BELMONT PRIMARY SCHOOL

Policy for Supporting Pupils with Medical conditions at School

incorporating Belmont Primary School Allergy Safety Policy

Signed by Chair of Governors: ……

Date of Review: August 2026

Due for Review: August 2027

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1. Purpose and Principles

Belmont Primary School is committed to ensuring that pupils with medical conditions are appropriately supported so that they can remain healthy, safe and able to participate fully in school life.

The school recognises that medical conditions may be physical or mental, short or long term, and may affect pupils in different ways. Some conditions may have a significant impact on a pupil's quality of life, attendance, wellbeing or ability to participate in particular activities, while others may be potentially life-threatening.

Our aim is to ensure that pupils with medical conditions:

- receive appropriate support to manage their condition safely while at school;
- have access to their education and the wider life of the school;
- are supported to achieve their academic potential;
- are able to participate in physical education, educational visits, residential visits and other activities wherever reasonably practicable;
- are treated with dignity, respect and understanding;
- are not unnecessarily restricted or excluded from activities because of their medical condition; and
- have their individual needs understood and appropriately considered by relevant staff.

The school will work in partnership with pupils, parents/carers, healthcare professionals and other relevant agencies to understand and meet individual medical needs.

Where appropriate, an **Individual Healthcare Plan (IHP)** will be developed to identify a pupil's medical needs and the arrangements required to support them safely and effectively.

The school recognises that some medical conditions may amount to a disability under the **Equality Act 2010**. Where this is the case, the school will meet its duties under equality legislation, including making reasonable adjustments to avoid placing a disabled pupil at a substantial disadvantage.

Decisions about support and participation will be made on an individual basis, taking account of the pupil's needs, appropriate medical advice, the views of parents/carers and, wherever appropriate, the pupil themselves.

Pupils will not be unnecessarily prevented from participating in any aspect of school life because of a medical condition. Where an activity presents particular risks, the school will consider reasonable and practicable adjustments and appropriate risk-management measures to enable participation wherever possible.

Staff supporting pupils with medical conditions will receive appropriate information, instruction and training and will not be expected to undertake medical procedures or provide specialist support for which they have not been appropriately trained and assessed as competent.

The safety of all pupils remains paramount. Where a medical emergency occurs, staff will act promptly in accordance with the pupil's Individual Healthcare Plan, where applicable, the school's emergency procedures and their training.

2. Legal Framework

Belmont Primary School will comply with its statutory duties to support pupils with medical conditions, including its specific statutory duties in relation to allergy safety.

Part B of this document constitutes the school's Allergy Safety Policy as required by section 100A of the Children and Families Act 2014.

This policy has been developed with particular reference to:

- **Section 100 of the Children and Families Act 2014**, which places a duty on the Governing Body to make arrangements for supporting pupils at school with medical conditions;
- the DfE statutory guidance **Supporting Pupils at School with Medical Conditions**;
- the **Children's Wellbeing and Schools Act 2026**, including the additional requirements relating to allergy safety;
- the DfE statutory guidance **Allergy Safety in Schools**;
- the **Equality Act 2010**, including the school's duty to make reasonable adjustments for disabled pupils;
- the **Special Educational Needs and Disability Code of Practice: 0–25 Years**;
- the **Health and Safety at Work etc. Act 1974** and associated health and safety legislation;
- the **Human Medicines Regulations 2012**, including provisions relating to emergency medicines;
- the **Education Act 2002**, including duties to safeguard and promote the welfare of pupils;
- **Keeping Children Safe in Education**; and
- the **UK General Data Protection Regulation (UK GDPR)** and **Data Protection Act 2018**, in relation to the appropriate handling and sharing of information about pupils' medical needs.

The school will also have regard to relevant guidance issued by the NHS, Local Authority and other competent bodies where appropriate.

Where statutory guidance or legislation is updated, the school will review its arrangements and this policy as necessary.

3. Roles and Responsibilities

Supporting pupils with medical conditions is a shared responsibility. Effective arrangements depend upon cooperation between the Governing Body, school leaders, staff, pupils, parents/carers, healthcare professionals and other relevant agencies.

3.1 Governing Body

The Governing Body has overall legal responsibility for ensuring that appropriate arrangements are in place to support pupils with medical conditions, including allergies.

The Governing Body will:

- ensure that this policy is implemented effectively and reviewed regularly;
- ensure that pupils with medical conditions are appropriately supported to access education and participate in school life;
- ensure that the school's arrangements take account of the impact that medical conditions may have on pupils' health, wellbeing, education and participation;
- ensure that sufficient staff receive appropriate information and training and are competent to undertake responsibilities assigned to them;
- ensure that appropriate arrangements are in place for allergy safety;
- ensure that the school has appropriate insurance arrangements in place;
- ensure that appropriate resources are available to support implementation of this policy; and
- seek assurance that the school's arrangements are operating effectively.

Day-to-day implementation of this policy is delegated to the Headteacher. **This delegation does not remove the Governing Body's overall statutory responsibility.**

3.2 Headteacher

The **Headteacher is the named person with overall responsibility for the day-to-day implementation of this policy**, including the school's Allergy Safety Policy.

The Headteacher will:

- ensure that this policy and associated procedures are implemented consistently;
- ensure that staff are aware of their responsibilities in supporting pupils with medical conditions;
- ensure that appropriate arrangements are made when the school is notified that a pupil has a medical condition;
- ensure that Individual Healthcare Plans are developed and reviewed where required;
- ensure that sufficient appropriately trained and competent staff are available to provide necessary support, including contingency arrangements for staff absence;
- ensure that relevant staff receive appropriate information about individual pupils' medical needs;

- ensure that staff receive appropriate medical and allergy-awareness training;
- ensure that appropriate arrangements are in place for medicines, emergency medication and medical equipment;
- ensure that risks associated with medical conditions are appropriately considered when planning school activities and educational visits;
- liaise with parents/carers, healthcare professionals, the SENDCo and other relevant professionals as required;
- ensure that significant medical or allergy-related incidents and near misses are appropriately recorded, reviewed and acted upon;
- ensure that appropriate confidentiality and information-sharing arrangements are maintained; and
- report significant matters to the Governing Body as appropriate.

The Headteacher may delegate particular tasks to appropriately trained and competent members of staff but retains responsibility for ensuring that suitable arrangements are in place.

3.3 SENDCo

The SENDCo will work with the Headteacher, staff, parents/carers and relevant professionals where a pupil's medical condition also affects their special educational needs, access to learning or wider participation.

The SENDCo may:

- contribute to the development and review of Individual Healthcare Plans;
- support consideration of reasonable adjustments and additional provision;
- help coordinate support where medical and SEND needs overlap;
- liaise with healthcare and other professionals where appropriate; and
- support staff to understand the impact of a pupil's needs upon their learning and participation.

A medical condition does not necessarily mean that a pupil has SEND. Where a pupil does have SEND, support will be coordinated appropriately with the school's SEND arrangements and, where applicable, their Education, Health and Care Plan.

3.4 School Staff

All staff have a responsibility to take appropriate action where a pupil with a medical condition requires assistance.

Staff will:

- familiarise themselves with relevant information about pupils they support;
- follow Individual Healthcare Plans and agreed medical arrangements where applicable;

- understand how to obtain assistance in a medical emergency;
- undertake appropriate training where their role requires them to provide specific support;
- not undertake specialist medical procedures for which they have not been appropriately trained and assessed as competent;
- support pupils to participate in school activities wherever reasonably practicable;
- make appropriate reasonable adjustments within their role;
- maintain appropriate confidentiality while ensuring that necessary information is shared with those who need it to safeguard and support the pupil;
- report concerns, changes in a pupil's needs, medical incidents and relevant near misses promptly; and
- follow the school's allergy-safety arrangements.

Any member of school staff may be asked to provide support to a pupil with a medical condition, although they will not be required to undertake healthcare procedures without appropriate training.

3.5 Parents and Carers

Parents/carers are key partners in supporting their child's medical needs and are expected to:

- provide the school with sufficient, accurate and up-to-date information about their child's medical condition;
- inform the school promptly of any changes to their child's condition, treatment, medication or emergency arrangements;
- participate in the development and review of their child's Individual Healthcare Plan where one is required;
- provide medication, devices and other items required by their child in accordance with school procedures;
- ensure that medication supplied to school is appropriately labelled and within its expiry date;
- provide appropriate consent and information relating to the administration of medicines;
- work collaboratively with the school and relevant healthcare professionals; and
- ensure that emergency contact information is kept up to date.

3.6 Pupils

Pupils will be involved in decisions about their medical support wherever appropriate to their age, maturity and understanding.

Pupils will be encouraged and supported to:

- contribute to their Individual Healthcare Plan where appropriate;
- understand their condition and the support available to them;
- tell an adult if they feel unwell or require assistance;
- know how and where to access their medication or medical device;
- manage their own medication or treatment independently where this has been agreed as safe and appropriate; and
- tell staff where their needs or circumstances have changed.

The school will seek to promote pupils' confidence and independence in managing their medical needs where this is appropriate and safe.

3.7 Healthcare Professionals and Other Agencies

The school will work collaboratively with relevant healthcare professionals and other agencies to ensure that pupils' medical needs are appropriately understood and supported.

Healthcare professionals may provide:

- information about a pupil's medical condition and support needs;
- advice to inform an Individual Healthcare Plan;
- specialist training or confirmation of staff competence where appropriate;
- advice about medication, treatment or emergency procedures;
- support where a pupil's medical needs change; and
- advice about reasonable adjustments, participation or risk management where specialist clinical knowledge is required.

The school will seek appropriate professional advice where a pupil's needs cannot reasonably be determined or managed using the information available.

4. Notification of a Pupil's Medical Condition

Parents/carers should inform Belmont Primary School of any medical condition that may affect their child's health, safety, wellbeing, attendance or participation in school life.

Information may also be received from healthcare professionals, previous education settings or other appropriate agencies, subject to relevant information-sharing arrangements.

The school should be informed promptly where:

- a pupil is newly diagnosed with a medical condition;
- an existing condition changes;
- medication, treatment or emergency arrangements change;
- a pupil develops an allergy or there is a change in a known allergy;

- a pupil requires additional support or reasonable adjustments because of a medical condition;
- a pupil is returning to school following significant illness, injury or medical treatment; or
- other circumstances arise that may affect the support required in school.

4.1 Initial Consideration

When the school is notified of a pupil's medical condition or a significant change in their needs, the Headteacher or an appropriate member of staff will consider what arrangements are required.

This will include, as appropriate:

- obtaining relevant information from parents/carers;
- seeking appropriate advice or information from healthcare professionals;
- involving the pupil according to their age, maturity and understanding;
- considering whether an **Individual Healthcare Plan (IHP)** is required;
- identifying any medication, treatment, equipment or emergency arrangements required;
- considering reasonable adjustments or other support;
- identifying staff who need to be aware of the pupil's needs;
- identifying any staff training or competency requirements;
- considering implications for attendance, learning, PE, educational visits and other school activities; and
- ensuring that appropriate arrangements are communicated and implemented.

Support will be proportionate to the pupil's individual needs and the nature of their condition.

4.2 Timescales

For pupils who are due to start at Belmont Primary School with a known medical condition, the school will seek to ensure that appropriate arrangements are in place **in time for the start of the relevant school term**.

Where a pupil receives a new diagnosis, develops a medical need or joins the school during the academic year, **every effort will be made to establish appropriate arrangements within two weeks of notification**.

Where immediate support is required, appropriate interim arrangements will be put in place without unnecessary delay.

4.3 Support Before Formal Diagnosis

The school will not require a formal diagnosis before considering or providing appropriate support.

Where a pupil's condition or needs are not yet fully understood, the school will work with parents/carers and, where appropriate, healthcare professionals to determine reasonable interim arrangements based upon the available information.

Where information or advice is unclear or conflicting, the Headteacher will seek appropriate clarification or professional advice so that decisions can be made in the pupil's best interests.

4.4 Changes in Need and Reintegration

Parents/carers should notify the school promptly of significant changes to their child's medical needs or treatment.

Where a pupil's needs change, relevant arrangements and any Individual Healthcare Plan will be reviewed and amended as necessary.

Following a significant period of illness, injury, hospital treatment or absence, the school will work with the pupil, parents/carers and relevant professionals to support an appropriate return to education.

Reintegration arrangements may include:

- reasonable adjustments to the school day or timetable;
- temporary modification of activities;
- additional rest or treatment arrangements;
- support with missed learning;
- changes to medication or medical support;
- consideration of emotional wellbeing;
- review of relevant risk assessments; and
- a phased return where this is appropriate and supported by relevant advice.

