Benedict's Law- September 2026

Children's Services

Stronger protections for children with allergies in schools - **briefing session**

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Education and Inclusion – Jean Thorpe, County Education Manager – secondary and post-16

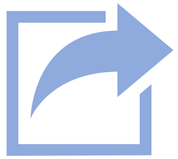
Hampshire County Council

Welcome and introductions

The purpose of the session is to share the legislation, introduce some key information, signpost leaders to the roles, the training and useful links, and to support you in your next steps.

Please feel free to share thoughts and raise questions as we go through the session

The queries will be collated and responded to afterwards - when in statute



Slides will be shared after the session

The statutory guidance was confirmed on 06.07.26.

How has this come about?
What is the legislative framework?

The Department for Education (DfE) has announced new statutory allergy safety requirements for all schools in England, replacing previous non-statutory advice. These changes follow national campaigns and is the government's response to the Benedict Blythe tragedy.

The new guidance becomes mandatory from September 2026. Allergy safety in schools statutory guidance

Benedict's Law is part of **broader reforms to how schools support children with medical conditions**. It also fundamentally addresses aspects of inclusion and the prevention of discrimination of pupils with such needs.

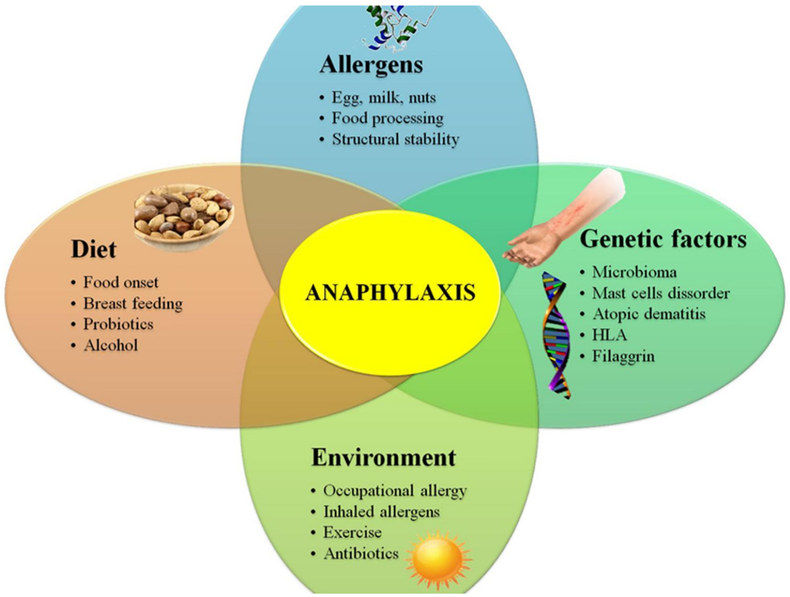
- Food allergy bullying is the most common form of allergy bullying. As many as **32%** of children have reported being bullied due to having a food allergy at least once. It can range from mean comments and teasing, to an allergic child being physically threatened with or tricked into handling or eating their allergen.
- School staff should avoid, wherever possible, doing anything that physically isolates allergic children from their peers as this constitutes **allergy discrimination**. For example, putting the children with allergies in the school on a separate table at lunch.

It is suggested that schools may need to update Anti-Bullying policies to include allergy-bullying.

Purpose of Benedict's Law

Allergy is common, serious and potentially life-threatening in school settings.

- Around two children in every classroom have an allergy
- Schools are one of the most common locations for severe allergic reactions outside the home
- Up to 30% of severe reactions occur in children with no prior diagnosis



The law will ensure schools adopt a proactive, whole-school approach to allergy safety, reducing life-threatening risks.

Scope Across School Life

Benedict's Law applies to all school areas and all staff, emphasising shared responsibility in allergy prevention and response.

Prevention and Response Balance

The law promotes both reducing allergen exposure and effective emergency treatment to ensure student safety.

Embedding Allergy Safety

Schools are encouraged to integrate allergy safety into routines, policies, and training for full student participation.

Allergy safety is a safeguarding priority

Allergy safety as safeguarding

- Unmanaged allergies pose serious health risks, making allergy safety a critical safeguarding concern in schools.

