

HIAS and Public Health support: Benedict's Law Webinar

July 2026 - Responses to webinar questions

Allergy safety in schools Statutory guidance about the support that pupils with allergies must receive in schools.

- GOV.UK - [Allergy safety in schools - GOV.UK](#)
- DfE - [Allergy safety policy – template](#)
- DfE - [Individual Healthcare Plan template 4 July 2026.docx](#)

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Health Support

1. How will we be able to get increased support from Health, not just school nursing?

Depending on a child's medical condition, they may already receive support from specialist health services. These can include Paediatric Allergy Clinical Nurse Specialists, Paediatric Diabetes Specialist Nurses, Paediatric Epilepsy Specialist Nurses, and wider NHS multidisciplinary teams. Schools should continue to work collaboratively with these services where children are already known to them.

2. Children don't start life at 4 - why is this not mandatory for day nurseries and early years?

The principles underpinning Benedict's Law, including staff training, allergy awareness, emergency response procedures and individual healthcare planning, are just as relevant in early years settings as they are in schools. A number of stakeholders have raised this issue, and it is possible that future legislation may be extended to include wider settings, such as pre-schools and sixth-form provision.

3. What happens if a first allergy happens on a school trip?

The school's Allergy Safety policy and educational visits procedures should set out how staff will respond to a suspected allergic reaction occurring during a school trip. Any first allergic reaction should be treated as a medical emergency and managed in accordance with the school's emergency procedures, with appropriate medical assistance sought and parents or carers informed. Schools will need to make a risk assessment as to whether they take spare AAls on school trips, with thought given to the availability of AAls available to pupils remaining in a setting.

4. What are the FIRST things we must do before the end of term that cannot wait until September?

Schools should prioritise the following actions:

- Book staff training as soon as possible (the links included in the slides may assist).
- Place an order for spare adrenaline auto-injectors (AAls) collecting at the beginning of September ideally, due to the short expiry date.
- Identify suitable storage locations for AAls across the site.
- Prepare a draft allergy policy for consideration and adoption.
- Ensure training is completed and a draft policy is agreed before pupils attend under the new arrangements.

5. Will there be support for schools to help deliver this?

A range of training providers are available to support schools. Please refer to the links already provided, and we will share further information as it becomes available.

Hampshire Outdoors Training and Support can also assist:

Email: outdoor.education@hants.gov.uk

Telephone: 01962 876218

Adrenaline Auto-Injectors (AAs) and Adrenaline Devices (ADs)

Spare AAs do not replace a pupil's own AD. Where possible their own AD should be used. Schools need to keep spare (**AAs**), such as EpiPens or Jext, as a life-saving safety net. They ensure immediate access to emergency treatment for students at risk of anaphylaxis if their personal device is lost, out-of-date, malfunctions, or if an undiagnosed severe reaction occurs. The AAs can be used on anyone displaying signs of anaphylaxis. Jext and EpiPens can be used interchangeably. If a pupil is prescribed one form of device (including the new Neffy adrenaline nasal spray), the school's spare AA can be used in an emergency.

6. How can non-school settings (e.g. PBS centres) purchase EpiPens given that we are not schools and the current laws don't allow providers to sell to us?

At present, only schools benefit from a specific legal exemption that allows them to purchase spare AAs without a prescription. PBS centres and other non-school settings should ensure that children and young people with diagnosed severe allergies attend with their own prescribed AAs and healthcare plans.

7. How is the number of EpiPens required worked out?

(Do we have to have 4 spares? / If we are an infant school so only have under 6 should we have 2 spare or 4 spare? / Is there guidance on how many you need based on pupil numbers e.g. does a large primary school (350pupils) need more than 4? / If you have more than 4 children with an allergy should you have more than 4 AAs available at all times?)

The number required will depend on:

- The age range of pupils.
- The number of pupils attending.
- The size and layout of the site.

AAs should be kept in pairs, as a second dose is frequently required during an anaphylactic reaction.

Dose requirements are generally:

- **0.15mg (150mcg)** for children under 6 years of age.
- **0.3mg (300mcg)** for children aged 6 years and above.

As a guide:

- Nurseries will generally require the 0.15mg dose.
- Primary schools (including infant schools) will usually require both dose strengths.
- Secondary schools (and junior schools) will generally require the 0.3mg dose.

