

Balderstone St Leonard's CE Primary School



ALLERGY & ANAPHYLAXIS POLICY (2026)

Policy Written: August 2026 in line with advice from Allergy UK and Anaphylaxis UK, in addition to advice from healthcare and education professionals. It is aligned to the Department for Education statutory guidance "Allergy safety in schools" (July 2026) and the allergy safety duties introduced by the Children's Wellbeing and Schools Act 2026, which is more informally known as 'Benedict's Law'

Policy statement

Balderstone St Leonard's primary school and Nursery recognises that allergy is a significant medical condition affecting children, staff and visitors. Allergy can include food allergy, asthma where allergy is relevant, eczema, allergic rhinitis/hay fever, allergic eye disease, insect-sting allergy, medicine allergy, contact allergy and airborne allergy. Some allergic reactions can progress rapidly to anaphylaxis, which can be life-threatening.

The school is committed to ensuring that children and young people with allergy are safe, included and able to participate as fully as possible in learning, play, meals, clubs, sport, visits and trips. The school will take reasonable steps to minimise exposure to known allergens while avoiding unnecessary restrictions or exclusion. This policy should be read alongside the school's Medical Conditions Policy, First Aid Policy, Safeguarding and Child Protection Policy, Behaviour/Anti-Bullying Policy, Data Protection Policy and Educational visits procedures.

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1. Introduction

This policy applies to pupils, staff, volunteers, contractors and visitors where relevant to allergy safety. It applies throughout the school day and to school-organised activities, including breakfast provision, after-school clubs, educational visits, residential visits, sport and off-site activities.

- Staff at Balderstone will identify children and young people with known allergy and put appropriate support in place.
- All staff who are present when pupils are on site will receive regular allergy awareness training, including emergency response.
- All staff will know how to recognise anaphylaxis and how to respond while waiting for emergency services.
- Children with allergy will not be routinely excluded from activities because of the possibility of allergen exposure. Risks will be assessed and reasonable alternatives or controls used where necessary.
- Allergy-related health information will be handled respectfully and shared only with those who need it to keep the child safe and included.
- Where allergy creates a functional impact and requires arrangements additional to or different from those generally provided, the arrangements will be recorded in an Individual Healthcare Plan (IHP).
- Serious incidents and near misses will be recorded, reported, investigated and used to improve practice.

2. Roles and Responsibilities

2.1 Governing body

Balderstone St Leonard's and Nursery Governors hold overall legal responsibility for ensuring the school complies with its overall health, safety and safeguarding obligations. They will:

- Ensure the school has an allergy safety policy, reviews it at least annually and publishes it on the school website
- Have regard to the DfE statutory guidance on allergy safety
- Provide oversight of implementation and ensure that appropriate arrangements and resources are in place
- Receive information about serious allergy incidents and near misses and ensure that lessons are learned

2.2 Headteacher

Under the DfE Allergy and Safety in Schools statutory guidance enforced in Benedicts Law, day to day

oversight must be delegated. The Governors of Balderstone St Leonard's holds the Headteacher responsible for executing the policy, conducting risk assessments and ensuring mandatory training is delivered.

2.3 Named Allergy Lead – Nicola Draycott (Headteacher)

The Headteacher is the named senior leader with overall responsibility for implementation of this policy. They will:

- Ensure the policy is communicated, implemented and reviewed
- Ensure suitable staff training, emergency arrangements, medication arrangements and risk controls are in place
- Support communications with the catering provider
- Ensure serious incidents and near misses are reviewed and that required improvements are implemented
- Ensure relevant records are maintained through the school's systems
- Be in charge of maintaining the school's allergy register with the Health & Safety Governor (Mrs Burton)
- Ensure current Allergy Action Plans are accessible to staff who need them with the Health & Safety Governor (Mrs Burton)
- Monitor spare AAI expiry arrangements with the Health & Safety Governor (Mrs Burton)

2.4 All staff

All staff who are in contact with the pupils at Balderstone will:

- Read and understand this policy
- Complete annual allergy awareness training, which includes recognising mild, moderate and severe symptoms, allergen avoidance and emergency medical protocols
- Complete specialist practical training biannually regarding the use of our spare AAI in school: KITT Medical
- Know which pupils they supervise have allergy and where relevant IHPs/action plans and medication are located
- Take reasonable steps to reduce exposure to known allergens during teaching, meals, play, practical activities and trips
- Risk assess activities taking allergies into account
- Recognise and respond promptly to allergic reactions and anaphylaxis.
- Report incidents and near misses promptly

2.5 Parents/carers

Parents and carers will:

- Inform the school of known allergy, previous serious reactions and prescribed medication.
- Provide current healthcare-professional Allergy Action Plans and any relevant Asthma Action Plan.
- Provide prescribed medication in date and replace it when required.
- Participate in development and review of the child's IHP.
- Tell the school about changes in diagnosis, allergens, medication or emergency arrangements.

