

NEWCOMEN PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

ADDENDUM: Allergy Safety and Benedict's Law



Status	Effective from	Review date	Review cycle
Approved addendum	September 2026	September 2027	Annually

1. Purpose of this addendum

This addendum forms part of Newcomen Primary School's Supporting Pupils with Medical Conditions Policy. It sets out how the school meets its allergy safety duties under Benedict's Law and has regard to the Department for Education's statutory guidance Allergy Safety in Schools, published on 6 July 2026.

The governing body and headteacher are committed to keeping every pupil, member of staff and visitor safe from the harm that allergies can cause. This includes pupils with a known allergy and anyone who may experience a first allergic reaction, including anaphylaxis, while on the school site or taking part in a school activity.

This addendum should be read alongside the school's medical conditions policy, first aid arrangements, health and safety policy, safeguarding policy, educational visits policy and catering and food arrangements. It is written so that it can also be published as the school's dedicated allergy safety statement, in line with statutory expectations.

2. Legal framework

Benedict's Law is the commonly used name for the allergy safety protections introduced following the death of five-year-old Benedict Blythe from anaphylaxis at school in December 2021. The legal framework includes:

- Section 34 of the Children's Wellbeing and Schools Act 2026, which received Royal Assent on 29 April 2026.
- Section 100A of the Children and Families Act 2014, as inserted by the 2026 Act, which places a duty on maintained schools, academies and pupil referral units in England to have a published allergy safety policy, keep it under review and make it known to staff, pupils and parents.
- The Department for Education statutory guidance Allergy Safety in Schools (6 July 2026), to which the school must have regard from September 2026.
- Section 100 of the Children and Families Act 2014 and the statutory guidance Supporting Pupils at School with Medical Conditions.
- The Human Medicines (Amendment) Regulations 2017, which permit schools to purchase spare adrenaline auto-injectors without a prescription for use in a genuine emergency.
- The Equality Act 2010, including the duty to make reasonable adjustments and not to discriminate against a pupil because of a disability arising from a serious allergy.

From September 2026 the school has a statutory duty to hold, publish and review an allergy safety policy and to have regard to the statutory guidance. Further duties on spare adrenaline devices and staff training are expected to be placed on a fully statutory footing through regulations. The school already meets those expectations and will keep its arrangements under review as further regulations are made.

3. Scope

This addendum applies to all pupils, staff, volunteers, supply and agency workers, governors, contractors working with pupils and visitors. It applies throughout the school day, before- and after-school provision, clubs, educational visits, sporting fixtures and any other activity organised or supervised by the school.

It covers food allergy, insect sting allergy, medicine allergy, latex allergy and any other allergy that may cause a mild, moderate or severe reaction, including anaphylaxis. It also recognises the overlap between anaphylaxis and acute asthma.

4. Statement of compliance

The headteacher and governing body confirm that Newcomen Primary School is compliant with Benedict's Law and has regard to Allergy Safety in Schools. In particular the school:

- Has adopted this dedicated allergy safety addendum and will publish it on the school website and make it available to parents and staff.
- Has trained all staff so that they can recognise an allergic reaction, including anaphylaxis, and respond in an emergency, including the use of an adrenaline auto-injector.
- Holds two adrenaline auto-injectors (EpiPens) on site as emergency spare devices, in addition to any devices prescribed to individual pupils.
- Puts Individual Healthcare Plans in place for pupils whose allergy has a functional impact at school, places them at risk of harm or requires additional or different arrangements.
- Takes reasonable steps to reduce exposure to known allergens, including at mealtimes, in the classroom, at clubs and on visits.
- Records serious incidents and near misses and uses the learning from them to improve practice.
- Will review this addendum at least once a year and after any serious incident or near miss.

5. Roles and responsibilities

Governing body

The governing body holds overall responsibility for allergy safety. It will approve this addendum, ensure it is published, receive an annual report on allergy safety and satisfy itself that training, emergency medication and Individual Healthcare Plans are in place.

Headteacher

The headteacher is accountable for day-to-day implementation. This includes making sure that staff are trained, spare devices are in date and accessible, Individual Healthcare Plans are current and that allergy safety is treated as a whole-school safeguarding matter.

Designated Allergy Safety Lead

The Lead is responsible for driving and reviewing this addendum, overseeing training records, checking spare adrenaline devices, coordinating Individual Healthcare Plans with parents and healthcare professionals and ensuring that incidents and near misses are recorded and reviewed.

