

Birchwood Primary School



Allergy Management Policy

Document Reference Number (if already used)	
Title	Allergy Policy
Policy Owner	Head Teacher
Version	1.
Approved Date	September 2026
Approving Body	Governing Body
Next Review Date	September 2027

Version Control

Version	Last Modified	Last Modified By	Document Changes

Table of Contents

- 1 Introduction
- 2 School Culture and Ethos
- 3 Roles and Responsibilities
- 4 Identifying and Registering Pupils with Allergies
- 5 Individual Healthcare Plans (IHPs)
- 6 Provision of Spare Adrenaline Auto-Injectors (AAIs)
- 7 Emergency Response: Anaphylaxis Protocol
- 8 Staff Training
- 9 Allergen Management in Catering and Food Activities
- 10 Off-Site Activities and School Trips
- 11 Inclusion
- 12 Communication and Information Sharing
- 13 Monitoring, Review and Compliance
- 14 Related Policies and Documents
- 15 Statutory and Guidance References
- 16 Review Sheet

1. Introduction

This policy sets out how Birchwood will fulfil its legal duty to support pupils with allergies, including those at risk of anaphylaxis, in accordance with:

- Section 100 of the Children and Families Act 2014, which requires schools to make arrangements to support pupils with medical conditions;
- The Department for Education (DfE) statutory guidance on Supporting Children and Young People with Medical Conditions and Allergies, published March 2026 ('Benedict's Law' guidance), which comes into force in September 2026;
- Allergy UK, Anaphylaxis UK and the Natasha Allergy Research Foundation model guidance.

This policy applies to all pupils across all year groups and all school activities including lessons, breaks, lunch, after-school provision, trips, and sports events. It covers all types of allergy, including food, animal, venom, latex, and drug allergies.

This policy replaces any previous non-statutory allergy guidance the school has followed and reflects the new mandatory statutory requirements.

2. School culture and Ethos

Birchwood is committed to the safety, inclusion, and wellbeing of every pupil, including those living with allergies. We recognise that allergic reactions, including anaphylaxis, can be life-threatening and require prompt, confident action from trained staff.

We will create a whole-school culture of allergy awareness in which all staff understand their responsibilities, all pupils at risk are individually supported, and emergency medication is always accessible. No child will be disadvantaged in their participation in school life because of their allergy.

Benedict's Law — Why This Policy Matters

- This policy is shaped in part by the tragic death of five-year-old Benedict Blythe in 2021, who died from anaphylaxis at school.
- His inquest identified systemic gaps: no formal allergy plan, untrained staff, and a delayed adrenaline administration.
- The Benedict Blythe Foundation and allergy charities campaigned for statutory change. The result is the March 2026 DfE guidance making allergy safety mandatory in all English schools from September 2026.
- This policy is our school's commitment to ensuring those gaps do not exist here.

3. Roles and Responsibilities

The Governing Body / Academy Trust

- Ensures the school meets its statutory duty under s.100 of the Children and Families Act 2014.
- Approves and publishes this allergy policy, making it available on the school website.
- Ensures sufficient resources are allocated for training, spare adrenaline auto-injectors (AAIs), and allergy management infrastructure.
- Reviews this policy at least annually and following any serious allergic incident.

The Headteacher

- Has overall accountability for the implementation of this policy.
- Appoints a dedicated Allergy Lead from among the senior or teaching staff.
- Ensures all staff receive mandatory allergy awareness training before working with pupils, and that training is refreshed at least annually.
- Ensures the school holds and maintains a supply of spare emergency AAIs.