Arrangements will be reviewed as the pupil's health and circumstances develop.

4.5 Transition Between Settings

Where a pupil with a medical condition joins or leaves Belmont Primary School, the school will seek to ensure that relevant information is transferred appropriately and in sufficient time to support continuity of care.

Transition arrangements will respect confidentiality and data-protection requirements while ensuring that information necessary to protect and support the pupil is shared appropriately.

5. Individual Healthcare Plans

Individual Healthcare Plans (IHPs) are used to provide clarity about a pupil's medical needs and the support required to enable them to participate safely and fully in school life.

An IHP will be developed where it is considered necessary to ensure that a pupil's medical condition can be managed safely and effectively in school.

5.1 When an IHP is Required

Not every pupil with a medical condition will require an IHP. The need for a plan will be considered on an individual basis, taking account of the nature and complexity of the condition, the support required and the potential impact upon the pupil's education, health, safety and wellbeing.

An IHP will normally be appropriate where:

- a pupil has a long-term or complex medical condition requiring support in school;
- medication, treatment or monitoring requires particular arrangements;
- a condition may result in a medical emergency;
- a pupil requires specific support, supervision or reasonable adjustments;
- several members of staff or services need to coordinate support;
- a pupil's medical needs may significantly affect attendance, learning or participation;
- specific arrangements are required for PE, educational visits or other activities; or
- an IHP is recommended by a healthcare professional or otherwise considered necessary by the school.

Pupils with allergies will be considered for an IHP in accordance with Part B of this policy and the school's statutory allergy-safety arrangements.

Where it is decided that an IHP is not required, the school will nevertheless ensure that any necessary information, medication, adjustments and emergency arrangements are appropriately recorded and communicated.

5.2 Developing the Plan

The Headteacher will ensure that an IHP is developed where required.

Plans will be developed collaboratively and may involve:

- the pupil;
- parents/carers;
- the Headteacher or another appropriate member of staff;
- the class teacher and other relevant school staff;
- the SENDCo where SEND and medical needs overlap;
- the school nursing service;
- relevant healthcare professionals; and
- other professionals or agencies where appropriate.

The views of the pupil will be sought and taken into account according to their age, maturity and understanding.

Parents/carers and healthcare professionals should provide information necessary to enable the school to understand the pupil's condition and establish appropriate arrangements.

Responsibility for ensuring that an IHP is in place rests with the school; it will not be dependent upon a healthcare professional being available to attend a meeting or complete the plan.

5.3 Content of an IHP

The content and level of detail within an IHP will reflect the individual pupil's needs.

Where relevant, the plan will include:

- the medical condition, including relevant triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication, dosage, administration, storage and access arrangements;
- medical equipment or devices required;
- dietary or environmental requirements where relevant;
- arrangements for monitoring the pupil's condition;
- specific educational, social or emotional support required;
- reasonable adjustments;
- the level and nature of support required;
- what the pupil can manage independently and what assistance is required;
- the staff responsible for providing support;
- training or competency requirements for staff;
- contingency arrangements where a usual member of staff is unavailable;
- which staff need to be aware of the pupil's condition and arrangements;
- arrangements for confidentiality and appropriate information sharing;
- arrangements for absences related to the condition, where relevant;
- arrangements for PE, breaktimes, lunchtimes and other school activities where necessary;
- arrangements for educational visits, residential visits and other off-site activities;
- arrangements for emergencies, including what constitutes an emergency and the action to be taken;
- emergency contact information;
- arrangements for obtaining or administering emergency medication;
- any relevant risk-management measures; and
- the date and arrangements for review.

Where a pupil has an allergy, their IHP will also contain the information required by the school's Allergy Safety Policy in **Part B**.

5.4 Access to Medication and Emergency Information

An IHP must result in arrangements that work **in practice**, including during lessons, break and lunchtime, PE, before- and after-school activities and educational visits.

Pupils who are competent to manage their own medication or medical devices will be supported to do so where this is appropriate and safe.

Medication and emergency equipment must be accessible when required. Arrangements must not create an avoidable delay in responding to a pupil's medical needs.

Relevant staff must know:

- which pupils have significant medical needs;
- how those needs may present;
- where relevant medication or equipment is located;
- what action they are expected to take; and
- how to obtain additional or emergency assistance.

5.5 Confidentiality and Sharing the Plan

Medical information will be treated sensitively and shared only where there is an appropriate reason to do so.

Relevant information from an IHP will be made available to those members of staff who need it to support the pupil safely and effectively.

The school will balance the pupil's right to privacy with the need to ensure that staff have sufficient information to recognise and respond appropriately to their medical needs.

Confidentiality must not prevent necessary information being shared where this is required to protect a pupil's health, safety or welfare.

Plans will be stored securely while remaining appropriately accessible to staff who require them.

5.6 Review

IHPs will be reviewed **at least annually**, or sooner where:

- the pupil's medical condition or needs change;
- medication, treatment or emergency arrangements change;
- there has been a significant medical incident or near miss;
- the pupil or parent/carer raises a concern;
- relevant professional advice changes;
- transition to a new class, phase or setting requires reconsideration of arrangements; or
- existing arrangements are no longer considered effective.

Reviews will involve the pupil, parents/carers, relevant school staff and healthcare professionals as appropriate.

Amendments will be communicated promptly to staff who need to know.

5.7 Temporary and Changing Medical Needs

A formal IHP may not always be necessary for a short-term medical need. Appropriate arrangements will nevertheless be agreed and communicated where a pupil requires temporary medication, treatment, adjustment or support.

Where a temporary condition becomes prolonged, complex or presents significant risk, the school will consider whether an IHP should be developed.

Support will not be delayed unnecessarily while documentation is being completed where reasonable interim arrangements can safely be put in place.

6. Medicines in School

Belmont Primary School will support pupils who require medication during the school day so that their medical needs can be managed safely and their access to education is not unnecessarily disrupted.

Detailed arrangements for the receipt, storage, administration, recording and disposal of medicines are set out in the school's **Administration of Medicines Policy and associated procedures**.

6.1 General Principles

Medicines will only be administered at school where it is appropriate and necessary to support a pupil's health, wellbeing and attendance.

The school will:

- ensure that appropriate consent and information have been provided before medication is administered;
- ensure that medicines are appropriately labelled and supplied in accordance with the school's procedures;
- store medicines safely while ensuring that they remain appropriately accessible when required;
- maintain appropriate records of medicines administered;
- ensure that staff administering or supervising medication have appropriate information and, where necessary, training;
- make suitable arrangements for medication during educational visits and other off-site activities; and
- ensure that unused or expired medicines are dealt with appropriately.

Staff must not alter a prescribed dose or treatment regime without appropriate authorisation or advice.

6.2 Access to Medicines

Pupils must be able to access medication and medical devices promptly when they are required.

Medicines and devices that may be required urgently, including inhalers, adrenaline auto-injectors and other emergency medication, must not be stored in a way that creates unnecessary delay in an emergency.

Where appropriate, pupils who are sufficiently competent may carry and administer their own medication or medical device, subject to agreement between the school, parents/carers and relevant healthcare professionals where necessary.

Where a pupil does not carry their own emergency medication, relevant staff must know where it is stored and how it can be obtained promptly.

6.3 Administration by Staff

Staff who agree to administer medicines will be provided with sufficient information to do so safely.

Where administration involves specialist knowledge or a healthcare procedure, staff must receive appropriate training and be assessed as competent before undertaking the task.

Wherever practicable, arrangements should not depend upon a single member of staff being available.

Appropriate records will be made when medication is administered or supervised in accordance with school procedures.

If a pupil refuses medication, staff will not force them to take it. The agreed procedure within the pupil's IHP or medical arrangements will be followed and parents/carers will be informed as appropriate.

Where refusal creates an immediate or potentially serious risk to the pupil's health, appropriate medical or emergency advice will be sought.

6.4 Prescription and Non-Prescription Medicines

Prescription medicines will be administered in accordance with the prescriber's instructions and the school's Administration of Medicines procedures.

Non-prescription medicines will only be administered where this is consistent with the school's agreed procedures and appropriate consent has been provided.

A pupil under 16 will not be given medicine containing aspirin unless it has been prescribed by a doctor.

Medication will not routinely be administered where doses can reasonably be taken outside school hours without adversely affecting the pupil's health or school attendance.

6.5 Storage

Medicines will be stored securely and in accordance with any specific storage instructions, while remaining readily accessible to those who may require them.

Medicines requiring refrigeration will be stored appropriately and access managed in accordance with school procedures.

Controlled drugs will be managed in accordance with relevant legal requirements and the school's Administration of Medicines procedures.

Emergency medication will be readily accessible and will not be locked away where doing so could cause an unsafe delay in treatment.

6.6 Educational Visits and Activities

A pupil requiring medication will not be unnecessarily prevented from participating in educational visits, residential visits, PE, sport or other school activities.

Planning will ensure that:

- required medication and equipment accompany the pupil;
- an appropriately informed or trained member of staff is available where necessary;
- medication can be stored and administered appropriately;
- relevant emergency information is available; and
- reasonable adjustments are made where required.

These arrangements will be considered as part of the visit planning and risk-management process set out in the school's **Learning Beyond the Classroom Policy**.

6.7 Emergency Medication

Arrangements for emergency medicines will be clearly identified within the pupil's IHP or other relevant medical documentation.

Staff who may need to respond must know, as appropriate:

- how to recognise the signs that emergency medication may be required;
- what action they should take;
- where the medication is located;
- how it should be administered where this forms part of their role and training; and
- when emergency medical assistance must be summoned.

The school's arrangements for emergency adrenaline auto-injectors and the management of anaphylaxis are set out in **Part B — Allergy Safety Policy**.

7. Emergency Medical Arrangements

Belmont Primary School will maintain arrangements to ensure that medical emergencies involving pupils are recognised and responded to promptly and appropriately.

The overriding priority in a medical emergency is to **protect the pupil from harm, provide appropriate immediate assistance and obtain emergency medical help without unnecessary delay**.

7.1 Recognising and Responding to an Emergency

Where a pupil has an Individual Healthcare Plan (IHP), the plan will identify, where relevant:

- signs and symptoms that may indicate deterioration or an emergency;
- the immediate action staff should take;
- any emergency medication or equipment required;
- who is trained or authorised to provide particular treatment;
- when emergency medical assistance should be summoned; and
- arrangements for contacting parents/carers.

Staff should follow the pupil's IHP and their training where these are available.

Where there is uncertainty about the seriousness of a pupil's condition, staff should prioritise the pupil's safety and seek appropriate medical or emergency assistance.

7.2 Calling the Emergency Services

An emergency call must not be delayed while attempting to contact a parent/carer.

Where emergency medical assistance is required:

- 999 should be called promptly;
- appropriate first aid or emergency treatment should be provided within the responder's competence and training;
- relevant emergency medication or equipment should be obtained and used as appropriate;
- the pupil should be appropriately supervised and reassured;
- parents/carers should be contacted as soon as practicable; and
- relevant medical information should be made available to the emergency services where appropriate.

Where a pupil is transferred to hospital by ambulance, arrangements will be made for an appropriate adult to accompany or follow the pupil where necessary until a parent/carer is able to take responsibility.

7.3 Emergency Medication and Equipment

Emergency medication and medical equipment must be stored and managed so that it can be accessed promptly when required.

Staff who may reasonably be expected to respond to a pupil's medical emergency will be provided with sufficient information to understand:

- the nature of the pupil's medical needs;
- how an emergency may present;
- the immediate action required;
- where relevant medication or equipment is located; and

- how to summon further assistance.

Emergency arrangements must take account of pupils' needs throughout the school day, including during **breaktimes, lunchtimes, PE, clubs and activities away from the normal classroom**.

Appropriate arrangements will also be made for educational visits and other off-site activities.

7.4 Automated External Defibrillators

Automated External Defibrillators (**AEDs**) are available in both the **EYFS and KS1 building and the KS2 building**.

Staff will be made aware of their locations as part of the school's emergency arrangements.

In the event of a suspected cardiac arrest, staff should:

- call 999 immediately;
- commence CPR as appropriate;
- obtain an AED as quickly as possible; and
- follow the instructions provided by the AED.

Use of an AED should not be delayed solely because a specifically trained member of staff is unavailable.

Detailed arrangements for the maintenance and management of AEDs are contained within the school's Health and Safety arrangements.

