



St Clement & St James, St Thomas' & Princess Frederica CE Primary Schools

Allergy Policy

Date written/updated: July 2026 (by Adrian Jones)

Partnership vision

'Belonging, learning and growth for life in all its fullness'

Our vision is rooted in biblical teaching as defined by John 10:10:

*'I have come that they may have **life**, and have it to the **full**'*

Belonging - Everyone included, everyone welcome

Learning - Love to learn and gain knowledge

Growth - grow spiritually in confidence and courage

LifeFull Schools is an inclusive, welcoming community where children and young people with allergies have the same right to an education as any other pupil. We believe that every child with an allergy should feel safe, feel welcome, be fully included, and enjoy their time at school.

Each school will have a named senior leader responsible for allergy safety. The Allergy Safety Lead will oversee implementation of this policy, staff training, allergy register, IHP arrangements, emergency preparedness, incident report and lesson learned.

- St Thomas':
 - Lead: Adrian Jones
 - Deputy: Alys Stephens
 - Support: Fiona Hoban
 - Safeguarding governor: Charlotte O'Brien
- St Clement & St James:
 - Lead: Katie Spence
 - Deputy: Megan Prideaux
 - Support: Susan Simpson
 - Safeguarding governor: Gareth Wardell
- Princess Frederica:
 - Lead: Charlotte Fautley
 - Deputy: Nicola Christopher
 - Support: Patricia Amponsah
 - Safeguarding governor: Rev Dave

This document functions as a standalone safety policy focused specifically on environmental allergen risk-reduction and clinical anaphylaxis management. It operates in conjunction with the LifeFull Schools **Medical Conditions Policy**, which contains our frameworks for Individual Healthcare Plans (IHPs), staff training and general medication administration.

1. Introduction and definitions

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing, or rashes, but sometimes causes a much more severe reaction called **anaphylaxis**.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the **ABC symptoms**:

- **A - Airway:** Swelling of the throat or tongue, a tightening throat, hoarse voice, or difficulty swallowing.
- **B - Breathing:** Sudden onset wheezing, clear breathing difficulty, or noisy, labored breathing.
- **C - Circulation:** Dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, or loss of consciousness.

Anaphylaxis can occur without skin symptoms such as a rash or hives. In a pupil with a known allergy, sudden breathing difficulty should be treated as a possible anaphylactic reaction and emergency treatment should not be delayed while waiting for additional symptoms to appear.

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

Food intolerance is different from food allergy and does not cause anaphylaxis. Coeliac disease is an autoimmune condition rather than an allergy. Both conditions may nevertheless require appropriate dietary management and support under the Medical Conditions Policy.

This policy ensures pupils with these diagnoses are safe and are not disadvantaged in any way whilst taking part in school life.

2. Core principles and inclusion

This policy sets out how LifeFull Schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. To ensure our pupils with allergies thrive, LifeFull Schools is committed to the following principles:

- **Equal Access:** No child will ever be denied admission or prevented from taking up a place at LifeFull Schools because arrangements for their allergy management have not been made.
- **Full Participation:** We ensure children with allergies have identical opportunities to attend school regularly without anxiety, learn alongside peers, and take part in all school-based activities, practical lessons, and trips.
- **Understanding Individual Needs:** We recognize that children with the same allergy do not have identical triggers or needs. We listen to parents and pupils, providing extra help and flexible support
- **Anticipatory Legal Duties:** LifeFull Schools recognises that its duties under the Children and Families Act 2014, Children's Wellbeing and Schools Act 2026 and Equality Act 2010 are anticipatory. The school will take reasonable and proportionate steps to identify and reduce allergy risks and will make appropriate adjustments to enable pupils with allergies to participate fully in school life.

3. Communication

- All permanent staff, temporary or supply teachers, lunchtime supervisors, and external coaches are explicitly briefed on the specific allergy needs of pupils in their care.

4. Allergy Action Plans and Record Keeping

- **The IHP:** An Individual Healthcare Plan (IHP) is an operational document produced, owned, and maintained by the school. It details the specific daily, environmental, and academic adjustments our staff will execute to support the pupil.
- **Incorporating Personalised Care Plans:** A child's clinical **BSACI Allergy Action Plan** (provided by their medical professional) will be sought from parents and formally attached to the school's overarching IHP. The IHP integrates the clinical instructions from the BSACI plan with the daily operational procedures.
- **Co-occurring Conditions & Plan Exemptions:** An IHP will be put in place for any child with a known allergy that requires active management, environmental adjustments, or emergency medication. Mild, self-managed conditions (such as mild hay fever or mild eczema) may be managed under the general medical conditions policy without a formal IHP. If a pupil has an Education, Health and Care (EHC) plan, their health provision details will be fully integrated into their IHP.

