Allergy, Anaphylaxis & Allergen Management Policy

2026-2027

School	Paradise Primary School
Applies to	Primary school provision, including EYFS where applicable, breakfast/after-school clubs and school-led activities
Policy owner	Headteacher / Senior Leadership Team
Named Allergy Lead	Aleesha Patel
Approved by	Governing Body
Implementation	September 2026
Review	September 2027

Core standard: IDENTIFY → PREVENT → PREPARE → RESPOND → REVIEW

1. Policy Statement

The school is committed to providing a safe, inclusive and supportive environment for every pupil, including pupils with diagnosed or suspected allergies. Allergic reactions can range from mild symptoms to life-threatening anaphylaxis. Allergy safety is therefore a whole-school responsibility and must not depend upon one member of staff, one first aider or a pupil managing the risk alone.

Our approach is based on five principles: Identify → Prevent → Prepare → Respond → Review.

The school will take reasonable and proportionate steps to reduce exposure to known allergens, ensure prompt emergency treatment, promote pupil wellbeing and inclusion, and enable pupils with allergies to participate safely in the full life of the school.

No pupil should be placed at unnecessary risk because an adult did not know, did not check or did not act.

2. Legal and National Framework

This policy has been developed with regard to the legal and national framework in England, including:

- Children and Families Act 2014, section 100, including the duty to support pupils with medical conditions;
- Children's Wellbeing and Schools Act 2026, including the allergy-safety provisions commonly referred to as Benedict's Law;
- Department for Education statutory guidance: Allergy safety in schools (published July 2026);
- Department for Education statutory guidance: Supporting pupils with medical conditions at school;
- Equality Act 2010;
- Education Act 2002 safeguarding duties and Keeping Children Safe in Education, where applicable;
- Health and Safety at Work etc. Act 1974 and the common-law duty of care;
- Human Medicines Regulations 2012, including provisions enabling schools to obtain emergency adrenaline auto-injectors and emergency asthma inhalers;
- Food Information Regulations 2014 and allergen-information requirements;
- UK Food Information Amendment Regulations 2019, commonly known as Natasha's Law, for Prepacked for Direct Sale food;
- School Food Standards and current Department for Education allergy guidance for school food;
- the Early Years Foundation Stage statutory framework for any pupils in school who remain within EYFS scope.

The July 2026 DfE guidance is statutory for governing bodies of local-authority-maintained schools, management committees of pupil referral units and proprietors of academies. Equivalent requirements are intended for independent and non-maintained special schools through their regulatory standards. Where this school is not yet within the statutory scope, it will nevertheless apply this policy as organisational good practice and in anticipation of equivalent requirements.

3. Benedict's Law: What It Means for the School

Benedict's Law strengthens allergy safety in education by moving allergy management from an individual-only approach to a whole-school system. The school will therefore:

- maintain a dedicated whole-school allergy safety policy, separate from but linked to the Medical Conditions Policy;
- publish the policy on the school website and make it accessible to staff, parents and pupils;
- appoint a named senior leader with oversight of allergy safety;

- identify pupils whose allergy requires school arrangements and put an Individual Healthcare Plan (IHP) in place;
- provide regular whole-school allergy awareness and emergency-response training;
- ensure pupils at risk of anaphylaxis have rapid access to prescribed adrenaline auto-injectors (AAIs);
- hold and manage spare in-date AAIs for emergency use in accordance with current law, DfE guidance and the school's protocol;
- minimise exposure to known allergens through risk assessment and practical controls;
- ensure allergy safety applies to lessons, lunch, clubs, wraparound care, trips, sport, celebrations and all other school activities;
- record, report, investigate and learn from serious allergy incidents and near misses;
- promote inclusion and address the emotional impact of living with allergy, including allergy-related bullying.

Benedict's Law is distinct from Natasha's Law. Benedict's Law concerns whole-school allergy safety and emergency preparedness; Natasha's Law concerns allergen labelling for Prepacked for Direct Sale food.

4. Scope

This policy applies to all pupils, prospective pupils, staff, governors/proprietors, agency and supply staff, volunteers, visitors, contractors, caterers and any person providing school-led activities. It applies during the normal school day and to breakfast clubs, after-school clubs, wraparound care, enrichment, educational visits, residential visits, sports fixtures, performances, celebrations, transition activities and other school-organised provision.

Allergy safety covers food allergens and non-food allergens, including insect stings, medicines, latex, animals, pollen and other environmental or contact allergens. Coeliac disease and food intolerance require robust management but are not allergies and should normally be managed through the school's wider medical-conditions arrangements.