The School Allergy Lead

The School Allergy Leads is: Ella Webb – SENDCo & DSL

The Allergy Lead is responsible for:

- Coordinating allergy management across the school.
- Maintaining a confidential register of all pupils with diagnosed allergies.
- Working with parents/carers, pupils, and healthcare professionals to create and review Individual Healthcare Plans (IHPs) for all pupils with serious allergies.
- Overseeing the procurement, storage, and regular audit of spare AAIs.
- Coordinating staff training and maintaining training records.
- Leading on incident recording and lessons-learnt reviews following any allergic reaction.
- Liaising with the school catering team regarding allergen management.
- Supporting risk assessments for off-site activities.
- Ask external catering provider for training records for the staff on site

All Teaching and Support Staff

- All staff are required to complete allergy awareness training that covers: recognition of allergic reactions and anaphylaxis, emergency response procedures, and how to administer adrenaline auto-injectors.
- All staff must know where AAIs and individual pupil emergency kits are stored.
- All staff must be able to act immediately if a pupil shows signs of anaphylaxis, including calling emergency services and administering an AAI if required.
- Staff must not send a child experiencing an allergic reaction to seek help alone.

Catering Staff – External Provider

- All catering staff must complete allergen awareness training in line with food information legislation.
- Catering staff must understand the 14 major allergens declared under UK food law and ensure accurate allergen information is available for every dish.
- Catering staff must follow the school's allergen management procedures and inform the Allergy Lead of any changes to menus, ingredients, or suppliers.

Parents and Carers

- Parents/carers must inform the school of any known or suspected allergy at the earliest opportunity — ideally before enrolment or on diagnosis.
- Parents/carers must provide **written evidence** of an allergy diagnosis from a healthcare professional where available.
- Parents/carers must provide their child's personal emergency medication kit, including prescribed AAIs with current expiry dates, and an **up-to-date Allergy Action Plan** signed by a doctor.
- Parents/carers are required to work collaboratively with the school to produce and review the pupil's Individual Healthcare Plan.
- Parents/carers must notify the school immediately of any changes to their child's allergy or medication.

Pupils

- Pupils are supported to understand their own allergy and to self-advocate appropriately for their age and ability.
- Older pupils are encouraged to carry their own prescribed AAIs in agreement with parents/carers and the Allergy Lead.
- All pupils are expected to respect their peers' allergies and not to share food without permission.

4. Identifying and Registering Pupils with Allergies

The school will:

- Ask parents/carers to declare any medical conditions, including allergies, on admission and at the beginning of each academic year.
- Maintain a confidential, up-to-date register of all pupils with diagnosed allergies, accessible to all relevant staff.
- Ensure the register clearly flags pupils at risk of anaphylaxis and identifies the location of their emergency medication.
- Share relevant allergy information with all staff who may come into contact with the pupil, including supply teachers, coaches, and volunteers.
- Communicate allergy information to kitchen staff, trip leaders, and any external providers (e.g. sports coaches, after-school clubs).

The school recognises that allergies can develop at any time. Any report of a new allergic reaction — even a mild one — will be taken seriously and followed up with parents/carers and, if appropriate, with medical advice.

5. Individual Healthcare Plans (IHPs)

Every pupil with a serious allergy — particularly those at risk of anaphylaxis — will have an Individual Healthcare Plan (IHP). The IHP is a personalised document that records:

- The nature of the allergy and confirmed or suspected triggers.
- Symptoms the pupil typically presents with, including early warning signs specific to that child.
- The pupil's prescribed emergency medication (type of AAI, dose, and location).
- The pupil's Allergy Action Plan (provided by their healthcare team).
- Step-by-step emergency response for that pupil.
- Any dietary, environmental, or activity restrictions.
- Contact details for parents/carers and the pupil's GP or allergy specialist.
- Consent from parents/carers for staff to administer medication.

IHPs will be:

- Developed collaboratively between the school, parents/carers, the pupil (where appropriate), and healthcare professionals.
- Reviewed at least annually, at the start of each academic year, and following any allergic incident or change in the pupil's condition.
- Shared with all relevant staff, including supply teachers and lunchtime supervisors.
- Stored securely but accessible — not locked away during the school day.

Key Principle

- An IHP is not a form-filling exercise — it is a living safety plan. It should reflect the reality of the pupil's allergy and give every member of staff the information they need to act quickly and correctly in an emergency.

6. Provision of Spare Adrenaline Auto-Injectors (AAIs)

Legal Basis for Holding Spare AAIs

The Human Medicines (Amendment) (No. 2) Regulations 2014 permits schools to purchase spare AAIs without a prescription, for use in emergencies where a pupil's own AAI is unavailable, has been used, or has expired.

