



Belmont Primary School

Allergy and Anaphylaxis Policy

This policy applies throughout the school day, at Breakfast Club, during clubs and activities, and on educational and residential visits.

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1 Purpose and scope

Belmont Primary School is committed to enabling pupils with allergies to take a full and active part in school life. This policy explains how the school will identify and support pupils with allergies, minimise avoidable exposure to known allergens, respond promptly to allergic reactions and learn from incidents and near misses.

It applies to food allergy, insect-sting allergy, medicine allergy, latex and other contact allergies, and airborne allergies. Asthma, eczema and allergic rhinitis may coexist with allergy and will be considered within a pupil's individual arrangements. Coeliac disease and food intolerance do not cause anaphylaxis, but the school will manage associated dietary needs through its wider medical conditions and food arrangements.

This is Belmont Primary School's dedicated allergy safety policy. It should be read alongside the Supporting Pupils with Medical Conditions at School Policy, Administration of Medicine Policy, Health and Safety Policy, First Aid procedures, Behaviour Policy, Data Protection Policy and Learning Beyond the Classroom Policy.

2 Legal framework

This policy has been prepared with regard to the following legislation and statutory guidance:

- Children and Families Act 2014, including the allergy safety requirements introduced by section 34 of the Children's Wellbeing and Schools Act 2026;
- Department for Education statutory guidance Allergy safety in schools, published July 2026;
- Department for Education statutory guidance Supporting pupils at school with medical conditions;
- Equality Act 2010;
- Early Years Foundation Stage statutory framework;
- Human Medicines Regulations 2012, as amended, including provisions for emergency adrenaline auto-injectors and emergency salbutamol inhalers;
- Food Information Regulations 2014 and retained food-information requirements, including allergen information for prepacked for direct sale and non-prepacked food;
- UK General Data Protection Regulation and Data Protection Act 2018; and
- relevant guidance from the Department of Health and Social Care, Medicines and Healthcare products Regulatory Agency and Food Standards Agency.

The Governing Body must have regard to the statutory allergy guidance, publish this policy and keep it under review.

3 Principles

- Allergy safety is a whole-school responsibility and must not depend on one person being present.
- Support will reflect the individual pupil's allergy, history, age, understanding, prescribed treatment and clinical advice.
- The school will take reasonable and practicable steps to reduce exposure to known allergens, while recognising that no school can guarantee a completely allergen-free environment.
- Pupils will not be unnecessarily excluded, isolated or stigmatised because of an allergy.
- Emergency medication must be readily accessible. Adrenaline must be taken to the person experiencing anaphylaxis and administered without delay.
- Serious incidents and near misses will be recorded, reported, reviewed and used to improve practice.

4 Roles and responsibilities

4.1 Governing Body

The Governing Body has overall responsibility for ensuring that Belmont fulfils its statutory allergy-safety duties. It will approve and review this policy at least annually, assure itself that suitable training and emergency provision are in place, and receive anonymised information about serious incidents, near misses and resulting actions.

4.2 Headteacher

The Headteacher is the named senior leader responsible for allergy safety and for driving implementation of this policy. The Headteacher will ensure that:

- a current record of known allergies and required support is maintained;
- Individual Healthcare Plans and Allergy or Asthma Action Plans are developed and reviewed where required;
- all relevant staff receive annual allergy-awareness and emergency-response training, with induction and catch-up arrangements;
- prescribed and spare emergency medication is accessible, checked and replaced;
- catering, classroom, wraparound and visit arrangements reduce avoidable risk;
- incidents and near misses are reported, investigated and acted upon; and
- the policy is published and communicated to the school community.

4.3 SENDCo and school office

The SENDCo will coordinate Individual Healthcare Plans and their review. School office staff will receive and check medication and plans, maintain the central record, monitor expiry dates in accordance with school procedures and ensure important updates reach relevant staff. Delegated tasks do not remove the Headteacher's overall responsibility.

4.4 All staff and regular volunteers

All staff and regular volunteers must complete the training appropriate to their role, know how to obtain pupil-specific information, follow agreed risk controls, recognise allergic reactions, act promptly in an emergency and report concerns, reactions and near misses. Staff must not undertake specialist healthcare procedures beyond their training or competence.