5. Understanding Allergy and Anaphylaxis

An allergy is an immune-system reaction to a substance that would normally be harmless. Exposure may occur through eating, inhalation, skin/contact exposure, medication or insect stings. The severity of a previous reaction must never be used to assume that a future reaction will also be mild.

Anaphylaxis is a potentially fatal allergic reaction that can progress rapidly and affect Airway, Breathing and/or Circulation (ABC). Staff must treat suspected anaphylaxis as a medical emergency.

6. The 14 Regulated Food Allergens

Food law identifies 14 regulated allergens for which allergen information must be provided when they are used as ingredients:

1. Celery	8. Molluscs
2. Cereals containing gluten	9. Mustard
3. Crustaceans	10. Peanuts
4. Eggs	11. Sesame

5. Fish	12. Soya/soybeans
6. Lupin	13. Sulphur dioxide and sulphites above the prescribed threshold
7. Milk	14. Tree nuts

Pupils can be allergic to substances outside the statutory 14. The school will record and manage all identified allergies and clinically significant triggers.

7. Allergy-Aware Rather Than 'Allergy-Free'

The school will operate as an allergy-aware environment. It will not ordinarily describe itself as completely 'allergy-free' or 'nut-free', because such claims can create a false sense of security and cannot guarantee that an allergen will never enter the site.

Where an individual risk assessment identifies a significant risk, the school may restrict or discourage specified foods or materials. Such controls will form part of a wider risk-management strategy that also includes accurate information, staff awareness, supervision, food controls, cleaning, emergency medication and prompt response.

8. Identifying Pupils with Allergies

On admission and at least annually, parents/carers will be asked to provide up-to-date information about known or suspected allergies, previous reactions, anaphylaxis, asthma, prescribed medication, AAIs, medical advice and emergency contacts.

Parents must notify the school immediately of any new diagnosis, reaction, change in symptoms, medication or clinical advice. Allergy information must not remain only on an admissions form; it must be translated into safe operational practice.

Where a pupil develops a new or suspected allergy during their time at school, the school will work with parents and relevant healthcare professionals to put interim risk controls in place while assessment is sought.

9. Allergy Register and Identification

The school will maintain an accurate and current Allergy Register. At minimum it will identify: pupil → class/year group → allergen/trigger → likely symptoms → medication → emergency arrangements.

Relevant staff, including teachers, teaching assistants, lunchtime staff, wraparound staff, first aiders, office staff and catering staff, must have access to the information they need to keep pupils safe. Staff must never rely on memory alone.

Where appropriate and proportionate, a photographic identification system will be used in food-service and emergency areas, with due regard to confidentiality and data protection.

10. Individual Healthcare Plans (IHPs)

Any pupil whose allergy requires the school to put supportive arrangements in place will have an Individual Healthcare Plan. The IHP will be developed with the pupil, parents/carers and, where available, relevant healthcare professionals.

The IHP should include:

Area	Required information
Pupil	Name, photograph, date of birth, class/year group
Allergy	Known allergen(s), triggers and routes of exposure
Symptoms	Pupil-specific mild/moderate symptoms and signs of anaphylaxis
Medication	Prescribed medication, dose, administration and storage
AAIs	Device type, location, expiry and arrangements for second dose
Emergency response	Exact actions, 999 procedure and parent contact
Daily controls	Food, classroom, playtime, PE, clubs and other controls
Trips	Arrangements for off-site and residential activities
Self-management	What the pupil can safely manage independently
Clinical plans	Any Allergy Action Plan and/or Asthma Action Plan
Review	Named lead and review date

A recognised Allergy Action Plan may be attached to and form part of the IHP. The IHP will be reviewed at least annually and sooner following a reaction, near miss, medication change, transition or updated clinical advice.

11. Individual Allergy Risk Assessment

Where required, the school will complete an individual allergy risk assessment. Controls will be specific to the pupil and will consider, as relevant:

- school meals, packed lunches, snacks, breakfast and after-school provision;
- food preparation, serving, shared tables, utensils and cross-contact;
- classroom food, cooking, baking and science activities;
- art, DT, sensory and craft materials;
- PE, exercise-induced reactions, swimming and outdoor learning;
- animals, plants, pollen, latex and other environmental triggers;
- celebrations, fundraising, visitors and food brought from home;
- playtimes, lunchtime supervision and movement around the site;
- school trips, residentials, transport and external venues;
- transition between classes, phases or schools;
- access to medication at all times, including evacuation or lockdown.

