Broomhill Primary School

WHOLE SCHOOL ALLERGY MANAGEMENT POLICY

(Benedict's Law)

Approved by:	Mr. Craig Priday	**Date:**	7th September 2026
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Contents

This policy is based on SafeSchool Whole School Allergy Management Policy (Benedict's Law) update template April 2026

1. Introduction and Legal Framework

Broomhill Primary School is committed to providing a safe, inclusive, and supportive environment for all pupils, including those with allergies and medical conditions. This policy is designed to meet the statutory requirements of the Children's Wellbeing and Schools Act 2026 (Benedict's Law) and the latest DfE guidance (effective September 2026). It also incorporates the updated Early Years Foundation Stage (EYFS) updates regarding safer eating and supervision.

This policy sets out Broomhill's commitment to providing a safe and inclusive environment for pupils with allergies. Under Benedict's Law (2026), allergy management is a statutory duty.

1.1 Statutory Compliance:

▪ Benedict's Law (Effective September 2026): Mandating spare AAIs, staff training, and published allergy policies.

▪ Children and Families Act 2014 (Section 100): Duty to support pupils with medical conditions.

▪ Schools Allergy Code

▪ Supporting Pupils with Medical Conditions December 2015: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

▪ EYFS Statutory Framework (Updated 2026): Enhanced requirements for safer eating, weaning, and mandatory AAI training within Paediatric First Aid (PFA).

▪ Human Medicines Regulations 2017: Governing the use of emergency spare AAIs.

▪ Food Information Regulations 2014: Statutory allergen labelling requirements.

1.2 Whole-School Approach:

We adopt a whole-school approach to allergy management, ensuring that all members of the school community – pupils, parents, staff (teaching, support, catering, administrative), and visitors – understand their roles and responsibilities in reducing allergy risks and responding effectively to allergic reactions.

1.3 Aims:

▪ To minimise the risk of exposure to allergens for pupils with diagnosed allergies.

▪ To ensure that all staff are confident in recognising and responding to allergic reactions, including anaphylaxis.

▪ To promote an inclusive environment where pupils with allergies can participate fully in all school activities without feeling stigmatised.

▪ To establish clear procedures for communication, record-keeping, and emergency response.

2. Roles and Responsibilities

2.1 Governing Body/Proprietor:

▪ Has overall responsibility for ensuring the school meets its legal obligations regarding pupils with medical conditions, including allergies.

▪ Approves and regularly reviews this policy.

▪ Ensures adequate resources and training are provided for allergy management.

2.2 Headteacher:

▪ Responsible for the day-to-day implementation of this policy.

▪ Ensures all staff are aware of and adhere to the policy.

▪ Delegates responsibilities as appropriate, including appointing a Designated Allergy Lead.

▪ Ensures effective communication with parents, staff, and external agencies.

▪ Oversees allergy management across the school.

▪ Acts as the primary point of contact for staff, pupils, and parents regarding allergies.

▪ Ensures allergy information is accurately recorded, kept up-to-date, and communicated to relevant staff.

▪ Coordinates and monitors allergy-related training for all staff.

▪ Manages the stock of school-held adrenaline auto-injectors (AAIs), including checking expiry dates.

▪ Reviews records of allergic reactions and near-misses, implementing learnings.

2.4 All Staff (Teaching, Support, Catering, Administrative, etc.):

▪ Must be aware of the school's allergy policy and their role in its implementation.

▪ Know which pupils in their care have allergies and the location of their medication/Individual Healthcare Plans (IHPs).

▪ Are able to recognise the signs and symptoms of allergic reactions and anaphylaxis.

▪ Know how to access and administer AAIs without delay if trained and required.

▪ Participate in allergy and anaphylaxis training and refresher drills.

▪ Report any concerns regarding allergy management or potential risks.

▪ Supervise children closely, especially during mealtimes (EYFS: sitting facing children to monitor for choking/allergic reactions).

▪ Reinforce good hand hygiene to prevent cross-contamination.

2.5 Parents/Carers:

▪ Provide the school with detailed and up-to-date information about their child's allergies, including triggers, symptoms, previous reactions, and prescribed medication (e.g., AAIs, antihistamines).

▪ Provide two in-date, clearly labelled AAIs and any other necessary medication with clear instructions.

▪ Inform the school immediately of any changes to their child's medical condition or medication.

▪ Work in partnership with the school to develop and review their child's IHP and Allergy Action Plan.

▪ Ensure their child understands their allergy to the best of their ability and encourages self-management appropriate to their age and development.

▪ Inform the school if their child will be attending an out-of-school activity or trip, ensuring medication and information are provided.

2.6 Pupils (age-appropriate):

▪ Understand their allergy and the importance of avoiding triggers.