2.6 Pupils

Through our PSHE curriculum, pupils will be encouraged, in an age-appropriate way, to understand allergies, recognise symptoms and seek help promptly, if needed.

Where appropriate and agreed in the IHP, pupils who are able and trained to self-manage medication will be supported to do so.

3. Identification, records and information sharing

On entry to school, parents/carers will be asked to provide relevant allergy information and copies of current healthcare-professional action plans. Information will be updated when a pupil's circumstances change and during annual review. Relevant information will be recorded securely in the school's management/medical system, including whether an IHP and/or Allergy Action Plan is in place.

Where appropriate, staff-only allergy lists may be displayed in areas where food or relevant materials are handled. These will contain only the information necessary for safety. Information will be shared with staff, catering personnel and trip leaders on a need-to-know basis so that the child can be kept safe and included. Health information is special category data under UK GDPR. The school will handle

it lawfully, securely and respectfully in accordance with its Data Protection Policy. Parents and pupils will be involved in decisions about sharing health information wherever appropriate.

4. Individual Healthcare Plans and Allergy Action Plans

An IHP is a school document describing the additional and/or different arrangements the school will put in place for an individual pupil. It is not a clinical document. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, the relevant plan will be attached to or referenced within the IHP.

A pupil should have an IHP where their allergy has a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from those generally provided.

IHPs will be developed in collaboration with the pupil and parents/carers, taking account of advice from healthcare professionals.

They will include:

1. Key pupil information and emergency contacts, including a current photograph.
2. Known allergy/allergens and relevant functional impact.
3. Any healthcare-professional Allergy or Asthma Action Plan and prescribed medication.
4. How the allergy will be managed in lessons, meals, play, clubs and practical activities.
5. Medication location and access arrangements.
6. Reasonable adjustments and measures to reduce allergen exposure.
7. Arrangements for visits and trips.
8. Emergency response, including where spare AAls are located.
9. Arrangements to maintain learning where allergy-related absence occurs.
10. Review date and responsible staff.

5. Allergy awareness training

As recommended by the Department for Education's guidelines, our school staff will complete annual allergy awareness and emergency response training, including permanent staff, temporary staff, regular volunteers, catering staff and staff who supervise breakfast or after-school provision. Our staff will also complete specialist practical training every two years regarding the use of our spare AAI in school: KITT Medical. New staff will receive allergy awareness information and emergency arrangements as part of induction and supply and cover staff will be appropriately briefed.

Training will include:

- Common allergic conditions and triggers, including food allergy, asthma, eczema and allergic rhinitis/hay fever.
- The difference between allergy, coeliac disease and food intolerance.
- Recognising allergic reactions and anaphylaxis.
- Emergency response and use of adrenaline auto-injectors.
- How and where to access prescribed and spare emergency medication.
- How to find and understand IHPs and healthcare-professional action plans.
- Measures to reduce allergen exposure and prevent cross-contamination.
- Responsibilities during food provision, practical activities, clubs, sport and trips.
- Wellbeing, inclusion and allergy-related bullying.
- How to record and report serious incidents and near misses.

6. Minimising risks of allergen exposure

The school will take reasonable, proportionate steps to minimise exposure to known allergens while recognising that no school can guarantee an allergen-free environment.

- Food brought into school by pupils, parents/carers or staff will be managed with regard to known allergies.
- Staff planning activities will consider allergen exposure, including food technology, cooking, science, art, craft, music, gardening and animal-related activities.
- Products such as play dough, glues, food packaging and bird feed will be considered where they may contain relevant allergens.
- Known airborne or contact allergens will be addressed through reasonable adjustments identified in the IHP or risk assessment.
- Activities will be risk assessed where necessary and alternatives will be provided where required to prevent exclusion.
- Staff will not assume that an allergen is safe merely because it is not being eaten; the relevant healthcare advice and IHP will guide controls.

Nut-free approach

Balderstone School and Nursery does not operate a blanket nut-free policy. The Department for Education recommends that schools adopt an “allergy-aware” (for example, “nut-aware”) approach rather than a “nut-free” policy.

The school recognises that nuts are just one of many potential allergens and that it is not possible to guarantee an entirely allergen-free environment. Instead, we are committed to promoting allergy awareness, appropriate risk reduction, education and robust emergency procedures.

As part of our allergy-aware approach, we ask that children, families, staff and visitors do not bring nuts or products containing nuts onto the school premises. This helps to reduce the risk of accidental exposure while recognising that a completely nut-free environment cannot be guaranteed.