12. Roles and Responsibilities

12.1 Governing Body / Proprietor / Trust

- ensure the school has, publishes and reviews a dedicated allergy safety policy;
- ensure suitable arrangements are in place to support pupils with allergies;
- receive information about serious incidents and significant near misses;
- seek assurance on training, emergency medication, IHPs and implementation;
- hold leaders to account for corrective actions.

12.2 Headteacher

- ensure this policy is implemented consistently;
- appoint a named senior Allergy Lead and ensure sufficient cover;
- ensure staff training and induction are completed and recorded;
- ensure IHPs, registers, risk assessments and emergency arrangements are current;
- ensure spare AAI arrangements are lawful, safe and operational;
- ensure catering, clubs, trips and contractors comply with school controls;
- investigate incidents and near misses and report appropriately.

12.3 Named Allergy Lead

- coordinate the Allergy Register, IHPs and allergy risk assessments;
- monitor medication locations and expiry dates;
- support staff training and competency checks;
- liaise with families, healthcare professionals and catering staff;
- lead allergy drills, audits and post-incident reviews;
- report themes and concerns to the Headteacher and governors/proprietor.

12.4 Teachers and Support Staff

- know which pupils in their care have allergies and what their plans require;
- know where emergency medication is kept and how to obtain it immediately;
- check allergy risks before food, curriculum activities, trips and celebrations;
- maintain appropriate supervision and prevent unsafe food sharing;
- recognise allergic reactions and respond without delay;
- ensure information follows the pupil during cover, transition and off-site activities.

12.5 Lunchtime, Wraparound and Club Staff

- receive allergy information and training appropriate to their role;
- know affected pupils, meal controls and emergency arrangements;
- prevent food/drink swapping and unsafe sharing;
- know how to summon help and access AAIs immediately.

12.6 Catering Staff / Contractors

- maintain accurate allergen information and comply with food law;
- prevent cross-contact during storage, preparation and service;
- check ingredient, brand and menu changes before service;
- follow the school's pupil-identification and meal-checking system;
- communicate any uncertainty or substitution before food is served.

12.7 Parents and Carers

- provide accurate and current medical/allergy information;
- supply prescribed medication and replace it before expiry;
- provide action plans or clinical advice where available;
- inform the school immediately of changes;
- work with the school on IHPs and reasonable risk controls.

12.8 Pupils

Pupils will be supported, in an age-appropriate way, to understand their allergy, speak up if they feel unwell, avoid known triggers, not swap food, and know how to access help. A pupil's increasing independence does not remove the school's duty to provide safe systems and appropriate supervision.

13. Staff Training and Competency

All staff will receive allergy awareness and emergency-response training at least annually, with additional training where roles, pupils, guidance or procedures change. Induction arrangements will ensure new, supply, agency and temporary staff receive essential allergy information before taking responsibility for pupils.

Training will cover:

- what allergy is and how reactions can occur;
- common food and non-food allergens;
- the difference between allergy, food intolerance and coeliac disease;
- recognising mild/moderate reactions and anaphylaxis;
- the Airway/Breathing/Circulation (ABC) approach;
- how and when to use prescribed and spare AAIs;
- calling 999 and communicating 'ANAPHYLAXIS' clearly;
- individual pupil arrangements and medication locations;
- preventing exposure and cross-contact;
- food labelling and allergen information relevant to role;
- incident and near-miss reporting;
- the emotional impact of allergy and allergy-related bullying.

Completion of training alone does not demonstrate competence. Leaders will use practical questioning, drills, observation and supervision to check that staff can apply procedures.

14. Recognising an Allergic Reaction

Mild to moderate symptoms may include

- swollen lips, face or eyes;
- itchy or tingling mouth;
- hives or itchy skin rash;
- mild throat tightness;
- abdominal pain, nausea or vomiting;
- runny nose, sneezing or watery eyes;
- a sudden change in behaviour.

Signs of anaphylaxis may include

- Airway: swelling of the tongue/throat, difficulty swallowing, hoarse voice or upper-airway obstruction;
- Breathing: wheeze, persistent cough, noisy or difficult breathing, breathlessness;
- Circulation: pale/clammy appearance, dizziness, collapse, reduced responsiveness or loss of consciousness.

A serious allergic reaction is a medical emergency. A pupil with an allergic reaction must be monitored closely because symptoms can worsen.

