Batley Multi Academy Trust

Allergy Management and Anaphylaxis Policy (Benedict's Law)

Batley Multi Academy Trust

Approved by: Board of Trustees	**Ratified**: September 2026
New policy: September 2026	**Next review due by**: September 2028
Created by: COO / Estates Manager	

Contents

Version History

Version	Date	Outline Description	By whom	Date Shared
1	August 2026	Creation of Trust wide policy in response to Benedict's Law	COO Estates Manager	September 2026

1. Introduction and Purpose

Batley Multi Academy Trust is fully committed to providing a safe, inclusive and supportive environment for all learners, colleagues, visitors and contractors.

The Trust recognises that allergies present serious health risks and can result in life-threatening anaphylactic reactions. We are dedicated to ensuring that learners and colleagues with allergies are fully included in all aspects of school life while robust risk-management measures are implemented.

This document serves as the standalone Allergy Management and Anaphylaxis Policy (Benedict's Law) required by law for all schools within the Trust. It establishes a consistent, high-standard framework for identifying, assessing and managing allergy-related risks across all Trust premises.

The core objectives of this policy are:

- To protect individuals from avoidable exposure to known allergens.
- To maintain reliable, rapid-response systems for emergency situations.
- To provide comprehensive training, instruction and clear guidance to colleagues.
- To cultivate a supportive, inclusive and "allergy-aware" school community while actively reducing anxiety and bullying related to medical needs.

2. Legislation and Statutory Duty

This policy is a standalone statutory requirement. In accordance with Section 34 of the Children's Wellbeing and Schools Act 2026 (Benedict's Law), state-funded academies must implement and maintain a dedicated Allergy Management Policy that is published transparently on each school's and the Trust's websites and available in hard copy upon request.

This policy operates in conjunction with the following statutory frameworks and regulations:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Children and Families Act 2014
- Equality Act 2010
- Food Information Regulations 2014 & Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE Statutory Guidance: *Allergy Safety in Schools* (July 2026)
- DfE Guidance: *Supporting Learners with Medical Conditions at School*
- Department of Health Guidance on the Use of Adrenaline Auto-Injectors in Schools

3. Roles and Responsibilities

3.1 Board of Trustees
The Board of Trustees holds ultimate accountability for ensuring that suitable arrangements are in place across the Trust to manage allergy risks, ensure regulatory compliance, and allocate sufficient resources for equipment and whole-school training.

3.2 Chief Executive Officer (CEO)
The CEO has overall responsibility for ensuring the effective implementation and consistency of this policy throughout all schools within the Trust.

3.3 Chief Operating Officer (COO) and Estates Manager
The COO and Estates Manager will:

- Monitor compliance, physical accessibility and site-wide standards across all Trust schools.
- Audit training records, emergency medication provisions, and incident logs.
- Coordinate regular policy reviews and Trust-wide improvements.

3.4 Trust Headteachers
Trust Headteachers are responsible for:

- Full implementation of this policy within their respective schools.
- Appointing a named member of the Senior Leadership Team (SLT) to serve as the Designated SLT Allergy Lead.
- Ensuring the school maintains a live, accurate Allergy Register.
- Ensuring that adequate physical provisions are made so that emergency medication is always reachable within 5 minutes from any location on site.

3.5 Designated SLT Allergy Lead
Each school has a named SLT member responsible for driving the Allergy Management and Anaphylaxis Policy. *Note: In accordance with DfE guidance, this responsibility must not be delegated to the Catering Manager.*

The SLT Allergy Lead will:

- Oversee and maintain the central school Allergy Register and documentation.
- Coordinate the development, review and execution of Individual Healthcare Plans (IHPs) and Allergy Action Plans.
- Monitor medication expiry dates and coordinate the procurement of school "spare" adrenaline devices.
- Schedule and verify mandatory annual whole-staff training.
- Lead the review of any incidents or "near misses," implementing immediate lessons learned.
- Ensure effective communication with parents/carers.

3.6 Colleagues and Staff

All staff present on site when learners are present (including permanent, temporary, cover, supply, peripatetic, and regular volunteers) must:

- Complete mandatory annual allergy awareness and emergency response training.
- Know which learners under their care have allergies and understand their specific triggers.
- Strictly follow allergen reduction procedures during educational activities, break times and trips.
- Respond immediately and confidently in line with emergency protocols if a reaction is suspected, and liaise with parents/carers accordingly.

3.7 Parents/Carers

Parents/carers must:

- Promptly notify the school of any diagnosed allergies, intolerances or changes in their child's medical status.
- Work collaboratively with the school to establish Individual Healthcare Plans.
- Provide the school with **two** in-date, prescribed Adrenaline Auto-Injectors (AAIs) or other required medications, ensuring they are replaced before expiry.
- Notify the school **immediately** if an allergen exposure occurs outside of school that could affect the child's wellbeing or reactivity on site.