Clinically, prescribing decisions may take weight into account. However, for the purpose of stocking school spare devices, the guidance uses an **under 6 / 6 years and over** approach when setting expectations for spare stock. (To answer a question above, infant schools have children under and over the age of 6 years so will need devices of both strengths)

Schools should *typically* hold at least four AAls. Emergency adrenaline should be accessible within five minutes. Schools should therefore consider site-specific challenges, such as remote playing fields, and determine whether additional storage locations are necessary.

Settings do not need to hold both brands of AAls (Jext or Epipen). One brand is sufficient, but staff should be cognisant of how to use both brands.

Pupils with their own ADs should continue to bring these to school.

8. Who will pay for the extra AAls?

Schools will be responsible for purchasing their own AAls and arranging staff training. The Department for Education expects these costs to be met from delegated school budgets.

Free online allergy training is currently available through The Allergy School and High Speed Training. Other providers also offer training, with costs varying accordingly.

9. We have already bought emergency pens and the cost was huge. Will Hampshire have a standard supplier or bulk purchasing arrangement?

The statutory guidance confirms that schools can purchase spare AAls directly from pharmaceutical suppliers or local pharmacies without a prescription. However, the guidance does not provide guidance around local authorities establishing approved suppliers, bulk-purchasing schemes or funding arrangements.

Hampshire County Council is aware of concerns regarding both the initial purchase costs and the ongoing costs associated with replacing AAls before they expire.

At present, no such county-wide arrangement has been confirmed. Schools should therefore continue to make local arrangements to ensure they meet the requirements for holding spare AAls.

10. Could schools cluster together or use HCC purchasing power to obtain a better price?

Potentially yes. While schools remain responsible for purchasing their own spare AAls, there may be opportunities for schools, clusters of schools, trusts or local authorities to explore collaborative procurement arrangements with pharmaceutical suppliers.

Several schools have raised concerns regarding the cumulative cost of purchasing and regularly replacing devices due to their limited shelf life. This is an issue that has been highlighted nationally and may warrant further discussion with HCC Procurement and Public Health colleagues.

At present, however, there is no confirmed Hampshire-wide contract, preferred supplier arrangement or additional funding stream available for AAI purchases.

11. What is our liability if an AAI is used unknowingly and it turns out to be unnecessary? / Some other conditions can be taken for an allergic reaction even by medical professionals. If an EpiPen is used in those circumstances, is that dangerous? / If it isn't anaphylaxis and a student is given it, is that dangerous?

AAIs can be administered in an emergency where anaphylaxis is suspected, even where prior consent is unavailable. The use of an AAI in such circumstances is considered a life-saving intervention and is not regarded as a dangerous activity within a school setting.

The guidance does not require schools to wait for a nurse before administering adrenaline.

The key consideration is ensuring staff are appropriately trained and act in accordance with school procedures.

Staff administering adrenaline in line with school policies and training are ordinarily covered by the school's employer liability insurance arrangements.

Guidance:

- [Adrenaline auto-injectors \(AAIs\): new guidance and resources for safe use - GOV.UK](#)
- [Supporting pupils at school with medical conditions](#) – will be updated following the statutory publication of Benedict's Law – in due course.

12. Do we need AAIs on school trips?

Schools, colleges and early years settings should undertake a risk assessment for all pupils participating in an off-site visit. Pupils with allergies will need their own risk assessment.

Children and young people at risk should have access to their own prescribed AAIs, and trained staff should be available.

Schools may wish to consider taking spare AAIs on some visits although there is no requirement in the guidance to hold a second complete stock solely for educational visits.

Any decision should take account of the needs of pupils remaining on site and the availability of spare devices there.

13. EpiPens – People just do not understand how hard you have to push them in and can be hesitant.

This highlights the importance of high-quality training. Staff should have the opportunity to practise using training devices so they become familiar and confident with how AAls are administered correctly in an emergency.

14. If all schools are purchasing these at once, will this potentially cause shortages nationwide? / There have been shortages of AAls reported in recent past - does Hampshire have a procurement route and preferred supplier for assured supply?

This is a matter that would need to be addressed at a national level through manufacturers, suppliers and the NHS. Schools should order devices promptly to minimise potential delays.