Duty of care in schools

- Schools must anticipate allergy risks, train staff, and have clear emergency procedures to protect pupils.

Inclusion and equality

- Effective allergy management ensures pupils with allergies can participate fully and safely in all activities.

Policy and legal framework

- Benedict’s Law highlights allergy management as an essential part of protecting children’s wellbeing and rights.

Allergy safety is a safeguarding priority

1/4 OF TEACHERS WEREN'T AWARE HOW MANY CHILDREN HAD ALLERGIES IN THEIR SCHOOL

1.5 TEACHERS IN EVERY **10** DIDN'T KNOW WHICH CHILDREN IN THEIR CLASS HAD ALLERGIES

1/3 OF TEACHERS HAVE NOT HAD ANY ALLERGY OR ANAPHYLAXIS TRAINING AND ONLY **4%** HAD RECEIVED TRAINING IN ALLERGY AWARENESS

40% OF TEACHERS DON'T FEEL CONFIDENT OR PREPARED TO MANAGE AN ALLERGIC REACTION

TEACHERS' EXPERIENCES IN THEIR OWN WORDS

"Some parents are very clear and others are sometimes vague or do not inform us."

"Parents don't update school on changes in the allergy or update allergy plans yearly."

"We do not have a school nurse and do not encounter healthcare professionals in relation to allergies."

"We have photos of pupils up and all staff are aware. There's also a centralised database accessible to all staff to double check pupil information and confirm any health or allergy need."

"School provide comprehensive info. Parents not so much."

"Parents of non-allergy children do not understand the severity."

"Dialogue with children and parents/ carers is key.

"Unsure how we communicate. Maybe done by senco but it's not shared effectively and efficiently with teachers."

"I go out of my way to have great home / school links."

"It's reliant on parents reading the information sent out or attending meetings, and also on them cooperating / also being vigilant (for example, to understand the school is nut free)."

"I have been handed information sheets by students, about Crohn's, Coeliac and new anaphylaxis. That's all."

"The school nurse and school write the health care plan together with input from parents and this is reviewed in a team around the chil meeting."

"Admin staff create care plans and deliver info of these to staff to keep in class folders for all staff to access. Also displayed in staff room so awareness of children across the school is there."

Roles and responsibilities

- A whole school approach underpinned by a clear **Allergy Safety Policy**, separate from the general **Medical Conditions Policy**, publicly available implemented and monitored, training for staff, communicated across wider staff, shared with parents and pupils.
- **There should be whole-staff awareness, not just first-aiders**.
- Monitored by the governing body with responses and adjustments made depending upon the outcomes of the ongoing review and evaluation.

Roles and Responsibilities

A **named member of the senior leadership team** in each setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

Responsibilities could include:

- Creating a risk register of all children with allergies and keeping it updated with their details and photos, so they are easily recognisable to staff.
- Booking regular allergy and anaphylaxis first aid training for staff and keeping an updated list of who has completed training and when.
- Implementing any changes or processes needed in the school to reduce risk and communicating this to staff, parents and carers.
- Being the contact for any concerns or near misses.
- Debriefing after any incidents and supporting staff and students.

Governing bodies, academy trusts and proprietors are responsible for ensuring the school, college or early years setting has an allergy safety policy. As a matter of good practice, schools could consider a named governor to oversee allergy safety. This role could include:

- Holding leaders accountable for training, plans, and medication
- Monitoring incidents and learning
- Ensuring a whole-school approach
- Linking with the lead member of SLT
- Embedding allergy safety within safeguarding governance

Key Points

Schools must have a dedicated Allergy Safety Policy, which is published and reviewed annually. The policy should set out:

• how the school, college or setting will **identify** children and young people with allergy and **minimise the risks of exposure** to known allergens, including **managing the risk of food allergy**

• how staff will be **trained** in allergy awareness and emergency response

• how individuals at risk of anaphylaxis will have **access** to their prescribed adrenaline devices, alongside **“spare” adrenaline devices**

• how children and young people with allergy will be able to participate in **visits and trips**

• how **Individual Healthcare Plans** will capture specific arrangements (including any Allergy Action Plan and/or Asthma Plan)

