AN URGENT CALL FOR ACTION:

To Protect Pupils with Allergies in Schools

Position Paper from the
National Allergy Strategy Group (NASG)
and Benedict Blythe Foundation, June 2025

FOREWORD

CONCERNS ABOUT THE SAFETY OF CHILDREN WITH ALLERGY IN SCHOOL ARE LONGSTANDING AND HAVE BEEN HIGHLIGHTED BY BOTH HEALTHCARE PROFESSIONALS AND PATIENT ADVOCACY ORGANISATIONS IN THE PAST.

They have been the subject of petitions to government and of Prevention of Future Death reports by numerous coroners (1). More recently, the publication of the REACT report (2) and the advocacy of the Benedict Blythe Foundation for Benedict's Law (3) recommending mandatory allergy safety measures are a legal requirement for all schools in the UK, have resulted in a sharper focus on the issues involved in the safety of children with allergies in school. Benedict Blythe Foundation was founded after 5-year-old Benedict Blythe collapsed at school and died from anaphylaxis, and the Foundation has been campaigning on behalf of other families for increased allergy safety in schools.

This position paper is a Call for Action for engagement with the Department of Education, and other key stakeholders such as schools, teachers, parents/carers, and unions to work together with the National Allergy Strategy Group (NASG) and the Benedict Blythe Foundation to discuss and develop an urgent way forward on the immediate changes needed to ensure all children with allergies are safer in schools.

We are encouraged that the Government has a manifesto commitment to enhancing inclusivity within schools, with our position being that the medical needs of children with allergy should be included in a school's duty to be inclusive. However, the timescales required to deliver all the changes needed to ensure a much more inclusive system for children with healthcare needs would require substantial reform over many years. The growing prevalence of allergy, the risks to children living with allergy and potential consequences if we do not act now, dictate that there are changes that could and need to happen immediately to prevent any further children dying from allergy whilst in school.

The National Allergy Strategy Group (NASG) is an alliance of the professional organisation BSACI (British Society of Allergy and Clinical Immunology), the patient charities, Allergy UK, Anaphylaxis UK, and Natasha Allergy Research Foundation. Since its formation in 2001, the NASG has worked with others to present and influence improvements to allergy care, provided in reports produced in partnership with the Royal College of Physicians (2003) (4), Royal College of Pathologists (2010) (5), and the All-Party Parliamentary Group for Allergy (2021) (6). In addition, the NASG alliance members have developed whole-school approaches to allergy safety and inclusion, including plans to respond to an emergency. They have also influenced changes in the law, such as the Human Medicines (Amendment) Regulations 2017 (7) that allows schools to obtain, without a prescription, "spare" adrenaline autoinjector devices (AAIs) for use in emergencies.

Together, with the Benedict Blythe Foundation, all these organisations presented their concerns about the safe management of allergy in schools to the NASG/Department for Health and Social Care (DHSC) Expert Advisory Group for Allergy (EAGA) – the membership of which includes multiple specialists and public sector bodies. A series of key recommendations were also presented, and there was both broad agreement by EAGA about the specific recommendations and a clear recognition that urgent action was needed.

The NASG, working in collaboration with a wide range of key experts and other stakeholders, including the Benedict Blythe Foundation, and Asthma+Lung UK, has included the management of healthcare needs of children with allergies in school as a key area of focus in the UK National Allergy Strategy currently being developed. The strategy, to be published in early 2026, will provide key objectives that are seen as essential to implement to keep children living with allergy safer in school over the short, medium and longer term, and will be advocated for in the Government's inclusivity plans. However, there are actions that need immediate addressing to keep children living with allergy safe now and cannot wait for the publication of the full National Allergy Strategy.

This Position Paper aligns with the key objectives that will be in the National Allergy Strategy for managing healthcare needs of pupils with allergy in schools, and therefore we advocate that we do not wait for the strategy to be launched but immediately put into place actions that will keep children with allergy safer in schools.

The paper serves to highlight 7 key areas for action where the NASG and Benedict Blythe Foundation, together with Asthma+Lung UK believe change is required urgently to keep children with allergies safer in schools, including the adoption of Benedict's Law (3). We believe change is required urgently to keep children with allergies safer in schools, including the adoption of Benedict's Law (3). It represents the consensus view of both the BSACI (representing healthcare professionals working in allergy) as well as all the key patient charities working in this area. All these recommendations are based on qualitative and quantitative evidence and align with the concerns raised by coroners following deaths of children in the school setting. We believe that, if taken forward, some of the changes proposed could become cost-neutral or provide possible cost savings that could be utilised to deliver other options, such as training, but this would need further work to confirm. All these changes would keep children living with allergy safer in school.

Our previous engagements with the Department for Education have been broadly positive, with acknowledgment of the need for change to protect children – but this has yet to be fully translated into meaningful action. Where engagement has happened, for example around the Spare Pens in School scheme (8), the outcomes have been positive, but evidence shows more needs to be done to safeguard children living with allergy. This position paper clarifies the specific areas where we believe policy change is needed urgently. We believe a partnership between ourselves, and the Department for Education can achieve the mutually desired outcome of making all children with allergies safer at school and thus we are calling for engagement to make this change happen through the adoption of Benedict's Law (3) and the recommendations in this paper.