15. I have a question about the AAls - as these are usually prescribed by weight, will the ones required in school take this into account?

Individual pupils may be prescribed a different dose to those recommended by age (usually by their weight), but the doses suggested in the statutory guidance are considered appropriate in the context of supplying schools with AAls, for use in an emergency.

- **Is parental consent needed to administer a school AAI?**

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for “spare” adrenaline devices to be used in an emergency. It is good practice for the school, college or setting to obtain advance consent from parents or the young person for “spare” adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

- **Are the expiry alerts form manufacturers at an additional rolling cost? Like a subscription fee for this service?**

No, these alerts are free. You need to sign up for them on the product website – [EpiPen](#) and [Jext](#).

- **The cost is not just for purchase many products now require specialist disposal**

Used AAls can be given to ambulance paramedics on arrival, taken to a pharmacy in a sharps container or can be disposed of in a pre-ordered sharps bin for collection by the local council. AAls which have expired without being used should be disposed of in the same way. There should be no cost to a setting to dispose of expired or used AAls.

- **Some pharmacies are saying they will not give auto-injectors without a prescription. Is there a recommended place to get them?**

AAIs can be purchased from pharmacies for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. To purchase AAIs schools need to take a letter (preferably on headed paper) and signed by the headteacher to a pharmacy. Here is a [template](#).

Storage of AAIs

16. 'Must not be locked away'. Is this not a risk of abuse? Should it be not available under break the glass basis?

AAIs must be readily accessible and not locked away. This does not mean they need to be on open display where pupils can reach them. In fact, they should be kept out of reach of small children, as any medicine should. They can be kept in medical rooms, staff rooms, offices, but not locked. The pens must be accessible at all times (i.e. the room must not be locked).

17. What conditions should the pens be held under?

AAIs should be stored at room temperature, below 25°C, out of direct sunlight, in their original packaging. Do not refrigerate or freeze.

- **Regarding the keeping of the AAI's, what do we do when or if the temperature exceeds the 25 degree mark? Is it just a disposable and replace?**

We would suggest contacting the pharmacy or supplier for their advice if they have exceeded 25°C. Alternatively, you may be able to contact the manufacturer, asking for their Medical Information line. It would be useful to provide the temperature that the AAIs had been exposed to and length of time if possible.

18. Could school clusters group together to purchase and seek a preferential price as a repeat customer?

(Buying at bulk for the county and we can buy them from county supplies - is that a possible way forward please? / Can we look at a blanket order so that we can buy at a price for our volume)

Schools will remain responsible for purchasing their own AAIs. While group purchasing arrangements may offer opportunities for negotiation, this will depend on the supplier and any local procurement arrangements that may be developed in future.

Schools may wish to explore collaborative purchasing through local partnerships, academy trusts or school clusters. No county-wide arrangement has currently been agreed.

19. Why do schools need to purchase pens? Aren't prescriptions for children free?

Prescription charges are an NHS levy and not a payment for the medicine itself. While children are exempt from prescription charges, spare AAls purchased by schools are not prescribed to an individual child.

Schools are permitted to purchase AAls without a prescription under the Human Medicines (Amendment) Regulations 2017 for emergency use.

20. Does the 0.3mg dose cover adults as well?

Yes. The 0.3mg dose is suitable for children aged 6 years and above, including young people and adults.

21. As a school community, should we ensure staff share EpiPen use / declare it?

The draft guidance does not require staff to disclose that they carry or use an AAI. The focus of the guidance is supporting pupils with medical conditions and allergies.

Staff with significant allergies may choose to inform their employer so that appropriate risk assessments, emergency arrangements and workplace support can be considered. Any information shared should be treated confidentially and only disclosed on a need-to-know basis.

Training Devices

22. Could training devices be shared between local school settings to help keep costs down?

Schools are encouraged to have their own training resources to support induction and ongoing staff training. However, local arrangements are a matter for schools to determine.

Training devices are currently available free of charge from the manufacturers of [EpiPens](#), and [Jext](#). The training devices do not have needles and can be used for training with all staff.

23. Who would be responsible for the training if we purchase the trainer pen?

School leaders remain responsible for ensuring staff are trained by a competent person or provider, regardless of where the trainer device was obtained.

Required allergy training must include the safe use of adrenaline auto-injectors.