▪ Know where their medication is kept (if old enough to carry it).

▪ Know who to tell if they feel unwell or believe they have had a reaction.

▪ Understand the importance of not sharing food.

3. Identification and Information Sharing

3.1 Admissions Process:

The admissions team will gather initial information about any allergies or special dietary requirements during enrolment.

3.2 Initial Assessment and Information Gathering (EYFS focus):

Before a child starts in the setting, parents/carers must be asked about their child's special dietary requirements, preferences, food allergies, and intolerances. This information must be shared with all relevant staff.

3.3 Allergy Register:

The school will maintain a comprehensive and easily accessible allergy register for all pupils with diagnosed allergies, including:

▪ Pupil's name and photograph (with parental consent).

▪ Specific allergens.

▪ Symptoms of reaction.

▪ Location of medication.

▪ Key emergency contacts.

3.4 Communication:

Relevant allergy information will be shared with all staff who have a direct responsibility for the pupil, including supply staff and those supervising out-of-class activities (e.g., PE, clubs, trips). This may include displaying photos and allergy information in designated staff-only areas (e.g., staff room, kitchen).

3.5 Confidentiality:

Allergy information will be handled with appropriate confidentiality, shared only with those who need to know to ensure the pupil's safety.

4. Individual Healthcare Plans (IHPs) & Action Plans

4.1 Requirement:

All pupils with a diagnosed allergy at risk of anaphylaxis (or where specified by a healthcare professional) will have an Individual Healthcare Plan (IHP). For EYFS settings, IHPs must be in place for children with known allergies and intolerances and kept updated.

4.2 Development:

IHP's will be developed in partnership between the school (Designated Allergy Lead, relevant staff), parents/carers, and, where appropriate, the pupil and their healthcare professional (e.g., school nurse, GP, allergy specialist).

4.3 Content:

The IHP will detail:

▪ The specific allergy/allergens.

▪ Recognised symptoms of a reaction (mild, moderate, severe).

▪ Steps to minimise exposure.

▪ Specific instructions for administering medication (e.g., AAI dosage, location, when to administer).

▪ Emergency contacts and procedures (who to call, when to call 999).

▪ Any other relevant information (e.g., asthma management, which can impact allergy severity).

4.4 Allergy Action Plans:

Where a pupil has an AAI prescribed, a clear, written Allergy Action Plan (e.g., the BSACI plan, if provided by parents from their allergy practitioner/doctor) will be attached to or incorporated into the IHP. This will include a photograph of the pupil and clear instructions for emergency management.

4.5 Review:

IHPs and Allergy Action Plans will be reviewed at least annually, or sooner if there are any changes to the pupil's condition, medication, or school circumstances (e.g., starting a new key stage, new diagnosis).

5. Medication Management

5.1 Provision:

Parents are responsible for providing the school with two in-date, clearly labelled AAI's and any other prescribed allergy medication (e.g., antihistamines).

5.2 Storage:

▪ All medications will be stored in an easily accessible, unlocked, and clearly designated location known to relevant staff.

▪ Medication will be kept out of sight and reach of children (especially in EYFS settings).

▪ For older pupils capable of self-carrying, their AAI may be kept with them, with appropriate oversight and agreement outlined in their IHP.

▪ Medication must be taken on all off-site activities and trips.

5.3 Expiry Dates:

The Designated Allergy Lead will maintain a register of all AAI's, including brand, dose, and expiry dates, and will notify parents well in advance when replacement medication is needed. A system for alerts will be in place.

5.4 School-held Spare AAIs:

The school will hold a supply of "spare" AAIs for emergency use.

▪ These can be administered without a prescription to a pupil known to be at risk of anaphylaxis whose own prescribed AAI is not immediately available, or to an individual experiencing anaphylaxis who has not been previously diagnosed, if deemed

appropriate by emergency services (999).

▪ Written parental consent for the use of a school-held spare AAI must be obtained for pupils with diagnosed allergies.

▪ The spare AAIs will be stored securely but accessibly and routinely checked for expiry.

6. Risk Reduction Strategies

6.1 Catering and Food Management:

▪ All school food providers (in-house or external caterers) will comply with the Food Information Regulations 2014, providing clear allergen information for all food served.

▪ Detailed allergen matrices will be available and regularly updated.

▪ Catering staff will receive specific training on allergen awareness, cross-contamination prevention, and emergency procedures.

▪ Individual dietary requirements for pupils with allergies will be communicated to catering staff well in advance.

▪ Specific measures to prevent cross-contamination will be in place (e.g., dedicated preparation areas, colour-coded equipment, separate serving procedures).

