



Allergy Safety in School Policy (Benedict's Law)

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1. Purpose and statutory framework

Bitterne Manor Primary School is committed to keeping people with allergies safe, included and able to participate fully in school life. The school cannot guarantee an allergen-free environment. It will identify allergy-related risks, take reasonable and proportionate steps to reduce exposure, maintain rapid access to emergency treatment and respond without delay when a reaction is suspected.

This dedicated policy is made under section 100A of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026. It reflects the Department for Education statutory guidance Allergy safety in schools (July 2026). The governing body must have regard to that guidance when exercising its functions.

This policy also takes account of section 100 of the Children and Families Act 2014, the Equality Act 2010, the Health and Safety at Work etc. Act 1974, UK GDPR and the Data Protection Act 2018, food-information law and the Requirements for School Food Regulations 2014.

2. Scope and principles

The policy applies to pupils, staff, regular volunteers and relevant visitors. Contractors without a pupil-facing role will receive proportionate site information where their work could introduce or disturb an allergen.

- Allergies will be treated seriously and managed consistently.
- No pupil will be excluded from education, meals, clubs, visits or activities because of allergy where reasonable adjustments can make participation safe.
- The school will work with the pupil, parents or carers, healthcare professionals, City Catering and previous or receiving settings.
- Children will be supported to develop age-appropriate understanding and self-management, without transferring the school's duty of care to them.
- The school promotes an allergy-aware culture, no sharing or swapping of food or drink, and handwashing with soap and water before and after eating.
- Blanket claims that the school is "allergen free" will not be made. Any targeted restriction will be based on identified risk and communicated clearly.

3. Definitions

Allergy	An immune-system response to a substance that is usually harmless. Allergies can include food allergy, asthma, eczema, allergic rhinitis/hay fever, medicine, latex, animal and insect-venom allergy.
Anaphylaxis	A severe, potentially life-threatening allergic reaction requiring immediate adrenaline and emergency medical assistance.
Allergy Action Plan	An emergency plan issued or completed with a healthcare professional that describes allergens, symptoms and treatment.
Asthma Action Plan	A healthcare plan describing asthma triggers, medicines and the emergency response to an asthma attack.
Individual Healthcare Plan (IHP)	The school-owned document setting out the additional or different arrangements required to support an individual pupil.
Adrenaline device (AD)	A prescribed or school-held device that delivers adrenaline, including an adrenaline auto-injector (AAI).
Serious incident	An event in which a person is harmed or placed at immediate and significant risk, including use of emergency medication, urgent clinical intervention or attendance by emergency services.
Near miss	An allergy-related error, omission or system failure that caused no harm but clearly had the potential to do so.

Food allergy is different from coeliac disease and food intolerance. All can require safe management, but their causes, risks and treatment differ. Staff must follow the individual information provided for the person concerned.

4. Leadership, governance and responsibilities

4.1 Governing body

- The governing body will ensure that a dedicated policy is maintained, published on the website, available in hard copy and reviewed at least annually;
- The governing body will have regard to the DfE statutory guidance and assure itself that arrangements are implemented in practice;
- The governing body will ensure allergy risks appear on the school risk register and are actively managed;
- The governing body will receive periodic, anonymised reports on training, medication assurance, serious incidents, near misses and lessons learned;
- The governing body will provide constructive support and challenge, including after a serious incident or material near miss.

4.2 Designated Allergy Lead

The named senior leader responsible for allergy safety is Kim Abbott, Assistant Head Teacher. The lead will:

- drive implementation and review of this policy;
- act as the main point of contact for allergy-safety concerns;
- ensure the allergy register, IHPs, Action Plans and medication records are current;
- ensure whole-school training, induction and briefings are completed and recorded;
- oversee risk assessment, catering liaison, spare medication and emergency drills;
- review incidents and near misses, report appropriately and ensure actions are completed;
- report assurance information to the headteacher, senior leadership team and governing body.

4.3 Medical Lead / Inclusion Team

- gather information before admission and during transitions;
- coordinate IHPs and attach current Allergy and Asthma Action Plans;
- maintain the pupil allergy and adrenaline-device registers;
- check medication and notify parents before expiry;
- share information on a need-to-know basis with staff, catering personnel and visit leaders;
- ensure substitute arrangements exist during absence.

