish, soya, lupin, celery, mustard, sulphites, molluscs), insect stings, latex, and medication allergies.

Key Terms

- **Allergen** — a substance that triggers an abnormal immune response.
- **Allergic reaction** — the body's immune response to an allergen, ranging from mild to severe.
- **Anaphylaxis** — a severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.
- **Adrenaline Auto-Injector (AAI)** — a device (e.g. EpiPen, Jext, Emerade) used to administer adrenaline in an emergency.
- **Individual Healthcare Plan (IHP**) — a written plan detailing a pupil's medical needs, triggers, symptoms and emergency response.
- **Allergy Lead** — the designated member of staff responsible for allergy management at the school.

4. Roles and Responsibilities

For clarity, at Inclusive Schools Trust, the term Head will incorporate the titles of Executive Head, Partnership Head and Deputy Head.

The Trust Board

- Ensures this policy is adopted, implemented and reviewed annually.
- Ensures sufficient resources and training are in place for compliance with Benedict's Law.
- Receives an annual report on allergy management, including any incidents or near misses.
- Nominates a named Trustee with oversight of this policy.

The Head

- Has overall responsibility for the safety and welfare of all pupils in relation to allergy management.
- Ensures all staff receive mandatory annual allergy and anaphylaxis training.
- Appoints a named Allergy Lead.
- Ensures spare AAI kits are procured, maintained and accessible.
- Ensures IHPs are in place and reviewed for every pupil with a known severe allergy before the start of each academic year.

The Allergy Lead

- Maintaining the school's allergy register.

- Coordinating and recording annual allergy and anaphylaxis training for all staff.
- Liaising with parents and carers to complete and review IHPs.
- Monitoring and managing the spare AAI kit (checking expiry dates, replenishing stock).
- Leading on allergen risk assessments for school activities, trips and events.
- Reporting any allergy incidents to the Head and Trust Board.

All Staff (Teaching, Support, Catering and Administrative)
Under **Benedict's Law**, **all staff** — including teachers, teaching assistants, midday supervisors, office staff and catering staff — are required to complete annual allergy awareness training. This is because an allergic reaction can occur anywhere on the school site.

- Attend and complete mandatory annual allergy and anaphylaxis training.
- Be aware of which pupils in their care have known allergies.
- Know the location of the spare AAI kit and individual pupils' AAIs.
- Be able to recognise the signs and symptoms of an allergic reaction and anaphylaxis.
- Follow the school's emergency procedure without delay.
- Report any allergic reactions or near-miss incidents to the Allergy Lead immediately.

Parents and Carers

- Notify the school immediately upon enrolment, and at any subsequent point, of any known allergy.
- Provide up-to-date written medical information from a GP or allergy specialist.
- Supply at least two in-date, prescribed AAIs to be held by the school.
- Collaborate with the school to develop and annually review their child's IHP.
- Inform the school of any changes to their child's allergy or medication.
- Complete the school's allergen consent and information forms.

Pupils
Pupils are encouraged to take an age-appropriate level of responsibility for their own allergy management:

- Tell a member of staff immediately if they feel unwell or think they have been exposed to an allergen.
- Carry their own first-line prescribed AAI on their person at all times (where agreed in their IHP).
- Understand and follow their own IHP.
- Avoid sharing food with other pupils.

5. Individual Healthcare Plans (IHPs)

Every pupil with a diagnosed allergy that places them at risk of anaphylaxis must have an IHP in place before attending school. The IHP is a living document, reviewed at the start of each academic year and whenever the pupil's condition changes.

The IHP must include:

- Full name and date of birth of the pupil.
- Known allergen(s) and type of reaction typically experienced.
- Early warning signs specific to the pupil.
- Prescribed emergency medication, dosage and administration instructions.
- Location of the pupil's AAI(s) and spare AAI.
- Emergency contact details (minimum two contacts).
- GP / allergy specialist contact details.
- Any specific environmental risk considerations (e.g. DT, science labs, food tech, PE, school trips).
- Consent for staff to administer emergency medication.
- Photograph of the pupil for identification.