Mandatory IHP Content: Every allergy IHP must capture and display:

- The child's name, date of birth, and a current photograph.
- Emergency contact details for parents/carers and relevant healthcare clinicians.
- Specific identification of known allergens, medical signs, and symptoms.
- Specific staff members trained to administer that child's medication, alongside detailed staffing cover arrangements to ensure continuity of knowledge during staff absences.
- The extent to which the pupil can take age-appropriate responsibility for carrying or self-administering their medication.
- Clear arrangements for maintaining educational progress, communicating missed work, and handling phased returns if the pupil misses school due to an allergic reaction or medical appointments.
- Whether the pupil can recognise their own symptoms

The IHP will also record the pupil's ability to recognise symptoms, alert an adult and carry or administer their own medication, together with any supervision, environmental, learning, emotional wellbeing, catering, trip or asthma related requirements.

Review and Audit Cycle: IHPs will be formally reviewed in partnership with parents and the pupil **at least annually**. However, an automatic, immediate review of the IHP is triggered by:

- Any actual allergic reaction or "near miss" incident at school.
- Any change in the child's medication dosage or treatment parameters.
- The receipt of a newly updated clinical action plan from the child's medical team.

Centralised Register: The Lead First Aider at each school maintains a centralised register of all pupils prescribed an AAI.

Reaction Reporting: The Allergy Safety Lead logs all actual allergic reactions and "near misses". LifeFull Schools will report incidents under RIDDOR where the statutory reporting criteria are met. Not all allergic reactions or hospital attendance is reportable under RIDDOR. The school will seek appropriate advice where there is uncertainty.

5. Emergency Treatment and Management of Anaphylaxis:

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (A and B, i.e. mimic an asthma attack) rather than the circulation (blood pressure).

Anaphylaxis can progress rapidly and adrenaline is time-critical. Adrenaline should be administered as soon as possible when anaphylaxis is suspected, and emergency services should be called immediately afterwards.

Anaphylaxis always requires an emergency response. Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

Management of anaphylaxis:

Recognise the signs of anaphylaxis

A AIRWAYS	➔	• Tightening of the throat • Hoarse voice • Difficulty swallowing • Swollen tongue	B BREATHING	➔	• Sudden wheezing • Difficult or noisy breathing • Persistent cough	C CIRCULATION	➔	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
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If any one (or more) of these signs are present: **Don't delay**

- 1 Lie flat with legs raised** (if breathing is difficult, allow to sit)

- 2 Give adrenaline device without delay** (use the school's spare device if needed)


Scan this code for instructions on how to use adrenaline devices
- 3 Immediately dial 999** for ambulance and say **ANAPHYLAXIS** (ana-fill-axis)


After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



  **If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.**

Commence CPR at any time if there are no signs of life 

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

6. Medication Supply, Storage and Care

- **Pupil Responsibility:** Depending on age, stage, and competence, older pupils are actively encouraged to assume responsibility for carrying their own two AAls on their person at all times in a clearly marked container.
- **School Storage and Accessibility:** For younger pupils or those not yet ready to self-carry, their personal anaphylaxis kit—containing **two in-date AAls (EpiPen® or Jext®)**, their BSACI Allergy Action Plan, prescribed antihistamines, and an asthma inhaler if required must be stored.
- **The 5-Minute Safety Rule:** The kits are kept in an designated, un-locked, easily accessible area known to all staff and must always be within **5 minutes** of the child. They are never locked away.
- **Expiry Audits:** While parents bear primary responsibility for supplying in-date medication, the Lead First Aider checks all school-held allergy devices on an **annual basis** and issues reminders to parents as expiry dates approach.
- **Disposal:** AAls are single-use devices. Used injectors must be handed directly to ambulance paramedics or placed inside a designated medical sharps box.

7. Spare Emergency Adrenaline Auto Injectors (AAIs)

LifeFull Schools purchases and maintains a stock of generic "Spare" Adrenaline Auto-Injectors for emergency use:

- These are utilised if a pupil's personal devices are broken, missing, out-of-date, or if a child experiences anaphylaxis for the very first time.
- The spare pens are stored in a dedicated bag, clearly labeled 'Emergency Anaphylaxis Adrenaline Pen', left unlocked, and accessible to all trained staff.
- The Lead First Aider at each school site is responsible for checking the functionality and expiration dates of these spare pens on a monthly basis.