7.5 Allergic Reactions and Anaphylaxis

Anaphylaxis is a potentially life-threatening medical emergency requiring immediate action.

The school's detailed arrangements for recognising and responding to allergic reactions and anaphylaxis, including the availability and use of adrenaline auto-injectors (AAIs), are contained within **Part B — Allergy Safety Policy**.

Nothing within those arrangements should delay a call to the emergency services where anaphylaxis is suspected.

7.6 After an Emergency

Following a significant medical emergency, the school will:

- ensure that appropriate records are completed;
- inform relevant persons and agencies where required;
- consider the wellbeing and support needs of the pupil and others affected;
- review the pupil's IHP and associated arrangements where appropriate;
- replenish or replace medication and equipment that has been used;
- consider whether staff require further information or training; and

- identify and act upon any lessons arising from the incident.

Where the incident involves an allergic reaction or anaphylaxis, the requirements for recording, reviewing and learning from allergy-related incidents and near misses set out in **Part B** will also apply.

8. Staff Training and Competence

Belmont Primary School will ensure that staff receive appropriate information, instruction and training to enable them to support pupils with medical conditions safely and effectively.

The nature and level of training required will reflect the responsibilities of the member of staff and the individual needs of the pupils they support.

8.1 General Staff Awareness

All staff will receive appropriate information about the school's arrangements for supporting pupils with medical conditions.

This will include, as appropriate:

- how to obtain help in a medical emergency;
- the importance of following Individual Healthcare Plans (IHPs);
- arrangements for accessing emergency medication and equipment;
- awareness of significant medical needs relevant to pupils in their care;
- procedures for reporting concerns or changes in a pupil's needs; and
- the school's allergy-safety arrangements.

Medical arrangements relevant to a member of staff's role will also form part of induction for new staff.

8.2 Pupil-Specific Information

Staff who have responsibility for a pupil with a medical condition will be provided with sufficient information to understand the support that pupil may require.

This may include:

- relevant signs, symptoms and triggers;
- routine support or adjustments;
- medication or equipment arrangements;
- restrictions or particular considerations, where clinically necessary;
- signs that the pupil's condition may be deteriorating;
- emergency action required; and
- relevant information contained within the pupil's IHP.

Information will be shared on a **need-to-know basis**, balancing appropriate confidentiality with the need to protect and support the pupil.

8.3 Specialist Training and Competence

Where a pupil requires a healthcare procedure or other support requiring specialist knowledge or skill, appropriate training will be provided to those staff undertaking that responsibility.

Training will be provided or supported by an appropriately competent healthcare professional or other suitable specialist where required.

Staff must not undertake a healthcare procedure requiring specialist competence unless they have received appropriate training and are considered competent to do so.

Training will be specific to the procedure and, where necessary, to the individual pupil.

The school will ensure that sufficient appropriately trained staff are available to provide the required support, including reasonable contingency arrangements for absence.

8.4 Allergy Awareness and Training

In accordance with the school's statutory allergy-safety arrangements, **all staff will receive appropriate allergy-awareness training**.

Training will enable staff to understand, as appropriate:

- common causes and triggers of allergic reactions;
- the importance of preventing avoidable exposure to known allergens;
- how allergic reactions and anaphylaxis may present;
- the need for prompt action where anaphylaxis is suspected;
- how to summon emergency medical assistance;
- the school's arrangements for adrenaline auto-injectors (AAIs); and
- their individual responsibilities under the school's Allergy Safety Policy.

Staff with specific responsibilities for pupils at risk of anaphylaxis will receive any additional training required to fulfil those responsibilities safely.

Detailed allergy-training requirements are set out in **Part B — Allergy Safety Policy**.

8.5 Refresher and Updated Training

Training needs will be reviewed periodically and whenever circumstances indicate that further or updated training is required.

This may include where:

- a pupil with new or different medical needs joins the school;
- an existing pupil's condition or treatment changes;
- a member of staff takes on additional responsibilities;

- an IHP identifies a particular training requirement;
- medication, equipment or procedures change;
- an incident or near miss identifies a need for further training; or
- relevant guidance or professional advice changes.

Training requiring periodic renewal will be monitored and refreshed within appropriate timescales.

8.6 Training Records

Appropriate records of medical and healthcare training will be maintained.

These will identify, where relevant:

- the training undertaken;
- the member(s) of staff trained;
- the date of training;
- the trainer or organisation providing the training;
- any period of validity or recommended review date; and
- confirmation of competence where this is required.

The school will maintain arrangements to identify forthcoming training or renewal requirements.

9. Participation, PE and Learning Beyond the Classroom

Belmont Primary School is committed to ensuring that pupils with medical conditions are able to participate as fully as possible in the curriculum and wider life of the school.

A medical condition will not, in itself, be regarded as a reason to prevent a pupil from participating in an activity.

Where a pupil's medical needs may affect participation, staff will consider what reasonable and practicable adjustments, support or risk-management measures can be put in place to enable the pupil to participate safely.

9.1 Curriculum and School Activities

Staff will take account of pupils' medical needs when planning lessons and activities.

Where appropriate, this may include:

- adapting an activity or the way in which it is delivered;
- allowing additional rest, hydration, food, medication or treatment;
- ensuring ready access to medication or medical equipment;
- adjusting the timing or duration of an activity;
- providing additional supervision or support;

- considering environmental factors or known medical triggers;
- making reasonable adjustments to facilities or arrangements; and
- obtaining relevant advice where the risks or appropriate adjustments are unclear.

Adjustments will seek to support participation without unnecessarily limiting the pupil's independence or educational experience.

9.2 Physical Education and Sport

Pupils with medical conditions will be supported to participate in PE, swimming, sport and physical activity wherever reasonably practicable.

Staff responsible for these activities will be provided with relevant information about pupils whose medical needs may affect their participation.

Arrangements will ensure, where relevant, that:

- medication and medical devices are readily accessible;
- staff understand significant signs, symptoms and emergency arrangements;
- appropriate adjustments identified within an IHP are implemented;
- environmental or activity-specific triggers are considered; and
- pupils are able to manage their condition before, during and after physical activity.

A pupil will not routinely be excluded from PE or physical activity simply because they have a medical condition.

Where appropriate clinical advice indicates that an activity should be restricted or avoided, the school will consider alternative or adapted participation and will review arrangements when the pupil's needs change.

9.3 Educational Visits and Learning Beyond the Classroom

Pupils with medical conditions will be supported to participate in educational visits, residential visits and other learning beyond the classroom wherever reasonably practicable.

Medical needs will be considered as part of the visit planning and risk-management process in accordance with the school's **Learning Beyond the Classroom Policy**.

Planning will consider, where relevant:

- the pupil's IHP and current medical needs;
- medication and medical equipment required;
- storage and accessibility of medication;
- staff information, training and competence;
- supervision and staffing arrangements;
- transport and journey arrangements;

- food, allergies and dietary requirements;
- environmental or activity-specific triggers;
- access to medical assistance;
- emergency and contingency arrangements;
- overnight arrangements on residential visits; and
- reasonable adjustments required to enable participation.

Relevant information will be shared appropriately with staff and, where necessary, external providers involved in supporting the pupil.

9.4 Individual Risk Assessment

A separate individual risk assessment will be undertaken where this is necessary because of the pupil's medical needs or the nature of the proposed activity.

Risk assessment will be **proportionate to the actual risks involved** and will take account of the pupil's individual circumstances rather than relying solely upon the name or diagnosis of their condition.

The pupil and parents/carers will be involved where appropriate, and relevant healthcare advice will be sought where specialist clinical knowledge is required.

The purpose of risk assessment is to identify how an activity can be undertaken safely wherever reasonably practicable, rather than to create unnecessary barriers to participation.

9.5 Where Participation Cannot Safely Be Achieved

There may exceptionally be circumstances in which appropriate clinical advice or an individual assessment indicates that a particular activity cannot safely be undertaken, even with reasonable adjustments.

In these circumstances, the school will:

- consider whether the activity can be modified;
- consider alternative ways in which the pupil can participate;
- discuss the position with the pupil and parents/carers;
- seek appropriate professional advice where necessary;
- avoid unnecessary or disproportionate restriction; and
- review the decision if circumstances or medical advice change.

Any decision to restrict participation will be based upon the **individual pupil and the particular activity**, rather than a blanket restriction associated with a medical condition.

10. Information Sharing, Confidentiality and Record Keeping

Belmont Primary School will handle information about pupils' medical conditions sensitively, securely and in accordance with its data-protection responsibilities.

Information will be shared with those who need it to support the pupil's health, safety, wellbeing and participation in school life.

10.1 Sharing Medical Information

Relevant staff will be provided with sufficient information to understand and respond appropriately to the medical needs of pupils in their care.

Information shared will be **relevant and proportionate to the individual's role** and may include:

- the nature of the pupil's medical condition where staff need to know this;
- significant signs, symptoms or triggers;
- medication or medical equipment arrangements;
- reasonable adjustments or support required;
- emergency procedures;
- relevant information contained within an Individual Healthcare Plan (IHP); and
- other information necessary to support the pupil safely.

Medical information will not be shared more widely than necessary, but confidentiality will not prevent relevant information being provided to those who need it to protect or support the pupil.

10.2 Pupils' Privacy and Dignity

Pupils will be treated with dignity and respect in relation to their medical needs.

Wherever reasonably practicable, discussions about a pupil's condition, medication or treatment will take place discreetly and medical support will be provided in a manner that respects the pupil's privacy.

Staff will avoid drawing unnecessary attention to a pupil's condition or sharing information with other pupils or adults who do not need to know it.

The pupil's views about how information concerning their condition is handled will be considered according to their age, maturity and understanding.

10.3 Information for Temporary and Additional Staff

Appropriate arrangements will be made to ensure that **supply staff, lunchtime staff, club staff and other relevant adults** receive the medical information they require to supervise or support pupils safely.

Information provided will be proportionate to their responsibilities and the circumstances in which they are working with the pupil.

Particular attention will be given to ensuring that relevant emergency information is not dependent solely upon the knowledge of the pupil's usual class teacher or another individual member of staff.

10.4 Educational Visits and External Providers

Relevant medical information may be shared with staff, volunteers, external providers or others involved in an educational visit or school activity where this is necessary to support the pupil safely.

Information sharing will be proportionate to the person's role and the needs of the pupil.

Appropriate arrangements will be made for relevant medical and emergency information to remain accessible during off-site activities while being protected from unnecessary disclosure.

10.5 Records

The school will maintain appropriate records relating to pupils' medical needs and the support provided.

These may include:

- Individual Healthcare Plans;
- parental information and consent;
- records relating to medication received, administered or returned;
- relevant healthcare information;
- staff training and competence records;
- records of significant medical incidents or emergencies;
- allergy-related incidents and near misses;
- relevant risk assessments; and
- correspondence or professional advice necessary to support the pupil.

Records will be accurate, appropriately secured and retained in accordance with the school's **Data Protection Policy and records-retention arrangements**.

10.6 Changes to Medical Information

Parents/carers should inform the school promptly of significant changes to their child's condition, medication, treatment or emergency arrangements.

Where information changes, relevant records and IHPs will be updated and **those members of staff who need to know will be informed promptly**.

Outdated information that could result in inappropriate action should be removed or clearly superseded in accordance with the school's records-management arrangements.

10.7 Photographs and Emergency Identification

Where a photograph or other readily identifiable information is used as part of an IHP, emergency plan or medical information system, its use will be limited to what is reasonably necessary to enable relevant staff to identify and support the pupil. Each classroom has a designated cupboard within which this is displayed.

Such information will be displayed or made accessible only where this is appropriate to the purpose and will be reviewed when no longer required.

11. Unacceptable Practice

Belmont Primary School expects pupils with medical conditions to be treated fairly, safely and with dignity.