7. Food allergy and catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the ‘Top 14’ allergens must be available for all food products. The Headteacher will inform the Catering Staff of pupils with food allergies, including a list with photographs.

The school will work with catering staff to ensure clear, accurate and accessible information about allergens in food provided is available to pupils and their parents/carers.

- Parents/carers will be able to discuss allergen-safe meal arrangements with the Headteacher or catering team manager (Miss Lee).
- Food and drink provided for a pupil with food allergy will be clearly labelled where appropriate.
- Staff will understand how to read allergen labels and prevent cross-contamination.
- Food preparation areas and utensils will be appropriately cleaned and managed.
- Where practicable, food for pupils with known food allergy will be prepared and served using agreed controls identified by the caterer and the child's IHP.
- Pupils with food allergy will be supported to access their free school meal entitlement through reasonable adjustments where required.
- Children with food allergy will not be given treats or other food without appropriate parental engagement and permission where required.
- Food used in crafts, cooking, science, special events and celebrations will be considered through risk assessment and the relevant IHP.
- Any arrangements for special dietary requirements will distinguish allergy from coeliac disease and food intolerance, while applying appropriate controls to each.
- Our lunchtime servers, who are pupils in KS2, receive appropriate training, including clear instructions not to serve food to children with yellow bands. Any additional foods, such as bread, fruit and vegetables, will be provided by members of the catering team, who are fully aware of individual children’s allergies and dietary requirements.

8. Emergency response and anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

All staff have a responsibility to act if anaphylaxis is suspected. Anaphylaxis can develop rapidly and adrenaline is the first-line emergency treatment for a person at risk of anaphylaxis.

If a child or other person is suspected to be experiencing anaphylaxis:

1. Stay with the person, call for help and do not leave them unattended.
2. Follow the individual's Allergy Action Plan/IHP if available. This will clearly state where their AAI is kept.
3. Administer their prescribed adrenaline auto-injector without delay where indicated by their plan or the emergency circumstances. Bring the medication to them, do not bring them to the medication.
4. Call 999 and state clearly: "ANAPHYLAXIS".
5. Note the time the adrenaline was given.
6. Lay the person flat with their legs raised. Do not allow them to stand or walk. If they are having difficulty breathing, they may sit up only as necessary while being closely supervised.
7. If there is no improvement after 5 minutes and a second adrenaline auto-injector is available, administer the second device.
8. If there are no signs of life, commence CPR and follow emergency-services instructions.
9. Use the spare school AAI where appropriate if prescribed devices are unavailable or unusable, following the school's spare AAI procedure and current national guidance.
10. Contact the parent/carer as soon as possible.
11. All pupils who receive adrenaline for suspected anaphylaxis should be transferred to hospital for medical assessment.

Staff must not delay administration of adrenaline while waiting for an ambulance. Device-specific instructions must be followed. Used AAI's are single-use devices and should be handed to ambulance staff where appropriate or disposed of safely as sharps in accordance with local arrangements.

If in doubt whether a reaction is anaphylaxis, adrenaline should be administered.

Always stay with the person experiencing an allergic reaction and ensure they are monitored for at least 60 minutes following the reaction.

9. Prescribed medication and adrenaline auto-injectors

Prescribed medication will be stored in a suitable, clearly labelled and accessible location in accordance with the pupil's IHP and the school's medicines arrangements. Medication must be accessible to staff and, where agreed in the IHP, to the pupil.

- Each pupil's medication container should contain the prescribed AAI(s), current Allergy Action Plan and any other medication identified by the healthcare professional/IHP.
- AAI's should be stored according to the manufacturer's instructions and protected from inappropriate temperatures and direct sunlight.
- Parents/carers are responsible for providing medication in date, but the school will operate reminder/expiry-monitoring arrangements using Medical Tracker.
- The school will record administration/use of medication and maintain appropriate records, using Medical Tracker.
- Medication arrangements will be checked before school trips and other off-site activities by the visit leader.

10. Spare adrenaline auto-injectors

Balderstone School and Nursery has purchased AAI's for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or it is their first instance of Anaphylaxis. These are stored in a central area outside the hall, near the caretakers cupboard. During Forest school, one will be taken out with the staff so that it is more easily accessible.

The Health and Safety lead will undertake and record regular checks to ensure spare medication is in date and to replace as needed. If anaphylaxis is suspected in an undiagnosed individual and they do not have prescribed adrenaline devices, or the individual's prescribed adrenaline devices are not available, misfire, or are far enough away that it would take longer than 5 minutes to get them to them, the school's KITT Medical 'spare' adrenaline device can be used.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

After expiry or damage, replacement arrangements will be initiated promptly by the Health and Safety Lead. After use, person who administered the AAI will record the incident on the KITT Medical portal and they will replace the used adrenaline device(s) free of charge. As part of their annual allergy training, all staff will be informed of where spare devices are kept and when/how they may be used.