Governance and Policies

24. Could this be added to the Safeguarding Governor role? Can this be part of a safeguarding governor role, especially in small schools?

Potentially, yes. The draft guidance suggested a named governor responsible for medical conditions and allergies but does not prevent this responsibility being combined with another governor portfolio.

The statutory guidance however does not require this role but it is anticipated that further regulation may be considered.

25. Our governors do not meet before September. What should we do?

Schools should have a policy in place by implementation. Formal ratification can follow local governance procedures, but schools should seek local governance advice. The guidance itself does not specify governing body meeting timetables.

26. What is a reasonable review period for governors to review procedures?

The guidance suggests policies should be reviewed at least annually and following any significant incident.

An annual governor review would therefore represent the minimum expectation, with additional reviews following serious incidents, near misses or significant changes in guidance.

27. When will HCC's 'standard' policy be available for us to use?

A model policy and supporting templates are planned. Once legislation is enacted, the documents will require review by senior officers and legal services before publication.

We will seek to provide these resources as soon as possible.

28. Is the policy intended to cover just the children or all staff on site? / Does this law make provision for adults as well?

The allergy safety policy should set out clear arrangements for identifying individuals with allergy (not just children and young people but also members of staff and visitors, where appropriate), their known allergens and whether they carry medication (for example adrenaline devices). The setting should keep a record of all individuals with allergy, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan.

As part of the allergy safety policy, settings should consider how staff and visitors with allergies are identified and supported. The measures intended to keep children and young people with allergies safe will be equally relevant to adults. It is good practice to ask visitors if they have allergies which the school, college or setting should be aware of, especially if they are likely to be served food.

29. How will the draft policy be shared with schools?

Once approved by Education, Inclusion, Public Health and Legal Services, the model policy will be shared with headteachers. Schools can then adapt it to their local context before presenting it for governor approval.

30. Is this likely to be embedded in KCSIE in September?

The draft guidance does not currently indicate any planned amendments to *Keeping Children Safe in Education (KCSIE)*.

While medical conditions and allergies are closely linked to safeguarding and welfare, there is no published confirmation of changes at this time.

31. Who will hold the clinical governance for emergency responses?

Schools do not become healthcare providers under Benedict's Law.

Clinical governance for diagnosis, prescribing and ongoing clinical management remains with healthcare professionals and NHS organisations.

Schools are responsible for implementing healthcare plans, maintaining training and ensuring effective emergency procedures.

32. When you refer to the Medical Conditions Policy do you mean the Hampshire County Council template "Supporting Children with Medical Conditions" Policy or is this something additional?

Schools are already required to have arrangements in place to support pupils with medical conditions.

Relevant guidance:

- [Supporting pupils with medical conditions at school - GOV.UK](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school)
- [Health Protection | Health and social care | Hampshire County Council](#)

The anticipated requirements under Benedict's Law are expected to introduce an additional policy that complements, rather than replaces, existing medical conditions policies.

33. Will this document be updated in terms of insurance for administering emergency medical procedures?

Hampshire County Council's Insurance Team provides insurance advice and cover for maintained schools through its schools' insurance service.

Where a member of staff:

- Has received appropriate training.
- Follows the school's policy.
- Acts in accordance with a healthcare plan.
- Acts in good faith during an emergency.

they would generally be acting within the scope of their employment and covered by employer liability arrangements.

This includes activities such as:

- Administering an adrenaline auto-injector.
- Using an emergency asthma inhaler.
- Administering authorised rescue medication.

34. Will the current Health and Safety reporting link for reporting violent incidents, accidents, near misses etc. be updated to reflect an allergy-related incident?

This has not yet been confirmed.

35. As this is statutory, will this also be checked as part of an OFSTED inspection?

Inspectors will consider medical conditions and allergy safety policies and how well they are implemented as part of the inspection process. In gathering evidence about the management of safeguarding, inspectors may consider the extent to which leaders have made arrangements to support pupils with medical conditions and have a dedicated allergy safety policy.

36. Therapy dogs

The guidance covers allergies more broadly, including airborne and contact allergens. Schools should consider allergy risks associated with animals within their allergy risk assessments and policies.

37. If there is a new template for IHPs, will all IHPs need to be transferred to the new template?

The Department for Education has provided a model Individual Healthcare Plan (IHP) template.

