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SEPTEMBER
2026

BENEDICT'S LAW SCHOOL ALLERGY SAFETY – 2026 IMPLEMENTATION PACK

Practical resources to help schools implement the new statutory allergy-safety duties and DfE guidance from September 2026.



BE PREPARED

Stay ready for emergencies



BE COMPLIANT

Put the new allergy-safety duties and statutory guidance into practice.



BE CONFIDENT

Train your staff with essential skills



BE A SAFE SCHOOL

Protect pupils and staff effectively

THIS PACK INCLUDES:

- ✓ School Allergy Safety Compliance Checklist
- ✓ Allergy Safety Policy Template
- ✓ Individual Healthcare Plan (IHP) Template
- ✓ Staff Training & Competency Record
- ✓ Governor/Trustee Audit Checklist
- ✓ Spare AAI & Emergency Medication Guide
- ✓ Incident & Near-Miss Record
- ✓ Implementation Action Plan



SCAN TO
LEARN MORE

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WHAT'S INSIDE?

Practical resources to help schools implement the new statutory allergy-safety duties and DfE guidance from September 2026.



1 SCHOOL ALLERGY SAFETY COMPLIANCE CHECKLIST

Review policy, publication, training and emergency arrangements.



2 ALLERGY SAFETY POLICY TEMPLATE

Adaptable template informed by DfE statutory guidance.



3 INDIVIDUAL HEALTHCARE PLAN (IHP) TEMPLATE

Record the individual arrangements required for a pupil.



4 STAFF TRAINING & COMPETENCY RECORD

Record awareness, emergency-response and device training.



5 GOVERNOR/TRUSTEE AUDIT CHECKLIST

Review implementation and supporting evidence.



6 SPARE AAI & EMERGENCY MEDICATION GUIDE

Guidance on access, storage, checks and emergency arrangements.



7 INCIDENT & NEAR-MISS RECORD

Record incidents, actions taken and lessons learned.



8 IMPLEMENTATION ACTION PLAN

Set priorities, responsibilities, deadlines and review dates.



ALLERGY-AWARENESS TRAINING OPTIONS

DfE guidance expects regular allergy-awareness and emergency-response training for all relevant staff. First aid training alone is not sufficient.

Visit [firstaidgarage.co.uk](https://www.firstaidgarage.co.uk) for online and trainer-delivered training options.



Online Learning



Trainer-Delivered Training



Keep Children Safe



Be Prepared



Save Lives



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1 SCHOOL ALLERGY SAFETY IMPLEMENTATION CHECKLIST



Use this checklist to review the core statutory duties and DfE guidance expectations applying from September 2026.

MUST — Direct statutory duty **SHOULD** — DfE guidance expectation **WATCH** — Forthcoming regulation

	REQUIREMENT	COMPLETE	ACTION NEEDED	IN PROGRESS	EVIDENCE / NOTES
	1 MUST Dedicated allergy safety policy is in place	☐	☐	☐	
	2 MUST Policy is reviewed at least annually	☐	☐	☐	
	3 MUST Policy is published on the school website and publicised to pupils, parents and staff	☐	☐	☐	
	4 MUST Governing body, proprietor or management committee has considered the DfE statutory guidance	☐	☐	☐	
	5 SHOULD A named senior leader is responsible for implementation	☐	☐	☐	
	6 SHOULD IHPs are in place where a pupil requires additional or different arrangements	☐	☐	☐	
	7 SHOULD / WATCH Relevant staff receive at least annual allergy-awareness and emergency-response training	☐	☐	☐	
	8 SHOULD / WATCH Prescribed and spare AAls are accessible, checked and covered by emergency arrangements	☐	☐	☐	
	9 SHOULD / WATCH Serious incidents and near misses are recorded, reported, reviewed and used to improve arrangements	☐	☐	☐	

RESPONSIBLE LEAD: _____
 REVIEWED BY: _____
 DATE REVIEWED: _____
 NEXT REVIEW DUE: _____

Scope: Statutory guidance currently applies to maintained schools, academies and PRUs in England, subject to DfE exclusions. Other settings should check which duties apply to them.