Although decisions must always take account of individual circumstances, it will generally be regarded as unacceptable practice to:

- prevent pupils from readily accessing their inhalers, medication or medical devices when they need them;
- assume that every pupil with the same medical condition requires the same support;
- ignore the views of the pupil, parents/carers or relevant healthcare professionals without appropriate reason;
- require a pupil to become unnecessarily unwell before agreed support, medication or treatment is provided;
- prevent a pupil from drinking, eating, taking toilet or rest breaks, taking medication or undertaking other activities necessary to manage their medical condition;
- routinely require a pupil who is unwell to attend the school office or another location **unaccompanied where their condition means this may be unsafe**;
- send a pupil home solely because they have a medical condition where they are otherwise well enough to remain at school with appropriate support;
- penalise a pupil for absence or difficulties with punctuality that are reasonably associated with their medical condition, treatment or healthcare appointments;
- prevent or unnecessarily discourage a pupil from participating in lessons, PE, sport, educational visits, residential visits or other school activities because of their medical condition;
- create unnecessary barriers to participation rather than considering reasonable adjustments and appropriate risk-management measures;
- require parents/carers to attend school routinely to administer medication or provide medical support where suitable school arrangements should reasonably be made;
- require parents/carers to accompany their child on an educational visit solely because the child has a medical condition;
- expect staff to undertake specialist healthcare procedures for which they have not received appropriate training or been assessed as competent;

- disclose a pupil's medical information to people who do not need it, or conversely withhold relevant information from staff who need it to support the pupil safely;
- disregard an Individual Healthcare Plan or agreed medical arrangement without appropriate reason; or
- delay obtaining emergency medical assistance because a parent/carer has not yet been contacted.

Where there is a genuine clinical, safeguarding or safety reason why an agreed arrangement cannot be followed, staff will take reasonable action to protect the pupil, seek appropriate advice where necessary and ensure that the matter is communicated and reviewed.

12. Complaints and Concerns

Belmont Primary School aims to work collaboratively with pupils, parents/carers and healthcare professionals to ensure that pupils with medical conditions receive appropriate support.

Parents/carers are encouraged to raise any concern about their child's medical support **promptly**, so that it can be considered and, where possible, resolved without unnecessary delay.

12.1 Raising a Concern

In the first instance, concerns should normally be raised with the member of staff best placed to address the matter.

Where the concern cannot be resolved, is significant, or relates to the implementation of this policy, it should be raised with the **Headteacher**.

The school will seek to:

- listen carefully to the concern;
- consider the views of the pupil and parents/carers;
- review relevant Individual Healthcare Plans, records and agreed arrangements;
- seek appropriate professional advice where necessary;
- take prompt action where a pupil's health or safety may be affected; and
- communicate the outcome and any changes to arrangements to relevant persons.

A concern about a pupil's immediate medical safety will be addressed promptly and will not be deferred solely because a formal complaints process is underway.

12.2 Formal Complaints

Where a parent/carer remains dissatisfied, they may make a formal complaint in accordance with the school's **Complaints Policy and Procedure**.

Where a complaint concerns the Headteacher, it will be considered through the appropriate route set out in that procedure.

The school's complaints arrangements do not prevent a parent/carer from pursuing any other statutory or external route available to them where appropriate.

PART B — ALLERGY SAFETY POLICY

Part B of this document constitutes Belmont Primary School's Allergy Safety Policy and forms part of the school's wider arrangements for supporting pupils with medical conditions.

The provisions within Part A apply equally to pupils with allergies. Part B sets out the additional arrangements specifically required to prevent, recognise and respond to allergic reactions and anaphylaxis.

13. Allergy Safety: Purpose and Principles

Belmont Primary School recognises that allergies can range from mild reactions to severe and potentially life-threatening anaphylaxis.

The school is committed to providing an environment in which pupils with allergies can participate safely and fully in education and school life, while recognising that **it is not possible to guarantee an entirely allergen-free environment**.

The school's approach will therefore focus on:

- identifying pupils with known allergies and understanding their individual needs;
- working collaboratively with pupils, parents/carers and healthcare professionals;
- reducing avoidable exposure to known allergens through proportionate and practicable control measures;
- ensuring that relevant information is available to those who need it;
- ensuring appropriate Individual Healthcare Plans (IHPs) are in place;
- ensuring pupils have prompt access to their prescribed medication;
- maintaining appropriate emergency adrenaline auto-injector (AAI) provision;
- ensuring that staff can recognise the signs of an allergic reaction and know how to respond;
- providing allergy-awareness training for staff;
- considering allergy risks in food provision, curriculum activities, educational visits and other school activities;
- recording and reviewing significant allergic reactions and relevant near misses; and
- promoting an informed and supportive school culture without unnecessarily restricting pupils with allergies.

13.1 A Whole-School Approach

Allergy safety is a shared responsibility and will be considered across the school's activities rather than being treated solely as an individual medical issue.

Relevant arrangements may involve teaching and support staff, lunchtime staff, catering staff, office staff, premises staff, wraparound-care staff, volunteers and external providers, according to their roles.

The school will seek to ensure that allergy-safety arrangements remain effective throughout the school day and during activities away from the usual classroom environment.

13.2 Individualised Support

Allergy management will be based upon the individual pupil's known allergies, history, needs and appropriate healthcare advice.

The school will not assume that all pupils with the same allergy face identical risks or require identical arrangements.

Individual arrangements may take account of:

- known allergens and routes of exposure;
- previous reactions and their severity;
- signs and symptoms particular to the pupil;
- prescribed medication;
- the pupil's age and ability to recognise and manage their own allergy;
- environmental, dietary and activity-related risks;
- emergency arrangements; and
- reasonable adjustments required to enable participation.

13.3 Proportionate Risk Reduction

The school will take reasonable and practicable steps to reduce the risk of avoidable exposure to known allergens.

Control measures will be based upon the circumstances and risks involved and may include arrangements relating to:

- food preparation, service and consumption;
- handwashing and cleaning;
- classroom food and cooking activities;
- food brought onto the premises;
- celebrations and special events;
- breakfast, after-school and other wraparound provision;

- educational visits and residential activities;
- curriculum resources or materials containing known allergens; and
- other environmental exposures relevant to an individual pupil.

The school will not rely upon blanket claims that the premises are completely "allergen-free" where such a guarantee cannot reasonably be made.

Instead, the school will communicate clearly about the measures it takes to manage identified allergy risks and will expect pupils, families, staff, caterers and other relevant members of the school community to support those arrangements.

13.4 Inclusion and Wellbeing

Allergy-safety measures will seek to protect pupils **without unnecessarily isolating, stigmatising or excluding them**.

Pupils with allergies should be able to participate in meals, curriculum activities, celebrations, educational visits and the wider life of the school wherever reasonably practicable.

When control measures are required, the school will consider their impact upon the pupil's dignity, wellbeing and inclusion as well as their effectiveness in reducing risk.

Age-appropriate education and awareness may be used to help pupils understand allergies and the importance of supporting classmates safely, without disclosing unnecessary personal medical information.

13.5 Emergency Preparedness

The school recognises that even where appropriate preventative measures are in place, an allergic reaction may still occur.

Arrangements will therefore ensure that:

- prescribed emergency medication can be accessed promptly;
- the school's emergency AAIs are appropriately available;
- relevant staff know how to obtain emergency medication;
- staff understand that anaphylaxis requires **immediate action**;
- emergency services are summoned promptly where required; and
- arrangements do not depend unnecessarily upon a single member of staff being available.

Detailed arrangements for AAIs and the emergency response to suspected anaphylaxis are set out later in Part B.

14. Identification and Management of Allergies

Belmont Primary School will maintain arrangements to identify pupils with known allergies and ensure that relevant information is obtained, recorded, communicated and acted upon.

Parents/carers should inform the school of any known or suspected allergy when their child joins the school and promptly thereafter if an allergy is diagnosed, suspected or changes.

14.1 Information About a Pupil's Allergy

Where the school is notified that a pupil has an allergy, appropriate information will be obtained from parents/carers and, where necessary, relevant healthcare professionals.

This will include, as appropriate:

- the allergen or suspected allergen;
- how exposure may occur, including ingestion, contact or inhalation where relevant;
- known signs and symptoms of a reaction;
- the pupil's previous history of allergic reactions;
- any factors that may increase risk or affect the severity of a reaction;
- medication prescribed for routine or emergency use;
- whether the pupil has been prescribed adrenaline auto-injectors (AAIs);
- dietary or environmental precautions required;
- emergency action to be taken; and
- relevant healthcare and emergency contact information.

Where an allergy is suspected but not yet formally diagnosed, the school will work with parents/carers and relevant healthcare professionals as appropriate to establish reasonable interim arrangements.

Support will not be withheld solely because diagnostic investigation is incomplete.

14.2 Individual Healthcare Plans

Pupils with allergies will be considered for an Individual Healthcare Plan (IHP) in accordance with Section 5 of this policy and the requirements of the school's allergy-safety arrangements.

Where an IHP is required, it will clearly identify:

- the pupil's known allergens;
- typical signs and symptoms;
- preventative and risk-reduction measures;
- medication and where it is located;
- the pupil's level of independence in managing their allergy;

- action to take where exposure is suspected;
- action to take where an allergic reaction occurs;
- when and how an AAI should be administered;
- when emergency services must be called;
- arrangements for a second dose of adrenaline where applicable;
- staff who require relevant information or additional training;
- arrangements for food, curriculum activities, PE, visits and other relevant activities; and
- arrangements for review.

The emergency information within an allergy IHP must be **clear, readily accessible to relevant staff and capable of being followed quickly in an emergency**.

14.3 Prescribed Adrenaline Auto-Injectors

Where a pupil has been prescribed AAIs, parents/carers are responsible for supplying the school with the medication required in accordance with the pupil's healthcare arrangements.

The school will ensure that prescribed AAIs:

- are stored in an agreed and readily accessible location;
- can be obtained without unnecessary delay;
- are clearly identifiable for the pupil for whom they were prescribed;
- are available during relevant school activities and educational visits;
- are appropriately monitored in accordance with school procedures; and
- are accompanied by appropriate emergency information.

Arrangements should take account of the possibility that **more than one dose of adrenaline may be required**.

Where appropriate to their age, maturity and individual circumstances, pupils may be supported to carry or otherwise have immediate access to their own AAI.

14.4 Communicating Allergy Information

Relevant staff will be informed of pupils with allergies where that information is necessary for them to support the pupil safely.

This may include, as appropriate:

- teaching and support staff;
- lunchtime staff;
- catering staff;
- wraparound-care and club staff;

- staff leading educational visits;
- supply and temporary staff; and
- other adults with relevant responsibility for the pupil.

Information will be communicated in a way that enables staff to **identify the pupil, understand the significant risk and know what action to take**, while avoiding unnecessary disclosure of medical information.

Arrangements will not rely solely upon the pupil's usual teacher being present.

14.5 Managing Changes

Parents/carers should inform the school promptly where:

- a new allergy is identified;
- an existing allergy changes;
- the pupil experiences a significant allergic reaction;
- prescribed medication or dosage changes;
- an AAI device or emergency treatment changes; or
- healthcare advice or emergency arrangements are amended.

The school will update the pupil's IHP and other relevant records promptly and ensure that staff who need to know are informed of significant changes.

Where necessary, changes will also trigger review of relevant risk assessments, catering arrangements, staff training or other control measures.

14.6 Transition and Changes of Class

Allergy arrangements will be considered when a pupil:

- joins Belmont;
- moves to a new class or phase;
- begins attending a new club or wraparound provision;
- participates in an educational or residential visit; or
- transfers to another educational setting.

Relevant information will be communicated in sufficient time to enable appropriate arrangements to be made.

A change of class, teacher or activity must not result in essential allergy information or emergency arrangements being lost.

15. Reducing the Risk of Allergic Reactions

Belmont Primary School will take reasonable and practicable steps to reduce the risk of pupils being exposed to known allergens while recognising that it is not possible to eliminate all risk of accidental exposure.

Control measures will be proportionate to the individual pupil's needs, the nature of the allergen and the activity or environment concerned.

Allergy management will focus on effective risk reduction, good communication and emergency preparedness rather than relying solely upon blanket allergen bans.

15.1 Food and Catering

The school will work with its catering provider and relevant staff to ensure that information about pupils with food allergies is appropriately communicated and managed.

Arrangements will include, as appropriate:

- ensuring that relevant catering staff have accurate and current allergy information;
- appropriate identification of pupils requiring allergen-controlled meals;
- checking allergen information for food and ingredients;
- measures to reduce the risk of cross-contact during preparation, service and consumption;
- appropriate cleaning of food-preparation and eating areas;
- ensuring that substitutions or changes to ingredients are appropriately considered;
- enabling pupils and staff to obtain reliable information about food provided; and
- ensuring that catering arrangements reflect relevant individual healthcare plans.

Pupils with allergies will not be expected to determine the safety of food independently where this would not be appropriate to their age, understanding or individual arrangements.

15.2 Food Brought into School

The school may establish reasonable restrictions or requirements concerning food brought onto the premises where these are necessary to manage an identified allergy risk.