Although schools are not currently expected to rewrite all existing plans immediately, they should anticipate reviewing and updating plans against any new template as part of routine reviews or sooner if required.

The guidance states that an IHP is not a clinical document and should be created by the school. However, it should attach and refer to clinical care plans and allergy action plans provided by healthcare professionals.

Schools must balance safeguarding and inclusion with data protection requirements. Information should be shared on a need-to-know basis. Full IHPs would not normally be shared widely, for example with PTA event organisers.

38. While the new guidance covers epilepsy, does it cover non-epileptic seizure disorders such as FND?

The new guidance covers allergies specifically (as opposed to the draft which was Supporting Children and Young People with Medical Conditions and Allergies).

Training

39. Can the training be carried out by a competent member of staff at the school? We have a staff member who has a severe allergy - and is very aware of symptoms of anaphylaxis and the treatment in terms of how to administer epi-pen etc.

- **We have a practice EpiPen and a first aider with allergy knowledge. Would they be able to deliver training to all staff or does it have to be a "approved" training provider?**
- **We have booked first aid training which includes a section on anaphylaxis and how to use an EpiPen - is this enough or do staff need to do separate training? Can you recommend suitable training?**

It is permissible for training to be from another member of staff; whether a member of staff can offer the training will depend on their skills and competence. The training requires more than awareness of symptoms and treating anaphylaxis, although their experience would prove very useful. The guidance states:

Schools must have regard to this statutory guidance in fulfilling their duty to produce an allergy safety policy. First aid training is not sufficient. We expect that allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including: o calling emergency services and informing parents;
- how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss")

40. Where does the training responsibility lie for supply or agency staff?

The expectation is that all staff, including supply teachers, agency staff, teaching assistants, lunchtime supervisors and temporary workers, receive appropriate allergy-awareness and anaphylaxis training.

Training may be provided by schools, agencies or accredited providers. However, schools remain responsible for ensuring staff working on site are appropriately informed and competent.

It would be prudent to contact staffing agencies informing them of the expectation that any staff they supply should have received allergy awareness and emergency response training. Likewise, if you use ad hoc bank staff, ensure they have had access to training before they are needed.

41. Will the training come to us to use in school? Real concerns about this training along with all the other training we suddenly need to fit in alongside safeguarding.

Training can be delivered face-to-face or online, allowing schools to select the most appropriate format for their circumstances.

We recognise the pressures created by additional training requirements and the challenging timescales, but schools will still need to comply with the implementation timetable set nationally.

Free online allergy training is currently available through The Allergy School through High Speed Training. Other providers also offer training, with costs varying accordingly.

42. What is the role of catering providers? Will they have their own training?

Many schools are reviewing service agreements to ensure catering providers clearly accept responsibility for allergen management, staff training, record keeping and compliance with school allergy procedures.

Catering providers have significant responsibilities regarding food allergies, but this does not replace the school's overall duty of care. Schools and catering providers should work closely together.

43. Do we need confirmation of training from sports coaches, external after-school club providers or lettings users such as karate clubs and Scouts? What about outside agencies who provide wrap around care - are we responsible for ensuring they have appropriate training?

It is advisable for schools to seek assurance from external providers that they understand allergy management, know the location of AAIs on site and, where appropriate, are trained in their administration.

44. Are we responsible for training stakeholders such as HCC school bus passenger assistants or contracted drivers?

No. Benedict's Law is focused on schools and those staff directly responsible for pupils within the educational setting.

45. Will there be training for the allergy lead on the SLT, as there is for DSLs?

No specific programme is currently planned. However, schools may wish to identify additional training and support requirements for staff undertaking this role. This remains under consideration.

46. Who will deliver the training to schools?

There are a range of training providers available.

Hampshire Outdoors Training and Support can assist:

Email: outdoor.education@hants.gov.uk

Telephone: 01962 876218

Training does not have to be delivered in person. High-quality online training is acceptable, provided appropriate records are maintained.

47. I have already booked training for support staff for the end of term. Do I need to include my teachers?

Yes. All staff should receive appropriate training, including teaching staff.

48. Do we need confirmation from third-party school caterers that their staff have been properly trained?

Yes. Schools should seek assurance that catering providers have appropriate training and procedures in place to meet food safety and allergy management expectations.