The Designated Allergy Safety Lead at Newcomen Primary School is: **Miss Kinga Pusztai (Headteacher) and will be supported by the School's Administrative Team who are responsible for administering medicine.**

All staff

Every member of staff, who is present when pupils are on site, is expected to know the contents of this addendum, recognise the signs of an allergic reaction and anaphylaxis, know the location of spare adrenaline auto-injectors (medical room) and be able to administer one in an emergency.

Parents and carers

Parents and carers must tell the school about a diagnosed or suspected allergy, provide up-to-date medical information and any prescribed medication, and work with the school on an Individual Healthcare Plan where one is needed. They should collect and replace expired prescribed devices promptly and tell the school about any reaction that happens at home or elsewhere so that plans can be updated.

Pupils

Pupils are encouraged, in an age-appropriate way, to understand their own allergy where they have one, not to share food and to tell an adult at once if they feel unwell or think they have come into contact with an allergen.

6. Identifying pupils with allergy

The school identifies pupils with allergy through admission information, annual data collection, conversations with parents and information from healthcare professionals. A formal clinical diagnosis is not required before the school will put support in place. Where an allergy has a functional impact at school, places a pupil at risk of harm or requires arrangements beyond those offered to all pupils, an Individual Healthcare Plan will be agreed.

Information about pupils with an allergy is shared with staff who need it while respecting confidentiality. Photographs and key information for pupils at risk of anaphylaxis are held where staff can access them quickly in an emergency. Staff are reminded that around one in five allergic reactions in children first present at school. A pupil, member of staff or visitor with no previous diagnosis may still need emergency treatment.

7. Individual Healthcare Plans

An Individual Healthcare Plan is the school's own plan for keeping a named pupil safe and included, day to day and in an emergency. It is not a clinical document. It is drawn up with the pupil, where appropriate, and with parents, and with advice from the school nursing service or other clinicians where needed.

Each plan will record known allergens, usual symptoms, daily arrangements to reduce risk, the location of prescribed medication, emergency steps, contacts and any additional support needed for meals, curriculum activities, clubs and visits. Where a pupil has a separate Allergy Action Plan from a clinician, that plan sits alongside the Individual Healthcare Plan.

Plans are reviewed at least annually, when a pupil's needs change and after any reaction or near miss. Not every pupil with a mild, self-managed allergy will need a plan. Professional judgement will be used, erring on the side of caution where there is any risk of a severe reaction.

8. Staff training

All staff at Newcomen Primary School have received appropriate allergy awareness and anaphylaxis training and meet the requirements placed upon them. Training goes beyond general first aid. It covers:

- Recognition of mild, moderate and severe allergic reactions, including anaphylaxis.
- The overlap between anaphylaxis and acute asthma.
- How to call the emergency services and what information to give.

- How to administer an adrenaline auto-injector, including the school's spare EpiPens.
- What to do after adrenaline has been given, including placing the pupil in the correct position and arranging transfer to hospital.
- How to report an incident or near miss.

Training is refreshed at least once a year and sooner if there is a change in devices, guidance or a serious incident. New staff receive training as part of induction before they work unsupervised with pupils. Training records are held by the Headteacher and are available for inspection. The school will also brief regular volunteers and supply staff on emergency locations and the pupils in their care who have an Individual Healthcare Plan.

9. Emergency adrenaline auto-injectors

The school holds two adrenaline auto-injectors (EpiPens) on site as spare emergency devices. These are in addition to any auto-injectors prescribed to individual pupils, which remain the first-line treatment for those pupils and should be available to them at all times.

Spare devices may be used in a genuine emergency for a pupil, member of staff or visitor, including where there is no previous diagnosis, in accordance with the Human Medicines (Amendment) Regulations 2017 and the statutory guidance. If a pupil's own device is not immediately available, a spare device of an appropriate dose will be used without delay. Delay in giving adrenaline is more dangerous than giving it when it later proves not to have been needed.

Devices are stored at room temperature, clearly labelled as school spare devices so that they are not confused with a pupil's own medication and kept accessible rather than locked away. They are positioned so that adrenaline can reach a pupil in anaphylaxis as quickly as possible and, so far as practicable, within five minutes. The School Administrative Team checks expiry dates and condition of devices at least half-termly and arranges replacement before they expire.

The Department for Education's guidance recommends that primary schools stock spare devices in pairs by dose, typically one pair of 150 microgram devices for children under six years of age and one pair of 300 microgram devices for children aged six and over. The school currently holds two EpiPens and will keep stock levels, doses and storage points under review against that guidance, the ages of pupils on roll and any change in need.

Spare EpiPens are stored at: **Medical Room – next to main Reception.**

Anyone who has been given adrenaline must be taken to hospital by emergency ambulance even if they appear to have recovered. A member of staff will accompany the pupil if a parent has not yet arrived. Used devices will be given to the ambulance crew.