IHPs are prepared in collaboration with parents/carers and, where appropriate, the pupil's GP or specialist. All IHPs are stored securely and accessibly. Key staff are briefed on the content of IHPs for pupils in their care. The Allergy Lead is responsible for coordinating this process.

6. Allergy Register

The Allergy Lead maintains a confidential Allergy Register containing details of all pupils with known allergies. The register is reviewed at the start of each term and is accessible to all relevant staff. New pupils with allergies are added to the register during the admissions and induction process.

7. Adrenaline Auto-Injectors (AAIs)

Pupils' Own AAIs

- Parents/carers are required to provide a minimum of two prescribed, in-date AAIs per academic year.
- One AAI is kept accessible in the school office.
- Where agreed in the pupil's IHP, pupils may carry their own first-line AAI on their person.
- AAI expiry dates are checked termly by the Allergy Lead.

Spare AAI Kits (Mandated by Benedict's Law)

In compliance with Benedict's Law and the Human Medicines (Amendment) Regulations 2017, the School holds a spare AAI kit for use in emergencies. This may be used for any pupil who is at risk of anaphylaxis and whose own AAI is unavailable, inaccessible or has been used.

- The spare kit contains a minimum of two AAIs of different sizes/doses.
- AAI brands and doses are reviewed to reflect the school population.
- The spare AAI kit is checked monthly and before any off-site trips.

- Expired or used AAIs are replaced promptly.

The spare kit is not a substitute for pupils carrying their own medication.

Parents/carers are notified of the existence of the spare kit.

8. Staff Training

Benedict's Law makes **annual allergy awareness training mandatory for all staff** from September 2026. The school will ensure all staff complete this training before the start of each academic year.

Training must cover:

- Understanding allergies and common allergens, including the 14 major allergens.
- Recognising the signs and symptoms of allergic reactions, including mild, moderate and severe.
- Recognising anaphylaxis and understanding why speed of response is critical.
- How to use adrenaline auto-injectors (EpiPen, Jext, Emerade) — practical demonstration.
- The school's emergency procedures.
- The location of spare AAI kits and individual pupils' AAIs.
- Completing an incident record.

The school ensures training is compliant with the DfE/Benedict's Law requirements. Options include Anaphylaxis UK, AllergyWise®, St John's Ambulance, or other approved local providers.

In addition, the designated Allergy Lead undertakes enhanced training appropriate to their role. Records of all training are maintained by the Allergy Lead and reported annually to the Trust Board.

9. Emergency Procedure

Any member of staff may be first on the scene of an anaphylaxis emergency. All staff must be able to act immediately. **Do not delay acting, in order to contact parents or a first aider.**

Step	Action	Detail
1	**Recognise**	**Signs of an allergic reaction** - the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms: • Hives • Generalised flushing of the skin • Itching and tingling of the skin • Tingling in and around the mouth

		• Burning sensation in the mouth • Swelling of the throat, mouth or face • Feeling wheezy • Abdominal pain • Rising anxiety • Nausea and vomiting • Alterations in heart rate • Feeling of weakness **Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms: • Persistent cough • Throat tightness • Change in voice, e.g. hoarse or croaky sounds • Wheeze (whistling noise due to a narrowed airway) • Difficulty swallowing/speaking • Swollen tongue • Difficult or noisy breathing • Chest tightness • Feeling dizzy or feint • Suddenly becoming sleepy, unconscious or collapsing • For infants and younger pupils, becoming pale or floppy
2	**Act immediately**	If you suspect an anaphylactic shock do not wait. Use the pupil's own AAI immediately. If unavailable, use the school's spare AAI kit.
3	**Call 999**	State: "Anaphylaxis" (ana-fil-axis) and "School" and give the school address.
4	**Position**	Lay the pupil flat with legs raised. They can be propped up if struggling to breathe but this should be for as short a time as possible. Do NOT stand them up.
5	**Second AAI**	If no improvement within 5 minutes, administer a second AAI. This may be the school's spare.
6	**Stay with pupil**	Do not leave the pupil alone. Continue to monitor their condition until the ambulance arrives. 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.
7	**Contact parents/carers**	Notify emergency contacts only after calling 999 — do not delay the emergency call to do this.
8	**CPR**	If no signs of life, commence CPR.