4.5 Parents and carers

Parents and carers must provide accurate, current information; supply prescribed medication and updated clinical plans; ensure medication is in date; notify the school promptly of changes or reactions; and work with the school and healthcare professionals on appropriate arrangements. Parents remain responsible for ensuring their child has prescribed adrenaline for journeys to and from school.

4.6 Pupils

Pupils will be encouraged, according to their age and understanding, to recognise symptoms, avoid known allergens, carry or access their medication, tell an adult immediately if they feel unwell and avoid sharing food. Responsibility placed on a pupil will never replace appropriate adult supervision and planning.

4.7 Catering provider and external providers

The catering provider and other relevant providers must comply with applicable food law, maintain accurate allergen information, manage cross-contact, communicate changes and follow pupils' agreed arrangements. The school will seek appropriate assurance rather than assume that responsibility has transferred to the provider.

5 Identifying and recording allergies

Information about allergies will be requested on admission and updated through routine data checks, parent notifications, healthcare information and transition arrangements. The school will maintain a current record of pupils with known allergies, their allergens, prescribed medication, Individual Healthcare Plan status and relevant Action Plan.

Where an allergy is reported or suspected, the school will establish, as appropriate:

- the allergen or suspected allergen and possible routes of exposure;
- the pupil's known signs, symptoms and previous reactions;
- medication, dosage, device type and storage arrangements;
- the pupil's ability to recognise symptoms and self-manage;
- dietary, environmental and activity-specific controls;
- emergency actions and contact information; and
- whether asthma or another condition may increase risk.

Reasonable interim arrangements will be put in place when a significant allergy is suspected but clinical assessment is incomplete. Support will not be withheld solely because a diagnosis is pending.

Relevant staff will be informed of significant changes promptly. Allergy arrangements will be checked when a pupil joins Belmont, changes class or phase, begins a club or wraparound provision, takes part in a visit, or transfers to another setting.

6 Individual Healthcare Plans

A pupil will have an Individual Healthcare Plan when their allergy has a functional impact in school, places them at risk of harm, and requires arrangements additional to or different from the school's general measures. A plan may also be used whenever it is judged necessary to make support safe and clear.

The SENDCo will develop the plan with the pupil, parents or carers, relevant staff and healthcare professionals as appropriate. A healthcare professional's Allergy Action Plan and any Asthma Action Plan will be attached to, or clearly referenced by, the Individual Healthcare Plan.

The plan will identify known allergens and symptoms; preventive measures; reasonable adjustments; routine and emergency medication; storage and access; action following possible exposure; emergency response; staff responsibilities and training; food, PE, club and visit arrangements; and review dates.

Plans will be reviewed at least annually and sooner following a change in need or treatment, an updated clinical Action Plan, a reaction, a serious incident or near miss, a parent or pupil concern, or a relevant change in school arrangements.

7 Reducing exposure to allergens

Staff planning lessons, activities and events must consider allergy risks in advance. Proportionate controls may include checking ingredients and materials; providing safe alternatives; handwashing with soap and water; cleaning surfaces, utensils and equipment; supervision; preventing food sharing; and managing contact with animals, plants, latex or airborne allergens.

Particular consideration will be given to cooking and tasting, science, art and craft, sensory or messy play, gardening and Forest School, animal visits, musical activities, celebrations, rewards, fundraising events and food brought in by families or staff.

Alcohol hand gel does not reliably remove allergen proteins and will not replace handwashing with soap and water where allergen removal is needed.

7.1 Food brought into school

The school may introduce a specific restriction where an individual risk assessment shows it is necessary. Families and staff will be told clearly what is required. Food must not be shared where this could create a risk, and staff must not give food to a pupil with a known allergy unless satisfied that it is consistent with the pupil's arrangements.

7.2 Nut-free and allergen-free claims

Belmont will not make an unqualified claim that the school is "nut free" or "allergen free", because accidental exposure cannot be guaranteed. Where a pupil's assessed needs require a targeted restriction, the school will communicate and monitor that restriction clearly while maintaining emergency preparedness.

7.3 Eating arrangements

Eating arrangements will reduce risk without routinely separating a pupil from peers. Controls may include supervision, cleaning, appropriate seating, pupil identification at the point of service and ready access to medication. Any individual arrangement will be implemented sensitively and reviewed.