Signed,

Adam Fox

Professor Adam Fox OBE
Chair of the National Allergy Strategy Group

Helen Blythe
Founder, Benedict Blythe Foundation

CALL FOR URGENT ACTION: MAKING SCHOOLS SAFER FOR CHILDREN WITH ALLERGIES THROUGH:

1. **ADOPTION OF BENEDICT'S LAW** - Benedict's Law (3) seeks to ensure mandatory safety measures are a legal requirement in all UK schools to prevent further deaths of children in school due to a failure in policy and preparedness. The adoption of Benedict's Law could provide a solid foundation that improves safety and protection in school for children living with allergies, whilst collaboration considers and develops other recommendations in this paper which will further build upon protecting pupils with allergies in school.

Recommendations to keep children with allergy safer in school:

- Benedict's Law would require all schools to have a clear, up-to-date allergy policy, based on the 'Model policy for allergy management at school' (25).
- Benedict's Law would make it a legal requirement for all schools to hold spare adrenaline autoinjectors (AAIs), to improve emergency management of anaphylaxis in schools.
- Benedict's Law would require that all staff must complete structured allergy training, with a minimum number of key staff required to attend in-person training.

2. **A WHOLE-SCHOOL HOLISTIC APPROACH** to allergy safety and inclusion, including a plan to respond to an emergency, primarily adopting the Model School Policy (developed by NASG members in 2020) (25)

Recommendations to keep children with allergy safer in school:

- Schools to adopt and achieve a whole-school approach to allergy safety and inclusion, including clear, accessible communications about their allergy policy and procedures, adopting the Model Allergy Policy (25) and following the Department for Education (DfE) Allergy Guidance for Schools (30).
- The DfE to revise the current guidance for schools' statutory duty to include provision for pupils with medical needs, including allergies.
- The provision for pupils with medical needs, including allergies, to be added to Keeping Children Safe in Education (KCSiE) (31) to support school awareness of mandatory duties.
- A renewed emphasis for schools to comply with all legal obligations in supporting students with medical conditions.
- A mandatory requirement for all schools to have an Allergy Policy based on the existing Model Policy for Allergy Management at School (25) and to fully implement this policy to reduce risks of exposure to allergens in the school environment and its consequences.

3. **IMPROVING THE STATUTORY GUIDANCE** 'supporting pupils at school with medical conditions' to ensure that all children with allergies are supported at school with their medical conditions to ensure they are safe whilst at school.

Recommendations to keep children with allergy safer in school:

- The DfE leads a consultation process with all relevant stakeholders to consider how the statutory guidance 'supporting pupils at school with medical conditions' can be improved to ensure that all children with allergies are supported at school with their medical conditions to ensure they are safe whilst at school.

4. **SCHOOL STAFF TRAINING** in allergy awareness, management of allergy and emergency response.

Recommendations to keep children with allergy safer in school:

- Revise legislation and/or guidance to ensure that statutory annual training is a requirement for all school staff relating to how to identify an allergic reaction, respond in an emergency (including administration of medicines such as AAI) and routine measures to reduce the risk of allergic reactions including anaphylaxis.

- Provide funding to enable schools to access allergy training. The cost of this could be offset if families are no longer asked to provide two AAI solely for school use (see recommendation 5 below) because spare AAI are funded instead, a measure which would also increase the resilience of the supply chain for AAI and reduce confusion over multiple different devices being in school.
- The creation of a co-produced 'one-point of access' for training and resources that already exist and have been developed by leading clinical experts and allergy charities, in collaboration with qualified education personnel, and endorsed by DfE. This will ensure that schools are secure in the knowledge that the training they are accessing is clinically accurate and appropriate to the education sector.
- School policy on allergy management to be included in Ofsted's School Inspection Handbook (44), and allergy management to be included in Keeping Children Safe in Education.

5. FUNDING FOR SCHOOLS to hold in-date "spare" Adrenaline Auto-Injectors (AAIs) (and/or other alternatives to injectable adrenaline when these become available) (as permitted under UK law), with all staff trained in their use, with potential to extend this to provision of Salbutamol inhalers for asthma, a common comorbidity with severe allergy.

Recommendations to keep children with allergy safer in school:

- A joint meeting with DfE, Department for Health and Social Care (DHSC) and NHS England with the NASG and the Benedict Blythe Foundation to discuss the proposal for schools to be provided with AAIs and therefore reduce the need for children to be prescribed additional AAI for exclusive use in school.
- Funding for training in anaphylaxis and the use of AAIs for both pupils and staff in schools, supported by high-quality resources.
- Government funding for all schools to be provided with 'spare' AAIs, including replacements as required so that emergency medication is available and trained staff able to respond in an emergency.
- Future planning for training on novel alternatives to injectable adrenaline.

6. NATIONALLY MANDATED REPORTING of the occurrence of anaphylaxis, use of AAIs and allergy near-misses in schools

Recommendations to keep children with allergy safer in school:

- DfE should convene experts from education, healthcare, and allergy organisations to design a reporting system for all schools to be able to record and report all known instances of allergic reactions and near misses, including use of spare pens.
- It should be mandatory for all schools to record and report all allergic reactions and near-misses and use of spare pens. Such a programme has been successfully implemented in New South Wales, Australia, and has identified additional areas to improve safety (41).
- School procedures should be reviewed to include the need to report incidents/near misses in their allergy policy, their safeguarding policy, and that these are reviewed by the Governing Body regularly to evaluate and implement any lessons learned into school procedures.