15. Emergency Anaphylaxis Procedure

Where anaphylaxis is suspected, staff must act immediately in accordance with the pupil's IHP/Allergy Action Plan and current emergency guidance.

1. Recognise the symptoms and call for immediate assistance.
2. Administer the pupil's prescribed AAI immediately where indicated. If the prescribed device is unavailable or cannot be used, follow the school's lawful spare-AAI protocol.
3. Call 999 and state clearly: 'ANAPHYLAXIS'.
4. Follow current guidance and the pupil's plan regarding positioning and monitoring.
5. If symptoms persist or return, arrange a further dose in accordance with the pupil's plan, current guidance and available devices.
6. Do not leave the pupil alone. Maintain continuous supervision and be prepared to commence CPR if required.
7. Send the pupil's medication, IHP/Action Plan and relevant information with them to hospital.
8. Contact parents/carers. Emergency treatment must never be delayed while attempting to contact a parent.
9. Record, report, investigate and review the incident.

16. Prescribed Adrenaline Auto-Injectors

Where a pupil has been prescribed an AAI, the school will ensure that it is in date, clearly identified, stored in accordance with manufacturer requirements and immediately accessible in an emergency. It must not be locked away in a way that delays access.

Where a pupil is competent and it is appropriate for them to carry their own AAI, this will be recorded in the IHP. The school will still ensure that emergency arrangements are robust and that staff know what to do if the pupil cannot self-administer.

Parents remain responsible for providing prescribed medication and replacement devices when required. Prescribed devices must accompany the pupil appropriately on trips, sports events, evacuation and other off-site activities.

17. Spare Emergency AAIs

The school will hold spare in-date AAIs for emergency use in line with current legislation, DfE statutory guidance and any regulations in force. Spare devices are an additional safety measure and do not replace a pupil's own prescribed medication.

The school's spare-AAI protocol will specify:

- the types/doses and number of devices held, based on the school population and risk assessment;

- where devices are stored so they are secure but immediately accessible;
- who checks stock and expiry dates and how checks are recorded;
- how replacement devices are ordered;
- which staff are trained to administer them;
- the circumstances in which a spare device may be used;
- how use is recorded and reported;
- arrangements for trips, separate buildings and extended-school provision.

The school will keep current written procedures with the spare devices and will ensure staff know their location.

18. Medication Management

All allergy medication will be managed in accordance with the school's Administration of Medicines / Supporting Pupils with Medical Conditions procedures. Medication must be appropriately labelled, in date, stored correctly and readily accessible when required.

The school will maintain routine expiry-date checks. Emergency medication must be available wherever the pupil is participating, including PE, clubs, trips and emergency evacuation.

19. Food Preparation, Cross-Contact and Serving

Cross-contact occurs when an allergen is unintentionally transferred from one food, hand, utensil, surface or piece of equipment to another. Staff preparing or serving food must use robust controls.

- wash hands effectively and clean/sanitise preparation and eating surfaces;
- use clean equipment and agreed preparation areas/procedures;
- check ingredients and labels every time, including familiar products;
- do not make unapproved ingredient, brand or menu substitutions;
- keep allergy-safe meals clearly identified;
- prevent contamination during storage, preparation, transport and service;
- communicate changes to the Allergy Lead and relevant staff.

Before serving food to a pupil with an allergy, staff will apply the school's check: CHECK THE PUPIL → CHECK THE MEAL → CHECK THE ALLERGY. Where practicable, a two-person check will be used for higher-risk meals. If staff are uncertain whether food is safe, it must not be served.

20. School Meals, Menus and Natasha's Law

Menus will be planned with known allergies and medical dietary needs in mind. Ingredient or supplier changes must be checked before food is served to affected pupils.

Where the school or its caterer provides Prepacked for Direct Sale (PPDS) food, it will comply with applicable allergen-labelling requirements under Natasha's Law, including the food name, full ingredients list and emphasis of regulated allergens within that list.

For food that is not PPDS, required allergen information must still be available and accurate.

21. Packed Lunches and Food Brought from Home

Parents will be informed of the school's allergy-aware arrangements. The school may place proportionate restrictions on specified foods where an individual risk assessment identifies this as necessary.

Pupils must not swap or share food, drinks, cutlery or containers. Staff will provide age-appropriate supervision, particularly for younger pupils and pupils at higher risk.

22. Curriculum Activities, Cooking, Science, Art and DT

Staff must check the Allergy Register and relevant IHPs before activities involving food, plants, animals, latex, chemicals or other possible allergens. This includes cooking, baking, tasting, food technology, science investigations, art/DT, gardening and sensory activities.

