



**Endeavour**  
Multi-Academy Trust



TWO RIVERS  
HIGH SCHOOL



# All Schools Allergies Policy

## Endeavour Multi Academy Trust

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## 1. Aims

This policy aims to:

### School-wide approach to allergy management

- **Establish a consistent Trust framework** for allergy identification, risk reduction, and response, while allowing each school to tailor procedures to its setting (primary/secondary, SEND).
- **Maintain accurate, accessible allergy registers** for pupils and staff, updated termly and upon notification of changes.
- **Conduct risk assessments** (classrooms, dining areas, playgrounds, trips, clubs, sports fixtures) and implement practical mitigations (e.g., food labelling, cleaning protocols, safe lunch practices).
- **Ensure safe storage, accessibility, and monitoring of medication** (e.g., adrenaline auto-injectors) including emergency spares where permitted, and compliance with manufacturer guidance.
- **Embed clear emergency procedures** for allergic reactions, including escalation steps, designated responders, and post-incident reviews to enhance future practice.

### 2) Supporting pupils' wellbeing, safety, and inclusion

- **Create individual healthcare plans (IHPs)** for pupils with allergies, co-produced with families and healthcare professionals; ensure plans are practical for learning, trips, exams, and enrichment.
- **Enable full participation** in curriculum, catering, clubs, and visits through reasonable adjustments (e.g., allergen-aware menus, classroom resources, seating plans, trip risk planning).
- **Train relevant staff** (including supply staff) to recognise signs of allergic reactions and administer appropriate first aid/medication swiftly and confidently.
- **Build pupil confidence and agency** through age-appropriate education on allergy safety, self-advocacy, and peer respect.

### 3) Allergy awareness across the school community

- **Provide ongoing allergy awareness training** for staff, pupils, and families—covering prevention, recognition, and response, and the importance of respectful behaviour.
- **Communicate proactively with families and caterers** about menu changes, allergen information, and risk controls; ensure transparent, timely updates.

- **Promote a culture of respect and inclusion** that avoids stigma and bullying related to allergies; embed expectations within behaviour policies and anti-bullying practice.
- **Review awareness campaigns annually**, integrating learning from incidents, audits, and feedback.

#### 4) Governance, compliance, and continuous improvement

- **Align practice with statutory duties and best practice** (e.g., health and safety, first aid, SEND, Equalities Act, and local public health guidance).
- **Audit and report annually** to Trust leadership and local governing bodies on training coverage, register accuracy, IHP completion, incident response times, and catering compliance.
- **Standardise documentation** (IHP templates, consent forms, trip risk assessments, emergency protocols) to ensure consistency across Endeavour schools.
- **Establish learning loops**—post-incident debriefs, termly spot checks, and stakeholder feedback—to drive improvement.

#### 5) Partnership with catering and facilities

- **Ensure caterers meet allergen management standards**, including accurate allergen labelling, cross-contamination controls, and staff training.
- **Set cleaning and facilities protocols** (e.g., handwashing routines, table cleaning, safe disposal of food waste) that reduce exposure risks in classrooms and dining spaces.
- **Plan for special events** (fairs, performances, sports days) with pre-event checks, controlled food distribution, and clear signage.

#### 6) Inclusion in enrichment, trips, and transition

- **Embed allergy considerations into trip planning** (risk assessments, emergency kits, venue liaison, transport arrangements).
- **Support transitions** (EYFS → KS1, primary → secondary, and mid-year admissions) with timely information transfer and staff briefing.
- **Guarantee reasonable adjustments** for exams and assessments where allergy management might intersect (e.g., seating away from potential triggers).