7. DEPARTMENT OF EDUCATION TO CONSIDER SAFEGUARDING - a provision for children/young people with chronic medical conditions, including allergies, to be included in the Ofsted Framework for Inspection.

Recommendations to keep children with allergy safer in school:

- Inclusion of children and young people with chronic medical conditions as a vulnerable group who need safeguarding in the DfE's 2022 statutory guidance on safeguarding children, Keeping Children Safe in Education' (31).
- Include provision for children and young people with allergies (chronic illness) in the Ofsted Framework under safeguarding (44).
- Making these measures mandatory and part of the review undertaken by Ofsted during school inspections.
- Checking that documents are in place during Ofsted inspections or confirmation statements provided by School Governors/ Directors annually.

SCHOOL CHILDREN LIVING WITH ALLERGY

ALLERGY OCCURS WHEN THE IMMUNE SYSTEM INAPPROPRIATELY RESPONDS TO SOMETHING HARMLESS, SUCH AS POLLEN PARTICLES OR FOOD SUCH AS MILK OR PEANUT.

Allergy is a complex disease and can include skin allergy (eczema), respiratory allergy (e.g. asthma, allergic rhinitis), venom allergy (e.g. bee and wasp stings), drug allergy (e.g. penicillin), latex (rubber) allergy, and food allergy. Together, allergy is the most common chronic disease of childhood affecting around one-third to one-half of UK children. For most school-aged children food allergy is the most common allergy (9).

Anaphylaxis is the most serious form of allergy - it is a serious and potentially life-threatening allergic reaction, most commonly caused by a food allergy in school-aged children. Children with asthma can also have anaphylaxis. The risk of food-related anaphylaxis can be reduced by avoiding the relevant foods. Treatment with adrenaline (usually administered with an AAI) can be lifesaving.

The prevalence and impact of allergy is on the rise. Once perceived as a rare disease, allergy has become a major public health issue. An estimated 45,000 children born in 2022 will go on to develop allergies. (10)

- Currently, more than 680,000 children/young people in English schools are estimated to have one or more allergies. (11)
- Around 2.4% (255,000) of children/young people in England have a food allergy that places them at risk of food-induced anaphylaxis. (9) This means that around 1-2 children in every class will have a food allergy.
- 18% of food-allergic children report having at least one reaction in school. (12)
- Fatal outcomes from food anaphylaxis are rare: about 1 person dies from food allergy every month in the UK, and one-third of these occur in school-aged children. 20% of fatal food-anaphylaxis reactions in school-aged children/young people in England happen in schools. (13)
- About 20% (1 in 5) of anaphylaxis reactions in schools happen in children with no prior history or diagnosis of food allergy. (14)

Research shows that schools are the most common setting for anaphylaxis in children/young people living with food allergy outside the home. The recent REACT report found a correlation between reduced access to life-saving adrenaline and children living in more deprived areas (2). This health inequality was further demonstrated by the fact that 95% of schools holding spare AAI are rated by Ofsted as Good or Outstanding - suggesting that schools with lower ratings may be less safe for children at risk of anaphylaxis. It is reasonable that schools might find prioritising allergies difficult if they are managing many other challenges. This highlights the importance of the government's role in prioritising allergy management in schools and supporting schools through funding training and provision of emergency medication to avoid a 'postcode lottery'.

There are many reasons why children might be home-schooled. Parents who responded to the REACT survey (2) highlighted that inadequate allergy management in schools adversely affects the quality of life for both them and their child; parents can feel apprehensive about sending their child into a potentially hazardous environment each day. REACT found that there are increasing numbers of families opting out of the school system entirely – choosing to remain safe through home-schooling. Bullying is reported by 30% of children with food allergies, and 30% of families report that their child's allergy impacts upon school attendance and education (15). This is unacceptable: schools should be safe places for our children. For pupils with allergies currently in the education system, over 1.2 million school days are lost annually for allergy-related reasons (16).

According to research conducted by the National Association of School Masters Union of Women Teachers (NASUWT) in collaboration with The Natasha Allergy Research Foundation, 95% of teachers now have children with food allergies in their schools, yet 67% of these teachers have never received any formal allergy awareness training, according to the poll of almost 1,900 union members (17).

DfE is prioritising the mental health and well-being of students with the provision of funding for mental health leads in each school (18). They have a firm focus on improved attendance for all students, yet the connection between these priorities and ensuring adequate safety for students living with allergic disease is unclear. Enabling a vulnerable group of pupils with chronic medical conditions to attend school regularly will improve school attendance and attainment.

CURRENT LEGISLATION AND ALLERGY GUIDANCE FOR EARLY YEARS AND SCHOOLS

Children have a right to be safe in school: schools, in turn, have a statutory responsibility to provide a safe environment for children (19). Relevant statutory guidance on managing the healthcare needs of children/young people living with allergy includes:

- The Early Years Foundation Stage statutory framework (20) which sets standards that schools and childcare providers in England must meet for the learning, development, and care of children from birth to five years.
- Section 100 of the Children and Families Act, 2014, statutory guidance 'Supporting Pupils at School with Medical Conditions (19) through which schools are legally obligated to provide support for students with medical conditions, including allergies.
- The Food Information Regulations 2014 requires school caterers to ensure that they meet the dietary needs of pupils, including those with food allergy (21).
- A change in the UK law in 2017 whereby schools in England and the devolved nations are now allowed to purchase "spare" AAI devices under The Human Medicines (Amendment) Regulations 2017, although they are not required to do so (7).
- The Department of Health 2022 Education Health and Safety Guidance, whereby schools have a responsibility to track and record health and safety incidents (22).
- Section 175 of the Education Act 2002 (23) which places a duty on local authorities in relation to education and governance, to safeguard and promote the wellbeing of children who are pupils at a school.
- Severe allergic reactions where a child is taken from school to a hospital should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, either by the NHS Trust or following a recommendation to a school (24).