The DfE statutory guidance published March 2026 now makes it mandatory for all schools to stock spare AAIs. This is a historic change from previous non-statutory guidance. From September 2026, compliance is expected to be reflected in Ofsted inspections.

What We Hold

Birchwood will maintain a supply of spare emergency AAIs on site at all times. Specifically:

- At least two spare AAIs of the standard adult dose (0.3mg adrenaline) and, where the school has pupils who require a junior dose, at least two spare junior AAIs (0.15mg).
- The school will stock devices covering the range used by enrolled pupils, which may include EpiPen, Jext, Emerade, or the EURneffy nasal adrenaline spray.
- The Allergy Lead will assess the specific AAI types required annually and following any change in enrolled pupils' prescribed devices.

Procurement

- Spare AAIs are purchased by the school through a licensed pharmacy or a school-focused supplier service (such as Kitt Medical or equivalent).
- The Allergy Lead is responsible for placing orders in good time to ensure continuity of supply.
- A record of all AAIs held, including batch number, expiry date, and device type, will be maintained by the Allergy Lead.

Storage

- Spare AAIs will be stored in a clearly labelled, secure but readily accessible location in the school office
- Storage must comply with the manufacturer's instructions (typically: room temperature, away from direct light and heat).
- All staff must be informed of the exact storage location during induction and at each annual training session.
- Spare AAIs must NOT be locked away during the school day in a place where rapid access would be delayed.
- Individual pupils' own prescribed AAIs will be stored in accordance with their IHP — typically in the medical room and/or classroom and/or carried by the pupil where appropriate.

Expiry Monitoring and Replacement

- The Allergy Lead will conduct a physical check of all spare and pupil-specific AAIs at the start of each term and record the results.
- An alert system (calendar reminders or supplier management portal) will be maintained to flag devices expiring within three months.

- Expired or used AAI's will be replaced immediately. Under no circumstances should an out-of-date AAI be the only device available.
- Parents/carers will be reminded at the start of each academic year and each term to check their child's personal AAI expiry dates and replace as needed.

Use of Spare AAI's

Spare AAI's are for emergency use only. They may be administered:

- When a pupil is having a suspected anaphylactic reaction AND
- Their own prescribed AAI is unavailable, has already been used, or has expired.

Staff should not hesitate to use a spare AAI in a life-threatening situation. Administering adrenaline to a child who turns out not to be having anaphylaxis carries far less risk than withholding it from a child who is.

AAI's and School Trips

In line with the March 2026 statutory guidance:

- Spare AAI's held by the school are not required to be taken on off-site trips. They should remain at school for pupils not on the trip.
- Any pupil who has a personal prescribed AAI must take it with them on every trip, without exception. Trip leaders must verify this before departure.
- Risk assessments for off-site activities must include allergy-specific emergency planning, including proximity to hospital services and access to the pupil's own medication.
- If a pupil does not have their own AAI available for a trip, the school must contact parents/carers to resolve this before the trip proceeds.

7. Emergency Response: Anaphylaxis Protocol

Recognising Anaphylaxis

Anaphylaxis is a severe, life-threatening allergic reaction that develops rapidly. Staff must be able to recognise its signs, which may include any combination of:

Mild/Moderate Allergic Reaction	Severe (Anaphylaxis) — Call 999 Immediately
Hives, nettle rash, flushing	Swelling of the throat / tongue
Itching of the skin or eyes	Difficulty swallowing or speaking
Runny nose, sneezing	Severe breathing difficulty / wheeze
Nausea, stomach pain	Pale, floppy, loss of consciousness
Mild swelling of the lips/face	Rapid deterioration in condition

Any staff member who witnesses or suspects anaphylaxis must act immediately. Do not wait for all symptoms to appear.