3.8 Learners

Where developmentally appropriate, learners are encouraged to:

- Develop an awareness of their triggers and symptoms.
- Avoid trading or sharing food, snacks or drinks.
- Tell a member of staff immediately if they feel unwell or suspect they have come into contact with an allergen.

4. Identification of Individuals with Allergies

Each school will maintain a secure, active Allergy Register. The register is not restricted to learners; it must include arrangements for identifying colleagues, regular visitors and contractors with severe allergies.

The register will contain:

- Full name and up-to-date photograph.
- Known allergens and specific medical conditions (e.g., food allergy, asthma, eczema).
- Severity tier and potential symptoms.
- Details of prescribed medication, exact location of the child's devices, and availability of an IHP/Allergy Action Plan.
- For colleagues / sub-contracted teams (such as Catering etc) we would expect the adult with an identified need for an AAI, to ensure that they always have this with them and that their close colleagues know where it can be located in the event of an emergency.

Information gathering occurs seamlessly during school admissions, staff onboarding, and via routine annual data collection sweeps.

5. Individual Healthcare & Allergy Management Plans (IHP)
An IHP must be implemented for any learner whose allergy has a functional impact on their school day, places them at risk of harm, or requires adjustments that differ from general school operations.

- If a child has an Allergy Action Plan or Asthma Action Plan issued by a medical professional, it must be directly attached to or referenced within the IHP.
- Plans will detail specific triggers, minor/major reaction symptoms, step-by-step emergency instructions, contact details, and explicit adjustments for external visits.
- All IHPs must be reviewed at least annually, or immediately following an updated medical report, an incident, or a "near miss".

6. Risk Assessment & Allergen Management
The Trust champions an "Allergy-Aware" approach rather than making definitive "nut-free" or "allergen-free" claims, which can create a dangerous, false sense of security. Risk reduction and robust awareness form our primary line of defense.

6.1 School Catering & Food Provision

- Catering providers must supply clear, verifiable allergen information for all foods prepared on-site, complying fully with the Food Information Regulations and Natasha's & Benedict's Law.
- Rigid cross-contamination controls must be maintained in storage, preparation, and service areas.
- Learners with severe food allergies must never be physically segregated or excluded during mealtimes; inclusion must be prioritised through safe seating arrangements and supervised dining environments.
- All learners and colleagues are discouraged from sharing food and asked to follow a "no food sharing" rule.
- Handwashing before and after eating will be promoted.

6.2 Food Brought in by Others

- Clear guidance will be communicated regularly to parents/carers and colleagues regarding foods that pose high risks (e.g., loose nuts or specific allergen products) to limit their introduction into packed lunches or staff spaces.
- Food provided for school-wide celebrations, fundraising or bake sales must comply strictly with vetted school safety procedures and display transparent ingredient lists.
- All learners and colleagues are discouraged from sharing food and asked to follow a "no food sharing" rule.

6.3 Curriculum Activities

- Staff planning any activities —including Food Technology, Science experiments, arts/crafts, musical events, or interactions with live animals must ensure that they assess the risk of allergen exposure within their lesson plans.
- Safer alternative materials must be substituted whenever a risk to a registered individual is identified.

6.4 Educational Off-Site Visits

- No learner will be excluded from an educational trip or residential visit solely due to an allergy.
- A specific, documented risk assessment must be completed for any trip involving a participant at risk of anaphylaxis.
- The visit leader must ensure that the learner's prescribed medication and a copy of their IHP travel with them, and that at least one staff member trained in emergency adrenaline administration is assigned directly to their group.

7. Emergency Medication & "Spare" Adrenaline Devices

The 5-Minute Rule: In cases of anaphylaxis, adrenaline must be administered within five minutes of the onset of a severe reaction. All physical storage and operational protocols across the Trust are designed to strictly enforce this timeframe.

7.1 Individually Prescribed AAIs

- Learners who are prescribed AAIs must have rapid, unhindered access to their devices at all times (including during lunch, break times, PE lessons and on school sports fields).
- Devices must never be locked away in offices or staff rooms. They must be stored in clearly marked, accessible locations known to all staff.
- Procedures must be in place to ensure prescribed devices are monitored **monthly** by the Allergy Lead to ensure they are in-date, stored at room temperature according to manufacturer guidelines and easily accessible in the event of an emergency.

7.2 School "Spare" Adrenaline Kits

In accordance with the requirements of Benedict's Law each school maintains a stock of non-statutory "spare" emergency AAIs.