Alongside legislation, there have been positive collaborations with government agencies to provide resources and tools to support schools with their duties. DfE, Allergy UK, Anaphylaxis UK, the BSACI and the Medical Conditions in Schools Alliance produced a 'Model policy for Allergy Management at School' (25) as an allergy guideline for a school's medical conditions policy. This was informed by lessons learned from numerous Prevention of Future Deaths reports (1) which highlighted tragic instances where children have died from anaphylaxis in the school setting. The model policy seeks to support schools in addressing the key issues identified by the inquests, such as lack of adequate staff training, resulting in delayed and incorrect administration of adrenaline, along with issues around AAIs being out of date and not readily available for emergency use.

In addition, NASG members have spent much time developing educational whole-school programmes and training to support schools in holistically protecting and effectively managing the safety of pupils with allergies. These are listed in Appendix 1.

Whilst there is an acknowledgment of positive collaboration, DfE's position has been that the statutory guidance is proportionate. However, evidence shows that the lack of specificity of the guidance, and the possibility of its delivery being open to interpretation, has created a worrying gap in allergy safeguarding provision.

Whilst the Children and Families Act 2014 (26) makes no explicit mention of allergy, examples such as Sabrina's law in Canada, (27) and Elija's Law in New York (28) have provided enhanced protection for pupils with allergies through legislation for almost two decades. Keeping food-allergic children safe in our schools – Time for urgent action, Turner et al, (2020), (29) identified key actions that would enable schools to become safer places for food-allergic students.

This position paper serves to highlight 7 key areas where we propose urgent policy change is required so that we can support schools to keep children with allergies safe in schools. We would welcome the opportunity to discuss these proposals and develop a consensus way forward on these immediate required actions.

1. ADOPTION OF BENEDICT'S LAW

Benedict's Law (3) seeks to ensure mandatory safety measures are a legal requirement in all UK schools to prevent further deaths of children in school due to a failure in policy and preparedness. Benedict's Law is advocating for safety measures which we propose could be implemented in a rapid timeframe. The adoption of Benedict's Law would provide a solid foundation to improve safety and protection in school for children living with allergies.

Under Benedict's Law, all schools would be required to have a clear, up-to-date allergy policy, based on the 'Model policy for Allergy Management at School' (25). This policy must be:

- Tailored to each school's setting and pupil population.
- Developing in consultation with parents, pupils, and healthcare professionals.
- Published and regularly reviewed.
- Aligned with national clinical guidance and safeguarding standards.

Benedict's Law would make it a legal requirement for all schools to hold spare adrenaline auto-injectors (AAIs), to improve emergency management of anaphylaxis in schools. This would close critical safety gaps, reduce time to emergency response, and ensure every child at risk is protected – whether previously diagnosed or not.

- Spare AAIs are provided free of charge to all schools.
- They are legally mandated and not reliant on discretionary uptake.
- They can be used as an equal or first-line response in any suspected anaphylaxis – without delay to locate a child's personal device.
- AAIs must be in date, readily accessible, and stored in an unlocked, clearly marked location.
- Staff must be trained to use any brand confidently and without hesitation.

Benedict's Law would require that all staff must complete structured allergy training, with a minimum number of key staff required to attend in-person training that includes:

- Allergy awareness
- Management of allergies in the school setting
- Emergency response including anaphylaxis
- Practical experience of holding and administering AAIs.
- Training centrally funded and based on a nationally agreed framework.

2. A WHOLE-SCHOOL HOLISTIC APPROACH to allergy safety and inclusion, including a plan to respond to an emergency, primarily adopting the Model School Policy.

We believe, that the 'Model policy for Allergy Management at School'(25) developed in collaboration with DfE and informed Prevention of Future Deaths reports (1) should serve as a foundational element for allergy management in schools, akin to a safeguarding policy that is subject to review by Ofsted and requires ratification by the Board of Governors or Directors (in Academies). An allergy policy deserves equal attention from both Ofsted and the school Board of Governors or Directors.

Neither the Early Years Foundation Stage statutory framework (20) nor the statutory guidance for supporting pupils at school with medical conditions (19) makes explicit mention of specific safeguards for pupils with allergies. The guidance for supporting pupils at school with medical conditions is also wholly generic and does not provide any real detail about the management of specific medical conditions. Consequently, schools must develop their own allergy policies. This inevitably leads to inconsistency, and whilst there are examples of excellent practice this is not always the case.

