Esland North Limited

ED0034D - Allergy Safety

Purpose

This policy sets out how our Esland Schools will manage allergies and anaphylaxis for all pupils, staff, and visitors. It has been developed in line with 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 & Regulatory Framework

This policy is informed by and compliant 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

The following 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, etc.)	Cereals, bread, biscuits, desserts, nut oils

Note: Non-food allergens (e.g. insect stings, latex, animal dander, 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 will be 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 CPOMS.
- Shared with relevant staff (class teachers, form tutors, catering staff, site managers, trip leaders)
- Used to initiate 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 (e.g. a change in AAI brand or dose)

Parents and carers are responsible for notifying the school of any changes. The school will contact families annually to confirm that healthcare plans remain current.

Confidentiality and Information Sharing

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

Because Individual Healthcare and Allergy Action Plans (IHAAPs) contain sensitive personal data (including a pupil's photograph, medical information, and contact details) any copies held in classrooms must be stored discreetly and securely (for example, in a staff folder, drawer, or other location not accessible to other pupils, visitors, or parents). IHAAPs must not be displayed openly on walls or noticeboards. Classroom copies must remain readily accessible to the staff who supervise the pupils so that there is no delay in an emergency, while 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 all pupils 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 will include:

- Pupil name, date of birth, photograph, and class/year group
- Known allergens and the nature of the allergy
- 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/carer and named healthcare professional
- Any dietary or environmental adjustments required
- Signature of parent/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 (staffroom / first aid room) and in the pupil's classroom with classroom copies held securely and discreetly so they are not visible to other pupils, visitors, or parents (see Confidentiality and Information Sharing)
- 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/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 that 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 will be recorded in the pupil's IHAAP
- Expiry dates will be checked termly by the designated lead for medical conditions
- Parents/carers will be notified in advance of expiry to 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 provisions of the Human Medicines Regulations 2012 (as amended). Our spare AAI arrangements are as follows

Requirement	Detail
Number of spare AAIs held	Minimum of two (at least one junior/child dose and one adult dose)
Storage location(s)	Reception
Staff with access	All staff — location communicated at induction and annual training
Review of expiry dates	Termly, by Zoe Cooper (DLMC)
Record of use	Logged in the school's medical incident record; reported to parent/carer; AAI replaced immediately
Brands held	EpiPen

Spare AIIs and emergency allergy kits may be purchased from a number of suppliers. To obtain them, the headteacher must complete the supplier's order form and sign the accompanying declaration confirming that the school is purchasing the dvices for use as spare emergency AAIs in line with the Human Medicins Regulations 2012.

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

Following administration of any AAI, 999 must be called immediately, the pupil must be laid flat (with legs raised unless breathing is difficult), and parents/carers contacted. AAIs do not replace emergency medical care.

Recognising and Responding to Allergic Reactions

Signs of an Allergic Reaction

Symptoms may develop quickly and can affect multiple 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, allow them to sit up slightly. Do NOT allow them to stand or walk.

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

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

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

Step 5: Stay with the pupil until the ambulance arrives. Do not 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. This is because a reaction can happen anywhere — in the playground, a corridor, 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 will cover:

- 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 administer 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 to be completed before or during induction, prior to unsupervised contact with pupils
Supply and cover staff	School to brief on emergency procedures and AAI locations on each day of attendance

Training records, including dates, providers, and staff names, will be maintained by the Designated Lead for Medical Conditions and available for inspection. Training should be provided by a competent provider delivering content compliant with Benedict's Law.

Allergen Management in Food and Catering

The school catering service will (where applicable):

- 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 requirements
- Display allergen information in the dining hall and on menus

Parents/carers wishing to provide packed lunches for pupils with allergies are encouraged to avoid including 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 (e.g. fairs, parties, residentials), staff must ensure allergen controls are in place before any food is served to pupils.
Allergens in lessons and activities
Allergens can be present in school outside of catering — for example, foods such as eggs, peanuts, tree nuts, milk, or wheat used in cookery and food technology lessons, science experiments, art and craft activities (e.g. egg cartons, food-based materials), or curriculum tasting and celebration events.
Where an activity may involve a known allergen, staff will plan it with reference to the IHAAPs of pupils involved and make substitutions where appropriate. The school will inform parents and carers in advance when foods or materials containing common allergens are to be used in lessons or activities, so that families can raise any concerns and the school can put suitable controls in place.

Educational Visits and Off-Site Activities

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

- Review the IHAAPs for all pupils attending 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 (e.g. catering, environment, animals)
- Communicate with the venue regarding allergen management

No pupil with a diagnosed allergy should be excluded from an educational visit because of their allergy. Reasonable adjustments must be made.

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. The DLMC is Zoe Cooper.
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 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 administered)
- Name of staff present and first responder
- Ambulance or medical attendance (if applicable)
- Parent/carer notification
- Any follow-up actions or referrals

Incident records will be reviewed by the Designated Lead for Medical Conditions following every incident to identify any patterns, learning points, or changes needed to IHAAPs, training, or catering practice. Governors will receive a termly summary of allergy incidents.

Where a pupil is taken to hospital following an allergic reaction, the school will inform parents/carers immediately, carry out a review of the IHAAP, and consider whether any changes to the school environment or procedures are required.

Communication with Parents and Carers

The school will communicate openly with parents and carers regarding allergy management:

- Parents/carers of newly diagnosed pupils will be contacted promptly to begin the IHAAP process
- All families will be notified annually of the school's allergy policy and their responsibilities
- Parents/carers will be contacted following any allergic reaction involving their child
- General awareness communications will be issued as appropriate (e.g. reminders around food sharing, school events)
- Parents and carers will be informed in advance where foods or materials containing common allergens (such as eggs or peanuts) are to be used in lessons or activities, for example cookery or food technology lessons
- This policy will be 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 (e.g. birthday celebrations, 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 individuals with allergies can sometimes experience dismissive, sceptical, or flippant responses from others regarding their condition. Such responses can undermine a child's sense of safety and belonging. All allergies should be treated seriously and respectfully, with staff helping to foster a culture of understanding, inclusion, and consideration for the needs of others.

Policy Review

This policy will be reviewed annually by the DLMC and 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; devicespecific

			AAI hold times (EpiPen 3s / Jext 10s); second-dose-after-5-minutes guidance; AAI storage statement; supplier/headteacher declaration for purchasing spare AAIs; wellbeing paragraph on respectful attitudes to allergies.
1.2	August 2026	Christopher Lawson	Confirmation of DLMC. AAI's Brands. Location of AAI's.