▪ EYFS specific: School will consider using different coloured plates/serving methods for children with allergies.

6.2 Classroom and Curriculum Activities:

▪ Staff will consider food allergies when planning activities involving food (e.g., cooking lessons, science experiments, art projects, rewards). Non-food alternatives will be offered.

▪ Parents will be informed in advance of any planned food-related activities to discuss safe participation.

▪ The sharing of food in school is strongly discouraged.

6.3 School Trips and Out-of-School Activities:

▪ Essential Evolve assessment (or equivalent by competent person with knowledge of school protocols and requirements) for all trips, out-of-school activities and after school clubs will explicitly address allergy management, including medication, trained staff, and emergency procedures.

▪ All relevant allergy information and medication will accompany the pupil on trips.

▪ Staff leading trips will be fully briefed on pupils' allergies and emergency protocols.

6.4 Third Party Providers on site

• All third-party providers (including wraparound care, holiday clubs, and external curriculum coaches) must formally agree to adhere to the school's Allergy & Anaphylaxis Policy as a condition of their site-use agreement.

▪ The school will ensure that providers have access to the Individual Healthcare Plans (IHPs) for all pupils in their care.

Providers must handle this medical data in accordance with GDPR but ensure it is immediately accessible to all "frontline" club staff during the session.

▪ External providers must provide evidence that their staff have received accredited anaphylaxis training within the last 12 months.

▪ Before a club commences, the provider's Lead First Aider must be briefed by the school's Allergy Lead on the location of the School's Spare AAI Kits and the specific Code Blue emergency protocol.

▪ Wraparound and holiday clubs must operate a Nut-Aware (or allergen-specific) environment. All snacks provided must be checked against the allergy profiles of the

children attending that specific session.

▪ Providers must submit a specific risk assessment for any activity involving food (e.g., Food Tech Club or Decorating Biscuits) for approval by the school's Senior Leadership Team (SLT).

6.5 Environment:

▪ Regular cleaning routines will be in place to minimise allergen residues on surfaces.

▪ Encourage pupils to wash hands before and after eating.

▪ While we cannot guarantee an allergen-free environment, we aim to minimise risk through robust management

6.6 Weaning (EYFS specific):

▪ Staff must recognise that allergies can occur at any time, especially when weaning.

▪ Settings must support weaning in stage-appropriate ways, working closely with parents to ensure food is prepared suitably to prevent choking and using textures eaten at home. School ensures new allergens are introduced by parents first.

▪ Staff must sit facing children when they are eating to monitor for choking and allergic reactions.

7. Training and Paediatric First Aid

7.1 Whole-Staff Training:

All school staff will receive basic awareness training, including:

▪ Understanding common allergens and allergic reactions.

▪ Recognising the signs and symptoms of anaphylaxis.

▪ Knowledge of the school's allergy policy and emergency procedures.

▪ Understanding the importance of administering AAI's without delay.

7.2 Anaphylaxis Training:

Every member of staff will receive basic allergy awareness training. Furthermore, all staff working directly with pupils at risk of anaphylaxis—including Key Workers, Teaching Assistants, Lunchtime Supervisors, wrap around c are-workers and First Aiders—will receive specialist, accredited training. This

training will be face-to-face where possible to ensure practical competency in administering all types of AAI devices held on-site.

7.3 Refresher Training:

Training will be refreshed annually, or more frequently as needed (e.g., when new staff join or new pupils with allergies enroll). Anaphylaxis emergency drills will be conducted periodically.

7.4 Paediatric First Aid (PFA) & Mealtimes:

In accordance with the EYFS framework, a staff member holding a valid Paediatric First Aid qualification will be present during all mealtimes. This staff member is trained to recognise the symptoms of allergic reactions and anaphylaxis and is certified as competent in the administration of adrenaline auto-injectors (AAI's).

7.5 Emergency Response Drills:

In line with the Schools Allergy Code and Statutory Guidance (2026), the school will conduct regular anaphylaxis emergency drills to ensure all staff can fulfil their legal duty to respond to a medical emergency within five minutes. These exercises test the school's internal communication systems, the speed of retrieving both the pupil's prescribed AAI and the school's Spare emergency kit, and the accuracy of the emergency 999 protocol.

8. Emergency Procedures

8.1 Recognition:

All staff will be trained to recognise the signs and symptoms of an allergic reaction (mild, moderate, severe/anaphylaxis).

8.2 Immediate Action (IF IN DOUBT, GIVE ADRENALINE):

▪ IF IN DOUBT, GIVE ADRENALINE.

▪ If a pupil is suspected of having anaphylaxis, administer their prescribed AAI (or school spare) without delay, following the instructions on their Allergy Action Plan and the device.