8 Food and catering

The school and its catering provider will ensure that allergen information is accurate, clear and accessible. Information about relevant pupils will be shared securely with staff preparing or serving food. Younger pupils will not carry sole responsibility for deciding whether a meal is safe.

- The regulated allergens present in non-prepacked food will be communicated clearly and accurately.
- Prepacked for direct sale food will carry the required food name and full ingredients list, with regulated allergens emphasised.

- Menu, supplier, product, recipe and ingredient substitutions will be checked before food is served.
- If the allergen status of food cannot be established with sufficient confidence, it will not be served to a pupil for whom it may present a risk.
- Cross-contact controls will cover storage, preparation, cooking, service and cleaning.
- Breakfast Club, clubs, school fruit or snacks, special events, trips and food supplied by third parties will be included in allergy arrangements.
- Reasonable adjustments will support eligible pupils with allergies to access free school meals.

At EYFS mealtimes and snack times, the school will follow the EYFS statutory framework, including having a member of staff with a current full paediatric first aid certificate in the room and making clear who is responsible for checking that each child receives suitable food.

For occasional events involving food supplied by others, including FoB events, cake sales or celebrations, the school will seek clear allergen information as good practice and may restrict or decline food where information or controls are insufficient.

9 Adrenaline and emergency medication

9.1 Prescribed adrenaline devices

Pupils prescribed adrenaline devices should have rapid access to two devices at all times, whether auto-injectors or another prescribed presentation. Primary-aged pupils may keep devices with them where this is suitable; otherwise they will be stored in an unlocked, clearly identified and immediately accessible location agreed in the pupil's plan. Medication will accompany the pupil to lunch, play, PE, clubs and off-site activities.

Devices will be stored at room temperature in accordance with the manufacturer's instructions, protected from extremes of heat and direct sunlight, and not refrigerated. The pupil's Action Plan should be stored with the medication where practicable.

9.2 Belmont spare adrenaline provision

Belmont will maintain spare adrenaline devices in clearly labelled emergency anaphylaxis kits. Because the school operates across separate EYFS and KS1 and KS2 buildings, each building will hold pairs in the dosage or dosages appropriate to the pupils who may need them. Locations will be selected and reviewed so that no pupil is more than five minutes from adrenaline during normal school activities. Kits will be unlocked, readily accessible and known to staff.

Spare devices provide an additional safeguard and do not replace pupils' prescribed medication. In an emergency, a pupil's own prescribed device will normally be used first. A spare device may be used to save a life when the person has no prescribed device available, a device is unavailable or misfires, or anaphylaxis presents for the first time. Lack of prior consent must not delay reasonable life-saving action.

Emergency salbutamol inhalers and spacers will be managed under the Administration of Medicine Policy and may be kept with the anaphylaxis kits. Unlike spare adrenaline, an emergency salbutamol inhaler may only be used for a pupil prescribed a reliever inhaler and for whom written parental consent is held.

9.3 Checks replacement and disposal

A designated member of staff will check emergency kits at least monthly and after every use or change. Checks will cover location, accessibility, correct dosage, quantity, packaging, device condition and expiry dates. Used, damaged or expiring devices will be replaced without unnecessary delay. Used or expired auto-injectors will be given to paramedics, returned to a pharmacy or placed in an approved sharps container; they will not be put in general waste.

10 Responding to an allergic reaction

10.1 Mild to moderate reaction

Possible symptoms include swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain or vomiting; and sudden behavioural change. Staff will follow the pupil's Action Plan, give prescribed treatment where indicated, summon appropriate help and monitor the pupil continuously.

Because a reaction can worsen, the pupil will be observed for at least 60 minutes after the start of the reaction unless transferred to healthcare professionals. Parents or carers will be informed.

Any development of airway, breathing or circulation symptoms must be treated as suspected anaphylaxis immediately. A skin rash may be absent.

10.2 Suspected anaphylaxis

Anaphylaxis is suspected when there is a sudden problem affecting the airway, breathing or circulation. If in doubt, staff should give adrenaline. Antihistamine or an inhaler must never replace or delay adrenaline.