49. How can you do a drill involving the children without frightening them? A fire drill is collective, but an allergy drill would be individual.

The purpose of an allergy drill is to test staff knowledge, confidence and response procedures rather than pupil participation.

Children do not necessarily need to be involved. Staff-based scenario exercises and tabletop discussions can effectively test preparedness without causing unnecessary anxiety for pupils, but they can be involved if a school believes it is beneficial.

- **How frequently do these drills need to take place?**

This can be decided within a setting, looking at how well a previous drill worked, whether there are new members of staff or whether any incidents or near misses have occurred from which learning has been necessary. At least annually, alongside the annual allergy awareness and emergency response training would seem sensible if not needed before.

50. Do governors need to do training? Do volunteers need the same training as staff?

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, 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. Governors are volunteers, so if they are on site working with pupils, or go on school trips they should receive training. Volunteers and staff need the same training, which should cover allergy awareness and emergency response.

51. Food technology classrooms

The guidance expects schools to minimise allergen exposure while ensuring inclusion. Food teachers should use risk assessments, IHP information and curriculum planning arrangements to support pupils safely. Consideration should also be given to device accessibility.

52. PTFA events, bake sales and community events

Schools should consider allergy safety throughout activities taking place under their control, including food provision and events. Allergy risks and information sharing should be considered within the school's allergy safety policy.

53. Packed lunches

Schools should continue communicating expectations to parents and include allergen management arrangements in their allergy safety policy. The guidance does not expect schools to guarantee an allergen-free environment.

54. Community users on site

Where activities are being delivered by external organisations, schools should consider how allergy risks will be managed and communicated. Responsibilities should be clarified through lettings, hire agreements and risk assessments.

Other Questions

55. As a special school we have school nurses on site, and in the event of somebody needing an AAI, current policy is that the nurses would administer the AAI. Would that policy have to change?

All staff need to receive allergy awareness and emergency response training, in order that they can respond or assist in an emergency. It is the responsibility of individual settings to write a policy appropriate to their setting. The school nurse can still administer the AAI but treatment should not be delayed enabling this to happen. The first member of staff on the scene should be able to respond.

56. Are public settings like museums, farms, galleries etc where we might be taking children on a trip also going to need to meet these requirements or is it just for education settings?

At this point in time, it is just education settings that the statutory guidance is for. General public settings are not legally permitted to stock AAI's.

57. Please can you provide clarity on what schools 'must' do verses what the guidance says they 'should' do.

There are areas in the guidance where it is stated 'should' and 'must'. Under a number of statements with 'should' there is a statement '*The Government intends to introduce a statutory duty requiring schools to through forthcoming Regulations.*' It would therefore be prudent to plan for these areas to become 'must' at any point.

The guidance also states that 'To "have regard to" means to take account of the guidance and to carefully consider it. A decision not to comply with the guidance should be supported by a clear or justifiable reason. Where advice is flagged as good practice, it is non-statutory.'

58. We have a template letter for emergency use for our spare asthma pumps - will we need that for AAI's from all parents?

No. An asthma inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty). This is a different legal position from the use of "spare" adrenaline devices. Emergency asthma inhalers may only be used in the circumstances set out in the relevant guidance, i.e. for a child or young person who has been prescribed a reliever inhaler, but where their own prescribed inhaler is not available. Importantly, emergency asthma inhalers can only be used where written consent has been obtained.

59. Slide 9 states antihistamines available for over 6 year olds. However there are licensed options (Cetirizine) from aged 2+ and drowsy options from aged 1+ (Piriton). This is particularly important for Infant schools. Please can you confirm this point?

The text used in the slides regarding antihistamines is taken from the statutory guidance, to ensure that we are providing the information from the Government. The concern raised was taken from page 10 of [Allergy safety in schools - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England](#). The purpose of including this information is to inform that there many forms of allergy, that most do not cause anaphylaxis and can be treated without the requirement of adrenaline.

To be more accurate, there are non-drowsy antihistamines available on general sale for children aged six years and over. The term over-the-counter (OTC) often gets used interchangeably for General Sales List medicines and Pharmacy-only medicines. As you have stated, there are antihistamines available 'over-the-counter' for children under the age of 6 years of age, (e.g. cetirizine and loratadine 2+ and chlorphenamine 1+) which are licensed to be sold in pharmacies only, under the supervision of a Pharmacist.