• how the **wellbeing and inclusion** of children and young people with allergy will be promoted

Common allergic conditions include:

Hay fever (Allergic Rhinitis), skin allergies (e,g. eczema, contact dermatitis), food allergy, asthma (usually allergic in nature), allergy to insect stings (e.g. bees and wasps), and allergies to medicines

Most allergic reactions do not affect the Airway/Breathing/Circulation (“ABC”) and can be treated with a non-drowsy oral antihistamine (available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

The following aspects are in scope of the statutory guidance:

1. ‘Spare’ adrenaline auto-injectors (AAIs)

All schools are expected to stock spare adrenaline auto-injectors (AAIs) for emergency use.

Schools must typically hold four spare AAIs.

Must be accessible, centrally located and checked regularly.

2. Compulsory allergy awareness and emergency response training for all staff

Schools must provide training to all staff, including recognition of symptoms, emergency response and how to administer adrenaline devices.

Training must be refreshed regularly and include:

recognising allergic reactions

steps to respond to anaphylaxis

understanding pupil healthcare plans

correct use of different AAI devices

3. Requirement for a dedicated school Allergy Safety Policy

Every school must have a standalone allergy policy, aligned with:

Medical Conditions Policy

Food Information Regulations

Individual Healthcare Plans (IHPs)

The policy must detail prevention, risk management, communication systems and emergency procedures.

4. Individual healthcare plans (IHPs)

Schools must ensure each pupil with allergies has a comprehensive IHP including:

allergy triggers, avoidance strategies emergency procedures, medication arrangements, roles and responsibilities

5. Incident recording and “lessons learned” procedures

Schools must introduce clear systems for:

recording allergy incidents and ‘near misses’

evaluating responses

updating policies and training to prevent recurrence

6. Stronger focus on food safety and cross-contamination

In order to ensure safe food handling in all school environments the guidance requires schools to improve procedures around:

school kitchens and catering providers

classroom-based food activities

packed lunches and food brought from home

managing the 14 regulated allergens

1. ‘Spare’ adrenaline devices/ auto-injectors (AAIs)

Whilst not yet confirmed- all schools should stock spare adrenaline auto-injectors for emergency use.

- Spare AAIs are vital for emergency anaphylaxis when the primary injector is unavailable.
- Schools should *typically* hold four spare AAIs.
- Must be accessible, distinguishable from pupils’ own devices, centrally located and checked regularly.

Routine monitoring of expiry dates and storage conditions is critical to guarantee readiness and safety.

AAIs may be used in emergencies, including cases where a child has no prior diagnosis but is experiencing anaphylaxis. The statutory guidance states that if in doubt whether the reaction is anaphylaxis, treat with adrenaline.

Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a “spare” device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school’s “spare” AAIs may be used in an emergency.

Spare adrenaline auto-injectors (AAIs)

To be confirmed- all schools are expected to stock spare AAIs (either Epipens or Jext) for emergency situations, regardless of whether there is anyone with a known allergy in the setting (first-time anaphylactic reactions can happen in school). Settings will need to determine the number of devices needed depending on their size (of cohort and geography) and ages of children. Devices must always be kept in pairs. *Schools, colleges and settings may wish to consider whether it may be appropriate, under some circumstances, to take “spare” adrenaline devices in case of emergency use on some trips. Consideration must then be made as to the availability of spare devices for the other children remaining on the school site.

School Type	AAI for children under 6 years (0.15mg dose)	AAI for individuals over 6 years (0.3mg dose)
State-funded nursery school	2 spare devices	n/a
Primary school	2 spare devices	2 spare devices
Secondary school	n/a	2 to 4 spare devices
Special school	2 spare devices	2 spare devices

Keeping spare AAIs in schools - The school’s Allergy Safety Policy should set out:

- How and when spare AAIs should be used
- How spare AAIs will be stored: ensuring they are readily accessible (not locked away), not more than 5 minutes away from where they may be needed (2.5 minutes there and 2.5 minutes back) and kept in pairs (in case a second dose is required or a device misfires)
- Arrangements for checking spare AAIs are in date, processes for replacing them, and processes for the proper disposal of out-of-date devices

Epipens and Jext

- Adrenaline auto-injectors will need to be purchased from pharmacies. This is a school's responsibility. To purchase AAIs from a pharmacy you will need to write a letter signed by the Headteacher.
- Currently AAIs cost £80-£100 each. They have a shelf-life of less than two years when purchased.
- Order both trainer devices. You may keep Epipens, for example, but a child in your setting may have Jext. They have a different mode of operation.

