Esland North Limited

ED0034B - Allergy Safety

Purpose

This policy sets out how our Esland schools manage allergies and anaphylaxis for all pupils, staff and visitors. It follows Benedict's Law, the statutory guidance 'Supporting children and young people with medical conditions and allergy', which comes into force in September 2026 as part of the Children's Wellbeing and Schools Act 2025.

Scope

This policy applies to:

- All pupils, including those with and without a prior allergy diagnosis
- All staff including teaching, support, catering, premises, transport and administrative
- Governors
- Volunteers, supply staff and contractors on site
- Parents, carers and visitors

It applies in all school settings and activities, including classrooms, dining areas, corridors, playgrounds, off-site visits, residential trips and extra-curricular activities.

Legal and regulatory framework

This policy is informed by, and complies with, the following:

Legislation / guidance	Relevance
Children's Wellbeing and Schools Act 2025 (Benedict's Law amendment)	Places a statutory duty on all schools in England to have allergy safety measures in place from September 2026
DfE statutory guidance: Supporting children and young people with medical conditions and allergy (2026)	Sets out how schools must comply with Benedict's Law
Equality Act 2010	Severe allergies can constitute a disability; schools have a duty to make reasonable adjustments
Health and Safety at Work Act 1974	Employers must ensure, so far as reasonably practicable, the health and safety of employees and others
Human Medicines Regulations 2012 (amended)	Permits schools to hold stock AAIs for use in emergencies
Natasha's Law (Food Information (Amendment) (England) Regulations 2021)	Requires full allergen labelling on pre-packed food for direct sale

The 14 major food allergens

These are the 14 allergens regulated under UK food law. Any of these may trigger a severe allergic reaction or anaphylaxis.

Allergen	Common sources
Celery	Soups, salads, celery salt, stock cubes
Cereals containing gluten (wheat, rye, barley, oats)	Bread, pasta, cakes, biscuits, beer
Crustaceans	Prawns, crab, lobster, shrimp
Eggs	Baked goods, pasta, sauces, mayonnaise
Fish	Sauces, pizza, dressings, stock cubes
Lupin	Lupin flour in bread, pastry, pasta
Milk	Butter, cheese, cream, yoghurt, milk powders
Molluscs	Squid, mussels, oysters, scallops
Mustard	Salad dressings, marinades, pickles, curries
Peanuts	Groundnut oil, spreads, sauces, confectionery
Sesame	Hummus, tahini, bread, biscuits, Asian cooking
Soybeans (soya)	Tofu, miso, edamame, soy milk, soy sauce
Sulphur dioxide and sulphites	Dried fruit, wine, beer, preserved meats
Tree nuts (almonds, hazelnuts, walnuts and others)	Cereals, bread, biscuits, desserts, nut oils

Non-food allergens, such as insect stings, latex, animal dander and certain medications, may also cause anaphylaxis. Where a pupil has a known non-food allergy, an individual healthcare plan must still be in place.

Identifying and recording pupils with allergies

At admission

Parents and carers are asked to disclose any known or suspected allergies as part of the admissions process. This information will be:

- Recorded on the school's MIS system, Bromcom, and on CPOMS
- Shared with relevant staff: class teachers, form tutors, catering staff, site managers and trip leaders
- Used to open an individual healthcare and allergy action plan

In-year updates

Allergy information must be updated whenever:

- A pupil is newly diagnosed with an allergy
- An existing allergy changes in severity or nature
- A pupil outgrows an allergy, confirmed by a healthcare professional
- New medication is prescribed, for example a change in AAI brand or dose

Parents and carers are responsible for telling the school about any changes. The school will contact families every year to confirm that healthcare plans remain current.

Confidentiality and information sharing

Allergy information is sensitive personal data under UK GDPR. We share it on a need-to-know basis with staff who may come into contact with the pupil. Where appropriate, and with parental consent, a pupil's peers may be made aware to support a safe environment. We will not share information beyond the school without consent, except in a medical emergency.