Emergency Procedure

In the event of a suspected anaphylactic reaction, staff will follow this procedure:

1. Call for help immediately — shout for a colleague or send another pupil to the office. Do not leave the affected pupil alone.
2. Call 999 without delay and state 'suspected anaphylaxis'. Do not delay calling emergency services to contact parents/carers first.
3. Administer adrenaline auto-injector — use the pupil's own AAI following their IHP / Allergy Action Plan. If unavailable, use a school spare AAI.
4. Position the pupil correctly — if conscious and breathing: lay flat with legs raised. If unconscious or struggling to breathe: allow them to sit up or adopt a position of comfort. Never stand them up.
5. Note the time of the AAI administration and remain with the pupil until the ambulance arrives.
6. If there is no improvement after 5–15 minutes AND a second AAI is available, it may be administered. Follow instructions from the 999 call handler.
7. Notify parents/carers as soon as possible — ideally while a colleague accompanies the pupil to hospital.
8. Send the used AAI device with the pupil to hospital — paramedics and hospital staff will need to see it.

Important Reminders

- Adrenaline is the FIRST treatment for anaphylaxis — antihistamines and inhalers are not substitutes.
- A pupil may appear to recover and then deteriorate — always seek hospital assessment even if they seem better.
- After any AAI administration, hospital observation for a minimum of 4-6 hours is required.
- Never assume a reaction will remain mild — escalation can occur rapidly.

Post-Incident Procedures

- All allergic incidents — including minor reactions — must be recorded in the incident log and in the pupil's IHP, including date, suspected trigger, symptoms, actions taken, and outcome.
- The Allergy Lead will conduct a lessons-learned review following any serious allergic reaction to identify gaps and improve procedures.
- Used AAIs must be replaced promptly and reported to the school's medical supplies record.
- Parents/carers and the pupil's GP should be informed of any serious reaction.
- The governing body must be notified of any anaphylaxis event and any associated changes to procedures.

8. Staff Training

The DfE March 2026 statutory guidance requires mandatory allergy awareness training for all school staff. At Birchwood

- All staff — including teaching staff, teaching assistants, lunchtime supervisors, administrative staff, caretakers, and volunteers who work with pupils — will receive allergy awareness training before taking up their role and annually thereafter.
- Training will cover: recognition of allergic reactions and anaphylaxis; understanding of Individual Healthcare Plans; correct administration of adrenaline auto-injectors (including EpiPen, Jext,

Emerade, and EURneffy nasal spray); emergency response procedures; reducing allergen exposure; and legal responsibilities.

- Staff will have the opportunity to gain hands-on practice with AAI trainer devices during training sessions.
- Scenario-based emergency drills will be conducted at least once per academic year.
- Training will be delivered by a qualified provider — such as Anaphylaxis UK's AllergyWise® for Schools programme or an equivalent accredited course.
- The Allergy Lead will receive enhanced training in the management of the Allergy Lead role.
- Training records, including dates, provider, and staff names, will be maintained and available for inspection.

Note on Supply Staff and Visitors

- Any supply teacher, contractor, or volunteer working directly with pupils must be briefed on the allergy register and emergency procedures for any pupil they are supervising.
- The Allergy Lead is responsible for ensuring this briefing takes place before contact with pupils.

9. Allergen Management in Catering and Food Activities

School Meals and Catering

- All food provided by the school catering service will have accurate allergen information available for pupils and parents/carers.
- The 14 major allergens under UK food information law (celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, sesame, soybeans, sulphur dioxide/sulphites, and tree nuts) will be clearly identified on menus.
- Pupils with food allergies will have access to safe, suitable meals. Individual dietary requirements will be communicated to catering staff and incorporated into ordering and preparation.
- Cross-contamination risks will be minimised through separate preparation, utensils, and serving areas where appropriate.
- Any changes to menus, ingredients, or suppliers that affect allergen content will be communicated to the Allergy Lead and relevant parents/carers in advance.

Food in the Classroom and Celebrations

- Food should not be offered to a pupil with a known food allergy without prior parental consent.
- For class celebrations, parties, or food-based activities, staff must check pupils' IHPs and, if necessary, contact parents/carers in advance to agree safe alternatives.
- The school does not operate a blanket 'nut-free' policy as this cannot be reliably enforced and creates a false sense of security. Instead, the school relies on individual risk management and staff awareness. However, staff are asked to be particularly mindful when planning activities involving high-risk allergens.