9	**Brief paramedics**	Provide the pupil's IHP and any used AAIs to the paramedics on arrival.
10	**Record**	Complete an incident record immediately after the emergency. Inform the Allergy Lead and the Head.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay 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.

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

10. Food and Allergen Management

General Principles

- The School operates an Allergy Aware environment.
- We do not guarantee a completely allergen-free site but take all reasonable steps to minimise exposure.
- No sharing or trading of food is permitted between pupils.
- Food brought onto site for shared consumption (e.g. celebrations, school events) must be pre-packaged and include a full ingredient list with the 14 major allergens clearly identified.

Catering and Natasha's Law Compliance

- All food prepared on-site and sold as Pre-Packed for Direct Sale (PPDS) must be labelled with the full name of the food and a complete ingredients list, with the 14 major allergens highlighted in bold.
- Catering staff receive training on allergen management and food labelling requirements.
- Pupils with allergies are supported to make safe choices in the dining hall.

Food Technology and Science Lessons

- Class teachers check the Allergy Register before planning any lessons involving food or relevant chemicals.
- Risk assessments are completed where a lesson activity involves a known allergen for a pupil in the group.
- Where an allergen cannot be safely removed, the pupil's IHP is consulted and parents/carers are informed in advance.

11. Off-Site Activities and School Trips

- A specific allergen risk assessment is completed for every off-site activity.
- The trip leader is responsible for ensuring the relevant pupil's IHP and AAIs are taken on the trip.
- At least one trained member of staff accompanies every trip where a pupil with a severe allergy is attending.
- The spare AAI kit should accompany off-site trips.
- Emergency contact details and the nearest hospital are identified in the risk assessment.
- Parents/carers are informed of the allergen arrangements for any trip.

12. Communication and Culture

Effective allergy management requires a whole-school culture of awareness and care. The school promotes this through:

- Informing all staff of known pupil allergies at the start of each academic year and when new pupils join.
- Briefing cover teachers and supply staff on allergy arrangements at the start of each day.
- Displaying allergy awareness information in appropriate locations (kitchens, dining hall, staffroom, classrooms).
- Age-appropriate allergy education for pupils through PSHE and tutor time.
- Supporting pupils with allergies to feel included and not stigmatised.

13. Incident Recording and Learning

All allergic reactions that require treatment at school — including administration of an AAI — must be recorded. Near-miss incidents (where an allergen exposure was identified and managed without a reaction) must also be recorded.

Incident records must include:

- Date, time and location of incident.
- Name of pupil and known allergen.
- Description of the reaction and treatment given.
- Name of any AAI used (including batch number and expiry date).
- Actions taken (including whether 999 was called).
- Name of staff member completing the record.

All incidents are reviewed by the Allergy Lead. Significant incidents are reported to the Head and Trust Board. The school will use incident data to improve policy and practice on an ongoing basis.

Risk Assessment

The school will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

14. Monitoring, Review and Compliance

This policy is reviewed annually by the Allergy Lead and Head and approved by the Trust Board. It is also reviewed immediately following any significant allergy incident.

The Allergy Lead will report annually to the governing body on:

- Training completion rates for all staff.
- Status of the allergy register and IHPs.
- AAI stock levels and expiry dates.
- Any allergy incidents or near misses and lessons learned.
- Any changes to statutory guidance.

This policy is published on the school website in accordance with statutory requirements.

15. Related Trust/School Policies

- First Aid Policy
- Administering Medication Policy
- Whole School Safeguarding Policy Incorporating Child Protection
- SEND Policy
- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- Whole School Healthy Eating and Drinking Policy
- Whole School Educational Visits Policy

16. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management | Allergy UK | National Charity

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834