Epipens
Comes in 2 strengths 0.15mg and 0.3mg

EpiPen® Training Pen | EpiPen®
EpiPen® Expiry Date Alerts | EpiPen®

Jext
Comes in 2 strengths 0.15mg and 0.3mg

Order Trainer Pen - Patients Jext
Expiry Alert Service - Patients Jext

2. Compulsory allergy awareness training for all staff

All school staff will need to complete annual training in allergy awareness, emergency response and using AAIs. This applies to all staff with direct or indirect pupil contact, including permanent staff (all roles), temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs.

Training may be on-line rather than in person and should enable staff to practise later with training auto-injectors; rehearsed procedures (drills) help staff act calmly and reduces hesitation by building staff confidence in safely administering adrenaline during emergencies

Training should support the implementation of:

- Medical Conditions Policy
- Allergy Safety Policy
- Strengthened Individual Healthcare Plans (IHPs)
- Emergency procedures and risk management systems
- Spare AAIs
- Recording serious incidents and near misses

Training must be

- Completed annually
- Updated as guidance changes
- Recorded and monitored to demonstrate staff competency and inspection readiness (Ofsted)

3. Requirement for a dedicated school allergy policy

Every school must have a standalone allergy policy, aligned with:

- Medical Conditions Policy
- Food Information Regulations
- Individual Healthcare Plans (IHPs)

The policy should outline:

- How the setting will identify children, young people and staff with allergies
- How the setting will minimise the risks of exposure to known allergens, including managing the risk of a food allergy
- How staff will be trained in allergy awareness and emergency response
- How individuals at risk of anaphylaxis will have access to their prescribed AAIs, and how spare AAIs will be stored, managed and used.
- How children and young people with allergies will be able to safely participate in external trips
- How Individual Healthcare Plans will capture specific arrangements (including Allergy Action Plan and/or Asthma Plan)
- How the wellbeing of children and young people with allergies will be promoted

Government Allergy Safety Policy Template

4. Individual Healthcare Plans (IHPs)

Children and young people should have an IHP if:
• they have an allergy which has a functional impact on them in their school, college or setting;
• they are at risk of harm as a result of their allergy; and
• they require arrangements which are additional to or different from those made generally.

The IHP should:
- provide staff in the school, college or setting with clarity about what they need to do
- include information which will be essential in managing an emergency situation.
- be developed in collaboration with the child or young person and their parents, taking account of any advice received from healthcare professionals
- work alongside personalised care plans and emergency action plans written by health professionals. IHPs are **not** clinical documents. Rather, they should **attach relevant care and action plans** issued by healthcare professionals.

Government IHP Template

IHPs and Transitions

If the child or young person moves, their new school, college or setting will need to draw up a **new IHP**. Each setting best understands its own circumstances and can therefore best judge what arrangements or adaptations may be required to support the children and young people on its roll.

The child or young person's current IHP should be shared as part of the transition.

It is always helpful for the new setting to see the old IHP, together with any relevant care plans and action plans. Provided that the child or young person's allergy has not changed, the arrangements put in place to manage it in the old setting will provide a useful indication of the support likely to be needed in the new setting.

As we are approaching the end of the year and some pupils are transitioning to the next phase of education, have you passed on IHPs to new settings to review, not just for pupils with allergies, but other medical conditions too? If you are receiving new pupils, do you have all the information you need?

The Equality Act 2010 places statutory duties on schools, local authorities and other education providers, intended to prohibit discrimination and promote equality for all including those who are disabled. Under the Act, a person is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities.

5. Incident recording and “lessons learned” procedures

The Allergy Safety Policy should set out how the setting will record, report and respond to serious incidents or “near misses” involving allergy safety.
Alternatively, it may point to or summarise the relevant information set out in a medical conditions or medication policy.

