

## Headlands Community Primary School

# Allergy Safety Policy

The Governing Body of Headlands Primary School endeavors to write and adopt policies that are fully inclusive for all children / staff / parents / carers / Governors and members of the wider community.



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# **Headlands Community Primary School**

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# Headlands Community Primary School

## Statement of intent

Headlands Community Primary School is committed to providing a safe, inclusive and supportive environment for pupils with allergies. Allergy safety is a whole-school responsibility. The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens, ensure that staff can recognise and respond to allergic reactions, and enable pupils with allergies to participate fully in school life.

This policy reflects the strengthened national requirements commonly referred to as Benedict's Law, introduced following the campaigning of the family of Benedict Blythe. From September 2026, schools in England are required to have and publish a dedicated allergy safety policy and to have regard to statutory Department for Education guidance on allergy safety.

The school recognises that it is not possible to create an entirely allergen-free environment. Our approach is therefore based on individual risk assessment, clear communication, effective emergency arrangements, appropriate staff training and a culture in which allergy safety is understood by the whole school community.

## 1. Legal framework and Benedict's Law

1.1. This policy has due regard to relevant legislation and statutory guidance, including:

- Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026
- Children's Wellbeing and Schools Act 2026
- Equality Act 2010
- Human Medicines (Amendment) Regulations 2017
- Data Protection Act 2018 and UK GDPR
- DfE (2026) "Allergy safety in schools" statutory guidance
- DfE "Supporting pupils at school with medical conditions" statutory guidance
- Food Information Regulations 2014 and applicable food allergen information requirements

1.2. Benedict's Law is the name widely used for the strengthened statutory allergy-safety protections introduced in memory of Benedict Blythe. The requirements include a dedicated published allergy safety policy, whole-school allergy awareness and emergency-response training, arrangements for individual healthcare planning, and appropriate access to spare adrenaline auto-injectors (AAIs).

1.3. This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, Attendance Policy, SEND Policy, First Aid Policy, Safeguarding and Child Protection Policy, Educational Visits Policy, Food/Catering arrangements, Data Protection Policy and relevant risk assessments.

## 2. Aims and principles

2.1. The school will:

- Promote a whole-school allergy-aware culture without stigmatising pupils with allergies.
- Identify pupils with known allergies and ensure appropriate plans and emergency arrangements are in place.

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- Reduce avoidable exposure to known allergens through proportionate risk assessment and practical controls.
- Ensure pupils have timely access to their prescribed medication and that emergency AAls can be accessed without delay.
- Train staff so they understand allergy, can recognise anaphylaxis and know what action to take.
- Work in partnership with pupils, parents/carers, healthcare professionals, the local authority and catering providers.
- Record and review serious allergic reactions and near misses so that lessons are learned.
- Support attendance, participation and wellbeing, making reasonable adjustments where required.

### **3. Roles and responsibilities**

3.1. The governing board is responsible for ensuring that the school has and publishes an allergy safety policy, has regard to statutory guidance, receives assurance about implementation, and reviews this policy at least annually.

3.2. The Headteacher, Mr. Andrew Buttery, is responsible for the effective implementation of this policy, including appointing an Allergy Lead/s, ensuring staff training is completed, ensuring emergency medication arrangements are robust, and ensuring that incidents and near misses are reviewed.

3.3. The school's Allergy Leads, Mrs. Olivia Fowler and Mrs. Felicity Allington, will coordinate allergy arrangements, maintain oversight of pupils' Individual Healthcare Plans (IHPs), support risk assessments, check emergency arrangements and spare AAI stocks, coordinate training and provide a point of contact for families and staff.

3.4. All staff, including teaching staff, support staff, lunchtime supervisors, office staff, premises staff, supply staff, wraparound-care staff and relevant volunteers, must follow this policy and the pupil-specific information made available to them.