Parents/carers, pupils and staff will be informed of relevant arrangements and expected to support them.

Particular consideration will be given to food brought into school for:

- birthdays and celebrations;
- class rewards or treats;
- fundraising activities;
- special events;
- packed lunches and snacks; and

- breakfast, after-school and other school provision.

Food should not be shared between pupils where doing so could create an allergy risk.

Staff should not give a pupil with a known food allergy food unless they are satisfied that it is consistent with the pupil's agreed arrangements.

15.3 Classroom and Curriculum Activities

Allergy risks will be considered when planning activities involving food or other materials that may contain known allergens.

This may include:

- cooking and food technology;
- tasting activities;
- science investigations;
- art, craft and sensory activities;
- messy play;
- gardening or outdoor learning;
- animal-related activities; and
- celebrations or cultural activities involving food.

Staff will consider ingredients and materials **before the activity takes place** and make appropriate adjustments where required.

A pupil should not be unnecessarily excluded from an activity because of an allergy where a safe alternative or reasonable adjustment can be provided.

15.4 Cleaning and Hand Hygiene

Appropriate hand hygiene and cleaning arrangements will be used to reduce avoidable allergen exposure.

Pupils and staff will be encouraged or required, as appropriate, to wash their hands following eating and before relevant activities where this is necessary to manage allergy risk.

Tables, work surfaces, utensils and equipment will be cleaned appropriately where food allergens may be present.

Handwashing with soap and water will be used where removal of food allergens is required; alcohol-based hand sanitiser will not be relied upon as a substitute for removing allergen proteins from hands.

15.5 Eating Arrangements

Eating arrangements will be managed to reduce risk while avoiding unnecessary isolation of pupils with allergies.

Measures may include:

- appropriate supervision;
- preventing inappropriate food sharing;
- suitable cleaning arrangements;
- consideration of seating arrangements where an individual assessment indicates this is necessary;
- ensuring relevant staff can identify pupils with significant allergies; and
- ensuring emergency medication remains readily accessible.

Pupils with allergies will not routinely be segregated from their peers solely because of their allergy.

Where specific seating or other arrangements are necessary for safety, these will be implemented sensitively and reviewed appropriately.

15.6 Rewards, Celebrations and Special Events

Staff will consider allergy safety when food is used as a reward, treat or part of a celebration or special event.

Wherever reasonably practicable, activities will be planned so that pupils with allergies can participate alongside their peers.

Staff should avoid unplanned distribution of food where relevant allergy information has not been considered.

Where food is provided by parents/carers or other members of the school community, the school may impose restrictions or decline particular items where necessary to manage allergy risk.

15.7 Educational Visits and Off-Site Activities

Allergy arrangements must accompany the pupil beyond the school premises.

Planning for educational visits and other off-site activities will consider:

- known allergens and potential exposure;
- food and catering arrangements;
- prescribed AAIs and other medication;
- accessibility of emergency medication throughout the activity;
- staff awareness and competence;
- communication with venues and external providers where necessary;
- access to emergency medical assistance;
- travel arrangements; and
- additional considerations for residential visits.

The pupil's medication and emergency arrangements must remain available throughout the visit in accordance with their IHP and the school's **Learning Beyond the Classroom Policy**.

15.8 Communication of Specific Restrictions

Where an individual pupil's needs require a particular restriction or control measure, this will be communicated clearly to those who need to follow it.

The school will explain the practical action required rather than relying upon general statements such as **"allergy aware"** without identifying what this means in the circumstances.

Restrictions and control measures will be reviewed when the pupil's needs, medical advice or circumstances change.

16. Adrenaline Auto-Injectors and Emergency Provision

Belmont Primary School recognises that prompt administration of adrenaline can be life-saving where anaphylaxis occurs.

The school will maintain arrangements to ensure that adrenaline auto-injectors (AAIs) are appropriately available, stored, monitored and accessible for emergency use.

16.1 Pupils' Prescribed AAIs

Where a pupil has been prescribed an AAI, parents/carers should provide the school with the required device(s) in accordance with the pupil's Individual Healthcare Plan (IHP) and medical advice.

Prescribed AAIs held by the school will:

- be clearly identified for the individual pupil;
- be stored in an agreed location that is readily accessible in an emergency;
- not be locked away in a manner that could delay emergency treatment;
- be available to accompany the pupil during educational visits and other off-site activities;
- be stored in accordance with the manufacturer's instructions; and
- be monitored through the school's medicines-management arrangements.

Where appropriate, a pupil may carry their own AAI, provided this has been agreed as safe and suitable within their individual arrangements.

The location of an AAI must be known to relevant staff and arrangements must allow it to be obtained without unnecessary delay.

16.2 Emergency/Spare AAIs

Belmont Primary School will maintain a supply of emergency AAIs for use in accordance with current legislation, statutory guidance and the school's allergy-safety arrangements.

Emergency AAIs are intended to provide an additional safeguard and **do not replace the requirement for pupils who have been prescribed AAIs to have their own medication available in school**.

The school will ensure that emergency AAIs:

- are obtained from an appropriate source;
- are stored safely but remain readily accessible;
- are clearly distinguished from medication prescribed for an individual pupil;
- are available in appropriate locations;
- are checked periodically;
- are replaced before or promptly following expiry;
- are replaced after use; and
- are accompanied by appropriate instructions and emergency information.

16.3 Use of an Emergency AAI

An emergency AAI may be administered **only in circumstances permitted by current legislation and guidance**.

Where a pupil is known to be at risk of anaphylaxis, their IHP will identify relevant emergency arrangements, including use of their prescribed AAI and, where applicable, the school's emergency AAI.

Staff responding to suspected anaphylaxis will act in accordance with their training and the emergency arrangements set out in Section 17.

Where anaphylaxis is suspected, obtaining and administering appropriate adrenaline must not be unnecessarily delayed.

16.4 Accessibility Across the School

The location and number of emergency AAIs will be determined having regard to the school's premises, pupil population and the need to obtain an AAI quickly in an emergency.

Staff will be informed where emergency AAIs are located.

Arrangements will take account of activities taking place throughout the school premises and grounds, including:

- classrooms;
- dining areas;
- playgrounds;
- PE and sporting activities;
- clubs and wraparound provision; and
- other areas in which pupils may reasonably be present.

The school will periodically review whether the location and number of emergency AAIs remain appropriate.

16.5 Checking and Replacing AAIs

A designated member of staff will oversee routine checks of emergency AAIs and the school's arrangements for monitoring pupil-specific AAIs held on the premises.

Checks will include, as appropriate:

- expiry dates;
- condition of the device and packaging;
- correct storage;
- accessibility;
- whether required pupil medication is present; and
- whether an emergency AAI has been used and requires replacement.

Parents/carers remain responsible for supplying replacement prescribed medication for their child, but the school will take reasonable steps to identify and communicate where medication held at school is approaching expiry or requires replacement.

16.6 Educational Visits and Activities Away from School

Pupils at risk of anaphylaxis must have appropriate emergency medication available during educational visits and other off-site activities.

Visit planning will identify:

- the pupil's prescribed AAI arrangements;
- whether additional emergency provision is required or appropriate;
- who will carry or have responsibility for the medication;
- how it will remain readily accessible;
- which staff understand the pupil's emergency arrangements; and
- how emergency medical assistance will be summoned.

Medication must not be placed somewhere during a visit where it cannot be accessed promptly when required.

16.7 Following Use of an AAI

Whenever an AAI is administered:

- **999 will be called** and an ambulance requested;
- the emergency services will be informed that anaphylaxis is suspected and adrenaline has been administered;
- the pupil will be appropriately supervised while awaiting emergency assistance;

- parents/carers will be contacted as soon as practicable;
- the used device will be handled and passed on or disposed of appropriately;
- replacement medication will be arranged;
- the administration will be recorded; and
- the incident will be reviewed in accordance with Section 20 of this policy.

Administration of adrenaline does not remove the need for emergency medical assessment.

17. Anaphylaxis — Emergency Response

Anaphylaxis is a medical emergency.

Where anaphylaxis is suspected, staff must act immediately. **Adrenaline is the first-line emergency treatment and its administration must not be delayed.**

Staff should follow the pupil's Allergy Action Plan/IHP where available, but the absence of a plan must not prevent appropriate emergency action.

17.1 Recognising Possible Anaphylaxis

Anaphylaxis may develop rapidly. Staff should be alert to sudden problems affecting the pupil's:

AIRWAY

- swelling of the throat or tongue;
- throat tightness;
- difficulty swallowing; or
- hoarse or altered voice.

BREATHING

- difficulty breathing;
- wheezing;
- noisy breathing; or
- persistent breathing difficulty.

CIRCULATION

- dizziness or feeling faint;
- sudden unusual tiredness, sleepiness or confusion;
- pale or clammy appearance;
- collapse; or
- loss of consciousness.

A pupil may also experience other allergic symptoms, including a rash, itching, swelling, abdominal symptoms or vomiting. **The absence of a skin rash does not rule out anaphylaxis.**

Where anaphylaxis is suspected, adrenaline should be administered without delay, even where there is uncertainty about the severity of the reaction.

That ABC approach follows current MHRA safety advice.

17.2 Immediate Action

I'd actually put the following in a **shaded box** in your finished document:

🚨 **SUSPECTED ANAPHYLAXIS — ACT IMMEDIATELY**

1. GIVE ADRENALINE

Administer the pupil's prescribed adrenaline device immediately in accordance with their Allergy Action Plan/IHP and staff training.

Where their own device is unavailable or cannot be used, use the school's emergency adrenaline provision where permitted and appropriate.

Do not delay adrenaline while waiting to see whether symptoms improve.

2. CALL 999

Call 999 immediately after administering adrenaline.

Tell the operator:

"ANAPHYLAXIS"

Give the school's location and relevant information requested by the emergency services.

3. POSITION THE PUPIL SAFELY

The pupil should normally **lie flat with their legs raised**.

If they are struggling to breathe, they may be allowed to **sit up gently**, but sudden changes of posture should be avoided.

Do not allow the pupil to stand or walk, even if they appear to feel better.

4. SECOND DOSE AFTER 5 MINUTES

If the pupil has not improved after **5 minutes**, administer a **second dose of adrenaline** using a second device.

A second dose should also be given if the pupil deteriorates again after initially improving while emergency help is awaited.

5. STAY WITH THE PUPIL

Continue to monitor and reassure the pupil.

Follow instructions given by the 999 operator.

Be prepared to commence CPR if the pupil becomes unresponsive and is not breathing normally.

6. HAND OVER TO THE AMBULANCE SERVICE

Tell paramedics:

- what happened;
- the suspected allergen, if known;
- what symptoms were observed;
- what adrenaline or other medication was administered;
- the time each dose was given; and
- any relevant information from the pupil's IHP or Allergy Action Plan.

The positioning and second-dose instructions are particularly important. MHRA advises that the person should remain lying down, should **not stand up even if they feel better**, and should receive the second AAI if they have not improved after five minutes.

17.3 Contacting Parents/Carers

Parents/carers will be contacted as soon as practicable after emergency action has begun.

Contacting a parent/carer must not delay administration of adrenaline or the call to 999.

A pupil who has received adrenaline for suspected anaphylaxis requires emergency medical assessment even if they appear to recover.

17.4 Medication Other Than Adrenaline

Where anaphylaxis is suspected, **antihistamines or inhalers must not be used as a substitute for adrenaline or allowed to delay its administration**.

Other medication may be given where appropriate in accordance with the pupil's individual medical arrangements, training or advice from the emergency services.

17.5 After the Emergency

Following suspected anaphylaxis, the school will:

- ensure appropriate records are completed;
- record the medication administered and timing of each dose;
- arrange replacement of used emergency medication;
- review the pupil's IHP and Allergy Action Plan;
- consider whether relevant risk assessments or control measures require amendment;
- review the circumstances of the incident with relevant staff, parents/carers and professionals as appropriate; and

- record and review the event as an allergy-related incident or near miss in accordance with Section 20.

The purpose of review will be to identify learning and improve future arrangements, rather than to attribute blame.

18. Staff Allergy Awareness and Training

Belmont Primary School will ensure that **all staff receive appropriate allergy-awareness training** so that they understand their role in preventing, recognising and responding to allergic reactions.

Allergy safety will form part of the school's wider arrangements for staff induction, training and emergency preparedness.

18.1 Whole-School Allergy Awareness

All staff, including those who do not routinely work directly with pupils known to have allergies, will receive appropriate allergy-awareness training.