SPARE AAI & EMERGENCY MEDICATION GUIDE

Schools in England may purchase spare adrenaline auto-injectors (AAIs) without a prescription from a pharmaceutical supplier. The supplier requires a request signed by the headteacher or principal, ideally on school-headed paper.



CURRENT POSITION — Schools may purchase spare AAIs now. A statutory stocking duty is expected through forthcoming regulations.

HOW TO OBTAIN

- 1 Assess the appropriate doses, quantities and locations for the school.
- 2 Prepare a request signed by the headteacher or principal, ideally on headed paper.
- 3 State the school name, total quantity required and that the AAIs are for emergency use with pupils.
- 4 Send it to a pharmaceutical supplier, such as a local pharmacy, and add the devices to the school's checking and replacement system.

DFE QUANTITY GUIDE

SCHOOL TYPE	UNDER 6 — 150 MICROGRAMS	OVER 6 — 300 MICROGRAMS
State-funded nursery school	One pair	Not applicable
Primary school	One pair	One pair
Secondary school	Not applicable	One or two pairs
Special school	One pair	One pair

Spare AAIs should be stocked and stored in pairs. Large or multi-site schools may need additional pairs so adrenaline can reach any pupil within five minutes. Select appropriate doses for the pupils.

STORAGE AND CHECKS

- Keep spare AAIs readily accessible and not locked away.
- Store in pairs and within five minutes of where they may be needed.
- Keep clearly labelled and separate from medication prescribed to named pupils.
- Follow each manufacturer's storage instructions; protect from direct sunlight and temperature extremes.
- Check presence and expiry dates regularly—preferably monthly—and record the checks.
- Replace promptly after use or before expiry and arrange safe disposal.



CURRENT DEVICE POSITION

Schools may purchase spare AAIs, but not nasal adrenaline as a school spare. Nasal adrenaline may be prescribed to an individual pupil and managed through their IHP.



OFF-SITE VISITS

Risk-assess each visit. Ensure the pupil's own prescribed medication and trained staff are present. Take school spare AAIs where appropriate.



IMPORTANT

Relevant staff must know where emergency medication is kept, how to access it immediately and how to use the device types stocked.



3

ALLERGY SAFETY POLICY TEMPLATE



Use this overview alongside the full editable template and current DfE statutory guidance. Each school must adapt, approve, publish, publicise, implement and review its own allergy safety policy.



POLICY STATEMENT

[School name] is committed to reducing allergy-related risks, responding effectively to emergencies, supporting wellbeing and inclusion, and enabling pupils with allergies to participate fully in school life.

WE WILL:



✓ Appoint a named senior leader with responsibility for allergy safety.



✓ Identify pupils with allergies and maintain accurate, appropriately shared records.



✓ Put IHPs in place where a pupil requires additional or different arrangements, attaching relevant Allergy or Asthma Action Plans.



✓ Reduce exposure to known allergens across food, activities, premises, visits and trips.



✓ Ensure rapid access to prescribed and spare adrenaline devices in an emergency.



✓ Provide regular—at least annual—allergy-awareness and emergency-response training for relevant staff.



✓ Record, report and review serious incidents and near misses, acting on lessons learned.



✓ Publish and publicise the policy and review it at least annually and whenever an incident indicates that changes are needed.

KEY AREAS COVERED



Leadership and responsibility



Culture, wellbeing and inclusion



Staff training and induction



Identifying allergies



IHPs and action plans



Risk reduction and food provision



Medication and emergency response



Visits and trips



Incidents and near misses



Information sharing and data protection



Publication, awareness and annual review



ADOPTION, PUBLICATION AND REVIEW

The governing body, proprietor or management committee must ensure that a school-specific allergy safety policy is in place. It must be published on the school website, publicised to pupils, parents and staff, and reviewed at least annually.