11. Asthma and related allergic conditions

Asthma is frequently associated with allergy and can be triggered by allergens. Pupils with asthma will be supported under the school's Asthma Policy and, where applicable, an Asthma Action Plan and IHP.

- Known asthma triggers and relevant allergy triggers will be considered in risk assessments.
- Prescribed reliever inhalers will be accessible in accordance with the pupil's plan.
- Where appropriate, the school will maintain an emergency asthma inhaler in accordance with national guidance.
- Staff training will include recognition and emergency response for acute asthma as well as anaphylaxis.

Coeliac disease and food intolerance are not allergic conditions and do not cause anaphylaxis. They will normally be managed under the school's wider medical conditions and dietary arrangements, with appropriate cross-contamination controls.

12. Wellbeing, inclusion and allergy-related bullying

The school recognises that children with allergy may experience anxiety, embarrassment or a sense of being different. Staff will provide reassurance and ensure that safety arrangements do not unnecessarily single out or exclude pupils.

- New pupils with allergy will be supported to understand the arrangements and, where helpful, introduced to relevant staff and the dining environment.
- Allergy-related bullying, including deliberate exposure to allergens, threats to force-feed allergens, exclusion from activities because of allergy, or mocking a pupil's medication or dietary needs, will be treated seriously under the school's behaviour and anti-bullying procedures.
- Through our PSHE curriculum, staff will promote age-appropriate allergy awareness among pupils in lessons and assemblies.
- Where appropriate and agreed with the pupil and parents, peers may be taught how to seek adult help in an emergency; this does not replace staff emergency arrangements.
- Where allergy substantially affects a pupil's day-to-day activities, the school will consider its duties under the Equality Act 2010 and make reasonable adjustments where applicable.

13. School trips, visits and activities

Pupils with allergy should have the same opportunities to participate in educational visits, residentials, sport and extracurricular activities as their peers.

- Trip leaders will review relevant IHPs and Allergy Action Plans before the visit.
- Emergency medication, including prescribed AAs and required spare emergency medication, will be taken as appropriate.
- Risk assessments will consider allergens at venues, food provision, transport, activities, animals, insects, accommodation and access to emergency services.
- The visit leader on the trip will know the pupil's emergency arrangements and who is responsible for medication. They will share this with adults supporting on the trip.
- Parents/carers will be involved in planning where their child's needs require additional arrangements.
- Alternative arrangements will be used where necessary to manage risk, but the child will not be excluded solely because they have an allergy.
- Overnight visits will be planned sufficiently early to address food, medication, emergency access and staff responsibilities.
- Universal provisions may be in place to manage risks and reduce the need to single out individuals.

14. Serious incidents and near misses

A serious incident or near miss includes an event where a pupil with allergy is exposed to a known allergen, experiences an allergic reaction, requires emergency treatment, or where a failure or weakness in the school's arrangements could reasonably have resulted in harm.

- Incidents and near misses must be reported promptly to the Headteacher and recorded.
- Parents/carers will be informed of relevant incidents. Parents/carers may also report incidents that become apparent after the pupil has returned home.

- Termly, at the Health and Safety committee, the governing body will be informed of any serious incidents in accordance with the school's governance and reporting arrangements.
- The school will investigate what happened, including any failures in communication, supervision, catering, medication access, risk assessment or staff knowledge.
- There will be a full review with appropriate members of staff to ascertain decision making.
- Lessons learned will be recorded and used to review this policy, relevant IHPs, risk assessments, training and practical arrangements.
- Where an incident may require statutory or external reporting, the school will follow the applicable reporting requirements.

15. Useful sources and linked policies

Department for Education: Allergy safety in schools statutory guidance (July 2026).

Department for Education: Allergy safety policy template (2026).

Department for Education: Individual Healthcare Plan template for allergy (2026).

British Society for Allergy & Clinical Immunology (BSACI): Allergy Action Plans.

Anaphylaxis UK: allergy and anaphylaxis guidance and training resources.

Allergy UK: allergy information and school resources.

Department for Education: Allergy guidance for schools and food allergy resources.School Medical Conditions Policy.

School First Aid Policy.

School Safeguarding and Child Protection Policy.

School Behaviour Policy

School Anti-Bullying Policy.

School Data Protection Policy.

School Educational Visits/Trips Policy.

School Asthma policy

Policy to be reviewed September 2027