3.5. Parents/carers are expected to provide accurate and current information about their child's allergy, prescribed medication and healthcare advice; provide in-date medication as agreed; inform the school promptly of changes; and work with the school on the IHP and risk assessment.

3.6. Pupils will be encouraged, according to their age and understanding, to take increasing responsibility for allergy management, communicate symptoms promptly, avoid known allergens and treat peers with allergies respectfully.

### **4. Identifying pupils with allergies and Individual Healthcare Plans**

4.1. Allergy information will be collected on admission and reviewed regularly. Parents/carers should inform the school immediately when an allergy is diagnosed or changes.

4.2. Pupils whose allergy requires management in school will have an Individual Healthcare Plan where required by the statutory guidance and the pupil's needs. The IHP will be developed with the pupil and parent/carer and, where appropriate, healthcare professionals.

4.3. The IHP should set out, as relevant, known allergens, typical symptoms, risk-reduction measures, medication and storage arrangements, emergency action, arrangements for meals and activities, responsibilities, communication arrangements, and any reasonable adjustments.

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4.4. Plans will be reviewed at least annually and sooner following a reaction, near miss, change in diagnosis or treatment, or other significant change.

### **5. Reducing exposure to allergens**

5.1. The school will use individual and activity-based risk assessment to minimise foreseeable exposure to known allergens. Controls will be proportionate to the pupil, allergen and activity.

- Good handwashing and cleaning routines, particularly before and after eating.
- Careful management of shared equipment, sensory materials, cooking ingredients, rewards, celebrations and curriculum resources.
- Clear arrangements for eating areas and supervision where necessary.
- Avoiding food sharing and encouraging pupils not to swap food, drinks, bottles or utensils.
- Checking ingredients and product information where food or allergen-containing materials are used.
- Ensuring contractors, visitors and external providers receive relevant allergy-safety information.

5.2. The school will not describe itself as “allergen-free” or “nut-free” unless this can genuinely be guaranteed. Where restrictions on particular foods or materials are necessary, they will be communicated clearly and reviewed for effectiveness.

### **6. Food, catering and classroom activities**

6.1. Catering arrangements will comply with applicable food-allergen information requirements. The school will work with its catering provider to ensure allergen information is accurate, accessible and supported by appropriate controls to reduce cross-contact.

6.2. Pupils with allergies will be included in school meals, breakfast/after-school provision, celebrations, cooking, food technology and curriculum activities wherever this can be achieved safely with appropriate adjustments.

6.3. Staff must not make assumptions about the safety of a food because of its appearance or because it has previously been eaten without reaction. Ingredient information and the pupil’s plan must be followed.

### **7. Medication and adrenaline auto-injectors (AAIs)**

7.1. Pupils’ prescribed allergy medication will be stored so that it is secure but immediately accessible in an emergency. Medication must not be locked away in a way that causes delay.

7.2. The school will maintain appropriate spare, in-date AAIs for emergency use in accordance with statutory guidance and applicable medicines legislation. Spare AAIs will be stored in clearly identified, readily accessible locations known to staff.

7.3. Checks will be made at appropriate intervals to ensure that spare and school-held medication is in date, correctly stored and available. Parents/carers remain responsible for supplying prescribed medication where required by the pupil’s plan.

7.4. Emergency medication will accompany pupils on trips and off-site activities. Responsibility for carrying and accessing it will be explicitly allocated.

### **8. Recognising and responding to an allergic reaction**

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8.1. Staff will be trained to recognise the signs of an allergic reaction and anaphylaxis. Symptoms can develop rapidly and may involve the airway, breathing or circulation, and may also include skin, gastrointestinal or other symptoms.

8.2. If anaphylaxis is suspected, staff must act immediately in accordance with the pupil's emergency plan and training. An AAI should be administered without delay where indicated, and 999 must be called for an ambulance. The pupil must not be left alone.

8.3. If symptoms persist or return and a second dose is indicated, a second AAI should be administered in accordance with current emergency guidance and the pupil's plan. Parents/carers will be contacted as soon as practicable, but this must not delay emergency treatment.