4.4 All staff and regular volunteers

- complete required training and know how to summon help;
- check relevant registers, IHPs and Action Plans before taking responsibility for pupils;
- consider allergens when planning lessons, activities, meals, clubs, visits and events;
- ensure medication remains rapidly accessible;
- reduce exposure, support inclusion and challenge allergy-related bullying;
- report reactions, medication errors, hazards and near misses promptly.

4.5 Parents and carers

- provide accurate, current information about allergy, asthma, reactions, medication and emergency contacts;
- provide the school with the current healthcare-professional-issued Action Plan and two prescribed, in-date adrenaline devices where prescribed;
- participate in the IHP and review it when needs or clinical advice change;
- replace prescribed medication before expiry and ensure access during the journey to and from school;
- follow communicated arrangements for packed lunches, snacks, celebrations and events;
- report any delayed reaction or previously unrecognised school-related incident.

4.6 Pupils

- Pupils will be encouraged, in ways appropriate to their age and understanding, to know their allergens, avoid sharing food, wash their hands, tell an adult immediately if they feel unwell, and take increasing responsibility for medication where this is agreed in their IHP. Staff remain responsible for the school's emergency response.

5. Identification, records and information sharing

Allergy information will be collected at admission, transition and annually, and updated whenever circumstances change. Sources may include the pupil, parents or carers, the previous setting and healthcare professionals. Suspected or undiagnosed allergy will be treated proportionately while clinical advice is sought; staff will not make clinical diagnoses.

The Medical Lead will maintain a secure, accessible allergy register covering pupils and, where relevant to safety, staff and visitors. It will record known allergens, related asthma, medication carried or stored, device dose and expiry, emergency contacts and whether an IHP and/or Action Plan is in place.

Relevant staff will be able to identify pupils quickly through the controlled use of photographs, medical summaries, class information and City Catering identification arrangements. Information will be available wherever the pupil is supervised, including clubs and visits.

Health information is special-category personal data. It will be accurate, shared only where necessary for safety, stored securely and communicated respectfully. Pupils and families will be involved in decisions about wider awareness wherever possible, but emergency information will be shared with those who need it to protect life.

6. Individual Healthcare Plans and Action Plans

An IHP will be prepared where an allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from those made generally. The school may also use an IHP where this is a reasonable and proportionate precaution.

- The IHP will record the pupil's allergens, history, symptoms and risk factors;
- The IHP will record reasonable adjustments and preventive controls;
- The IHP will record related conditions, especially asthma;
- The IHP will record medication, dose, prescriber and prescribing date, storage and access;
- The IHP will record parental consent and the pupil's capacity for self-management;
- The IHP will record the healthcare-professional-issued Allergy and/or Asthma Action Plan, issuing provider/professional and review date;
- The IHP will record specific staff responsibilities, emergency contacts and arrangements for trips, clubs and transport;
- The IHP will record wellbeing, learning and attendance implications.

The school will "hold the pen" on the IHP while relying on clinical professionals for clinical judgement. The pupil and parents or carers will be involved. The IHP will be reviewed at least annually, whenever needs or medication change, when a new Action Plan is issued, after a relevant serious incident or near miss, and before a significant transition.

7. Staff training and allergy awareness

All pupil-facing staff present while pupils are scheduled to be on site will receive allergy-awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, agency and peripatetic staff, regular volunteers, catering staff, and staff supervising breakfast or after-school clubs. First-aid training alone is not sufficient.

New staff will receive training through induction. Before supply, cover or visiting staff take responsibility for pupils, the arranging manager will confirm training or provide an appropriate briefing, including pupils at risk, Action Plans, medication locations and how to summon help. Completion will be recorded.

- Training will include the nature and co-existence of allergy, asthma, eczema and allergic rhinitis;
- Training will include the difference between food allergy, coeliac disease and food intolerance;
- Training will include common triggers, routes of exposure and exposure-reduction responsibilities;
- Training will include the range of allergic symptoms and recognition of anaphylaxis and acute asthma;
- Training will include how to locate and use prescribed and spare adrenaline devices, inhalers and spacers;
- Training will include the allergy register, IHPs, Allergy Action Plans and Asthma Action Plans;
- Training will include the emergency procedure, including giving adrenaline without delay and a second dose after five minutes if required;
- Training will include the effect of allergy on inclusion, attendance, anxiety and wellbeing;
- Training will include how to report incidents and near misses.