Action	What staff must do
Give adrenaline immediately	Use the person's prescribed device if available; otherwise use a suitable spare. Bring the device to the person. Aim to administer within five minutes.
Call 999	Request an ambulance and say "anaphylaxis". Do not wait to call before giving adrenaline.
Position safely	Lay the person flat with legs raised. If breathing is difficult, allow them to sit up gently. Do not allow them to stand or walk, even if they feel better.
Give a second dose after five minutes	If there is no improvement, or symptoms return, use a second device.
Stay and monitor	Reassure, follow the 999 operator's instructions and be ready to start CPR if the person becomes unresponsive and is not breathing normally.
Contact parents or carers	Do this after emergency treatment and the 999 call have begun. Contact must never delay either action.

Anyone given adrenaline for suspected anaphylaxis must be assessed by emergency healthcare professionals, even if they appear to recover. Staff will hand over the devices used, timings, symptoms, suspected allergen and the pupil's Action Plan or Individual Healthcare Plan.

11 Staff training and awareness

All staff present while pupils are scheduled to be on site will receive allergy-awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, lunchtime staff, catering staff, Breakfast Club and after-school club staff, and regular volunteers with pupil-facing responsibilities. First aid training alone is not sufficient.

Training will cover:

- the nature of allergy and how reactions occur;
- the distinction between allergy, coeliac disease and food intolerance;
- common allergens, triggers and routes of exposure;
- recognition of mild reactions, asthma and anaphylaxis, including reactions without skin symptoms;
- how to locate and use prescribed and spare adrenaline devices and emergency inhalers;
- the immediate emergency response, safe positioning, second dose and 999 call;
- use of Allergy and Asthma Action Plans;
- risk reduction, food safety, inclusion and wellbeing;
- reporting reactions, serious incidents and near misses; and
- the requirements of this policy.

New staff will receive allergy information during induction. Supply, cover and other temporary staff will receive essential information before taking responsibility for pupils. Staff who miss annual training will complete catch-up training promptly. Practical trainer-device practice and scenario exercises will be used where appropriate. Pupil-specific or specialist training will be provided in addition to whole-school awareness training when required.

Training records will show who attended, the date, provider or trainer, content, competence where relevant and renewal date.

12 Trips and activities away from school

Pupils with allergies will be enabled to participate in visits, residentials, sport and learning beyond the classroom wherever reasonably practicable. Planning will follow the Learning Beyond the Classroom Policy and involve the EVC, Mrs Fox.

An individual risk assessment will be completed for every pupil at risk of anaphylaxis who takes part in an off-site visit. It will consider allergens and food, transport, venues and providers, medication and who carries it, staff training, communications, access to emergency care and residential arrangements. The pupil's two prescribed adrenaline devices must accompany them and remain immediately accessible. A trained member of staff will be present.

The visit leader will consider whether spare school devices should also accompany the visit, without leaving inadequate spare provision on either Belmont building site. A pupil will not be excluded solely because of an allergy or because a parent cannot accompany them. Any exceptional restriction must follow an individual assessment and consideration of reasonable adjustments and alternatives.

13 Inclusion and wellbeing

The school will support pupils who experience anxiety or feel different because of their allergy. Staff will listen to pupils, explain controls in an age-appropriate way, promote safe independence and avoid arrangements that unnecessarily isolate or embarrass them.

Teasing, threats, deliberate exposure, force-feeding, exclusion from activities or other bullying connected with allergy will be treated seriously under the Behaviour Policy and safeguarding procedures. Where appropriate and agreed with the pupil and parents or carers, classmates may be taught how to support the pupil and summon help without disclosing unnecessary medical information.

14 Information sharing

Allergy information is special-category personal data. It will be held securely and shared only as necessary to protect the pupil, meet legal duties and enable inclusion. Relevant teaching, support, lunchtime, catering, wraparound, supply and visit staff will receive enough information to identify the pupil, understand significant allergens and symptoms, locate medication and follow the emergency plan.

Each classroom has a designated cupboard in which essential pupil medical information may be displayed or made accessible to relevant staff. Photographs and information will be limited to what is necessary, handled discreetly and reviewed when no longer required. Arrangements will never rely solely on the usual class teacher being present.