Training will enable staff to understand:

- what an allergy is and how allergic reactions may occur;
- common allergens and routes of exposure;
- that allergic reactions can vary in severity and may develop rapidly;
- how to recognise signs and symptoms of an allergic reaction and possible anaphylaxis;
- that anaphylaxis may occur without obvious skin symptoms;
- the importance of prompt administration of adrenaline where anaphylaxis is suspected;
- how to summon emergency medical assistance;
- the school's arrangements for prescribed and emergency adrenaline devices;
- how to use the adrenaline devices available within the school;
- the importance of appropriate positioning and monitoring of a pupil experiencing anaphylaxis;
- the school's arrangements for reducing avoidable exposure to allergens;
- how allergy information is communicated and accessed;
- their responsibilities for reporting allergic reactions, incidents and near misses; and
- where to obtain further assistance or advice.

18.2 Pupil-Specific Training and Information

Staff with particular responsibility for a pupil with an allergy will receive sufficient information to understand that pupil's individual needs and emergency arrangements.

This will include, as appropriate:

- the pupil's known allergen(s);
- how exposure may occur;
- signs and symptoms particular to the pupil;
- preventative arrangements and reasonable adjustments;
- prescribed medication and its location;
- the pupil's level of independence;
- the pupil's IHP and Allergy/Anaphylaxis Action Plan;
- action required if exposure is suspected; and
- emergency procedures.

Additional practical or specialist training will be provided where necessary.

18.3 New, Temporary and Additional Staff

Allergy-safety arrangements will form part of induction for new staff.

Appropriate information will also be provided to **supply staff, lunchtime staff, wraparound-care staff, club staff, volunteers and other adults** where their role may place them in a position to prevent or respond to an allergic reaction.

The school will ensure that temporary staffing arrangements do not leave significant allergy risks dependent upon information held only by permanent staff.

18.4 Practical Emergency Preparedness

Training will seek to ensure that staff are able to translate their knowledge into appropriate action in an emergency.

This may include:

- demonstration and practice using appropriate trainer adrenaline devices;
- familiarisation with the location of emergency medication;
- discussion of realistic emergency scenarios;
- familiarisation with the emergency-response procedure in Section 17; and
- periodic drills or scenario-based exercises where these would support staff confidence and preparedness.

Staff should know what to do before an emergency occurs rather than having to learn the procedure during one.

18.5 Refresher Training

Allergy-awareness training will be refreshed at appropriate intervals and whenever circumstances indicate that additional training is required.

This may include where:

- a pupil with different or more complex allergy needs joins the school;
- an individual pupil's needs or emergency arrangements change;
- a different type of adrenaline device is introduced;
- an incident or near miss identifies a training need;
- staff feedback indicates uncertainty or lack of confidence;
- relevant guidance changes; or
- a member of staff takes on additional responsibilities.

Staff who have missed whole-school training will receive appropriate catch-up training.

18.6 Training Records

The school will maintain appropriate records of allergy-awareness and relevant pupil-specific training in accordance with Section 8.6.

Records will enable the school to identify:

- who has completed required training;
- when training was completed;
- any additional pupil-specific or practical training undertaken; and
- when refresher or updated training may be required.

Training arrangements will be monitored by the Headteacher as part of the implementation of this policy.

19. Catering and Food Provision

Belmont Primary School will work collaboratively with its catering provider and relevant staff to ensure that pupils with food allergies are provided with appropriate and safe food choices.

The school recognises that effective allergy management requires **clear communication between the school, catering provider, parents/carers and, where appropriate, the pupil**.

19.1 Information Provided to the Catering Service

The school will ensure that relevant and current information about pupils with food allergies is communicated appropriately to the catering provider.

Arrangements will enable catering staff to:

- identify pupils requiring allergy-related dietary provision;
- understand the allergens that must be avoided;
- access relevant information required to prepare and serve food safely;
- recognise where individual arrangements or additional precautions apply; and

- communicate concerns or uncertainties to an appropriate member of school staff.

Information will be updated promptly when the school is notified of a significant change to a pupil's allergy or dietary requirements.

19.2 Allergen Information

The catering provider will be expected to comply with applicable food-information and allergen-labelling requirements and to maintain accurate information about allergens contained within food provided.

Appropriate allergen information will be available to the school, parents/carers and pupils as required.

The school and catering provider will maintain arrangements that enable questions or concerns about ingredients and allergens to be resolved **before food is served to a pupil where its suitability is uncertain**.

Food must not be assumed to be safe for a pupil with an allergy solely because it has been served safely on a previous occasion.

19.3 Menu and Ingredient Changes

Changes to menus, recipes, ingredients, suppliers or food products can alter allergen content.

The catering provider will therefore be expected to ensure that allergen information remains accurate when changes or substitutions are made.

Where a product or ingredient is substituted at short notice, the dietary needs of pupils with allergies must continue to be met.

Where the allergen status of food cannot be established with sufficient confidence, it will not be provided to a pupil for whom it may present a risk.

Relevant changes will be communicated to school staff, pupils and parents/carers where necessary.

That reflects the current DfE advice particularly well: when menus or products change, suppliers/product information should be checked and special dietary needs must still be met.

19.4 Preventing Cross-Contact

The catering provider will maintain appropriate procedures to reduce the risk of unintended allergen cross-contact during:

- storage;
- food preparation;
- cooking;
- serving; and
- cleaning.

Measures will reflect relevant food-safety requirements and guidance and may include separation of ingredients and equipment, appropriate cleaning and preparation of allergen-controlled food before other food where appropriate.

School staff involved in serving or handling food will follow relevant catering and allergy-safety procedures.

19.5 Identification at the Point of Service

Arrangements will be maintained to reduce the risk of an allergen-controlled meal being given to the wrong pupil or a pupil with an allergy receiving unsuitable food.

Identification arrangements will be appropriate to pupils' ages and needs and will be implemented sensitively so that pupils are not unnecessarily singled out or stigmatised.

Younger pupils will not be expected to carry sole responsibility for checking that a meal is safe for them.

19.6 Packed Lunches, Snacks and Other Food Provision

Allergy-safety arrangements will apply not only to school lunches but also, where relevant, to:

- breakfast and wraparound provision;
- snacks;
- school fruit or other food schemes;
- clubs and activities;
- special events;
- packed food provided by the school; and
- food provided during educational visits.

Food brought from home will be managed in accordance with the risk-reduction arrangements in Section 15.

19.7 Prepacked Food

Where the school or its catering provider supplies **prepacked for direct sale (PPDS)** food, applicable allergen-labelling requirements will be followed.

Food within scope will be labelled with the required information, including a full ingredients list with allergenic ingredients appropriately emphasised.

The school will expect its catering arrangements to remain compliant with current food-information requirements.

19.8 Working with Parents and Carers

Parents/carers of pupils with food allergies will be encouraged to raise questions or concerns about catering provision promptly.

Where appropriate, arrangements may be made for parents/carers to discuss their child's dietary needs directly with relevant catering staff.

The school and catering provider will seek to resolve uncertainties collaboratively and will not place inappropriate responsibility upon the pupil to determine whether food is safe.

19.9 Monitoring Catering Arrangements

The Headteacher will seek appropriate assurance that allergy-safety arrangements within the school's catering provision are operating effectively.

This may include:

- liaison with the catering provider;
- consideration of allergen-management procedures;
- review following an allergic reaction or relevant near miss;
- consideration of concerns raised by pupils, parents/carers or staff; and
- ensuring that significant changes to catering arrangements are considered from an allergy-safety perspective.

Responsibility for specialist food preparation and compliance by the catering provider does not remove the school's responsibility to ensure that appropriate arrangements are in place for pupils in its care.

20. Allergy Incidents, Near Misses and Learning

Belmont Primary School will record, review and learn from significant allergy-related incidents and near misses.

The purpose of this process is to identify weaknesses or opportunities for improvement in the school's arrangements and to reduce the likelihood of a similar event occurring in future.

20.1 Serious Incidents

For the purposes of this policy, a **serious allergy-related incident** is an event in which a pupil, member of staff or visitor with an allergy is harmed, or placed at immediate and significant risk of harm, including circumstances requiring:

- emergency medication;
- urgent clinical intervention; or
- attendance by the emergency services.

Examples may include:

- suspected anaphylaxis requiring administration of adrenaline;
- a significant allergic reaction requiring urgent medical assistance;
- administration of emergency medication following accidental allergen exposure; or
- another allergy-related event in which there was an immediate and significant risk of serious harm.

20.2 Near Misses

A **near miss** is an allergy-related event that did not result in harm but **had clear potential to do so**.

This may include, for example:

- a pupil being served food containing a known allergen but the error being identified before the food was eaten;
- incorrect or outdated allergy information being used but the error being discovered before harm occurred;
- emergency medication being unavailable or inaccessible when it could reasonably have been required;
- the wrong meal being prepared or allocated but identified before consumption;
- an allergen being introduced into an activity contrary to agreed arrangements; or
- a failure in communication, procedure or training that could reasonably have resulted in a serious allergic reaction.

Near misses will be treated as opportunities to identify and correct weaknesses before somebody is harmed.

20.3 Reporting and Recording

Staff should report significant allergy-related incidents and near misses promptly to the **Headteacher or another designated senior member of staff**.

Appropriate records will be made and will include, where relevant:

- the date, time and location;
- the pupil or other person affected;
- what happened;
- the allergen involved or suspected;
- how exposure occurred or could have occurred;
- signs and symptoms observed;
- medication or treatment provided;
- whether an AAI or other adrenaline device was administered;
- whether emergency services attended;
- communication with parents/carers;
- immediate action taken to prevent recurrence; and
- any further action or review required.

Reports may also arise from information subsequently provided by a pupil, parent/carer, healthcare professional, catering provider or another relevant person.

An incident should not be disregarded simply because no immediate harm was apparent at the time.

20.4 Review and Learning

Following a serious incident or significant near miss, the Headteacher will ensure that the circumstances are reviewed.

The review will consider, as appropriate:

- whether the pupil's IHP or Allergy/Anaphylaxis Action Plan was appropriate and followed;
- whether relevant allergy information was accurate and available;
- whether preventative measures were appropriate;
- whether food preparation, catering or serving arrangements contributed;
- whether medication was available and accessible quickly enough;
- whether staff recognised the reaction and responded appropriately;
- whether communication arrangements worked effectively;
- whether staff training was sufficient;
- whether staffing or supervision contributed to the event;
- whether relevant risk assessments were adequate; and
- whether similar risks may exist elsewhere within the school's arrangements.

Where improvement is required, actions will be identified, allocated and monitored through to completion.

20.5 Action Following Review

Depending upon the circumstances, action may include:

- reviewing or amending an IHP or Allergy/Anaphylaxis Action Plan;
- updating a risk assessment;
- changing food, catering or cleaning arrangements;
- changing the location or availability of emergency medication;
- providing additional staff information or training;
- improving communication with parents/carers, catering staff or external providers;
- reviewing arrangements for educational visits or other activities;
- replenishing or replacing emergency medication or equipment; or
- making wider changes to school procedures where a systemic issue has been identified.

Relevant learning will be communicated to staff who need to know.

20.6 Reporting and Escalation

The school will ensure that serious incidents are reported to relevant bodies where this is required by law, statutory guidance, safeguarding arrangements, health and safety requirements or other applicable procedures.

The Governing Body will receive appropriate information about significant incidents and emerging themes so that it can fulfil its oversight responsibilities.

Information provided for governance purposes will respect appropriate confidentiality.

20.7 A Learning Culture

Belmont Primary School will encourage staff to report near misses and concerns openly.

The primary purpose of reporting and review is to improve safety and learn from what happened, rather than to attribute blame.

Where, however, an incident identifies a serious failure to follow established procedures or another matter requiring separate consideration, this will be addressed through the appropriate school process.

21. Communication with Pupils, Parents and the School Community

Effective allergy safety depends upon clear, timely and proportionate communication between the school, pupils, parents/carers, staff, catering providers and other relevant members of the school community.

Belmont Primary School will promote awareness of its allergy-safety arrangements while respecting the privacy and dignity of individual pupils.

21.1 Parents and Carers of Pupils with Allergies

Parents/carers are essential partners in the safe management of their child's allergy.

The school will maintain appropriate communication with parents/carers to ensure that relevant information remains accurate and current.