The Designated Allergy Lead will arrange an annual anaphylaxis drill. Outcomes will be recorded and used to improve procedures and training. Additional briefings will be provided when a pupil's needs change or before higher-risk activities.

8. Risk assessment and prevention

Allergy safety will form part of the school risk register and relevant individual, activity, premises and visit risk assessments. Controls will be proportionate to known risk and reviewed when circumstances change.

- Planning will consider food provided by the school or brought in by pupils, parents, staff or visitors;
- Planning will consider airborne and contact allergens, including pollen, dust, mould, latex and animal dander;
- Planning will consider classroom resources and activities, including craft materials, food packaging, science, cooking, music and sensory play;
- Planning will consider animals and insect stings;
- Planning will consider breakfast and after-school clubs, celebrations, fundraising and community events;
- Planning will consider cleaning, handwashing, supervision, seating and cross-contact controls;
- Planning will consider external visits, transport, accommodation, sport and host catering.

Where exposure cannot be eliminated, staff will adapt the activity, substitute materials, increase supervision or implement other reasonable measures. Restrictions will be reviewed rather than assumed permanent.

9. Food and catering

9.1 School-provided food

City Catering is the school's current lunch provider. Its procedures operate alongside, and must be consistent with, this policy. The school and provider will share current allergy information, agree responsibilities and provide clear allergen information about food supplied, including ingredient or menu changes.

- parents complete City Catering's Food Allergy Referral Form and provide the requested current medical evidence;
- meals for pupils requiring allergen controls are prepared and plated separately under the provider's food-safety arrangements;
- pupils are identified through the agreed red band, allergy card and controlled photographic information;
- in Reception to Year 2, the class teacher or teaching assistant ensures the red band and card are provided;
- in Years 3 to 6, the class teacher ensures the red band is worn and lunchtime staff provide the allergy card;
- catering and school staff check identity and the agreed meal before service;
- the provider supplies accessible information about the 14 regulated allergens and responds to enquiries about other ingredients and precautionary "may contain" labelling;
- breakfast and after-school provision follows the same identification, information and cross-contact controls.

No substitution will be made without checking that it is suitable. If safe provision cannot be confirmed, the item will not be served and the agreed contingency will be used. Any allergen-information or food-safety concern will be escalated immediately to the Catering Manager and Designated Allergy Lead.

9.2 Food brought into school

- Food and drink must not be shared or swapped.
- Packed lunches, drinks and containers must be clearly named. Families remain responsible for the food they provide but must follow any notified risk-based restrictions.

- Birthday food, treats and unplanned food rewards will not be given to primary-age pupils with food allergy without prior parental agreement and a suitability check. Non-food alternatives should be used where practicable.
- Food brought by adults for staff rooms, meetings, clubs, fundraising or community events must comply with communicated controls.
- Tables and eating surfaces will be cleaned effectively, and pupils will wash hands with soap and water before and after eating.

10. Medication and prescribed adrenaline devices

- Pupils prescribed adrenaline must have rapid access to both prescribed devices at all times, including classrooms, dining areas, playgrounds, sports areas, clubs and visits.
- Devices will not be locked away or stored in a room with restricted access. They will be kept at moderate temperature, protected from direct sunlight and accessible within five minutes.
- The IHP will state whether the pupil carries medication or an adult carries or retrieves it, and how devices travel between home and school.
- The Medical Lead will keep a register of prescribed devices and check presence, condition and expiry at least termly and after any use. Parents remain responsible for timely replacement.
- Used or expired AAls will be handled and disposed of safely as sharps in accordance with local arrangements.
- A pupil will not be knowingly left without agreed life-saving medication. If medication is missing, the Designated Allergy Lead will undertake an immediate risk assessment, contact the parent and put safe interim arrangements in place.