Individual healthcare and allergy action plans (IHAAPs) hold sensitive personal data, including a pupil's photograph, medical information and contact details. Classroom copies must be stored discreetly and securely, for example in a staff folder or drawer, somewhere other pupils, visitors and parents cannot access. IHAAPs must never be displayed openly on walls or noticeboards. Copies must stay readily accessible to the staff who supervise the pupil, so there is no delay in an emergency, while still protecting the pupil's confidentiality.

Individual healthcare and allergy action plans

Statutory requirement (Benedict's Law): schools must develop individual healthcare and anaphylaxis action plans for every pupil with a known allergy, prepared and updated in partnership with families and healthcare providers.

An individual healthcare and allergy action plan (IHAAP) must be in place for every pupil with a diagnosed allergy. The plan includes:

- Pupil name, date of birth, photograph and class or year group
- Known allergens and the nature of the allergy
- A description of the pupil's typical allergic reaction symptoms
- Prescribed emergency medication: type, dose, location, expiry date
- Step-by-step emergency response instructions
- Contact details for parent or carer and named healthcare professional
- Any dietary or environmental adjustments required
- Signature of parent or carer, healthcare professional and headteacher

IHAAPs must be:

- Reviewed at least annually, and after any allergic reaction
- Accessible to all staff who supervise the pupil, including supply and cover staff
- Stored both centrally, in the staffroom or first aid room, and in the pupil's classroom, with classroom copies held securely and discreetly
- Available in digital form on the school's medical tracking system, where applicable

Adrenaline auto-injectors (AAIs)

Prescribed AAIs

Where a pupil has been prescribed an AAI by their GP or allergy specialist:

- Parents and carers must provide the school with at least two in-date, prescribed AAIs
- AAIs must be labelled with the pupil's name and stored in a known, accessible location. Devices must be supplied in their original packaging so the pharmacy prescription label, showing the pupil's name, the medication, the dose and the expiry date, remains attached
- The school will request written administration details from the prescriber, by email or letter, confirming the device type, the prescribed dose, and how and when it should be administered. These details are recorded in the pupil's IHAAP
- Expiry dates are checked termly by the designated lead for medical conditions
- Parents and carers are notified in advance of expiry so they can supply replacements

Spare (emergency) AAIs

Benedict's Law requirement: schools must hold spare, in-date adrenaline auto-injectors on site. These are not a second set of devices prescribed for an individual pupil. They may be used on any child or adult experiencing anaphylaxis, including someone with no prior diagnosis.

This school holds spare AAIs under the Human Medicines Regulations 2012 (as amended). Our spare AAI arrangements are:

Requirement	Detail
Number of spare AAIs held	Minimum of two: at least one junior/child dose and one adult dose
Storage location(s)	Medical Room (Main Building) and Medical Room (Nurture Building)
Staff with access	All staff. Location communicated at induction and annual training
Review of expiry dates	Termly, by Laua Harper (Designated Lead for Medical Conditions)

Requirement	Detail
Record of use	Logged in the school's medical incident record; reported to parent/carer; AAI replaced immediately
Brands held	EpiPens (onsite and off sight)

Spare AAIs and emergency allergy kits can be bought from a number of suppliers. To obtain them, the headteacher must complete the supplier's order form and sign the declaration confirming that the school is buying the devices for use as spare emergency AAIs, in line with the Human Medicines Regulations 2012.

AAIs must be stored somewhere clearly marked and easily accessible within five minutes, and never locked away. All staff must know where the devices are kept so there is no delay in treatment during an emergency.

After any AAI is given, call 999 immediately, lay the pupil flat (with legs raised unless breathing is difficult), and contact parents or carers. AAIs do not replace emergency medical care.

Recognising and responding to allergic reactions

Signs of an allergic reaction

Symptoms can develop quickly and may affect several body systems.