Pupils' Own Packed Lunches

Whilst the school cannot control food brought from home, parents/carers are asked to be considerate of other pupils' allergies. Staff will remind pupils to wash hands before and after eating to reduce cross-contamination risk.

10. Off-Site Activities and School Trips

- All off-site activities must be risk-assessed to include allergy-specific emergency planning.
- Trip leaders must check the allergy register and review relevant IHPs before any off-site activity.
- Each pupil at risk of anaphylaxis must carry their own AAI on all trips. The trip leader must verify this at the point of departure.
- Trip leaders must be trained in the emergency response procedure and know how to administer the pupil's AAI.
- Risk assessments must note the nearest hospital with emergency department to any trip location.
- For residential or international trips, extended allergen management planning must be undertaken, including restaurant communication and medical facility access.
- Spare AAIs held by the school remain on site for pupils not on the trip, in accordance with the March 2026 statutory guidance.

11. Inclusion

Having a serious allergy may constitute a disability under the Equality Act 2010. Birchwood will not exclude or disadvantage a pupil from any aspect of school life because of their allergy. This includes:

- Full participation in school trips, sports days, performances, and other activities.
- Access to the same food and social experiences as their peers, with appropriate adjustments.
- Protection from bullying, teasing, or harassment related to their allergy. The school's anti-bullying policy applies in full to allergy-related incidents.

The Allergy Lead will work with the SENDCO (if applicable) and class teachers to ensure pupils with allergies are fully supported without being made to feel different or singled out.

12. Communication and Information Sharing

- This policy will be published on the school website and made available to parents/carers on request.
- The existence of school spare AAIs and the general outline of emergency procedures will be communicated to all parents/carers at the start of each academic year.
- Individual pupil allergy information will be shared on a need-to-know basis, in compliance with data protection legislation.
- The school will engage proactively with parents/carers of newly enrolled pupils with allergies to discuss the school's procedures before the pupil starts.
- Any serious incident or change to procedures will be communicated to the governing body and, where appropriate, to affected families.

13. Monitoring, Review and Compliance

- This policy will be reviewed annually by the Headteacher and Allergy Lead, and submitted to the governing body for approval.
- The policy will also be reviewed following any anaphylaxis event, a significant change in the pupil population, updated national guidance, or staff feedback.
- The Allergy Lead will maintain records of: the allergy register; IHPs; AAI stock and expiry dates; staff training records; and incident logs. These records will be available to Ofsted inspectors and will form part of the school's safeguarding documentation.
- Compliance with this policy is expected of all staff. Any concerns about implementation should be raised with the Allergy Lead or Headteacher.

14. Related Policies and Documents

Document	Purpose
Individual Healthcare Plans (pupil-specific)	Detailed, personalised allergy management for each affected pupil
Emergency Anaphylaxis Action Cards	Quick-reference cards posted in key locations around school
Allergen Management Guidance for Catering	Procedures for kitchen and catering staff
Off-Site Activities Risk Assessment Template	Allergy section for trip planning
Staff Training Records	Log of all allergy training completed
AAI Stock and Expiry Log	Record of all AAIs held, expiry dates, and replacements
Incident and Near-Miss Log	Record of all allergic reactions on site
Anti-Bullying Policy	Covers allergy-related bullying
Equality Act Compliance Statement	Disability duties including allergy as disability

15. Statutory and Guidance References

- Children and Families Act 2014, s.100
- Department for Education (March 2026): Supporting Children and Young People with Medical Conditions and Allergies — Statutory Guidance (in force September 2026)
- Human Medicines (Amendment) (No. 2) Regulations 2014 — permitting schools to hold spare AAIs
- Equality Act 2010
- UK Food Information Amendment Regulations 2021 (Natasha's Law)
- Allergy UK — Model Policy for Allergy at School
- Anaphylaxis UK — AllergyWise for Schools Guidance
- Natasha Allergy Research Foundation — School Allergy Safety Guidance
- National Allergy Strategy Group — Evidence-Based Recommendations

Policy Review Sheet

Please note any comments or suggested amendments on this sheet. You may also choose to complete your comments in confidence on a separate piece of paper. Please add your initial to any comments.
