UK Association for Music – Music Mark
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Benedict's Law

A guide for music education providers

Updated in line with the statutory guidance published 9 July 2026

The Government has issued new statutory guidance for schools under S.34 of the Children's Wellbeing and Schools Act 2026 (which amends S.100 of the Children and Families Act 2014). It is aimed at helping improve allergy response and reduce deaths from anaphylactic shock. It comes into force for state schools in England in September 2026. Legislation covering independent schools is likely to follow. The other home nations are also likely to enact similar legislation in due course. It does not apply to early years providers, who continue to follow the Statutory Framework for EYFS. The new statutory guidance establishes as duties measures that were previously identified as best practice:

- Whole-school allergy policy
- Whole-staff training
- Access to adrenaline auto-injectors
- Individual allergy action plans for children with diagnosed allergies
- Improved communication and record keeping

The duties are clearly placed on schools, although the statutory guidance references local authorities, transport providers, catering providers and care/medical staff. It mentions peripatetic staff in relation to the requirement to provide whole-school allergy awareness training (p.11). It says that schools' policies should expect staff planning activities, including musical activities, to consider the risk of exposure to allergens (p.27).

While the duties are entirely on schools and the guidance only really addresses school-based and school-led activity, the document points towards good practice that our sector will wish to consider.

Adrenalin auto-injectors (AAIs)

These are often referred to as EpiPens although this is a brand name. Either EpiPen or Jext are suitable for schools. Note that the 2017 amendment to the Human Medicines Regulations allows **schools** and only schools to purchase spare AAIs, which are otherwise only available on prescription (see also the note on Salbutamol inhalers at the end of this document). Sale, supply and dispensing are regulated but possession

is not a crime, so a music organisation could legally hold AAIs. The pharmacist who supplied them however will have broken the law.

Regulation 238 allows for adrenalin to be administered in an emergency for the purpose of saving life. This regulation is not school-specific and would cover using an AAI on someone at Music Centre or a holiday course, for example.

There are two dosages available for patients below 30kg body weight (usually KS1) and above 30kg. They are bought in pairs and must be kept as pairs out of direct sunlight between 0°C and 25°C. They must not be kept in ordinary first aid kits. Someone will need to check them periodically to ensure they are in date and are still serviceable.

Schools will be required to hold at least two spare AAIs but may need more to cover large sites, multiple sites or if they require both sizes. They cost around £100 each, although Anaphylaxis UK suggests asking if the school can have NHS pricing. A letter from the school, signed by the headteacher, is required as these are prescription medicines.

Anyone with a diagnosis should have and carry two AAIs exclusively for their own use. School stocks are not linked to any individual and they may be used on anyone who requires them, irrespective of diagnosis.

Training

The statutory guidance states that all school staff must receive awareness training but does not specify what this means. There are multiple providers offering training which is (or will very soon be) compliant with Benedict's Law. Face-to-face training may include using a 'dummy' AAI for confidence but they are designed to be easy to administer.

Online training may be compliant but is unlikely to include practical experience.

Scenarios in music education

This paper will consider the various scenarios that music education (other than classroom lessons) is provided under. The proviso always stands that anyone with prescribed AAIs should carry two at all times.

In-school peripatetic lessons

The statutory guidance does not mention this scenario and only talks about schools and school staff. We have already seen schools saying that they will require external providers to take full responsibility for pupils while in their care and so they will need suitable training.

The statutory guidance says that schools must hold information about pupils' allergies and formulate individual allergy action plans. As regards information sharing, it says:

> *The relevant healthcare professional responsible for the child or young person's allergy management should adhere to the Care Quality Commission requirements around sharing care plans with other providers responsible for care. (p.34)*

In practical terms, if music tutors are to be expected to take on the responsibility, then schools need to tell them which of their students have allergy action plans and in particular who carries AAIs. The statutory guidance does not quite say this however.

School choirs, ensembles and clubs

It is highly likely that external staff leading in-school activities out of school time will need to be able to comply with schools' allergy policies and will need to be trained to recognise and respond to anaphylactic shock up to and including administering an AAI. Schools will need to communicate with the group leader if there is a child in the group with an AAI.

Music centres, ensembles, rehearsals and workshops

External lets are not covered in the statutory guidance however schools are responsible under KCSIE for ensuring that organisations letting their premises have appropriate safeguarding arrangements. This usually means arrangements of a comparable standard rather than identical to the school's.