The 2024 REACT report – the Benedict Blythe Foundation's proprietary research run in conjunction with The Institute of Clever Stuff – sent a freedom of information request to 2,198 UK schools; one in ten English schools responded. These results showed that of those responding one in three schools lacks any kind of allergy policy, and even when such a policy exists, it may not be accessible or comprehensible to the entire school staff. Schools often mentioned that allergy information was included in broader policies, such as First Aid, Medical Conditions Policy, Medicines Policy, Food and Catering Company Policies, or they had a specific 'Nut Allergy Policy' as part of their position as a "no-nut" school. However, neither approach properly safeguards pupils with allergy, nor does it provide the school and staff with the education, training, and awareness of how to support the healthcare needs of those pupils. 70% of schools surveyed did not have the recommended allergy safeguards in place, and the absence of an allergy policy in a school poses significant risks to pupils living with allergies (2). Whilst the survey results may provide a sample of English schools, further research is required to understand the position in all schools across the UK.

Recommendations to keep children with allergy safer in school:

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- Schools to adopt and achieve a whole-school approach to allergy safety and inclusion, including clear, accessible communications about their allergy policy and procedures, adopting the Model Allergy Policy (25) and following the DfE Allergy Guidance for Schools (30).
- DfE to revise the current guidance for schools' statutory duty to include provision for pupils with medical needs, including allergies.
- The provision for pupils with medical needs, including allergies, to be added to Keeping Children Safe in Education (KCSiE) (31) to support school awareness of mandatory duties.
- A renewed emphasis for schools to comply with all legal obligations in supporting students with medical conditions.
- A mandatory requirement for all schools to have an Allergy Policy based on the existing Model Policy for Allergy Management at School (25) and to fully implement this policy to reduce risks of exposure to allergens in the school environment and its consequences.

3. IMPROVING STATUTORY GUIDANCE

‘supporting pupils at school with medical conditions’ to ensure that all children with allergies are supported at school with their medical conditions to ensure they are safe whilst at school.

The statutory guidance, ‘Supporting pupils at school with medical conditions’ (19) stipulates that a school’s policy should cover the role of individual healthcare plans (IHP) and who is responsible for their development. IHPs provide a unique opportunity to set out a child’s medical condition(s), their individual healthcare needs, risks, and medication in a place that those providing care for them at school can access. In many ways, it is the ‘download’ of knowledge from parent/carer and/or clinician to the school so that in their role in loco parentis, they can effectively and safely care for that child.

Further advice outlines that IHPs will often be essential, particularly in cases where there is a risk of emergency intervention and where conditions fluctuate – such as with allergy. The guidance states they are likely to be helpful in the majority of other cases. So, while IHPs have an important role in the prevention of serious illness or fatality, they are also crucial to guard against the distressing physical and psychological impact of any allergic reaction.

Benedict Blythe Foundation’s 2024 (2) research found that fewer than 86% of schools surveyed claimed to have IHPs for pupils with a history of anaphylaxis or a prescribed AAI (both poor predictors of future anaphylactic reaction). Children with non-IgE (Immunoglobulin E) mediated food allergies or no history of anaphylaxis were often missed out entirely and did not have an IHP. This raises concerns: why would children living with a medical condition not have an IHP? Who is deciding which children with allergies qualify for an IHP (or not)? What expertise do those making these decisions have? How safe are our children living with allergies in school if schools are not aware of their medical conditions and how to respond if needed?

For children/young people with food allergies, the IHP should include what measures are needed to ensure a safe environment for pupils in the school, with allergen avoidance measures. We recognise the need for consistent and evidence-based measures in this area, and the need to reduce the administrative burden on school staff, and on clinical staff.

The NASG alliance members and the Benedict Blythe Foundation have considered various options that could be put forward in this paper but believe that this issue needs careful consideration and consensus from all stakeholders involved in supporting a pupil’s medical needs in school. We believe consultation needs to take place to provide greater clarity on roles, expertise and responsibilities (e.g. parents, clinicians, teachers), reliability of those involved, resources available and impact on workloads for teachers and clinicians, training needs of those involved, and of course, the safety of pupils at school being paramount.

Recommendations to keep children with allergy safer in school:

- The DfE leads a consultation process with all relevant stakeholders to consider how the statutory guidance ‘supporting pupils at school with medical conditions’ can be improved to ensure that all children with allergies are supported at school with their medical conditions to ensure they are safe whilst at school.

Areas to be considered include:

- The mandatory provision of Allergy Action Plans, using the current BSACI/RCPCH/Allergy UK/Anaphylaxis UK best practice format, for every pupil diagnosed with an IgE-mediated food allergy, which supplements their IHP. This ensures clear instructions are available for the recognition and treatment of potentially life-threatening reactions.

- Allergy Action Plans are reviewed with additional elements included for children with specific allergies/or all allergies.
- A new IHP template to be developed collaboratively - to simplify and standardise the IHP content and to guide parents/ schools on what an IHP for allergy should include and reduce the administrative burden on schools and clinicians.

4. SCHOOL STAFF TRAINING in allergy awareness, management of allergy and emergency response.

Schools should be able to meet a pupil's needs and take reasonable measures to reduce the risk of allergic reactions and respond quickly and effectively when reactions do occur. Policies and procedures describe what needs to happen, but training is required so that school staff are informed and know how to interpret and implement actions to keep pupils safe. This includes measures that need to happen on a daily basis, as well as responding to emergencies. Training can achieve both of these; however, evidence shows that while training remains voluntary, the uptake is variable and inconsistent with an over-reliance on emergency response rather than prevention. "Protecting Pupils with Allergies in English Schools" undertaken by the Benedict Blythe Foundation (2023) (32) reported that:

- 70% of responding schools did not have basic recommended measures for allergy safeguarding in place.
- Almost half did not hold 'spare' adrenaline auto-injectors.
- 25% did not provide any training on recognition of allergic symptoms and emergency management.
- 4 in 10 school teachers were not confident in their ability to respond in an emergency.