This overview supports implementation but does not replace the full DfE statutory guidance or a school-specific policy.



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INDIVIDUAL HEALTHCARE PLAN (IHP)

KEY INFORMATION & EMERGENCY ARRANGEMENTS

This summary forms part of the pupil's full IHP. Attach the current healthcare-professional-issued Allergy Action Plan, Asthma Action Plan and any relevant care plan.



CURRENT
PHOTO

PUPIL NAME: _____

DATE OF BIRTH: _____

CLASS / YEAR: _____

PARENT / CARER: _____

EMERGENCY CONTACT: _____

KNOWN ALLERGIES / ALLERGENS: _____

CAN THE PUPIL RECOGNISE A REACTION AND ALERT OTHERS? YES / NO WHO NEEDS ACCESS TO THIS INFORMATION? _____



SIGNS OF ANAPHYLAXIS — ABC

AIRWAY — Throat or tongue swelling, throat tightness, hoarse voice or difficulty swallowing.

BREATHING — Sudden wheezing, difficult or noisy breathing, persistent cough.

CIRCULATION — Dizziness, feeling faint, pale or clammy skin, sudden sleepiness or confusion, collapse or unconsciousness.

Skin symptoms may occur but may also be absent.
If any ABC symptoms are present, treat as anaphylaxis.



EMERGENCY ACTION

- 1 Stay with the pupil, call for help and follow the attached current Allergy Action Plan.
- 2 Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit up carefully. Do not let them stand or walk.
- 3 Give the prescribed emergency adrenaline immediately. Do not delay.
- 4 Call 999, ask for an ambulance and say "anaphylaxis", even if the pupil appears to improve.
- 5 If there is no improvement after five minutes, give the second prescribed adrenaline device.
- 6 Continue monitoring. Begin CPR and use an AED if there are no signs of life.
- 7 Contact the parent or carer after emergency help has been summoned.



PRESCRIBED EMERGENCY MEDICATION

MEDICATION / DEVICE: _____

DOSE / STRENGTH: _____

EXPIRY DATE: _____

PRESCRIBED BY / DATE: _____

LOCATION OF BOTH PRESCRIBED DEVICES: _____

SELF-CARRY OR SELF-ADMINISTER? YES / NO

SUPPORT OR MONITORING REQUIRED: _____

SCHOOL SPARE AAI LOCATION: _____

PARENTAL CONSENT TO ADMINISTER / DATE: _____



ATTACHED CURRENT CLINICAL PLANS

ALLERGY ACTION PLAN: YES / NO

ASTHMA ACTION PLAN: YES / NO / N/A

ISSUING HEALTHCARE PROFESSIONAL / ROLE: _____

PLAN DATE: _____

REVIEW DATE: _____

SCHOOL SUPPORT / REASONABLE ADJUSTMENTS: _____

FOOD, VISITS AND TRIPS ARRANGEMENTS: _____



IHP REVIEW AND AGREEMENT

PLAN PREPARED BY / ROLE: _____

DISCUSSED WITH PUPIL: YES / NO

DISCUSSED WITH PARENT / CARER: YES / NO

SCHOOL LEAD SIGNATURE: _____

DATE ISSUED: _____

NEXT REVIEW DUE: _____

REVIEW NOTE

Review at least annually and sooner after any change in condition, medication, clinical plan or school arrangements, or following a relevant incident or near miss.





STAFF TRAINING & COMPETENCY RECORD

Record allergy-awareness and emergency-response training, practical device familiarisation and role-specific competency checks.