The policy will be published on the school website and available in hard copy. Allergy safety will be reinforced through staff training, parent communication and age-appropriate pupil education.

15 Incidents and near misses

All significant allergic reactions, suspected anaphylaxis, medication problems and allergy-related near misses must be reported promptly to the Headteacher and recorded as soon as practicable. Reports may also be made after the event by pupils, parents, healthcare professionals or others where effects were delayed or became apparent at home.

Immediate actions will include protecting and treating the person, calling emergency services where required, informing parents or carers, replenishing medication and preserving relevant information. The Headteacher will ensure proportionate review of:

- what happened, including the known or suspected allergen and route of exposure;
- whether the Individual Healthcare Plan and Action Plan were current and followed;
- food, activity, supervision, communication and emergency arrangements;
- access to and operation of prescribed or spare medication;
- staff training and confidence;
- whether statutory reports or notifications are required; and
- what action is required, by whom and by when.

Serious incidents and relevant near misses will be reported to the Governing Body in anonymised form. Learning will be used to update plans, risk assessments, training, catering procedures and this policy. The purpose is to improve safety and accountability, not to discourage open reporting.

16 Monitoring and review

The Headteacher will monitor implementation through records of known allergies and plans, training completion, emergency kit checks, catering assurance, visit planning, pupil and parent feedback, and incident and near-miss reviews. Weaknesses will be addressed without waiting for the formal review date.

The Governing Body will review this policy at least annually and earlier following a serious incident or significant near miss, a material change in pupils' needs or school arrangements, or a change in legislation, statutory guidance or clinical safety advice.

Parents and carers should raise immediate safety concerns with the Headteacher. Formal complaints will be considered under the school's Complaints Policy, but urgent protective action will not wait for the complaints process.

Appendix 1 Suspected anaphylaxis emergency action

ACT IMMEDIATELY

Suspect anaphylaxis if there is a sudden problem affecting AIRWAY, BREATHING or CIRCULATION. A rash may be absent. If in doubt, give adrenaline.

1. Give adrenaline immediately. Use the person's prescribed device if available; otherwise use a suitable spare. Bring the device to the person. Aim to administer within five minutes.

2. Call 999. Request an ambulance and say "anaphylaxis". Do not wait to call before giving adrenaline.

3. Position safely. Lay the person flat with legs raised. If breathing is difficult, allow them to sit up gently. Do not allow them to stand or walk, even if they feel better.

4. Give a second dose after five minutes. If there is no improvement, or symptoms return, use a second device.

5. Stay and monitor. Reassure, follow the 999 operator's instructions and be ready to start CPR if the person becomes unresponsive and is not breathing normally.

6. Contact parents or carers. Do this after emergency treatment and the 999 call have begun. Contact must never delay either action.

Do not use antihistamine or an inhaler instead of adrenaline. Do not let the person stand or walk. A second adrenaline device should be given after five minutes if there is no improvement or symptoms return.

School address: Belmont Primary School, Lauderdale Drive, Guisborough, TS14 7BS

Appendix 2 Implementation checklist

Area	Assurance check	Done
Leadership	Named senior leader confirmed; policy approved, published and annual review scheduled.	☐
Identification	Current central record of pupils, staff and relevant visitors with allergies; transition checks complete.	☐
Plans	Required IHPs and Allergy or Asthma Action Plans current, accessible and shared appropriately.	☐
Training	All pupil-facing staff and regular volunteers trained annually; induction, supply and catch-up routes operating.	☐
Prescribed medication	Two devices available where prescribed; locations known; expiry dates and Action Plans checked.	☐
Spare provision	Pairs in appropriate dosage or dosages in each building; unlocked, labelled, within five minutes and checked monthly.	☐
Food	Catering information current; allergen information accessible; substitutions and cross-contact controls assured.	☐

Key sources

- Department for Education, Allergy safety in schools statutory guidance, July 2026.
- Department for Education, Allergy safety policy template, July 2026.
- Department for Education, Supporting pupils at school with medical conditions.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Medicines and Healthcare products Regulatory Agency, guidance and resources for the safe use of adrenaline auto-injectors.
- Food Standards Agency, allergen guidance for food businesses and schools.