60. Packed lunches??? How are schools expected to control that ?? Do we need someone at the gate checking each child bag??

Food brought from home, such as packed lunches or food used in food technology lessons, should also be considered when developing approaches to allergy safety. Clear expectations should be set for children, young people and parents on ensuring lunchboxes and classroom ingredients are clearly labelled, prepared and stored safely. With regards to packed lunch policies, while schools, colleges or settings may wish to discourage certain allergens (for example, nuts) being brought on site it is more important to remain actively aware of the risk posed by allergens and to have robust emergency response plans.

61. We have a nursery onsite - will this be covered by the four we have in the school or should there be two in the nursery room specifically (in addition to the four in school)? / Does the guidance on spare A&Is apply to privately run nurseries, as we have one on our school site and work closely with them on safeguarding and health & safety?

The guidance does not apply to nurseries or pre-schools. Within the guidance it states 'It will also be of assistance to other education providers as they fulfil their wider statutory duties, including early years settings'

Early years settings and schools which offer provision for "young children" (from birth until the 1st September following their fifth birthday) should continue to apply the Statutory Framework for the Early Years Foundation Stage (EYFS).

62. I have a citrus allergy and constantly have to avoid oranges in school but was told as a member of staff and not a child that oranges can not be banned - has this now changed?

The guidance doesn't address banning foods specifically, but this is what it tells us about 'nut free policies', which could be extrapolated to other foods:

Some schools, colleges or early years settings adopt policies such as "nut-free" environments. This is not the most effective approach as it can create a false sense of security. Nuts are only one of a number of food allergens, all of which can have serious consequences for individuals. Allergen guidance for food businesses identifies fourteen key food allergens which cause over 90% of reactions, but any food can cause an allergic reaction. Many foods do not contain nuts as an ingredient, but may carry a precautionary allergen labelling, for example "may contain nuts", which causes confusion and can make such policies difficult to implement. For this reason, we recommend an "allergy aware" (e.g. "nut-aware") environment rather than a "nut-free" policy. While schools, colleges or early years settings may wish to discourage certain foods being brought on site, it is more important to remain actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and to have robust emergency response plans in place.

63. Can the finance/admin officer responsible for First Aid be responsible rather than the head or deputy?

The guidance states 'A named member of the senior leadership team in each school, college or early years 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.' It later adds, 'The Government intends to introduce a statutory duty for schools to have a named senior leader responsible for allergy safety through forthcoming Regulations.'

64. Individual Healthcare Plans (IHPs, IHCPs)

If symptoms of an allergy is a tummy ache, they would not need a IHP?

This would depend on whether:

- 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.

- If the arrangements or support which a child or young person requires would be available to any individual as part of the setting's normal policies, an IHP may not be required.
- If the child or young person only needs non-prescription medication and the setting's medical conditions policy would permit them to carry and administer it, an IHP may not be required.

For more information see page 46 of the [statutory guidance](#)

65. Are IHPs entirely new? Or do some children already have such plans?

Individual Healthcare Plans are not new. Individual Healthcare Plans (IHPs) have been a formal, statutory requirement in UK schools for over a decade. They were legally mandated by the **Children and Families Act 2014**, alongside statutory guidance published by the Department for Education.

66. How often does school need to review any new IHCPs written for children with known allergies?

IHPs must be kept as “live” documents, since they may need to be updated to reflect changes in the allergy, new advice from healthcare professionals and changes to care plans or medication. The school, college or early years setting should ensure that Individual Healthcare Plans are reviewed at least annually. They can be reviewed more frequently if the child or young person's needs have changed.

67. Do we need a separate plan to the allergy plans that children are provided with? It feels like we are rewriting a document.

Yes, Allergy Action Plans and IHPs serve different purposes. Children and young people who have a known allergy to a food or insect stings should be issued with an appropriate Allergy Action Plan by their healthcare professional. Allergy Action Plans are medical documents designed to facilitate emergency response to reactions including anaphylaxis, by people without any special medical training or equipment other than access to an adrenaline device. The relevant healthcare professional is responsible for determining the content of each child or young person's Allergy Action Plan.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations. The Allergy Action Plan must be attached to the IHP.