- Spare AAIs are stored in pairs within a highly visible, clearly labelled "Emergency Anaphylaxis Kit".
- For large or multi-site schools, multiple spare kits must be distributed strategically (in larger schools there may be more than one kit e.g. one near the central dining hall, one near playgrounds/sports facilities) to ensure a kit can reach an individual within the 5-minute threshold.
- The SLT Allergy Lead will conduct **monthly** checks to confirm that all spare AAIs are in-date, stored at room temperature according to manufacturer guidelines, and replaced immediately after use or expiry. Used auto-injectors must be disposed of safely using a designated sharps container.

8. Responding to Allergic Reactions and Anaphylaxis

All colleagues are trained to recognise the escalation of an allergic reaction.

8.1 Symptoms of Anaphylaxis (Severe Emergency)

- Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue.
- Breathing: Difficult or noisy breathing, wheezing, persistent choking, severe asthma attack.
- Consciousness/Circulation: Dizziness, pale or floppy appearance, collapse, loss of consciousness.

8.2 Immediate Emergency Protocol

If anaphylaxis is suspected, staff must act immediately.

1. Inject the learner/colleagues prescribed AAI or the school's spare AAI into the outer mid-thigh immediately. Note the time of administration.
2. Dial 999, state "Anaphylaxis" (pronounced *anna-fill-axis*), and request an ambulance.
3. Keep the individual flat with legs raised, unless they are having severe breathing difficulties (in which case, allow them to sit upright but do not stand them up).
4. Inform parents/carers (or next of kin for colleagues) and the school's SLT Allergy Lead immediately.
5. If symptoms do not improve or worsen after 5 minutes, administer a second AAI device in the opposite thigh.
6. Ensure the used AAI devices are handed directly to the arriving ambulance paramedics.

Every single instance of emergency medication administration will trigger a formal post-incident review.

9. Training, Induction and Awareness

9.1 Whole-School Mandatory Training

First aid certification alone is not sufficient to satisfy this policy. Every member of staff present on site during scheduled learner hours, including permanent teachers, associate staff, supply teachers, agency workers, lunchtime supervisors and breakfast/after-school club staff must complete mandatory Allergy Awareness and Emergency Response Training at least annually. School Leaders must keep accurate, up-to-date records of this training.

Training content guarantees that all staff:

- Understand that allergies span multiple conditions (food allergy, asthma, eczema, hayfever) which frequently co-exist.
- Discern the distinct medical differences between a food allergy, coeliac disease and general food intolerances.
- Can reliably identify the symptoms of a mild reaction versus full anaphylaxis.

- Can confidently locate, unpack and administer an AAI device or emergency asthma reliever inhaler.
- Master the reporting requirements for incidents and near misses.

9.2 Induction Arrangements
The SLT Allergy Lead ensures that all newly appointed staff, temporary workers, and cover teachers receive a targeted allergy induction brief before commencing work, detailing high-risk learners in their classrooms and the precise physical location of emergency devices.

10. Learner Wellbeing and Inclusion
Living with the threat of anaphylaxis can induce severe anxiety in children and young people.

- Schools will intentionally promote mental wellbeing by normalising allergy safety practices without stigmatising or isolating affected individuals.
- Bullying, teasing, or intentional exposure of a learner to their allergen will be treated as a severe safeguarding and disciplinary infraction under the school's relevant policies.
- Age-appropriate allergy education will be integrated into the curriculum (e.g., via PSHE) so that peers understand the importance of handwashing, food rules, and how to rapidly seek adult help in an emergency.

11. Data Protection and Information Sharing
Medical and health information constitutes Special Category Data under the UK GDPR and Data Protection Act 2018.

- Medical details, allergy registers and IHPs must be held, shared and displayed in a controlled, respectful, and legally compliant manner.
- While it is vital that staff can instantly verify a child's allergy status, information sharing should be purposeful and handled carefully to avoid unnecessarily singling out or embarrassing the individual.

12. Recording, Reporting and Near Misses
A robust "no-blame" reporting culture is vital to maintaining trust and safety across the Trust.

- Every allergic reaction, administration of medication, or "near miss" (e.g., a child accidentally being served a food containing a hidden allergen, even if they did not consume it) must be formally recorded on the school's incident management system.
- Severe reactions requiring hospitalisation must be reported immediately to the Trust Team and reviewed for potential reporting under RIDDOR obligations.
- Parents/carers and healthcare professionals are explicitly encouraged to report any delayed reactions or community concerns directly to the SLT Allergy Lead to ensure comprehensive tracking.

13. Monitoring, Review and Drills

- In line with recommended best practices, schools across the Trust will conduct practical allergy emergency response drills (akin to fire drills) at least twice a year to test staff response times, device mobilisation, and emergency communication networks. Drill outcomes are recorded and used to refine local operations.
- This policy, the individual registers of each school, and records of allergy drills will be formally audited and reviewed at least once every year by the COO or Estates Manager.
- Immediate revisions will be executed if a serious incident occurs, if a near miss exposes a procedural vulnerability, or if further statutory regulations under Benedict's Law are updated by the Department for Education.