Parents/carers should:

- inform the school promptly of known or suspected allergies;
- provide accurate and up-to-date information about their child's allergy and emergency arrangements;
- notify the school of changes to diagnosis, symptoms, treatment or medication;
- provide prescribed medication and replacement medication as required;
- participate in the development and review of their child's IHP and Allergy/Anaphylaxis Action Plan;
- ensure that emergency contact details remain current; and
- raise concerns or uncertainties with the school promptly.

The school will ensure that parents/carers know who to contact about their child's allergy arrangements and will seek to resolve questions or concerns collaboratively.

21.2 Communication with the Wider Parent Community

The school may communicate allergy-safety expectations to the wider parent/carer community where their cooperation is required to manage identified risks.

This may include information about:

- food brought into school;
- packed lunches or snacks;
- birthday treats and celebrations;
- food sharing;
- school events;
- particular restrictions applying to a class, activity or defined area; and
- other measures required to reduce avoidable allergen exposure.

Communications will explain **what families are being asked to do and why**, without unnecessarily identifying an individual pupil or disclosing confidential medical information.

Where specific restrictions are required, these will be communicated clearly and reviewed when circumstances change.

21.3 Pupils

Pupils will receive age-appropriate information and education about allergies and how they can help to keep themselves and others safe.

This may include helping pupils to understand:

- that some people can become seriously unwell because of an allergy;
- why food should not be shared where this could create a risk;
- the importance of handwashing and good hygiene;
- why particular rules or restrictions may sometimes be necessary;
- the importance of getting an adult immediately if another pupil becomes unwell; and
- the need to treat pupils with allergies with kindness, respect and inclusion.

Pupils with allergies will be supported, according to their age and understanding, to:

- recognise and communicate symptoms;
- understand their own allergens and agreed precautions;
- know where their medication is;
- seek adult help promptly;

- develop appropriate independence in managing their allergy; and
- contribute to decisions about their own support.

Pupils will not be expected to carry responsibility for allergy safety beyond what is appropriate to their age, maturity and individual circumstances.

21.4 Promoting Understanding and Inclusion

Allergy awareness will be promoted in a manner that supports inclusion and avoids unnecessary fear or stigma.

Staff will seek to ensure that pupils understand that:

- allergies are medical conditions;
- pupils with allergies should not be teased, blamed or deliberately exposed to allergens;
- safety measures exist to protect people rather than to single them out; and
- everyone can contribute to a safe and supportive school environment.

Deliberate exposure of a pupil to a known allergen, threats involving allergens, or behaviour intended to cause fear or harm will be taken seriously and addressed through the school's **Behaviour Policy and safeguarding arrangements**, as appropriate.

21.5 Staff and Other Adults

Allergy-safety information will be communicated to staff through appropriate induction, training, pupil-specific information and operational procedures.

Relevant information will also be provided to supply staff, volunteers, contractors, external providers, club leaders and other adults where their activities may affect allergy safety.

The level of information provided will reflect their role and the circumstances.

Where an external provider supplies food or delivers an activity involving potential allergens, the school will communicate relevant requirements in advance wherever reasonably practicable.

21.6 Publication and Accessibility of the Allergy Safety Policy

Belmont Primary School's Allergy Safety Policy, contained within **Part B of this document**, will be:

- published on the school's website;
- made known to staff;
- communicated appropriately to pupils;
- available to parents/carers and other members of the school community; and
- reviewed at least annually in accordance with Section 22.

The school will use appropriate means of communication to help ensure that the policy and significant allergy-safety expectations are understood by those who need to follow them.

22. Monitoring and Review

Belmont Primary School will monitor the effectiveness of its arrangements for supporting pupils with medical conditions and for allergy safety.

The purpose of monitoring is to ensure that the arrangements set out in this policy are being implemented effectively in practice and continue to meet the needs of pupils.

22.1 Day-to-Day Monitoring

The **Headteacher**, as the named person with overall responsibility for implementation of this policy, will oversee its day-to-day operation.

Monitoring may include consideration of:

- whether pupils requiring Individual Healthcare Plans (IHPs) have appropriate and current plans in place;
- whether prescribed and emergency medication is appropriately available and accessible;
- expiry and replacement arrangements for emergency medication;
- staff training, competence and identified training needs;
- allergy-awareness training;
- significant medical or allergy-related incidents and near misses;
- concerns raised by pupils, parents/carers or staff;
- the effectiveness of catering and allergen-management arrangements;
- arrangements for educational visits and other activities;
- whether relevant medical information is being communicated effectively;
- whether pupils with medical conditions are able to participate appropriately in school life; and
- any changes in pupils' needs, school arrangements, legislation or guidance requiring action.

22.2 Individual Healthcare Plans

IHPs will be reviewed **at least annually**, or earlier where required in accordance with Section 5.6.

Reviews will consider whether:

- the information remains accurate;
- the pupil's needs or treatment have changed;
- medication and emergency arrangements remain appropriate;
- staff information and training remain sufficient;

- reasonable adjustments remain effective; and
- any incident, near miss or other experience indicates that arrangements should change.

An annual review date will not prevent an IHP being amended immediately where a pupil's needs change.

That last sentence is worth having. We don't want *"the IHP isn't due for review until March"* when something significant changed in October.

22.3 Allergy Safety Monitoring

The school's allergy-safety arrangements will be monitored as part of the implementation of **Part B of this policy**.

This will include, as appropriate:

- identification of pupils with allergies;
- completion and review of relevant IHPs and Allergy/Anaphylaxis Action Plans;
- availability and accessibility of prescribed adrenaline devices;
- availability, location, condition and expiry of the school's emergency adrenaline provision;
- completion of staff allergy-awareness training;
- effectiveness of catering and food-management arrangements;
- significant allergic reactions;
- allergy-related near misses;
- implementation of learning arising from incidents and near misses; and
- feedback from pupils, parents/carers and staff.

Where monitoring identifies a weakness or concern, appropriate action will be taken without waiting for the next formal policy review.

This directly reflects the new DfE framework, which focuses on policy, staff training, IHPs, and recording and learning from serious incidents and near misses.

22.4 Governing Body Oversight

The Governing Body will receive sufficient information to enable it to assure itself that the school's arrangements for supporting pupils with medical conditions and allergy safety are being implemented effectively.

This may include:

- confirmation that the policy has been reviewed;
- assurance regarding IHP arrangements;
- information about staff training and competence;

- assurance regarding emergency medication and allergy-safety provision;
- anonymised information about significant incidents, near misses or emerging themes;
- significant concerns or areas requiring improvement; and
- confirmation that identified actions are being addressed.

Governors will maintain a **strategic oversight role** and will not routinely require access to identifiable individual medical information unless there is a legitimate reason for this.

22.5 Annual Policy Review

This policy will be reviewed by the Governing Body **at least annually**.

The annual review will include specific consideration of **Part B — Allergy Safety Policy** to ensure that the school's statutory allergy-safety arrangements remain appropriate and effective.

The policy will be reviewed earlier where:

- legislation or statutory guidance changes;
- significant changes are made to the school's arrangements;
- a serious medical or allergy-related incident indicates that review is required;
- a significant near miss identifies a weakness in existing arrangements;
- monitoring indicates that the policy is not operating effectively; or
- another material change makes review appropriate.

Operational procedures, IHPs, forms, risk assessments and emergency arrangements may be amended whenever necessary **without waiting for the annual policy review**.

22.6 Publication and Communication

The current policy will be made available to staff and parents/carers and published in accordance with applicable requirements.

Part B constitutes Belmont Primary School's Allergy Safety Policy and will be published on the school website, publicised with staff and pupils and made available to the school community.

Significant changes to the policy or associated arrangements will be communicated to those affected.

23. Related Policies and Guidance

This policy should be read alongside other relevant Belmont Primary School policies, procedures and operational arrangements.

These include, where applicable:

- **Health and Safety Policy**;
- **Administration of Medicines Policy**;

- **First Aid procedures**;
- **Child Protection and Safeguarding Policy**;
- **SEND Policy**;
- **Accessibility Plan**;
- **Equality Policy and Equality Objectives**;
- **Learning Beyond the Classroom Policy**;
- **Behaviour Policy**;
- **Data Protection Policy**;
- **Complaints Policy and Procedure**;
- relevant individual and activity risk assessments;
- Individual Healthcare Plans (IHPs) and Allergy/Anaphylaxis Action Plans; and
- other relevant emergency, medical and operational procedures.

These supporting documents provide further detail about the arrangements through which this policy is implemented and may be reviewed or updated independently where appropriate.

23.1 Statutory Guidance and Legislation

In implementing this policy, the school will have regard to current legislation and statutory guidance, including:

- **Children and Families Act 2014**, including the statutory duties relating to pupils with medical conditions;
- **Children's Wellbeing and Schools Act 2026**, including the statutory requirements relating to allergy safety;
- DfE statutory guidance **Supporting Pupils at School with Medical Conditions**;
- DfE statutory guidance **Allergy Safety in Schools**;
- **Equality Act 2010**;
- **SEND Code of Practice: 0–25 Years**;
- **Keeping Children Safe in Education**;
- relevant health and safety legislation;
- relevant medicines legislation and guidance;
- relevant food-information and allergen-labelling legislation and guidance; and
- UK data-protection legislation.
-

The school will also have regard, where relevant, to current guidance and advice issued by the **Department for Education, Department of Health and Social Care, NHS, Food Standards Agency, Medicines and Healthcare products Regulatory Agency, Local Authority and other competent bodies**.

Where legislation or statutory guidance changes, the school's arrangements will be reviewed and amended as necessary.

BELMONT PRIMARY SCHOOL

APPENDIX 1 — INDIVIDUAL HEALTHCARE PLAN (IHP)

Purpose: This plan records the arrangements Belmont Primary School will put in place to support the pupil safely and enable full participation in school life. It is not a clinical document and does not replace any clinical care, treatment or emergency action plan issued by a healthcare professional. Relevant clinical plans should be attached or referenced.

A. Pupil Information

Pupil name	
Date of birth	
Class / Year Group	
Photograph	**Attach / insert current photograph where appropriate**
Medical condition(s) / allergy	
Date plan completed	
Plan review date	
Parent/carer name(s)	
Parent/carer contact number(s)	
GP / healthcare professional	
Healthcare contact details (where relevant)	

Clinical plans attached

Plan / document	Issued by	Date / review date

B. The Pupil's Medical Needs

Brief description of the condition and how it affects the pupil in school:

.....

.....

Typical signs/symptoms:

.....

.....

Known triggers or circumstances that may affect the condition:

.....

.....

Early signs that the pupil's condition may be worsening:

.....

.....

What does the pupil tell us?

How does the pupil describe their condition, symptoms or support needs?

.....

.....

What does the pupil say helps them?

.....

.....

How independently can the pupil recognise and manage their condition?

.....

.....

C. EMERGENCY ACTION

IF THIS PUPIL BECOMES SERIOUSLY UNWELL
Signs/symptoms requiring immediate action:
.....
ACTION STAFF MUST TAKE:
.....
1. .....
2. .....
3. .....
Emergency medication/equipment required:
.....
Location:
.....
CALL 999 WHEN:
.....
Important information to give the emergency services:
.....
Other essential emergency information:
.....
Contacting a parent/carer must not delay emergency treatment or a call to 999 where emergency assistance is required.

D. Medication and Treatment in School

Item	Details
Medication / treatment	
Dose	
When required	
Method of administration	
Where stored / carried	
Who administers / supervises	
Can pupil self-administer?	
Special storage requirements	
Possible relevant side effects	
Action if dose is missed/refused	

Additional medication or treatment arrangements:

.....

.....

Arrangements for checking/replacing medication or equipment:

.....

.....

E. Day-to-Day Support and Reasonable Adjustments

Area	Arrangements / adjustments required
Classroom / learning	
Breaktimes / lunchtimes	
Food / drink	
Toilet access	
Rest / recovery	
PE / sport / swimming	
Outdoor learning	
Attendance / appointments	
Other	

Does the pupil require unrestricted or prompt access to anything? (e.g. water, food, toilet, inhaler, glucose monitoring, medication, rest)

.....

.....

F. Specific Risks, Triggers and Preventative Measures

Identified risk / trigger	Measures Belmont will put in place

Are any additional individual risk assessments required?

☐ No

☐ Yes — details/reference:

.....

G. Educational Visits and Activities Away from School

The pupil should be supported to participate fully wherever reasonably practicable.

Specific arrangements required for visits/off-site activities:

.....

.....

☐ medication/equipment

☐ staff competence/training

☐ food/dietary requirements

☐ transport

☐ **accessibility**

☐ **environmental/medical triggers**

☐ **emergency arrangements**

☐ **overnight/residential arrangements**

☐ **additional individual risk assessment**

☐ **other**

Who will ensure medication/equipment accompanies the pupil?