SCHOOL / SETTING: _____

TRAINING PROVIDER: _____

TRAINER / ASSESSOR: _____

COURSE / MODULE: _____

DELIVERY: ONLINE / FACE-TO-FACE / BLENDED

DATE COMPLETED: _____ NEXT REFRESHER DUE: _____

POLICY VERSION / DATE: _____

DEVICE TYPES PRACTISED: _____

TRAINING COVERED

- | | |
|--|--|
| ☐ Allergy risks and triggers | ☐ School policy, IHPs and action plans |
| ☐ Recognising reactions and anaphylaxis | ☐ Risk reduction and allergen avoidance |
| ☐ Emergency response and calling 999 | ☐ Incident and near-miss reporting |
| ☐ Locating and using emergency medication | ☐ Pupil wellbeing and inclusion |

STAFF MEMBER	ROLE	DEVICE PRACTICE	OUTCOME / ACTION	SIGNATURE



IMPORTANT

All relevant staff should receive regular—at least annual—allergy-awareness and emergency-response training. Staff must know where emergency medication is kept and practise using the device types stocked or prescribed. First-aid training alone is not sufficient.

This record evidences attendance and school-level emergency practice. It does not replace any clinical competency, governance or delegation required for an individual pupil's healthcare support.



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6 GOVERNOR / TRUSTEE AUDIT CHECKLIST

Use this checklist to provide strategic assurance that the school's allergy-safety arrangements are implemented, monitored and effective.



ASSURANCE AREA	EVIDENCE	MET	PARTLY	NOT MET	ACTION / OWNER / DATE
1. Policy approved, published and publicised	Policy and website link	☐	☐	☐	
2. Policy reviewed annually and after relevant incidents	Review record and minutes	☐	☐	☐	
3. Named senior leader responsible	Role and reporting arrangements	☐	☐	☐	
4. Pupils identified; current IHPs and action plans	Register and sampled plans	☐	☐	☐	
5. Emergency medication accessible, stored correctly and in date	Checks, consent and storage records	☐	☐	☐	
6. Relevant staff inducted and trained at least annually	Training and competency records	☐	☐	☐	
7. Staff can locate medication and respond effectively	Practical checks and drills	☐	☐	☐	
8. Allergen risks assessed and controlled	Risk and catering records	☐	☐	☐	
9. Trips and wraparound provision include allergy arrangements	Plans and risk assessments	☐	☐	☐	
10. Incidents and near misses reviewed and reported to governors / trustees	Reports, learning and completed actions	☐	☐	☐	

AUDIT COMPLETED BY: _____
 ROLE: _____
 DATE: _____
 REVIEWED BY GOVERNING BODY / TRUST COMMITTEE: _____
 MEETING DATE: _____
 MINUTE / REFERENCE: _____
 NEXT REVIEW DUE: _____



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RECOGNISE ANAPHYLAXIS

Anaphylaxis is a potentially life-threatening allergic reaction that can develop rapidly.



RECOGNISE EARLY — GIVE ADRENALINE — CALL 999



LOOK FOR ANY ONE OR MORE OF THESE ABC SYMPTOMS

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse / unconscious



Anaphylaxis can occur without skin symptoms.
Always consider it when ABC symptoms appear suddenly.

WHAT TO DO — ACT FAST

01 GIVE ADRENALINE IMMEDIATELY

Use the pupil's prescribed AAI or permitted spare. Inject into the outer thigh. Follow their Action Plan and device instructions. If in doubt, give adrenaline.



EPIPEN:
BLUE CAP •
ORANGE END •
HOLD 3 SEC



JEXT:
YELLOW CAP •
BLACK END •
HOLD 10 SEC

02 CALL 999 — SAY ANAPHYLAXIS

Ask for an ambulance and say 'ANAPHYLAXIS' ('ANA-FIL-AX-IS'). Stay with the pupil and follow the call handler's instructions.



03 POSITION SAFELY

Lie them flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand or walk. If unconscious but breathing normally, use the recovery position.



04 SECOND DOSE / CPR

If symptoms persist 5 minutes after the first dose, give a second AAI—ideally into the opposite thigh. Start CPR if there are no signs of life.



LEARN THE SIGNS. GIVE ADRENALINE. CALL 999.

This poster supports training and does not replace the pupil's individual Allergy Action Plan or the instructions supplied with their prescribed device.



