St George's Junior School

Allergy Safety Policy

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What is Benedict's Law?

Benedict Blythe was a 13-year-old boy who died in 2017 after suffering an anaphylactic reaction at school. His family campaigned for stronger statutory protection for children with allergies in schools. Benedict's Law — coming into force in September 2026 — creates new mandatory requirements for all state-funded schools in England.

The four statutory requirements from September 2026

1. Published Allergy Safety Policy	Every school must have a written, published allergy safety policy that is reviewed at least annually and after any serious incident.
2. Mandatory Staff Training	All staff must receive allergy awareness training, covering recognition of symptoms, emergency response, and use of adrenaline auto-injectors (AAIs).
3. Spare Adrenaline Auto-Injectors	Schools are required — for the first time — to hold spare AAIs on school premises for emergency use, in addition to any device prescribed for an individual pupil.
4. Strengthened Individual Healthcare Plans (IHPs)	Where a pupil's allergy requires active management, a detailed IHP must be in place, reviewed at appropriate intervals.

1. Policy Statement

At St George's Junior School, (which also included Chillzone provision throughout this document), we are committed to providing a safe, inclusive and supportive environment for all pupils, including those with allergies and those at risk of anaphylaxis. We recognise that allergies can present a serious and potentially life-threatening risk, and that effective

prevention, planning, training and emergency response are essential to keeping children safe.

This policy reflects the statutory requirements introduced by Benedict's Law (September 2026), the DfE's guidance on supporting pupils with medical conditions, and our duties under the Children and Families Act 2014.

2. Aims

This policy aims to:

- Set out the school's approach to allergy prevention, risk reduction and emergency response.
- Ensure all pupils with allergies are safe, included and able to access all aspects of school life.
- Promote a whole-school culture of allergy awareness.
- Ensure all staff are trained to recognise and respond to allergic reactions, including anaphylaxis.
- Meet DfE statutory expectations from September 2026, including: a published allergy policy, mandatory staff training, spare AAIs, and strong Individual Healthcare Plans.
- Embed robust systems for recording, reviewing and learning from incidents and near misses.

3. Legislation and Statutory Framework

This policy is based on:

- Benedict's Law (2026 statutory direction on allergy safety in schools)
- Supporting Pupils with Medical Conditions (DfE, 2015, updated 2026)
- The Children and Families Act 2014
- The Food Information Regulations 2014
- The Human Medicines (Amendment) Regulations 2017 (spare AAIs)
- Food Information (Amendment) (England) Regulations 2019

4. Roles and Responsibilities

4.1 Governing Body / Academy Trust

- Ensure appropriate arrangements are in place to support pupils with allergies.
- Designate a named governor with oversight of this policy.
- Ensure the policy is reviewed at least annually and after any serious incident.
- Receive reports from the headteacher on compliance and incidents.

4.2 Headteacher

- Ensure this policy is fully implemented.
- Ensure 100% staff training compliance before the start of each academic year.
- Oversee safeguarding and risk management.
- Report to governors on compliance and incidents at least annually.

4.3 Named Allergy Lead [Clare Smallwood with Support from Business Support Team)

- Maintain the central allergy register.
- Ensure all eligible pupils have high-quality, up-to-date IHPs.

- Monitor training compliance and refresh records.
- Oversee AAI stock levels, expiry dates and systems for replacement.
- Lead reviews following incidents or significant near misses.

4.4 Office / Medical Administration Staff

- Maintain up-to-date medical records in Arbor
- Liaise with parents to gather and update allergy information.
- Track medication expiry dates and notify the allergy lead.
- Ensure all IHPs are completed, distributed to relevant staff, and accessible.

4.5 Teaching Staff

- Know the pupils with allergies in their class and the contents of their IHPs.
- Implement IHPs consistently.
- Plan lessons that minimise risk (e.g. checking ingredients for food-based activities, completing a risk assessment before any cooking or DT activity).
- Ensure safe classroom routines including no food sharing and handwashing before and after eating.
- Take immediate action in emergencies in line with the pupil's IHP and school procedures.