.....

How will it remain readily accessible?

.....

H. Staff Information, Training and Competence

Requirement	Staff / role	Training/information required	Completed/date

Cover arrangements if the usual member of staff is absent:

.....

.....

Supply / temporary / lunchtime / club staff information required:

.....

.....

I. Communication and Information Sharing

Which staff/roles need to know about this plan?

☐ **Class teacher**

☐ **Teaching/support staff**

☐ **Office staff**

☐ **Lunchtime staff**

☐ **PE/sports staff**

☐ **Wraparound/club staff**

☐ **Catering staff**

☐ **Supply/temporary staff where relevant**

☐ Educational visit staff

☐ Other

How will essential information be made available to them?

.....

.....

Any particular confidentiality/privacy considerations?

.....

.....

J. What the Pupil Can Do for Themselves

Support should promote appropriate independence while recognising that responsibility must remain appropriate to the pupil's age, maturity and individual needs.

The pupil can independently:

.....

.....

The pupil can do with adult support/supervision:

.....

.....

The pupil requires an adult to:

.....

.....

K. What Parents/Carers Will Do

☐ provide current medical information

☐ notify school promptly of relevant changes

☐ provide prescribed medication/equipment as agreed

☐ replace medication/equipment when required

☐ keep emergency contact information current

☐ participate in review of this IHP

Additional agreed arrangements:

.....

.....

L. Plan Agreement

This plan has been developed collaboratively and records the arrangements Belmont Primary School will make to support the pupil. It should be reviewed whenever the pupil's needs or circumstances change and at least annually.

	Name	Signature	Date
Parent/carer			
Pupil, where appropriate			
School representative			
Healthcare professional, where involved/appropriate			

Plan prepared by: .....

Date: .....

Next planned review: .....

Earlier review required if:

☐ condition/treatment changes

☐ medication changes

☐ significant medical incident occurs

☐ relevant near miss occurs

☐ staff/support arrangements change significantly

☐ parent/pupil/professional requests review

☐ other

M. Review Record

Review date	Changes required?	Summary of changes/action	Reviewed by	Next review

BELMONT PRIMARY SCHOOL

APPENDIX 2 — ALLERGY / ANAPHYLAXIS SCHOOL ACTION PLAN

SCHOOL-FACING SUMMARY: This sheet records Belmont's practical arrangements. It does not replace a clinical Allergy Action Plan issued by a healthcare professional. Attach the current clinical plan and follow it in an emergency.

1. Pupil and Clinical Information

Pupil name	
Class / Year Group	
Date of birth	
Current photograph	**Attach / insert**
Known allergen(s)	
Clinical Allergy Action Plan	**Attached: ☐ Yes ☐ No Issued by: _____ Review date: _____**
Parent/carer contact(s)	

2. Everyday Allergy Arrangements

Known routes / circumstances of exposure	
Key preventative measures in school	
Food / catering arrangements	
Classroom / curriculum precautions	
PE / visits / clubs / wraparound arrangements	
What the pupil can manage independently	

3. Adrenaline and Other Emergency Medication

Medication / device	Dose / strength	Location / carried by	Expiry / check

School emergency adrenaline provision relevant to this pupil:

_____

4. SUSPECTED ANAPHYLAXIS — EMERGENCY ACTION

ANAPHYLAXIS IS A MEDICAL EMERGENCY. ACT IMMEDIATELY.

Possible emergency signs for this pupil:

_____

_____

1. GIVE ADRENALINE immediately in accordance with the pupil's clinical plan and staff training.

2. CALL 999 immediately and say 'ANAPHYLAXIS'. Give the school location and requested information.

3. POSITION SAFELY: normally lie flat with legs raised. If breathing is difficult, allow the pupil to sit up gently. Do not allow them to stand or walk.

4. SECOND DOSE: if there is no improvement after 5 minutes, give a second dose using a second device. Follow the clinical plan and emergency-service instructions.

5. STAY WITH THE PUPIL. Monitor continuously; be prepared to start CPR if unresponsive and not breathing normally.

6. CONTACT PARENTS/CARERS as soon as practicable — but never delay adrenaline or the 999 call to do so.

Time first adrenaline given: _____ Time second dose given (if used): _____

Important pupil-specific emergency information:

_____

_____

5. Staff Information and Review

Staff / roles who must know	
Additional pupil-specific training required	
How temporary / lunchtime / club staff are informed	
Plan completed by	
Date completed	
Next review date	

Agreement / confirmation

Role	Name	Signature	Date
Parent/carer			
School representative			
Pupil, where appropriate			

BELMONT PRIMARY SCHOOL

APPENDIX 3 — MEDICAL CONDITIONS & ALLERGY TRAINING / COMPETENCE REGISTER

Purpose: To provide a single working record of whole-school medical/allergy awareness, pupil-specific training and specialist healthcare competencies. This register should be reviewed whenever staffing, pupil needs, procedures or training requirements change.

A. Whole-School / General Awareness Training

Examples: allergy awareness, anaphylaxis response, use of adrenaline devices, general medical-conditions awareness, emergency procedures.

Staff member	Role	Training / awareness	Provider / trainer	Date completed	Renewal / review	Notes

B. Pupil-Specific Information / Training

Use where staff require information or training relating to an individual pupil's medical condition, allergy, IHP or emergency arrangements.

Pupil	Condition / need	Staff member / role	Training / information provided	Provider	Date	Review / update due

C. Specialist Healthcare Procedure / Competence Record

Complete where a member of staff undertakes a healthcare procedure requiring specific practical training and/or confirmation of competence.

Staff member	Pupil / procedure	Trainer / professional	Training date	Competence confirmed	Confirmed by	Review / renewal	Restrictions / notes

D. Training Gaps / Actions Required

Issue / requirement identified	Action required	Responsible person	Target date	Completed / outcome

E. Register Review

Register reviewed by	
Role	
Date reviewed	
Next planned review	
Outstanding actions	

Note: A training entry does not by itself confirm competence for a specialist healthcare procedure. Where competence is required, this should be expressly confirmed and recorded in Section C.

BELMONT PRIMARY SCHOOL

APPENDIX 4 — SUSPECTED ANAPHYLAXIS

EMERGENCY ACTION — ACT IMMEDIATELY

AIRWAY	BREATHING	CIRCULATION
Throat/tongue swelling • throat tightness • difficulty swallowing • hoarse/altered voice	Difficulty or noisy breathing • wheeze • persistent breathing difficulty	Dizziness/faintness • sudden unusual tiredness/confusion • pale/clammy • collapse/unconsciousness

Anaphylaxis may occur without a skin rash. If anaphylaxis is suspected, do not wait for symptoms to worsen.

1 GIVE ADRENALINE NOW
Use the pupil's prescribed adrenaline device immediately in accordance with their clinical Allergy Action Plan and staff training. If appropriate, use Belmont's emergency adrenaline provision in accordance with school arrangements. DO NOT DELAY.

2 CALL 999 — SAY "ANAPHYLAXIS"
Call immediately after giving adrenaline. Give the school location and follow the emergency operator's instructions. Do not delay the 999 call while contacting parents/carers.

3 POSITION THE PUPIL SAFELY
Normally LIE FLAT WITH LEGS RAISED. If breathing is difficult, allow the pupil to SIT UP GENTLY. Do not allow the pupil to stand or walk, even if they appear to feel better.

4 SECOND DOSE AFTER 5 MINUTES
If there is NO IMPROVEMENT after 5 minutes, give a SECOND DOSE using a second device. Give a further dose if the pupil deteriorates again while emergency help is awaited, in accordance with the clinical plan/emergency advice.

5 STAY • MONITOR • HAND OVER
Stay with and reassure the pupil. Follow 999 instructions. Be prepared to start CPR if the pupil becomes unresponsive and is not breathing normally. Tell paramedics what happened, suspected allergen (if known), symptoms, medication given and the TIME of each dose.

Emergency adrenaline location(s):	
School address / location information for 999:	

ADRENALINE IS THE FIRST-LINE TREATMENT FOR ANAPHYLAXIS.

Antihistamines or inhalers must not replace or delay adrenaline where anaphylaxis is suspected.

BELMONT PRIMARY SCHOOL

APPENDIX 5 — MEDICAL / ALLERGY INCIDENT & NEAR-MISS RECORD

Purpose: To record significant medical/allergy incidents and near misses, the immediate response, and any learning or action required. Complete as soon as practicable after the event.

A. Event Details

Date of event	
Time	
Location	
Person affected / pupil name	
Class / Year Group (if applicable)	
Completed by	
Role	
Date record completed	

Type of event:

☐ Medical incident

☐ Allergic reaction

☐ Suspected anaphylaxis

☐ Near miss

☐ Medication-related incident

☐ Other: _____

B. What Happened?

Brief factual description of the incident / near miss:

.....

.....

.....

.....

Known or suspected trigger / allergen / cause (if known):

.....

.....

How did exposure / error / system failure occur, or nearly occur?

.....

.....

.....

C. Symptoms and Immediate Response

Signs / symptoms observed (if any):

.....

.....

.....

Medication / treatment	Dose	Time given	Given by	Outcome / response

Emergency services:

☐ 999 called

☐ Ambulance attended

☐ Not required

Time 999 called: _____ Time ambulance arrived (if applicable): _____

Parent/carer contacted: ☐ Yes ☐ No ☐ Not applicable Time: _____ By: _____

Other immediate action taken:

.....

.....

D. Near-Miss Information (complete where applicable)

A near miss is an event that did not result in harm but had clear potential to do so.

What prevented harm from occurring?

.....

.....

.....

What could reasonably have happened if circumstances had been slightly different?

.....

.....

.....

E. Initial Follow-Up

☐ Relevant IHP / Allergy Action Plan checked

☐ Medication / adrenaline device replaced or replacement requested

☐ Relevant risk assessment reviewed

☐ Catering / food provider informed or involved

☐ Relevant staff informed

☐ Parent/carer follow-up completed

☐ Healthcare professional advice sought where appropriate

☐ Other immediate control measure implemented

Details / immediate actions:

.....

.....

.....

F. Review and Learning

Review led by: _____ Date: _____

What went well?

.....

.....

What did not work as intended / what contributed to the event?

.....

.....

.....

Learning identified:

.....

.....

.....

G. Actions Required

Action required	Responsible person	Target date	Completed date	Outcome / evidence

H. Escalation / Reporting

☐ Headteacher / senior leader informed

☐ Governing Body information / assurance required (appropriately anonymised)

☐ Health and safety reporting considered

☐ Safeguarding implications considered

☐ External statutory / regulatory reporting considered where applicable

☐ No further escalation required

Details:

.....

.....

I. Closure

All actions completed / transferred to appropriate action plan	**☐ Yes ☐ No**
Record reviewed and closed by	
Role	
Date closed	
Further review date (if required)	

Important: This form supports learning and improvement. It does not replace the school's usual accident, safeguarding, medicines, health and safety or statutory reporting arrangements where any of those also apply.

BELMONT PRIMARY SCHOOL

APPENDIX 6 — EMERGENCY ADRENALINE DEVICE CHECK RECORD

Purpose: To provide an auditable record that Belmont's emergency/spare adrenaline devices are present, in date, appropriately stored and readily accessible. Complete checks at the frequency determined by the school's medicines-management arrangements and after any use, replacement or change of location.

Building / area	
Emergency adrenaline location	

Check date	Location	Device / type	Dose / strength	Expiry date	Packaging / device condition	Accessible & signage clear?	Quantity present	Action required	Action completed / date	Checked by / initials

Minimum check prompts

☐ Correct device(s) present in the designated location	☐ Device and packaging appear intact and undamaged
☐ Expiry date checked and sufficient time allowed for replacement	☐ Storage remains appropriate and device is readily accessible in an emergency
☐ Location/signage remains clear to relevant staff	☐ Any used, missing, damaged or expired device has been replaced / escalated promptly

Important: This record relates to Belmont's emergency/spare provision. Pupil-specific prescribed adrenaline devices should also be monitored through the school's medicines arrangements and the pupil's IHP/Allergy Action Plan. Emergency devices must not be allowed to replace the requirement for prescribed medication to be available for an individual pupil.

Escalation: Any missing, damaged, expired, inaccessible or otherwise unsuitable emergency adrenaline provision must be reported promptly to the Headteacher or designated responsible person and remedied without unnecessary delay.