8.4. After any suspected anaphylactic reaction, the pupil must receive appropriate medical assessment and the school will review the incident and the pupil's arrangements before or promptly after their return.

### **9. Trips, visits, wraparound care and off-site activities**

9.1. Pupils with allergies will not be excluded from educational visits, residentials, clubs or wraparound care solely because of their allergy. A proportionate risk assessment will identify reasonable adjustments and emergency arrangements.

9.2. Trip leaders will ensure that relevant staff know the pupil's needs, medication is immediately available, emergency contact arrangements are clear, food arrangements have been checked, and the destination/provider has been given relevant information.

### **10. Training and whole-school awareness**

10.1. All staff will receive allergy awareness and emergency-response training appropriate to their role. Training will cover prevention, recognition of allergic reactions and anaphylaxis, emergency action and the use of AAIs.

10.2. Training will be refreshed regularly and when needs change. New, temporary and supply staff will receive relevant information before they assume responsibility for pupils.

10.3. Staff with specific responsibilities for pupils with allergies will receive additional pupil-specific instruction where necessary. Training records will be maintained.

10.4. Age-appropriate allergy awareness will be promoted among pupils to support inclusion, reduce food sharing and discourage bullying or deliberate exposure to allergens.

### **11. Communication and information sharing**

11.1. Allergy information will be shared with staff who need it to keep a pupil safe, in accordance with data-protection requirements. Information will be accurate, current, accessible and handled sensitively.

11.2. Relevant information will be communicated to catering staff, wraparound-care staff, supply staff, trip leaders and other providers where necessary. Emergency information should be available even when usual staff are absent.

11.3. The school will communicate allergy-safety expectations to parents/carers and the wider school community, including any specific restrictions or arrangements that require their cooperation.

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## **12. Incidents, near misses and learning**

12.1. Serious allergic reactions and significant near misses will be recorded and reviewed. The review will consider what happened, whether the IHP and risk controls were followed, access to medication, communication, training and any changes required.

12.2. Appropriate actions will be documented and implemented. Relevant information will be shared with the governing board in a way that protects pupil confidentiality.

12.3. Where required, incidents will be reported to relevant external bodies in accordance with safeguarding, health and safety, medicines and other legal reporting duties.

## **13. Inclusion, reasonable adjustments and wellbeing**

13.1. Allergy can affect attendance, participation, anxiety and wellbeing. The school will listen to pupils and families and will make reasonable adjustments under the Equality Act 2010 where a pupil is disabled within the meaning of the Act.

13.2. Pupils with allergies must not be unnecessarily isolated, excluded from activities or made to feel responsible for whole-school restrictions. Any separation or additional supervision must be justified by an individual risk assessment and kept under review.

13.3. Deliberate exposure to a known allergen, threatening a pupil with an allergen or allergy-related bullying will be treated seriously under the school's behaviour and safeguarding arrangements.

## **14. Monitoring and review**

14.1. The governing board will review this policy annually and following significant changes to legislation or statutory guidance, or a serious allergy incident where learning indicates that the policy should be amended.

14.2. The Headteacher and Allergy Lead will monitor implementation, including IHP completion and review, staff training, medication checks, incidents and near misses, catering arrangements and communication with families.

14.3. This policy will be published on the school website and made available to parents/carers and staff.

## **Appendix A – Allergy Safety Checklist**

- Pupil allergy information is current and recorded.
- An Individual Healthcare Plan and emergency action plan are in place where required.
- Prescribed medication is in date and immediately accessible.
- Spare AAls are in date, appropriately stored and readily accessible.
- Relevant staff know the pupil, allergens, symptoms and emergency action.
- Catering and classroom activity controls have been checked.
- Trip/off-site arrangements include medication and emergency planning.
- Training records are current.
- Any incident or near miss has been recorded, reviewed and acted upon.