



Allergy Policy September 2026/7

1. Introduction & Statement of Intent

In accordance with **Benedict's Law** and the **Children and Families Act 2014**, we are committed to providing a safe and inclusive environment for pupils with allergies. We recognise that allergies can be life-threatening and that anaphylaxis is a medical emergency. This policy ensures a consistent national framework for allergy safety is applied across our school.

2. Statutory Framework (Benedict's Law)

This policy adheres to the following mandatory requirements:

- **Whole-School Policy:** A dedicated document (this policy) outlining allergy management.
- **Spare Adrenaline Auto-Injectors (AAIs):** The school will purchase and maintain a supply of "spare" adrenaline auto-injectors for emergency use.
- **Staff Training:** Mandatory annual training for all staff on recognising symptoms and administering AAIs.
- **Individual Healthcare Plans (IHCP):** Every child with a diagnosed allergy must have a robust IHCP and Allergy Action Plan.

3. Roles and Responsibilities

The Governing Body

- Ensures the school meets its legal duty under Section 100 of the Children and Families Act.
- Verifies that sufficient staff training and emergency medication are in place.

The Headteacher & Designated Allergy Lead

- Appoints a **Designated Allergy Lead** to oversee the register of allergic pupils.
- Ensures the "Spare AAI" kit is checked monthly (expiry dates/fluid clarity).
- Maintains a central "Allergy Register" accessible to all staff (including supply and catering).

Parents and Carers

- Must notify the school immediately of any new diagnosis or change in allergy status.
- Must provide the school with **two** in-date AAIs for their child, which will be kept in an accessible, unlocked location.

4. Emergency Procedures: Anaphylaxis

Anaphylaxis is a severe, systemic allergic reaction. In the event of a suspected reaction:

1. **Do not move the child.** Keep them lying flat (or sitting if they have breathing difficulties).
2. **Administer the child's prescribed AAI** immediately.
3. **Dial 999** and state "Anaphylaxis" (pronounced Anna-fill-axis).
4. **Use the School Spare AAI** if the child's own device fails or a second dose is needed after 5 minutes.

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5. **Stay with the child** until paramedics arrive.

5. Risk Reduction & Prevention

To minimise the risk of exposure, [School Name] implements the following:

- **Catering:** Our catering team is trained in allergen cross-contamination. Menus are verified by parents of allergic children via MCAS/Bromcom
- **No Sharing Policy:** A "no food sharing" rule is strictly enforced across all year groups.
- **Allergen-Aware Classrooms:** Specific allergens (e.g., peanuts/tree nuts) are banned from packed lunches and classroom activities.
- **Curriculum:** Food technology and science lessons are audited to ensure no pupils are excluded or endangered by materials used.

6. Training & Record Keeping

- **Annual Training:** All staff (teaching and non-teaching) receive accredited training on the **Schools Allergy Code**.
- **Incident Reporting:** Any "near miss" or administration of an AAI must be recorded in the accident book and reported to the Health and Safety Executive (HSE) if required.
- **Lessons Learned:** Following any allergic reaction, a formal review will be conducted by the Designated Allergy Lead to identify improvements.

Note on Spare AAIs: Since 2017, schools have been permitted to buy spare AAIs. Under the new 2026 guidance, it is now a **requirement** for schools to stock these to protect children whose own pens fail or who have their first-ever reaction while at school.

7. Storage of AAI in School

- The AAI will be stored in the Head of School's Office.
- This will be a central location which is accessible to all staff
- AAIs should be stored in a location that is no more than 5 minutes away from all

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Individual Healthcare Plan (IHCP): Allergy and Anaphylaxis

In accordance with Benedict's Law and statutory guidance for schools. This IHCP is a mandatory document for any pupil with a diagnosed allergy. It must be reviewed annually or when a child's medical needs change. It should be kept in a central, accessible location alongside the pupil's medication.

1. Pupil Information	
Child's Name:	
Date of Birth:	
Year Group / Class:	
Medical Condition:	Severe Allergy / Anaphylaxis

2. Contact Information	
Parent/Carer 1 Name & Phone:	
Parent/Carer 2 Name & Phone:	
GP Name & Phone:	

Clinic/Consultant:

3. Allergy Details & Triggers

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- **Known Allergens:** [e.g., Peanuts, Dairy, Latex, Bee Stings]
- **Nature of Reaction:** [Describe past symptoms]
- **Exclusion/Mitigation Strategies:** [e.g., No food sharing, cleaning of desks, specific seating in canteen]

4. Medication & Emergency Response

Note: Under Benedict's Law, the school's spare AAI can be used if the pupil's prescribed device fails or is unavailable.

Medication Name	Dosage	Expiry Date	Storage Location
AAI 1 (Prescribed)			
AAI 2 (Prescribed)			
Antihistamine			

Emergency Action Plan (Edit as necessary)

1. **Assess Symptoms:** If breathing is difficult, tongue/throat swelling, or dizziness occurs, **administer AAI immediately.**
2. **Call 999:** State "Anaphylaxis" and give school address.
3. **Positioning:** Keep pupil lying flat with legs raised. Do not let them stand up.
4. **Second Dose:** If no improvement after 5 minutes, administer the second AAI (or the school's Spare AAI).
5. **Notify Parents:** Contact emergency contacts listed above.

5. Training & Permissions

- **Staff Training:** List of staff trained to administer this child's medication:

- **Parental Consent:** I consent to the school administering the prescribed medication and the **School Spare AAI** in an emergency.

Parent Signature: _____ Date: _____

Headteacher Signature: _____ **Date:** _____

School Nurse/Allergy Lead: _____ **Date:**