Spare AAI Locations and Quantities:

- **St Thomas':** Holds 2 spare pens, located in the Main School Office / First Aid Room.
- **St Clement & St James:** Holds 2 spare pens, located in the Main School Office.
- **Princess Frederica:** Holds 4 spare pens, located in the lunch hall

8. Staff Training

LifeFull Schools recognises that while any staff member may be called upon in an emergency, training depth must be assessed and delivered proportionately based on a staff member's direct role.

All Staff:

- All staff must understand their baseline role in implementing this policy. They must be able to recognise the immediate risks, warning signs and environmental triggers of anaphylaxis and know how to immediately activate the school's emergency response plan.
- All staff will receive allergy awareness training at least annually. New staff will receive appropriate allergy information and training as part of induction.
- Training will also include awareness of acute asthma and the relationship between asthma and allergy, including situations where breathing difficulties may require consideration of both conditions.

Teachers of Pupils with IHPs:

- Classroom teachers who have a child with an active Individual Healthcare Plan (IHP) in their direct care must review the specific child's IHP; understand the daily adjustments or environmental modifications required in their class and know which designated staff members are trained to administer that child's medication.

Named Responders:

- These individuals are explicitly named on the child's IHP. They are responsible for administering prescribed medicines (including AAIs) and executing Individualised Health Care Plans.
- These individuals receive formal training directly through relevant health care professionals.

To ensure that staffing shortages never prevent a child from safely accessing their education, pre-arranged cover mapping will be utilised. Any member of staff providing cover for a named responder will hold the same training and have up-to-date knowledge of the child's triggers and emergency procedures.

9. Daily Operational Procedures

Catering and food management:

- **Visual Identification System:** The Lead First Aider directly updates the Catering Manager regarding student allergy profiles. Each kitchen maintains a secure, updated **Photo-Allergy Matrix** behind the serving counter to verify meals safely.

- **Packed Lunches:** All personal water bottles, snacks, and lunchboxes provided by parents must be clearly labeled with the child's full name.
- Food-sharing or trading amongst children is not permitted.
- Snacks will **never** be given to children with food allergies without explicit, prior parental permission.

School Trips:

- **Trip leaders** must carry the pupil's allergy kit, their medical BSACI plan, and a mobile sharps box. The school will make every reasonable effort to ensure that the pupil's prescribed emergency medication is available before a trip. If required medication is unavailable, the trip leader must immediately consult the Head of School or Allergy Safety Lead and undertake an individual safety assessment. A pupil will not be automatically excluded where safe alternative arrangements can be made. Where safe arrangements cannot be established, the Head of School will make an individual decision based on the pupil's clinical needs and the available controls.
- Every trip destination, venue, and itinerary is formally risk-assessed and pupils with IHPs are explicitly stated on risk assessments. Risk assessments are shared with everyone attending a trip. For overnight or residential stays, staff must meet with parents in advance and coordinate directly with the venue's kitchen to secure cross-contamination barriers.

Curriculum:

- The use of food items in arts and crafts, science experiments, or food technology classes must be checked against the class allergy profile and formally risk-assessed or substituted entirely.
- Where an identified allergen is not necessary for the learning objective, a suitable alternative should be used wherever reasonably practicable.

10. Student Well-Being and Mental Health

- **Anxiety and Bullying:** Living with severe allergies can induce high levels of stress and anxiety for children. All staff are trained to look for potential allergy-related bullying. Any such incidents are handled in line with the Relationships and Behaviour Policy.
- Staff will also consider whether allergy management is causing a pupil to feel isolated, embarrassed or reluctant to participate in school activities. Reasonable adjustments will be considered where appropriate.
- We proactively use Relationship, Sex and Health Education (RSHE) and science lessons to educate children about allergies to create a supportive environment.
- Absences or exhaustion stemming from an allergic episode will never be penalised. Pupils finding it difficult to maintain academic pacing due to their medical condition will be referred directly to the school **SENCO**.

11. Environmental Allergens

- Where relevant to individual pupils, the school will consider indoor and outdoor air quality, ventilation, pollen, dust, mould and other environmental factors that may exacerbate allergy or respiratory symptoms. Reasonable measures will be considered through the pupil's IHP and relevant risk assessments.

12. Staff and Visitors Allergies

- LifeFull Schools will also consider the appropriate arrangements for staff, regular volunteers and visitors who have significant allergies, recognising that allergy safety is relevant to everyone using the school environment.

13. Policy Monitoring

- The policy will be reviewed at least annually and sooner where legislation, statutory guidance or clinical guidance changes, or follows a serious allergy incident or significant near miss.
- This policy will be published on the LifeFull schools website and made available to parents/carers and staff. A hard copy will be provided on request.