11. Spare adrenaline devices

The school will stock spare AAls for emergency use in accordance with current government guidance. For a primary school, the expected baseline is one pair of 150 microgram AAls and one pair of 300 microgram AAls, adjusted where necessary for the pupil population, site and current clinical dosage guidance.

Dose / stock	Confirmed quantity and location
150 microgram AAls	X2 -Green Grab Bag - School office wall (Expiry 07/2028 + 08/2028)
300 microgram AAls	X2 --Green Grab Bag - School office wall (Expiry 11/2027 + 02/2028)

- Spare AAls will be stored in pairs in clearly labelled emergency anaphylaxis kits;
- Spare AAls will be readily accessible, unlocked and no more than five minutes from any place they may be needed;
- Spare AAls will be clearly distinguished from medication prescribed to a named pupil;
- Spare AAls will be checked monthly and after each use for presence, correct dose, condition and expiry, with checks recorded;
- Spare AAls will be replaced promptly after use or before expiry and disposed of safely if expired;
- Spare AAls will be taken on visits where the visit risk assessment identifies this as necessary.

Spare AAls may be used when anaphylaxis is suspected and the person's own devices are unavailable, expired, misfire or cannot be accessed promptly, or when a person experiences anaphylaxis without a previous diagnosis. In an emergency, anyone may take reasonable action to save life; treatment must not be delayed while checking consent or contacting parents.

12. Emergency response

Time-critical instruction

If anaphylaxis is suspected, give adrenaline immediately. Do not wait for consent, a parent, a senior member of staff or the ambulance before giving the first dose.

Staff will follow the pupil's current Allergy Action Plan where available and Appendix A. Emergency medication will be taken to the person; the person will not be moved to find it. The school's wider emergency or critical-incident plan may also be activated.

After any suspected anaphylaxis and administration of adrenaline, 999 will be called and the person will go to hospital even if they appear to recover. A member of staff will accompany a pupil in the ambulance until a parent or carer arrives. Used devices and timing information will be handed to paramedics.

13. Educational visits, clubs and events

- For off-site activities, an individual allergy risk assessment will be completed for every pupil at risk of anaphylaxis;
- For off-site activities, the visit leader will hold the relevant register, IHP/Action Plan and emergency contacts;
- For off-site activities, the pupil's two prescribed devices will accompany them and remain close at all times, never in a coach hold, unattended bag or inaccessible changing room;
- For off-site activities, at least one accompanying adult will be trained and confident to administer adrenaline, while all accompanying staff will know how to summon help;
- For off-site activities, venues, host schools, transport, accommodation and caterers will be informed in advance and safe provision confirmed;
- For off-site activities, reasonable adjustments will be agreed with the pupil and parents, particularly for residential visits;
- For off-site activities, the assessment will decide whether school spare AAIs and other emergency equipment should travel.

The same principles apply to breakfast and after-school clubs, sports fixtures, performances, parent events and activities run by external providers on the school site. Contract and booking arrangements will identify who is responsible for allergy information, prevention and emergency response.

14. Inclusion, wellbeing and bullying

Allergy can affect anxiety, confidence, attendance, eating, relationships and participation. Staff will listen to the pupil and family, avoid unnecessary singling out, make reasonable adjustments, and provide pastoral check-ins or other support where needed. Wider awareness involving a pupil's peers will be discussed with the pupil and parents wherever practicable.

Allergy-related bullying, deliberate exposure, food throwing, teasing or interference with medication is unacceptable and will be addressed under the Behaviour and Anti-bullying Policies, with safeguarding action where appropriate. The affected pupil's safety and wellbeing will be reviewed promptly.

15. Incidents, near misses and learning

All reactions, medication errors, serious incidents and near misses will be reported promptly to the Designated Allergy Lead and recorded as soon as feasible. Pupils, parents, staff, visitors and healthcare professionals may report concerns, including delayed reactions recognised after the pupil has gone home.

- The record will include who was affected;
- The record will include what happened, when and where;
- The record will include why it occurred, so far as known;
- The record will include the symptoms and response, including medication, dose and time;
- The record will include whether emergency services were called and how the incident ended;
- The record will include immediate safeguarding or risk controls.