4.6 Educational Visits Co-ordinator

- Ensuring allergy risks are considered in visit planning
- Ensuring pupils with allergies can participate safely
- Checking emergency arrangements
- Verifying staff competency
- Quality assurance of risk assessments

4.7 Learning Support Assistants and Wider Staff

- Implement IHPs during support activities.
- Supervise safely during lunchtimes and activities.
- Follow emergency procedures confidently.
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4.8 All Kitchen Team and All Chillzone Staff

Kitchen staff play a critical role in ensuring the safety of pupils with food allergies and intolerances. Due to food being offered to children at Chillzone Breakfast and Afterschool, Chillzone staff are also required to follow the following. All kitchen and Chillzone staff staff must:

- Be familiar with the list of pupils with diagnosed food allergies, intolerances and dietary requirements, ensuring this information is readily available in the kitchen and dining areas and referenced.
- Check ingredient labels and allergen information for all food products before use, including when products or suppliers change.
- Never assume a food is allergen-free and always verify ingredients where there is any uncertainty.

- Prepare and serve meals for pupils with allergies according to agreed care plans and dietary requirements.
- Prevent cross-contamination by using designated equipment, utensils, preparation areas and storage arrangements where required.
- Wash hands thoroughly and follow strict hygiene procedures before handling allergy-specific meals.
- Ensure allergy-safe meals are clearly identified and served to the correct child.
- Communicate promptly with school leaders regarding menu changes, ingredient substitutions, supplier changes or any concerns relating to allergens.
- Attend allergy awareness and food safety training as required and keep knowledge up to date.
- Report immediately any allergen-related incidents, near misses or concerns in accordance with the school's reporting procedures.
- Seek advice from the designated Allergy Lead or senior member of staff if there is any doubt about the safety of a food item or meal.
- The safety of pupils with allergies must take priority at all times. If the allergen status of any ingredient or meal cannot be confirmed, the food must not be served until appropriate verification has been obtained.

4.9 Parents and Carers

- Provide accurate, up-to-date medical information at the point of admission and whenever circumstances change.
- Supply two in-date prescribed adrenaline auto-injectors where required and ensure these are replaced promptly when expiring.
- Engage in the IHP development process.
- Follow the school's guidance on food brought into school.

5.0 Pupils

- Develop awareness of their allergies (age-appropriately).
- Seek help immediately if symptoms occur.
- Where age-appropriate, carry their own AAI on their person during school trips.

5.1 Identification of Pupils with Allergies

The school maintains an up-to-date allergy register. Information is gathered through admission forms, parental disclosure, healthcare professional advice, IHPs and ongoing communication with families. Where a pupil has a known allergy requiring active management, the school will complete or review an IHP:

- Before or at the point the pupil starts school;
- When a pupil changes class or year group;
- Following diagnosis or a change in medical circumstances;
- Following a significant incident or near miss.

6. Individual Healthcare Plans (IHPs)

An IHP is required for any pupil whose allergy requires active management in school. This will normally include pupils:

- With prescribed adrenaline auto-injectors or other emergency medication;

- With a known food or non-food allergy presenting a risk during meals, snacks, practical activities, trips or contact with environmental triggers;
- Whose condition may amount to a disability requiring reasonable adjustments.

Each IHP will include: pupil details and photograph; diagnosed allergy and known triggers; signs and symptoms of reaction (including anaphylaxis indicators); daily prevention and risk-reduction measures; medication held in school and storage location; instructions for administering medication including AAIs; emergency response procedures including when to call 999; arrangements for meals, celebrations, activities, sports, trips and clubs; key contacts; and review date.

IHPs are shared with relevant staff and stored securely but accessibly. A copy is kept in the classroom and with the school's emergency medication.

7. Prevention and Risk Reduction

The school cannot guarantee an allergen-free environment. However, we will take reasonable, proportionate and practical steps to reduce risk for pupils with known allergies.

Hygiene and General Measures

- Pupils wash hands before and after eating.
- No food sharing between pupils at any time.
- Surfaces cleaned before and after food-based activities.

Food Brought into School

- Parents are informed of known allergen risks within a class or year group.
- Families are asked to avoid sending high-risk allergens (e.g. nuts, sesame) where a pupil is known to be at risk.
- All food for events or celebrations must be agreed in advance with the class teacher.

Curriculum Activities Involving Food

- Staff review IHPs before planning any food-based activity.
- A specific risk assessment is completed for every cooking, DT or science activity involving food.
- Ingredients are checked for allergen content; alternatives used where reasonable.
- No food-based activity proceeds where risks cannot be safely managed.

Lunchtime and Catering

- Catering staff are informed of all pupils with allergies.
- Allergen information is available for all school meals.
- Supervision ensures pupils do not share food.
- Catering providers follow all food safety and allergen regulations.