- Serious incidents and “near misses” should be used as a prompt to learn lessons.
- Part of the response should be to consider whether the arrangements in place were appropriate or whether changes might be needed to the allergy safety policy and/or to the Individual Healthcare Plan.
- Schools, colleges and early years settings should approach serious incidents and “near misses” in a “no blame” spirit of seeking to learn lessons and address any issues which the incident identified, so that children and young people are better protected in the future.

- The governing body must monitor the effectiveness of the policy and the school’s practice on a regular and scheduled basis.

6. Stronger focus on food safety and cross-contamination

In order to ensure safe food handling in all school environments the guidance requires schools to improve procedures around:

- school kitchens and catering providers
- classroom-based food activities
- packed lunches and food brought from home
- managing the 14 regulated allergens

Schools must work with their catering provider to ensure compliance across all staff, including those who might be employed by the catering company and not the school directly. This will also involve teaching pupils about food safety and cleaning routines to reduce allergen risk.

Specialist school catering providers will be well aware of the changes and already implementing careful allergen management policies with robust cross contamination policies, supply chain management and appropriate medical diets.

Allergy Safety Drills

The guidance states that it is good practice for settings to conduct allergy safety drills, in the same way as fire drills:

- Simulated case of anaphylaxis can be used to test out how staff respond
- The results of the drill should be recorded in a similar way to an incident or “near miss” and used to inform the ongoing review of the allergy safety policy
- In some cases, it may be appropriate to include children and young people in such tests, for example where one of their peers has a high risk of anaphylaxis. If so, the child or young person should be involved in the planning of the drill to avoid a negative impact on their wellbeing.

The planning of the drill and its approach will be locally determined depending upon the school's knowledge of the pupils and the issues.

What can you do now to prepare?

- Staff Training – think about regular staff, regular supply staff, out-of-hours club staff, volunteers. **Where will you source training from?**
- Consider your processes for ordering adrenaline auto-injectors – what do you need, how many, where will you purchase them from, where will you store them (remember they must not be locked away – they must be readily accessible to staff)
- Appoint a **named member of the senior leadership team** in each setting who will have responsibility for allergy safety and consider appointing a Governor who will have oversight of the Allergy Safety Policy.
- Perform an allergy drill, as a practice run
- Review the Individual Healthcare Plans. Have you identified every child who needs one, not just for allergies?
- Contact your catering provider to establish how they are establishing compliance

The final guidance was issued on 6 July. Please refer to this as it contains the information you need.

Useful guidance and links:

Guidance

- Allergy safety in schools statutory guidance
- Healthy Schools in Hampshire | Health and social care | Hampshire County Council
- Stronger protections for children with allergies in school - GOV.UK

- Guidance on the use of adrenaline auto-injectors in schools

- The Benedict Blythe Foundation – resources for schools
- Natasha's Foundation

Training / Support from Hampshire-

- outdoor.education@hants.gov.uk 01962 876218

Hampshire Outdoors can support schools with an in-person 1 hour training,
and share ideas of how to access limited numbers of free Epi Pen / Jext trainers

Hampshire Outdoors is very happy for any Hampshire school to contact them for advice on managing allergies etc on education visits

Useful guidance and links:

- Here's Why We Need Allergy School - NARF Allergy School– Self-assessments, free allergy and anaphylaxis training for schools, webinars for schools, allergy policy template, checklists, record sheets, education resources, posters
- Designated Allergy Lead training | The Allergy Team
- Free Allergy Training For Schools | City & Guilds Assured
- AllergyWise for Schools | Anaphylaxis UK

Example Templates

The following are example templates from The Allergy School. **HCC does not formally endorse any particular organisations**, but the following may provide some useful guidance in what your setting should consider.

Allergy Lead checklist

Allergy training record sheet

Anaphylaxis drill record sheet

Named allergy lead governor checklist

Allergy incident and near-miss report

What can you expect from the Local Authority now that the statutory guidance is confirmed- aiming for 20 July:

- Model Allergy Policy for consideration, adaption, and adoption
- Suggested recording templates for allergy management
- Updates from Public Health
- Updates for governing bodies about their required roles

Thank you for your participation

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