Be Prepared

Act Quickly

Save Lives

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AUTOINJECTOR SIZE BY AGE

Using the right dose in an emergency can save a life. Always use the correct strength autoinjector for the person's age and weight.



RIGHT DOSE. RIGHT TIME. SAVE LIVES.

**For children aged
under 6 years:**



**Epipen Junior (0.15mg)
or
Jext 150 microgram**



**Lower dose for
younger children**

**For children aged
6-12 years:**



**Epipen (0.3 milligrams)
or
Jext 300 microgram**



**Standard dose for
older children**

**For teenagers
aged 12+ years:**



**Epipen (0.3 milligrams)
or
Jext 300 microgram**



**Standard dose for
teenagers and adults**



ALWAYS CHECK THE PERSON'S AGE AND WEIGHT

If unsure, use the lower dose autoinjector.

When in doubt, give adrenaline and call 999.



Know who is at
risk of anaphylaxis.



Check the expiry
date regularly.



Ask if you are
unsure.



Act quickly.
Every second
counts.



Work together
to keep everyone
safe.



BE PREPARED. WORK TOGETHER. SAVE LIVES.



**KEEP OUR CHILDREN
SAFE TOGETHER**



Be Aware



Check Labels



Ask Questions



Save Lives

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TOP 14 ALLERGENS

THAT CAN CAUSE ANAPHYLAXIS

Anaphylaxis is a serious allergic reaction that can happen quickly and be life-threatening.



KNOW THE ALLERGENS. PREVENT REACTIONS. SAVE LIVES.

THE TOP 14 FOOD ALLERGENS

1

CELERY



Includes celery stalks, leaves, seeds and celeriac.

2

CEREALS CONTAINING GLUTEN



Wheat, rye, barley, oats, spelt, kamut or their hybridised strains.

3

CRUSTACEANS



Such as prawns, crabs, lobsters and crayfish.

4

EGGS



Includes eggs from all birds, including hidden in food.

5

FISH



Includes all fish, whether fresh, frozen or dried.

6

LUPIN



Lupin flour and products made from lupin.

7

MILK



Includes cow's milk and products made from milk.

8

MOLLUSCS



Such as mussels, oysters, squid and whelks.

9

MUSTARD



Includes liquid mustard, mustard powder and seeds.

10

PEANUTS



Includes peanuts and products made from peanuts.

11

SESAME SEEDS



Includes whole and ground seeds and sesame oil.

12

SOYA



Includes soya beans, soya protein and soya oil.

13

SULPHUR DIOXIDE



Often used as a preservative in food and drinks.

14

TREE NUTS



Includes almonds, walnuts, hazelnuts, cashews, pecans, Brazil nuts, pistachios, macadamia nuts and Queensland nuts.



ALWAYS CHECK LABELS – INGREDIENTS CAN CHANGE.

When in doubt, ask. It could save a life.

KEY REMINDERS FOR STAFF



Be aware of allergen risks in all activities.



Read labels every time.



Ask about allergies if unsure.



Take all allergies seriously.



Work together to keep everyone safe.



BE PREPARED. WORK TOGETHER. SAVE LIVES.



KEEP OUR CHILDREN SAFE TOGETHER

✓ Be Aware ✓ Check Labels ✓ Ask Questions ✓ Save Lives

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SUPPORTING SCHOOLS TO PUT ALLERGY SAFETY INTO PRACTICE.

Practical support for the 2026 allergy-safety duties and DfE statutory guidance in England.



TRAINING SUPPORT

Allergy-awareness and emergency-response training for school staff.



IMPLEMENTATION RESOURCES

Adaptable policies, checklists, plans and record templates.



PARTNERSHIP APPROACH

Helping schools work with pupils, parents/carers and relevant healthcare professionals.



SAFER PRACTICE

Clearer plans, prepared staff and safer school environments.



NEED HELP WITH ALLERGY SAFETY?

We're here to help your school put the guidance into practice.



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