Parents or carers will be informed as soon as possible and given the record and an opportunity to contribute. The relevant healthcare professional will be notified where an incident concerns delivery of their

care or Action Plan. Food-safety, safeguarding, RIDDOR or other external reporting will be completed where the applicable legal threshold is met.

The Designated Allergy Lead will lead a proportionate, no-blame lessons-learned review with the pupil, family and relevant staff. It will consider foreseeability, prevention, compliance with plans, adequacy of training and procedures, support for witnesses/responders, and required actions. IHPs, risk assessments, training and this policy will be updated where necessary. Governors will receive periodic anonymised reports.

16. Monitoring, governance and review

The Designated Allergy Lead will monitor the assurance schedule in Appendix B. The governing body will review and approve this policy at least annually. It will also consider an earlier review following a serious incident or near miss, an anaphylaxis drill, significant change in pupil need, change of catering or provision, or updated law or statutory guidance.

The current policy will be published on the school website, available in hard copy on request, included in staff induction and annual training, and communicated to parents, pupils, regular volunteers, clubs and catering personnel in accessible ways.

Appendix A: Anaphylaxis emergency procedure

Suspect anaphylaxis if there is:

Airway swelling or a hoarse voice; breathing difficulty, wheeze or persistent cough; or circulation/neurological symptoms such as pallor, clamminess, collapse, confusion or reduced consciousness. Skin symptoms may be absent.

1. Stay with the person. Send someone for both prescribed devices and the nearest spare kit, and summon another adult.
2. Give the first adrenaline device immediately into the outer thigh, following the device instructions. Note the time. Do not delay for consent or to call a parent.
3. Call 999 and say "anaphylaxis". State that adrenaline has been given, the school address and exact access point. Send someone to meet the ambulance.
4. Keep the person lying flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. If pregnant, lie on the left side. Do not allow them to stand, walk or suddenly sit up, even if they feel better.
5. If symptoms persist or worsen, give a second adrenaline device five minutes after the first. Call 999 again to report the second dose and confirm help is coming.
6. Start CPR if the person becomes unresponsive and is not breathing normally. Use the defibrillator if available and follow its prompts.
7. Contact the parent or emergency contact after adrenaline and emergency services have been activated.
8. Hand used devices and the person's Action Plan to paramedics. The pupil must attend hospital and be accompanied by a member of staff until a parent or carer arrives.
9. Record and report the incident, replenish devices immediately and begin the lessons-learned process.

For mild or moderate symptoms only, follow the individual Action Plan, stay with and observe the pupil, have adrenaline ready and give prescribed antihistamine only as directed. If any anaphylaxis symptom develops, give adrenaline immediately. Do not rely on antihistamine to treat anaphylaxis.

Appendix B: Operational assurance schedule

Control	Minimum frequency	Owner / record
All pupil-facing staff training and drill	At least annually; induction and as needs change	Designated Allergy Lead / training log
Pupil allergy register and IHP/Action Plans	At least annually; on admission, change, incident or transition	Medical Lead / register and IHP
Prescribed medication presence and expiry	At least termly and after use	Medical Lead / medication register
Spare AAIs: presence, dose, condition and expiry	Monthly and after use	[INSERT ROLE] / spare AAI log
Five-minute access test	At least annually, after relocation and through drills	Designated Allergy Lead / drill record
Catering information and identification controls	Termly and when menus/provider change	School and Catering Manager / meeting record
Incidents and near misses	Prompt recording; periodic governor report	Designated Allergy Lead / accident and incident records
Policy and risk register	At least annually and after relevant trigger	Governing body and Designated Allergy Lead

Appendix C: References and linked policies

- Department for Education, Allergy safety in schools: statutory guidance (published 6 July 2026).
- Children and Families Act 2014, sections 100 and 100A.
- Children's Wellbeing and Schools Act 2026, section 34.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Supporting Pupils at School with Medical Conditions Policy.
- Health and Safety Policy; Risk Assessment Policy; Educational Visits Policy.
- Safeguarding and Child Protection Policy; Behaviour and Anti-bullying Policy.
- Data Protection Policy; First Aid and Medicines Policy; Asthma procedures.
- City Catering allergy procedures and current food-allergy referral process.