Alternative ingredients or activities will be provided where necessary so that pupils can participate safely and without unnecessary exclusion.

23. PE, Sport, Swimming and Outdoor Learning

Allergy risk assessments will consider exercise, cold air, pollen, insect stings, grass, latex, swimming environments and any interaction between allergy and asthma. Emergency medication must be accessible at the point of activity.

Staff leading PE, sports fixtures or outdoor learning must know which pupils are at risk and the actions required. Pupils will not be excluded solely because they have an allergy where risk can be reasonably managed.

24. Celebrations, Events and Fundraising

Normal allergy controls apply to birthdays, parties, fairs, charity events, cultural activities, reward food and other celebrations. Homemade or shop-bought food must not automatically be assumed safe.

The school will promote inclusive alternatives so that pupils with allergies can participate with dignity and without being singled out unnecessarily.

25. Educational Visits and Residentials

Pupils with allergies must not routinely be excluded from trips or residential visits because of their allergy. The trip leader will review the pupil's IHP and risk assessment and ensure:

- prescribed medication and AAIs accompany the pupil and remain accessible;
- an appropriately trained adult is present;
- food and environmental risks are identified;
- venues, caterers and accommodation are contacted where necessary;
- emergency contacts and access to emergency services are considered;
- staff understand the emergency response and the location of medication;
- arrangements are made for transport and any periods when the group is split.

26. Inclusion, Equality, Wellbeing and Bullying

The school will treat pupils with allergies with dignity and respect. Pupils will not be unnecessarily isolated, excluded from meals, lessons, clubs, celebrations, trips or activities, or made to feel responsible for adult safety arrangements.

Severe allergy may amount to a disability under the Equality Act 2010. The school will consider reasonable adjustments where required.

Allergy can affect confidence, anxiety, social participation and a pupil's sense of safety. Deliberately exposing, threatening to expose, teasing or harassing a pupil because of an allergy will be treated seriously under the school's behaviour and anti-bullying procedures and may also raise safeguarding concerns.

27. New or Suspected Allergy

If a pupil experiences a suspected allergic reaction without a previous diagnosis, staff will provide emergency first aid, call 999 where a serious reaction is suspected, contact parents/carers, record the incident and advise that appropriate medical assessment is sought. Staff must not diagnose an allergy themselves.

Before further exposure to a suspected trigger, the school will review interim risk-management arrangements with the family.

28. Serious Incidents and Near Misses

All serious allergic reactions and significant allergy near misses will be recorded. A near miss is an event in which a pupil could reasonably have been exposed to an allergen or denied effective emergency treatment but harm was avoided.

Examples include:

- the wrong meal being placed in front of a pupil;
- incorrect or missing allergen information;
- an unapproved food substitution;
- cross-contact identified before consumption;
- prescribed or spare medication being unavailable, expired or inaccessible;
- staff being unaware of a pupil's allergy;
- an allergen being introduced into a curriculum activity without checks;
- a failure to pass allergy information to cover, club or trip staff.

Serious incidents and significant near misses will be reported to parents/carers and to the governing body/proprietor, alongside any other statutory reporting that is required.

29. Post-Incident Review and Learning

Following a serious reaction or significant near miss, the Headteacher/Allergy Lead will conduct a documented review. It will consider what happened, why it happened, whether procedures were followed, whether information and medication were available, whether staff responded correctly, and what must change.

Actions will be assigned to named persons with deadlines and followed up. The relevant IHP, risk assessment, training and this policy will be reviewed where necessary. The school will support the wellbeing of the affected pupil, family and staff following a serious incident.

30. Allergy Emergency Drills

The school will undertake periodic allergy/anaphylaxis emergency drills to test whether procedures work in practice. Scenarios may include a pupil developing anaphylaxis at lunch, on the playground, during PE or at an after-school club.

Drills should test recognition, access to prescribed/spare AAIs, calling 999, staff roles, supervision of other pupils, access for ambulance crews, parent communication and post-incident recording. Learning will be recorded and used to improve systems.

31. Supply, Agency, New Staff and Visitors

No adult should take sole responsibility for a pupil with a known serious allergy without access to the information required to keep that pupil safe. New, temporary, agency and supply staff will be told about significant allergies, emergency arrangements, medication locations and how to summon assistance.

Relevant visitors, contractors and external providers must follow school allergy arrangements. External caterers must provide accurate allergen information and comply with applicable food law.