It is not entirely clear that this extends to availability of spare AAIs. If schools insist that it does however, they will usually have to make their own AAIs available to organisations letting their premises, as other organisations do not have a right to buy them. This may mean they need to acquire the lower dose AAIs even if they do not need them to meet their duties as a school.

Medical information for each group member will need to be updated and staff must be told about any group members with AAIs. As in school, people with prescription AAIs should carry their own pair at all times.

Residential courses and tours

Anecdotally, and logically, the risk of anaphylaxis is much higher on courses and tours than other music education provision. Risk assessments should already be in place, along with medical declarations and your usual medicine controls.

For courses on school premises, the school's AAIs may be made available (see above) but consider how you would access them outside of office hours. If spare AAIs are obtained, these must be carried in a specific kit and not the first aid kit. If courses are on large sites or groups are accommodated in separate boarding houses, one kit may not be sufficient.

It may be possible for schools to take spare AAIs on an overseas trip but this would be subject to medicine restrictions in the country or countries visited. They should be kept in their original packaging and referenced in the trip's medical documentation. As possession of spare AAIs is only a school right, it is unclear, maybe even unlikely, that music providers (music services, NYMOs etc) would be able to carry AAIs that are not prescribed for a named individual and carried by that person.

Controlling for allergens

Providers should review their risk assessments and policies for allergen controls, e.g. nut-free environments.

Parental expectations

Parents and carers may simply assume that music education providers will act in the same way as schools. Parental communications about your provision may need to make it clear that you do not have the same right of access to AAIs.

Adults with AAIs

The guidance states that schools should consider how they protect all individuals with allergies, not just children. They should keep records for staff (including supply and peripatetic staff) and volunteers as well as children and even seek allergy information for visitors in advance of their visit where possible. Adults with a diagnosis should carry their own AAIs at all times.

Schools' spare AAIs should be used on adults if needed: they are not exclusively for use with children.

Using mobile phones to call for help

Music Mark are aware of members updating their mobile phone policies to allow tutors in schools to use them to call for help (that is where mobiles are not left at Reception and there is a signal in the practice room). We would expect that in any emergency, but particularly a life and death situation such as anaphylaxis, common sense would prevail on the part of the tutor, the provider and the school, regardless of the policy. The statutory guidance on mobile phones in school does not preclude this.

Actions for music education providers

- Plan to provide anaphylaxis training all staff who have contact with children, ideally in September;
- Add confirmation of anaphylaxis training to letters of assurance;
- Discuss access to AAIs with host venues (including any associated costs);
- Share the statutory guidance on publication with senior colleagues;
- Communicate or publish your policy and plans for Benedict's Law to schools, venues and parents;
- Identify staff who may need additional support or reassurance over their role;
- Highlight employee assistance programmes in case people are stressed, anxious or triggered;
- Consider whether you need to update your mobile phone use policy for emergency situations.

Benedict's Law does not change the underlying risks

It is important to say that, even though the overall incidence of allergies may be rising in the general population, Benedict's Law neither increases the probability of severe allergic reactions or anaphylactic shock during music education activity nor (in itself) really changes the responsibility to respond.

Peripatetic tutors, music centre staff, ensemble tutors and tour staff have always had to deal with learners' medical needs as they arise, including emergencies. Anaphylaxis is an existing risk. It is generally higher for residential courses and tours and relatively low (but not zero) for non-residential music education activity.

Training will give staff more confidence and increase the chances of a positive outcome, should they be faced with someone in anaphylactic shock.

A note about Salbutamol inhalers for asthma

A 2014 amendment to the Human Medicines Regulations 2012 gave schools (and only schools) a right to purchase emergency inhalers. As with AAIs, the right does not extend to other organisations even if they work with children. Possession of an inhaler without a subscription is not a crime (the law only regulates their sale, supply and dispensing). Schools may administer an inhaler to someone without a prescription however there is no 'inhaler equivalent' to Regulation 238, so there is no clear legal exemption for someone who does so outside of the school environment.

References

https://www.anaphylaxis.org.uk/education/benedicts-law/
https://allergycentre.co.uk/press/benedicts-law-is-now-law/
https://benedictblythe.com/benedicts-law/