▪ Immediately call 999 for an ambulance, stating ANAPHYLAXIS

▪ Position the child appropriately (lying flat with legs raised or sitting up if breathing is difficult).

▪ Do NOT stand the child up or allow them to walk if they are having an anaphylactic reaction.

▪ Stay with the child until medical help arrives.

▪ If symptoms do not improve within 5 minutes of the first dose, administer a second dose using another AAI.

▪ Even if symptoms improve, all pupils who receive an AAI must be taken to hospital for further observation.

8.3 Record Keeping:

All allergic reactions, including near misses, will be recorded in detail, on CPOMS and reviewed by the Designated Allergy Lead (DAL) to identify any patterns or areas for improvement. Parents will be informed of any reaction.

9. Partnership with Parents and External Agencies

9.1 Open Communication:

We are committed to open and ongoing communication with parents regarding their child's allergy management.

9.2 Healthcare Professionals:

We will work collaboratively with healthcare professionals (GPs, school nurses, allergy specialists) to ensure IHPs are accurate and appropriate.

9.3 Information Sharing:

With parental consent, relevant medical information will be shared with other professionals involved in the child's care.

10. Monitoring and Review

▪ This policy will be reviewed at least annually by the Governing Body/Proprietor and the Designated Allergy Lead.

▪ The effectiveness of the policy and procedures will be monitored through:

▪ Regular staff training evaluations.

▪ Review of incident reports and near miss events.

▪ Feedback from parents, pupils, and staff.

▪ Compliance with updated guidance from the Department for Education and other relevant bodies.

This policy will be made publicly available on the school's website and communicated to all staff, parents, and pupils.

Appendix 1: Running an Anaphylaxis Drill

To run an effective drill under the 2026 Benedict's Law standards, you need to treat it exactly like a fire drill: unannounced (or semi-announced), timed, and reviewed.

The goal is to move from knowing what to do to doing it under stress. Here is a step-by-step guide to running a professional Code Blue drill.

Phase 1: The Setup (Preparation)

Before you start, ensure you have the necessary dummy equipment, so you don't accidentally discharge a real AAI.

▪ Select a Patient: Use a staff member or a manikin. (Do not use a student for the first few drills).

▪ Equipment: Use Trainer Pens (EpiPen/Jext/Emerade trainers) that have no needle or medicine.

▪ Scenario Card: Create a card that says: "Pupil is clutching throat, coughing, and has hives after eating a biscuit. They are becoming drowsy."

Phase 2: The Drill (Action)

Pick a high-risk time, such as lunchtime or PE, when staff are spread out.

1. The Trigger: Hand the Scenario Card to a staff member (e.g., a Lunchtime Supervisor). Start your stopwatch

2. The Alarm: The staff member must shout the school's emergency code (e.g., CODE BLUE - HALL!).

3. The Response:

▪ Staff A stays with the Patient and keeps them in the correct position (sitting on the floor with legs raised or lying flat if feeling faint).

▪ Staff B runs to the medical point to retrieve the Pupil's AAI and the School's Spare AAI kit.

▪ Staff C simulates the 999 call (calling a designated operator in the school office).

4. The Administration: Staff B returns. Staff A (or B) demonstrates using the trainer pen on the Patient’s outer thigh, holding it for the correct count (usually 10 seconds for most devices).

5. The Handover: The drill ends when the Office Staff arrives with the Pupil's Individual Healthcare Plan (IHP) and a mock Emergency Log to record the time of the injection.

Phase 3: Drill Review (Recorded)

Under the new 2026 guidelines, you are looking for these specific benchmarks:

Response Time

Was the AAI at the scene in under 2 minutes?

Positioning

Was the patient kept still? (Moving an anaphylactic patient can be fatal).

Communication

Did the office know exactly where to send the Ambulance?

The Second Pen

Did staff remember to bring the second backup pen in case the first failed?

Appendix 2: Anaphylaxis Drill Recording Template (2026 Standard)

Drill Date:

Scenario Location:

(e.g., Playground/Canteen)

Key Performance Indicator

(KPI)

Target

Actual Time / Result

Symptom Recognition

Immediate

Code Blue / Alarm Raised

< 30 Seconds

AAI Retrieval (Pupil or Spare)

< 2 Minutes

Simulated Administration

Correct Technique

(Pass/Fail)

999 Call Simulation

Follows Protocol

(Pass/Fail)

Record Staff Involved:

Name

Role

Observations & Bottlenecks: (e.g., "The key to the medical cabinet was with a staff member on break," or "The spare AAI was located quickly but the IHP was hard to read.")

Action Plan: (e.g., "Duplicate key to be placed in the school office," or "IHPs to be printed in larger font and color-coded.")