These data highlight that the situation in schools has not changed since Turner et al (2020) (29) reported that the level of staff training remains well below levels considered acceptable. There remains a clear need for a change in culture and statutory guidance around how allergies are managed in schools and schools can become allergy-inclusive schools.

Anecdotal evidence given by allergy charities shows that there is a demand from their helplines to support parents/carers navigating school policies and protocols because they often do not meet their child's allergy needs. Often it is because schools lack the awareness of allergy required to keep pupils safe, or it is driven by parents and tailored to a parent's perspective rather than a clinical perspective.

Schools continue to make errors in applying the statutory guidance 'Supporting Pupils at school with medical conditions' (2014) (19) to pupils with allergies. Schools are also confused by the rise in businesses purporting to offer allergy expertise and are accessing information that is contrary to statutory guidance, clinical evidence, and the latest research. It is a statutory requirement for all schools monitored by Ofsted and providing early years education to have at least one member of staff who is paediatric first aid trained which must include anaphylaxis and administration of AAI medication. Data from REACT show that 11% of schools do not provide training awareness of allergy and anaphylaxis symptoms and 15% do not provide training on administering AAIs (2).

We are calling for engagement with the Department of Education and other key stakeholders to develop policy further and bridge the gap in the education and training required for schools. There are excellent resources and models for schools already available, so this call for engagement is to build upon what exists currently to ensure schools have access to training and the right levels of training so that schools can safely manage the healthcare needs of children with allergy, and asthma, whilst in school.

Recommendations to keep children with allergy safer in school:

- Revise legislation and/or guidance to ensure that statutory annual training is a requirement for all school staff relating to how to identify an allergic reaction, respond in an emergency (including administration of medicines such as AAI) and routine measures to reduce the risk of allergic reactions including anaphylaxis.
- Provide funding to enable schools to access allergy training. The cost of this could be offset if families are no longer asked to provide two AAI solely for school use (see recommendation 5 below) because spare AAI are funded instead, a measure which would also increase the resilience of the supply chain for AAI and reduce confusion over multiple different devices being in school.

- The creation of a co-produced 'one-point of access' to training and resources, that currently exist and have been developed by leading clinical experts and allergy charities in collaboration with qualified education personnel and endorsed by the DfE. This will ensure that schools are secure in the knowledge that the training being accessed is clinically accurate and appropriate to the education sector.
- School policy on allergy management to be included in Ofsted's School Inspection Handbook and allergy management to be included in Keeping Children Safe in Education.

5. **FUNDING FOR SCHOOLS** to hold in-date "spare" Adrenaline Auto-Injectors (AAIs) (and/or other alternatives to injectable adrenaline when these become available) (as permitted under UK law), with all staff trained in their use, with potential to extend this to provision of Salbutamol inhalers for asthma, a common comorbidity with severe allergy.

In the UK, adrenaline injection (using an AAI) is currently the first-line emergency treatment of anaphylaxis and can be lifesaving. 10% of reactions do not respond to one dose of adrenaline and require further doses (33). A change in UK law, The Human Medicines (Amendment) Regulations 2017, (7) allowed schools to purchase "spare" AAIs which can be used in an emergency. No central government funding has been provided – meaning that schools have a statutory requirement to hold spare pens but must raise their own funds to purchase this emergency medication. Schools are charged private dispensing rates (typically £60-£100 per device), rather than the NHS prescription fee. A more efficient – and safer – alternative would be for the UK government to provide generic AAIs to all schools so that students/parents are not asked to leave their own 2 AAIs in school. Pupils would still need to carry their own two AAIs, with the spare pen being a 'spare' for the school. This would not only improve care by making the administration of AAI in an emergency more straightforward but would also build more resilience into the supply chain and provide significant cost savings that could be used to fund both AAI provision to schools and support the training of school staff. Each child would only be prescribed two AAIs, and the school would be provided with a 'spare' pen, reducing the number of pens currently prescribed.

Spare AAI devices provide a useful backup to a patient's own devices, which may not be close to hand when needed or may be misused or expired. Spare "pens" can also be used for pupils and staff who are not known to be at risk of anaphylaxis. Indeed, one-quarter of reactions in schools happen in pupils without a diagnosis of food allergy (34). REACT (2) found that despite the change in law in 2017, almost half of UK schools did not have a stock of these potential lifesaving 'spare pens'.

A number of deaths from anaphylaxis in school have been associated with a lack of timely access to adrenaline and lessons must be learned from the findings of Her Majesty's Coroners after the inquests of Mohammed Ismaeel and Karanbir Cheema to avoid further fatalities (1). There are several barriers that might prevent the use of an AAI in an emergency, all of which have been flagged in coroner's inquests after fatal anaphylaxis:

- lack of in-date adrenaline device
- failure of the pupil to bring their AAI to school
- misuse/misfiring of AAI
- inadequate training of staff
- confusion as to whether a different child's AAI can be used in the event of an emergency.

Parents are often asked to provide schools with 2 AAIs, prescribed by a GP, to be kept on school premises for school use. Existing guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) (35) recommends 2 AAI carried around at all times by individuals at risk of anaphylaxis. As a result, parents report difficulties in obtaining more than 2 devices (2 for school, 2 for personal use) because this is not explicitly required. Furthermore, schools end up with multiple AAI devices that can only be used for the pupil they are prescribed. Identifying the specific AAI prescribed to any given pupil in an emergency wastes critical time and delays the administration of this emergency medication.