Body system	Symptoms
Skin	Hives, redness, swelling, itching, rash
Eyes	Watering, itching, swelling around the eyes
Mouth / throat	Tingling or swelling of lips, tongue or throat; difficulty swallowing
Breathing	Wheezing, shortness of breath, persistent cough, hoarse voice
Stomach	Nausea, vomiting, stomach cramps, diarrhoea
Circulation (severe)	Pale or blue skin, dizziness, collapse, loss of consciousness

Anaphylaxis emergency response

Emergency response – anaphylaxis

Step 1: Lay the pupil flat. If breathing is difficult, let them sit up slightly. Do not let them stand or walk.

Step 2: Give the prescribed or spare AAI into the outer mid-thigh. Hold the device in place according to its type: an EpiPen for 3 seconds, a Jext for 10 seconds.

Step 3: Call 999 immediately. State 'anaphylaxis' and confirm that adrenaline has been given.

Step 4: If there is no improvement after 5 minutes, give a second dose of adrenaline using another device, if available.

Step 5: Stay with the pupil until the ambulance arrives. Never leave them alone.

Step 6: Contact the pupil's parent or carer as soon as possible.

Step 7: Complete the school's medical incident record.

Staff must never assume a reaction is mild. Anaphylaxis can progress rapidly. When in doubt, use the AAI.

Staff training

From September 2026, annual allergy awareness training is mandatory for all staff. A reaction can happen anywhere, in the playground, a corridor or a dining hall, where a designated first aider may not be present. All staff must be able to recognise the signs of anaphylaxis and know what to do.

Training covers:

- Causes and common triggers of allergic reactions and anaphylaxis
- Recognition of allergic reaction symptoms across all body systems
- The difference between a mild reaction and anaphylaxis
- How and when to give an adrenaline auto-injector
- The school's emergency response procedure
- How to access individual healthcare and allergy action plans
- Allergen awareness in food preparation and catering contexts
- Reporting and recording requirements

Staff group	Training requirement
All teaching and support staff	Annual allergy awareness and anaphylaxis training
Catering and kitchen staff (where applicable)	Annual training plus allergen management in food preparation
Premises, site and transport staff	Annual awareness training and emergency response
Administrative staff	Annual awareness training
Newly appointed staff	Training completed before or during induction, prior to unsupervised contact with pupils
Supply and cover staff	Briefed on emergency procedures and AAI locations on each day of attendance

The designated lead for medical conditions keeps training records, including dates, providers and staff names, available for inspection. Training should come from a competent provider whose content complies with Benedict's Law.

Allergen management in food and catering

The school catering service will:

- Ensure all food and ingredients are clearly labelled with allergen information in line with Natasha's Law
- Maintain up-to-date allergen matrices for all meals and snacks provided
- Provide safe meal options for pupils with known food allergies
- Avoid cross-contamination through separate preparation areas, utensils and serving procedures
- Ensure catering staff complete allergen management training as part of annual allergy training
- Display allergen information in the dining hall and on menus

Parents and carers providing packed lunches for pupils with allergies are encouraged to avoid the allergens identified in their child's IHAAP. The school will communicate clearly with families about any allergens present in school food environments.
During events, celebrations or external catering, such as fairs, parties or residentials, staff must ensure allergen controls are in place before any food is served to pupils.

Allergens in lessons and activities

Allergens can appear outside catering too, for example eggs, peanuts, tree nuts, milk or wheat used in cookery and food technology lessons, science experiments, art and craft activities such as egg cartons or food-based materials, or curriculum tasting and celebration events.
Where an activity may involve a known allergen, staff plan it with reference to the IHAAPs of pupils involved and make substitutions where appropriate. The school informs parents and carers in advance when foods or materials containing common allergens are to be used in lessons or activities, so families can raise concerns and the school can put suitable controls in place.

Educational visits and off-site activities

Before any educational visit or off-site activity, the trip leader must:

- Review the IHAAPs for all attending pupils with known allergies
- Carry copies of relevant IHAAPs during the visit
- Ensure prescribed AAIs and spare school AAIs are taken on the visit
- Brief all accompanying adults on the emergency response procedure
- Assess any allergy-specific risks associated with the visit, such as catering, environment or animals
- Communicate with the venue about allergen management

No pupil with a diagnosed allergy should be excluded from an educational visit because of their allergy. We must make reasonable adjustments.