32. Transition and Information Sharing

Allergy information will be shared on a need-to-know and safety-critical basis. Confidentiality must not prevent relevant staff from receiving information needed to keep a pupil safe.

Transition arrangements will ensure that allergy information, IHPs and emergency requirements are transferred appropriately when pupils change class, phase, school, club or provision. Additional planning will take place for transition to secondary school where required.

33. Monitoring and Quality Assurance

The Headteacher and Allergy Lead will monitor implementation through:

- Allergy Register checks;
- IHP and risk-assessment reviews;
- prescribed and spare AAI checks, including expiry dates;
- catering and meal-service audits;
- staff questioning and competency checks;
- learning walks and observations at lunch/club times;
- training records and induction checks;
- trip documentation;
- incident and near-miss analysis;
- emergency drills;
- pupil and parent feedback.

Senior leaders and governors/proprietors may undertake unannounced assurance checks. Identified weaknesses will result in clear actions and follow-up.

34. Whole-School Allergy Safety Checklist

Requirement	Evidence	RAG / Action
Dedicated policy published and current	Website / policy register	
Named senior Allergy Lead	Leadership records	
Allergy Register current	Register	
IHPs in place where required	IHP file	
Risk assessments current	Risk assessment file	
Prescribed AAIs accessible and in date	Medication checks	
Spare AAIs available and in date	Spare AAI log	
All staff trained	Training matrix	
Supply/temporary staff briefed	Induction record	
Catering controls embedded	Kitchen/service audit	
Trips include allergy planning	Trip paperwork	
Incidents/near misses reviewed	Incident log	
Emergency drills completed	Drill record	
Governors/proprietor receive assurance	Minutes / reports	

35. Policy Breaches

Failure to follow allergy procedures can place a pupil at serious risk. Failures to check allergy information, follow food controls, maintain medication, administer emergency treatment, follow an IHP or report incidents will be investigated and addressed through appropriate management, supervision, training and, where necessary, disciplinary procedures.

36. Complaints

Concerns about allergy safety should be raised promptly with the school so that immediate risks can be addressed. Formal complaints will be managed under the school's Complaints Policy. A complaint does not replace the school's duty to report or investigate a serious incident where other statutory processes apply.

37. Review of Policy

This policy will be formally reviewed at least annually. An earlier review will take place following a serious allergic reaction, significant near miss, change in law or statutory guidance, change to the school's provision, audit findings, or the introduction of further allergy-safety regulations.

The governing body/proprietor will receive assurance that the policy is implemented in practice and not simply held as a written document.

38. Primary School Allergy Safety Standard

KNOW THE PUPIL: Know their allergy, symptoms, plan and medication.

KNOW THE RISK: Understand where exposure could occur across the whole school day.

CHECK THE FOOD: Never assume an ingredient, brand or meal is safe.

PREVENT EXPOSURE: Use robust, proportionate controls and prevent cross-contact.

KNOW THE SIGNS: Recognise deterioration quickly, including ABC signs of anaphylaxis.

KNOW THE MEDICATION: Know where prescribed and spare AAIs are and how to use them.

ACT IMMEDIATELY: Anaphylaxis is an emergency. Give adrenaline when indicated and call 999.

INCLUDE THE PUPIL: Manage risk without unnecessary exclusion or stigma.

RECORD AND LEARN: Every serious incident and near miss should strengthen the system.

39. Recommended Operational Documents

To demonstrate implementation, this policy should be accompanied by the following working documents:

- Whole-School Allergy Register;
- Individual Healthcare Plan and Allergy Action Plan;
- Individual Allergy Risk Assessment;
- Prescribed and Spare AAI Check Log;
- Allergic Reaction / Near-Miss Record and Investigation Form;
- Annual Staff Allergy Training and Competency Record;
- Allergy Emergency Drill Record;
- Catering / Meal-Service Allergy Audit;
- Educational Visit Allergy Checklist.

40. Key References

Source	Document	Link
Department for Education	Allergy safety in schools: statutory guidance, published 6 July 2026	https://www.gov.uk/government/publications/allergy-safety-in-schools
Legislation	Children's Wellbeing and Schools Act 2026	https://www.legislation.gov.uk/ukpga/2026/21
Department for Education	Supporting pupils with medical conditions at school	https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
Department for Education	Allergy guidance for schools / School Food Standards resources	https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy UK	Benedict's Law information for schools	https://www.allergyuk.org/schools/benedicts-law/