Allergy guidance and medical conditions

What the new statutory guidance means for school support staff

GMB LONDON REGION · SCHOOL SUPPORT STAFF BRIEFING

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What we're covering

The law and the timeline

Allergy and medical conditions were going to be dealt with in combined guidance. The government has now recognised they need to be separate.

What the Act requires

01

Children's Wellbeing and Schools Act 2026

Under Section 34 of the Act, local authority-maintained schools, academies and pupil referral units must implement an allergy safety policy as part of their arrangements under Section 100 of the Children and Families Act 2014.

02

Benedict's Law, February 2026

The government formally passed Benedict's Law, committing to introduce mandatory, statutory allergy guidance for schools in England through the Department for Education.

TWO POLICIES

The allergy policy is not the medical conditions policy — they are separate documents, and the allergy policy must be published on the school website.

When it starts, and who it covers

FEBRUARY 2026

Benedict's Law passed

The government committed to mandatory, statutory allergy guidance for schools in England, delivered through the Department for Education.

SEPTEMBER 2026

The guidance takes effect

The Allergy Safety in Schools Statutory Guidance comes into effect — designed to make schools take clear, demonstrable action on allergy awareness, prevention and emergency response.

WHO IT APPLIES TO

All state schools in England

Every local authority-maintained school, academy and pupil referral unit in England. Four requirements must be implemented — and maintained annually.

IN FORCE NOW

The guidance is already in effect. If your school hasn't published its allergy policy or trained its staff, that is a gap you can raise today.

SECTION 02 / 05

The four requirements

Four things every school must implement — and maintain every year.

What every school must do

01

A whole-school allergy policy

Develop and publish a whole-school allergy policy. It is not the medical conditions policy, and it must be displayed on the school website.

02

Staff training

Comprehensive allergy awareness and emergency response training for all staff — including caretakers, mini-bus drivers and lunchtime supervisors.

03

Emergency medication

Spare in-date adrenaline auto-injectors held on site. These are not a second set prescribed for an individual child — they can be used on any child or adult experiencing anaphylaxis.

04

Individual care plans

Individual healthcare and action plans for pupils with serious allergies — including food, animal and venom allergies.

What your training must equip you to do

01 Recognise the early signs of an allergic reaction

02 Identify the symptoms of anaphylaxis

03 Respond quickly and appropriately in an emergency

04 Administer adrenaline devices confidently

05 Reduce risk by knowing how reactions can be avoided

ALLERGY AWARE

Schools should take an "allergy aware" approach rather than a "nut-free" one — without segregating children with allergies, or penalising them for allergy-related absences.

Questions to ask in your school

Seven questions that will tell you whether the guidance is being implemented properly — or only on paper.

Seven questions to think about

01 Are you aware of the new policy — and do you understand it?

02 Do you know who the senior leader responsible for allergy safety is?

03 Have you had training, and do you feel competent and clear on what's expected?

04 Do you know where the spare adrenaline devices are kept?

05 Have you seen the risk assessments — whole school, after-school and off-site?

06 Have you seen the individual care plans for pupils with allergies?

07 Do you know how to report incidents and concerns?

Schools are encouraged to record incidents and near misses to improve safety and prevent serious outcomes.

Individual healthcare plans

A child should have an IHP if all three apply:

01 They have a long-term medical condition — an allergy, for example — which has a functional impact on them at school.

02 They are at risk of harm as a result of that medical condition.

03 They require arrangements that are additional to, or different from, those made generally.

WHAT AN IHP IS

The school's record of how it will deliver the care plans, action plans and advice provided by clinicians.

IMPORTANT An IHP records how the school delivers clinical advice — it does not transfer clinical responsibility to support staff.

Medical conditions and GMB's position

The government has acknowledged that more work is needed to clarify who is responsible for what. GMB's position is clear.

What the consultation found

Responses on supporting pupils with medical conditions at school consistently raised the same challenges:

- Capacity
- Funding
- Workforce capability
- Training delivery
- **Clarity of responsibility**

ACKNOWLEDGED

Further work is needed to clarify the respective roles and responsibilities of education settings and healthcare professionals — an important acknowledgement.

GMB's position

01

It isn't in your job description

Support staff in mainstream schools do not have clinical or medical interventions in their job descriptions, and such tasks do not form part of the contract of employment.

02

You are not qualified or regulated for it

Members should not be carrying out healthcare duties for which they are not qualified or regulated.

YOUR RIGHT

Members are within their rights to refuse to carry out these activities — and GMB strongly advises that you do.

Why this matters

01 **You have no indemnity**

NHS clinical staff have professional indemnity insurance. If a complication or serious incident followed a member of school support staff carrying out these duties, there is very little — if any — protection against a resulting claim.

02 **Training is not authorisation**

Training for support staff is for awareness, risk reduction, escalation and emergency response. It does not make it acceptable to delegate clinical tasks.

03 **Proper investment is the answer**

In some areas Education and Health jointly fund healthcare assistants for pupils with specific conditions. If schools now need this provision, that is what should be happening — not exploiting the goodwill of support staff.

THE BOTTOM LINE

It is not the responsibility of support staff to make the system work. Change is needed so children with healthcare needs get the NHS care they deserve.

What can you do?

Sign, share, organise — and stand firm on tasks you are not qualified to perform.

Sign the petition

End Unsafe Practices

NHS School Nursing Service for All

Scan the code to sign.

Share it widely, many parents and carers have no idea what responsibility is being placed on school support staff.

And in your workplace

01

Share it widely

Get the petition out beyond the staffroom. Many parents and carers have no idea that support staff are being asked to carry out clinical tasks.

02

Talk to your colleagues

Raise concerns collectively rather than individually. One person refusing is exposed; a workplace refusing together is not.

03

Recruit into GMB

Your strength in your workplace depends on how many of you are in GMB. Sign up any colleague who isn't yet a member.

04

Stand firm

Don't perform medical or clinical tasks you aren't qualified for. Every time support staff do, unsafe and unfair practice gets a little more normalised.

Any questions?

Speak to your GMB rep about anything raised today.