8. Spare Adrenaline Auto-Injectors (AAIs)

In line with Benedict's Law, the school holds spare AAIs for emergency use. These are in addition to any device prescribed for an individual pupil.

AAI Management Requirements

- Spare AAIs are purchased, in-date and checked monthly.
- AAIs are stored securely but are immediately accessible — never locked away.

- Located in the First Aid cupboard in the staff room within 5 minutes of all areas of the school. Larger schools hold AAIs in multiple locations.
- Staff know where AAIs are kept and how to use them.
- Arrangements are in place for off-site trips so emergency medication is always available.
- Records of stock, expiry dates and any use are maintained by the allergy lead.
- Used AAIs are disposed of in a sharps bin.

The school's emergency anaphylaxis kit contains spare AAIs; instructions for use; manufacturer's information; a log of batch numbers and expiry dates; a note of arrangements for replacement; a list of pupils for whom the school AAI may be used.

9. Staff Training

All staff receive allergy awareness training appropriate to their role, at least annually and as part of induction for new starters.

Training covers:

- Understanding allergies and anaphylaxis.
- Recognition of mild, moderate and severe allergic reactions.
- Emergency action: when to administer adrenaline and when to call 999.
- Practical familiarity with AAI devices used in school.
- Understanding individual pupils' IHPs and role-specific responsibilities.
- Recording, reporting and learning from incidents and near misses.

Legal requirement from September 2026:

All staff — regardless of role — must complete allergy awareness training before the start of the autumn term 2026 and refreshed at least annually thereafter. Training will be allocated on the Trust Compliance system to be completed by all staff.

10. Emergency Response

If anaphylaxis is suspected — ACT IMMEDIATELY

- Send for help — alert office / senior leader / first aider.
- Administer the prescribed or spare AAI without delay.
- Call 999 immediately — state 'anaphylactic reaction'.
- Lie pupil flat (or sit up if breathing difficulties) and keep under close supervision.
- Administer a second dose after 5 minutes if no improvement.
- Contact parents/carers as soon as possible.
- DO NOT delay — if in doubt, administer adrenaline.

All incidents of allergic reaction, use of emergency medication, suspected anaphylaxis and significant near misses are recorded using Medical Tracker and reviewed by the allergy lead.

11. Educational Visits, Clubs and Activities

No pupil with an allergy will be excluded from school trips, visits, sports, enrichment or extra-curricular activities without a clear, evidence-based risk assessment that demonstrates safe participation is not possible.

For all off-site activities, the school will: review the pupil's IHP and known triggers; ensure emergency medication is taken and accessible; brief all supervising adults; consider food arrangements, travel, venue information and supervision.

12. Events, Visitors and Celebrations Involving Food

- Food must not be shared without prior agreement.
- All food brought into school for celebrations must be agreed with the class teacher in advance.
- External providers supplying food must provide clear allergen information.
- In some cases, non-food alternatives (books, stickers, activities) will be suggested.

13. Inclusion, Wellbeing and Unacceptable Practice

The school will avoid:

- Preventing a child from accessing education or activities unnecessarily because of their allergy.
- Expecting parents to attend school routinely to administer medication where trained staff can do so.
- Failing to share essential information with staff who need it to keep the child safe.
- Penalising allergy-related absence without considering medical context.
- Tolerating teasing, bullying or social exclusion linked to a child's allergy or dietary needs.

14. Recording, Reporting and Learning from Incidents

All allergic reactions, use of emergency medication, suspected anaphylaxis and significant near misses are recorded promptly. Following any serious incident, the school will: review what happened and identify procedural or communication issues; update the IHP and risk controls; consider additional training; inform governors; and review the policy if needed.

15. Communication and Publication

- This policy is published on the school website.
- Shared with staff through induction and annual training.
- Available to parents on request.
- Reviewed by governors at least annually and after serious incidents.

16. Monitoring and Review

The headteacher and named allergy lead will monitor implementation through: checks on training completion; audit of IHP quality and review dates; checks on emergency medication and expiry dates; review of incidents and near misses; and spot checks of staff awareness during daily routines.

Policy approved by	Mrs K Lee on 15/7/26
Last reviewed	15/7/26

Next review due	15/7/27
Named allergy lead	Mrs Clare Smallwood
Named governor (allergy)	Mrs Sam Scott