10. Reducing risk in everyday school life

The school takes reasonable and proportionate steps to reduce the chance of accidental exposure to known allergens without excluding pupils from school life. Arrangements include:

- Clear allergen information for school meals and a process for catering staff to identify pupils with food allergy.
- Careful handling of milk, snacks and packed lunches so that drinks and food intended for a named pupil cannot be mixed up or cross-contaminated.
- Age-appropriate rules on not sharing food, drinks or utensils.
- Planning for cookery, science, art, celebrations, charity events and curriculum activities that involve food or other allergens.

- Consideration of insect stings, latex and other non-food allergens in the buildings and grounds.
- A culture in which allergy-related teasing or bullying is recognised and addressed through the school's positive behaviour policy.

No food or drink is given to a pupil with a known food allergy unless staff are satisfied that it is safe for that pupil. Where a parent supplies a named alternative, such as a specified milk substitute, staff follow the agreed process in that pupil's Individual Healthcare Plan, including labelled storage and serving the item directly to the pupil.

11. Educational visits, sport and off-site activities

Pupils with allergy take part in visits, sport and clubs. Risk assessments for off-site activities include allergy. A copy of the relevant Individual Healthcare Plan, the pupil's own adrenaline devices and a spare device travel with the group. Staff leading the visit know how to recognise anaphylaxis and use an auto-injector. Overnight visits and activities involving food are planned with parents in good time. Host venues and transport providers are given the information they need.

12. Emergency response

If a pupil, member of staff or visitor shows signs of a severe allergic reaction, staff will act immediately. They will not wait for a parent, a first-aider or confirmation of a previous diagnosis.

1. Stay with the person. Do not send them to walk to the office unaccompanied.
2. Send for help and for the nearest adrenaline auto-injector, using the pupil's own device if it is immediately to hand, otherwise a school spare EpiPen.
3. Administer the adrenaline auto-injector into the outer thigh, through clothing if needed, and note the time.
4. Call 999 and say "anaphylaxis". Give the school's exact location and stay on the line.
5. Lie the person flat with legs raised if breathing allows. If they are having difficulty breathing they may sit up. If they are pregnant, lie them on their left side. Do not let them stand or walk.
6. If there is no improvement after **five minutes**, give a second dose with a new device.
7. Contact parents or the emergency contact as soon as practicable, without delaying treatment or the 999 call.
8. Record what happened, the time adrenaline was given and which device was used.

Mild symptoms, such as a localised rash or mild itching, are treated in line with the pupil's Individual Healthcare Plan. Staff remain alert because a mild reaction can become severe.

13. Recording, reporting and learning

Every serious allergic reaction and every near miss is recorded. The School Administrative Team, who are responsible for administering medicine, reviews the record with the headteacher, considers information from parents and staff and identifies any change needed to plans, training, storage, catering or supervision. Significant incidents are reported to the governing body. Where appropriate the school will also notify the local authority, the Health and Safety Executive or other agencies in line with statutory reporting duties.

The school treats allergy safety as a safeguarding matter. A failure to follow an agreed plan, a delay in treatment or a pattern of near misses will be investigated and addressed.

14. Publication and communication

This addendum will be published on the school website and made available to parents and staff. Staff will be directed to it at induction and at each annual refresher. **Parents of pupils with allergy will receive a copy when an Individual Healthcare Plan is agreed or reviewed.** A paper copy is available from the school office on request.

The school will remind the whole community, in plain language, that spare emergency devices are held on site, that all staff are trained and that parents must keep the school informed about their child's allergy.

The statutory guidance expects a dedicated allergy safety policy, published separately from the wider medical conditions policy. Publishing this addendum on the school website, and treating it as the school's allergy safety policy for the purposes of section 100A, meets that expectation.

15. Review

This addendum will be reviewed at least annually and immediately after any serious incident or near miss, after a significant change in statutory guidance or regulations, or when the needs of pupils on roll change. The next scheduled review is September 2027.

Any proposed change will be considered by the headteacher and approved by the governing body.

16. Related documents and guidance

- Newcomen Primary School Supporting Pupils with Medical Conditions Policy.
- Department for Education, Allergy Safety in Schools, statutory guidance, July 2026.
- Department for Education, Supporting Pupils at School with Medical Conditions, statutory guidance.
- Human Medicines (Amendment) Regulations 2017.
- Children and Families Act 2014, sections 100 and 100A.
- Children's Wellbeing and Schools Act 2026, section 34.
- Equality Act 2010.

17. Approval

This addendum is approved as part of the school's Supporting Pupils with Medical Conditions Policy and demonstrates that Newcomen Primary School meets its duties under Benedict's Law.