Roles and responsibilities

Role	Responsibilities
Headteacher	Overall accountability for this policy; ensures statutory compliance with Benedict's Law; ensures the policy is published on the school website
Designated lead for medical conditions (DLMC)	Day-to-day lead for allergy management; maintains IHAAPs; oversees AAI stock; coordinates training; manages incident records
SENCO	Supports pupils where allergy intersects with SEND; ensures allergy needs are reflected in EHCPs and support plans where appropriate
Class teachers	Aware of the allergies of pupils in their care; can access and act on IHAAPs; supervise safe environments
First aider	Ensures AAIs are stored accessibly and securely; supports risk assessments for the physical environment
All staff	Complete annual training; follow this policy; know where AAIs are stored; act immediately in emergencies
Parents and carers	Disclose allergy information; keep IHAAPs up to date; provide prescribed AAIs; notify the school of changes
Governing body	Ensure the policy is in place, compliant and reviewed annually; receive reports on allergy-related incidents

Incident recording and reporting

All allergic reactions, whether mild or severe, must be recorded. Records must include:

- Pupil name and date of birth
- Date, time and location of the incident
- Description of the reaction and suspected trigger
- Action taken, including any medication given
- Name of staff present and first responder
- Ambulance or medical attendance, if applicable
- Parent or carer notification
- Any follow-up actions or referrals

The designated lead for medical conditions reviews incident records after every incident to identify patterns, learning points, or changes needed to IHAAPs, training or catering practice. Governors receive a termly summary of allergy incidents.
Where a pupil is taken to hospital following an allergic reaction, the school will tell parents or carers immediately, review the IHAAP, and consider whether the school environment or procedures need to change.

Communication with parents and carers

- Parents and carers of newly diagnosed pupils are contacted promptly to begin the IHAAP process
- All families are told annually about the school's allergy policy and their responsibilities
- Parents and carers are contacted following any allergic reaction involving their child
- General awareness communications are issued as appropriate, for example reminders around food sharing or school events
- Parents and carers are told in advance where foods or materials containing common allergens, such as eggs or peanuts, are to be used in lessons or activities
- This policy is published on the school website and available in hard copy on request

Supporting pupil wellbeing

Living with a severe allergy can cause anxiety and social difficulties for children and young people. This school is committed to:

- Ensuring pupils with allergies feel safe, included and supported
- Not isolating pupils from social activities, such as birthday celebrations or lunch, because of their allergy
- Working with pupils and families to find inclusive solutions
- Ensuring pastoral and mental health support is available for pupils experiencing allergy-related anxiety
- Raising allergy awareness among peers in an age-appropriate way, with the consent of the pupil and family

Staff should recognise that pupils with allergies can sometimes meet dismissive, sceptical or flippant responses from others about their condition. Responses like this can undermine a child's sense of safety and belonging. All allergies should be treated seriously and respectfully, with staff helping to build a culture of understanding, inclusion and consideration for others.

Policy review

The DLMC reviews this policy annually, and it is approved by the headteacher and governing body. It will also be reviewed:

- Following any serious allergic reaction or near-miss incident
- Following changes to DfE statutory guidance or legislation
- Following significant changes to the school population or staffing

Version	Date	Author	Changes
1.0	September 2026	Christopher Lawson	Initial policy, adopted in compliance with Benedict's Law
1.1	June 2026	Christopher Lawson	Review edits: parent/carer notice for allergens used in lessons; IHAAP classroom confidentiality; prescriber written administration details and original-packaging requirement; device-specific AAI hold times (EpiPen 3s / Jext 10s); second-dose-after-five-minutes guidance; AAI storage statement; supplier/headteacher declaration for purchasing spare AAIs; wellbeing paragraph on respectful attitudes to allergies.