AAIs typically need to be replaced annually. NHS data show that while over 850,000 AAIs are dispensed in the UK each year, only a tiny proportion are used, and this is not formally monitored (35). Therefore, over 800,000 devices are never used prior to device expiry. This is costly, has environmental impacts, and can contribute to supply shortages of AAIs in the UK. Failure to fund spare AAIs has left pupils and more than half of UK schools at risk of lack of rapid access to potentially life-saving medication, as well as missing a significant opportunity for cost efficiencies.

We are also asking for forward planning in the discussions, as there are alternatives to injectable adrenaline (such as nasal sprays 'EurNeffy', now approved in Europe and USA (36) and currently under review by the MHRA. It is even more important to ensure consistent and straightforward policies to support the management of anaphylaxis in schools now, to prepare for when these new products become widely available. These new spray devices have at least a 2-year shelf life compared to 12-18 months for AAIs, so provision could be significantly cheaper than previous estimates based on AAIs. Training on recognising a reaction and prevention will remain essential to child safety, with training on these novel spray devices also needed (once approved in the UK), and it is envisaged that the training and administration required for these novel devices will be less than that required for AAI training.

Recommendations to keep children with allergy safer in school:

- A joint meeting with DfE, Department for Health and Social Care (DHSC) and NHS England with the NASG and the Benedict Blythe Foundation to discuss the proposal for schools to be provided with AAIs and therefore reduce the need for children to be prescribed additional AAI for exclusive use in school.
- Funding for training in anaphylaxis and the use of AAIs for both pupils and staff in schools, supported by high-quality resources.
- Government funding for all schools to be provided with 'spare' AAIs, including replacements as required so that emergency medication is available and trained staff able to respond in an emergency.
- Future planning for training on novel alternatives to injectable adrenaline.

6. A NATIONALLY MANDATED REPORTING of the use of AAIs and allergy near misses and anaphylaxis in schools

Schools have a responsibility to track and record health and safety incidents as outlined in the Department of Education Health and Safety: responsibilities and duties for schools in 2022 (22). In addition, Section 175 of the Education Act 2002 (23) places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools) to exercise their functions to safeguard and promote the welfare of children who are pupils at a school.

Severe allergic reactions where a child is hospitalised should be reported under the Reporting of Injuries, Diseases, and Dangerous

Occurrences Regulations 2013 (24). The Department for Education's First Aid in Schools, Early Years, and Further Education Guidance (37) recommends that schools account for pupils' healthcare needs, however, there have not been established mandatory reporting protocols for the use of AAIs in incidents relating to allergic reactions.

While the Human Medicines (Amendment) Regulations 2017 (7) allow schools to purchase adrenaline auto-injectors for emergency use, there is no requirement to report their use, or monitor near misses when adrenaline was required but an AAI was not administered. This omission leaves a critical gap in understanding the frequency and circumstances of severe allergic incidents. There are pockets where this monitoring does take place, for example a local pilot run by St Georges Hospital, London where AAIs are provided free of charge to local schools allowing a record to be obtained when new AAI are requested; however, they do not record instances where AAIs are not used – and the scheme remains voluntary.

A reporting system for schools to report near misses, and anaphylaxis, including the use (or non-use) of spare pens, would ensure that all incidents can be subject to careful investigation, to ensure there is continued improvement of policies and procedures to minimize subsequent risk of harm. The need for anaphylaxis reporting was recognised by the Food Standards Agency (FSA) when in collaboration with Food Standards Scotland (FSS) they launched the UK Anaphylaxis Registry to enhance the reporting and understanding of anaphylaxis reactions across the UK in October 2021 (38).

This is not a new idea. Mandatory reporting of anaphylaxis in schools is required by law in New South Wales (NSW) (39) and the State of Victoria in Australia (40). The NSW scheme has also seen government funding for both training and provision of AAI to schools and has resulted in better outcomes. (41) In Canada, several provinces require schools to report allergic reactions, helping inform national allergy management policies (42). In England, the case for prospective study through incident reporting has been proved through examples such as National Audit Project 6 (NAP6) which focused on perioperative anaphylaxis, analysing real-time reporting to ultimately implement preventive measures, and improve response strategies (43).

REACT (2024) (2) found that while 90% of schools reported that they recorded instances of allergic reaction, 80% of these had recorded zero instances of allergic reaction since 2016. A third of schools do not keep any formal record of allergic near misses. Given the growing number of allergic children in schools, these figures could suggest that the data collected is not accurately captured or recorded.

A nationally mandated reporting system would:

- Improve Safety: Tracking incidents where AAIs have not been used and adrenaline should have been administered when a child's allergic reaction required would help identify patterns, such as high-risk activities or areas in schools, allowing for focused preventive measures and dissemination of learning and good practice.

- Guide Training and Resources: Data could inform the allocation of training in allergy and asthma for staff and the use and management of resources like adrenaline auto-injectors and medical devices, such as inhalers. A reporting system could be used to support the automatic despatch and supply of AAIs to schools to replace AAIs used by the school to respond to an incident where a child has an allergic reaction in school that requires adrenaline.
- Support Policy Development: Robust data would enable evidence-based policy changes to improve allergy management in schools.
- Reassure Parents: Transparent reporting would demonstrate schools' commitment to safeguarding pupils with allergies

The reporting system should capture all allergic reactions (mild to anaphylaxis) occurring on school premises or during school activities and the use of medication, such as spare AAIs and inhalers. Near misses, where an allergic reaction was averted (e.g., accidental exposure identified before ingestion, or ingestion of a known allergen without reaction). Contextual details, such as the time, location, and circumstances of the incident could be recorded to inform future training needs and risk management. A system would require a centralised platform to collate anonymised pupil data, with regular review of the data to understand trends.

Recommendations to keep children with allergy safer in school:

- DfE should convene experts from education, healthcare, and allergy organisations to design a reporting system for all schools to be able to record and report all known instances of allergic reactions and near misses, including use of spare pens.
- It should be mandatory for all schools to record and report all allergic reactions and near-misses and use of spare pens. Such a programme has been successfully implemented in New South Wales, Australia, and has identified additional areas to improve safety. reference noumber
- School procedures should be reviewed to include the need to report incidents/near misses in their allergy policy, their safeguarding policy, and that these are reviewed by the Governing Body regularly to evaluate and implement any lessons learned into school procedures.

7. DEPARTMENT OF EDUCATION TO CONSIDER SAFEGUARDING - a provision for children/young people with chronic medical conditions, including allergy, to be included in the Ofsted Framework for Inspection.

Currently, responsibility for children and young people with chronic conditions sits between the Department for Education and the Department for Health and Social Care. Whilst it may not be possible for one department to solely have responsibility, the Department of Education's 2022 statutory guidance on safeguarding children, Keeping Children Safe in Education', (31) could include children and young people with chronic medical conditions as a vulnerable group who need safeguarding.

This would immediately bring the necessary attention to the school's statutory responsibilities. Ofsted already measures a school's effectiveness in their safeguarding duty. A provision for children and young people with chronic medical conditions, including allergies, would bring this into the Ofsted Framework for Inspection (44).

The 'Model policy for allergy management at school' (25) should serve as a foundational element for allergy management in schools, akin to a safeguarding policy that is subject to review by Ofsted and requires ratification by the Board of Governors. An allergy policy deserves equal attention from both Ofsted and the school Board of Governors.

Recommendations to keep children with allergy safer in school:

- Inclusion of children and young people with chronic medical conditions as a vulnerable group who need safeguarding in the Department of Education's 2022 statutory guidance on safeguarding children, Keeping Children Safe in Education' (31).
- Include provision for children and young people with allergy (chronic illness) in the Ofsted Framework under safeguarding (44).
- Making these measures mandatory and part of the review undertaken by Ofsted during school inspections.
- Checking that documents are in place during Ofsted inspections or confirmation statements provided by School Governors/ Directors annually.

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Appendix 1: Current educational whole-school programmes and training to support schools in holistically protecting and effectively managing the safety of pupils with allergies.

Organisation	Whole-school education programmes and Training
Allergy UK	Allergy UK delivers vital support to schools through the Schools Allergy Fund, a collaborative initiative with The Allergy Team and the Benedict Blythe Foundation. This programme removes financial barriers that often prevent schools from accessing essential allergy training and resources. Schools benefit from two years of expert mentoring, whole-staff allergy training, policy development guidance, and access to a wide range of ongoing resources and events, fostering a culture of safety, inclusion, and confidence for pupils with allergies. In addition, Allergy UK hosts a dedicated Schools Hub on its website. A central resource for educators, parents, and pupils. The hub offers practical guidance, downloadable materials to help confidently manage allergies. To further support the school community, Allergy UK provides a free Helpline, offering expert advice and reassurance to both caregivers and teaching staff navigating allergy-related challenges. Together, these services ensure that every child can thrive in a safe, informed, and supportive learning environment.
Anaphylaxis UK	The Safer Schools Programme by Anaphylaxis UK offers comprehensive guidance for schools to effectively manage pupils with allergies. The programme provides free downloadable resources to assist schools in auditing and developing essential policies and procedures that ensure student safety. The Safer Schools Programme encourages a whole-school allergy awareness approach, ensuring all staff and pupils are educated about allergies. It offers the AllergyWise® for Schools online training course, which includes lesson resource packs to help educate pupils about allergies.
Natasha's Allergy Research Foundation	Allergy School is a free educational programme to help teachers create inclusive and safe environments in nurseries, primary schools and out-of-school clubs and groups for children aged 3 to 11 with food allergies. It is a suite of practical, high-quality resources, including films, quiz, first aid advice, lesson plans, assembly packs for Key Stages 1 and 2, and a self-assessment checklist assessment tool on safety improvement. Resources are mapped to the National Curriculum for all age groups. Allergy School was developed in partnership with The King's Foundation, St John Ambulance, the children's charity Coram Life Education, High Speed Training and Tesco Stronger Starts.
Spare Pens in Schools website	A one-stop resource for anyone who wants to know about anaphylaxis and adrenaline auto-injectors in schools. Provides information for schools, parents, pupils, healthcare professionals, Pharmacists and provides links to other resources, including e-training. The contents of this website are based on the Department of Health and Social Care "Guidance on the use of adrenaline auto-injectors in schools." The website is endorsed by the BSACI, Royal College of Paediatric Child Health, Allergy UK and Anaphylaxis UK.

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