## 2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

## 3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

### 3.1 Allergy lead

The nominated allergy lead is **the headteacher of the school**. At Christ Church Primary School, this is **the SENCO**.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Overseeing the recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff)
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils with allergies have an allergy action plan completed by a medical professional
  - All staff receive an appropriate level of allergy training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

### **3.2 School nurse/medical officer**

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any ensuring that staff are trained in the administration of AAIs

### **3.3 Teaching and support staff**

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

### **3.4 Parents/carers**

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included

- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

### **3.5 Pupils with allergies**

These pupils are responsible for:

- Where appropriate being aware of their allergens and the risks they pose
- Where appropriate understanding how and when to use their adrenaline auto-injector
- If stage and age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

### **3.6 Pupils without allergies**

These pupils are responsible for:

- Where appropriate being aware of allergens and the risk they pose to their peers
- Working with staff to ensure that any requests made about changing foods, or spaces are adhered to

## **4. Assessing risk**

With support of a medical professional the school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- Will ensure that an Allergy Action Plan is in place, and adhered to.

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

## **5. Managing risk**

### **5.1 Hygiene procedures**

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

### **5.2 Catering**

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled

- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

### 5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

### 5.4 Insect bites/stings

**School procedure for preventing and dealing with insect bites/sting:**

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- If stung, or bitten pupils should be seen by a first aider

### 5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Schools will gain information about pupils before they interact with the animals and pupils with animal allergies will not interact with animals

### 5.6 Support for mental health

**Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy therefore:**

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher

### 5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

## 6. Procedures for handling an allergic reaction

### 6.1 Register of pupils with AAI

This will link to your 'supporting pupils with medical conditions' policy.

- The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:
  - Known allergens and risk factors for anaphylaxis
  - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
  - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
  - A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- Information is kept [in an easily accessible location / in every classroom] and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the information.

### 6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
  - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures:

#### School Procedure for Responding to Allergic Reactions (When No Allergy Action Plan Exists)

##### Step 1: Recognise Symptoms

Staff should act immediately if a pupil shows signs of an allergic reaction. Common symptoms include:

Mild: itching, hives, swelling of lips/face, stomach discomfort.

Severe (anaphylaxis): difficulty breathing, throat tightness, hoarse voice, persistent cough, dizziness, collapse.

## **Step 2: Initial Response**

**Stay calm and reassure the pupil.**

**Call for help** from a first-aid trained member of staff.

**Send for the pupil's emergency medication** (e.g., adrenaline auto-injector) if available.

**Do not leave the pupil alone.**

## **Step 3: Administer Medication**

If symptoms are severe or progressing rapidly:

**Administer adrenaline auto-injector immediately** (if available and you are trained).

Note the time of administration.

If unsure whether symptoms are severe, **give adrenaline**—it is safer to give than to delay.

## **Step 4: Call Emergency Services**

Dial **999** and state:

"Child having anaphylaxis – adrenaline given [time]."

Request an **ambulance urgently**.

Inform them if a second auto-injector may be needed.

## **Step 5: Positioning**

**Keep the pupil lying down with legs raised** (unless breathing is difficult—then allow them to sit upright).

**Do not allow them to stand or walk.**

## **Step 6: Second Dose (if needed)**

If symptoms do not improve after **5 minutes**, and a second auto-injector is available, **administer it**.

## **Step 7: Monitor and Support**

Stay with the pupil until paramedics arrive.

Continue to monitor breathing and consciousness.

Be prepared to start CPR if the pupil becomes unresponsive and not breathing.

## **Step 8: Inform Parents and Record**

Contact parents/carers as soon as possible.

Complete an incident report and review procedures.

## **If No Auto-Injector Available**

Call **999 immediately**.

Follow steps for positioning and monitoring.

Use basic first aid until help arrives.

A school AAI device will be used instead of the pupil's own AAI device if:

Medical authorisation and written parental consent have been provided, or

The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

## 7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for AAIs, covering these areas:

### 7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- the AAIs will be sourced at a pharmacy local to the school
- The quantity of AAIs required: For Primary Schools: 2 doses available for children under 6 years old and 2 doses available for people 6 - 12 years old. For Secondary Schools: 2 doses available for people 12+ years old. (multiple sets of 2 may exist at each setting, especially if the setting is spread over a large space or on separate sites.)
- The Dosage Required: For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device). • For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device). For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

### 7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

### 7.3 Maintenance (of spare AAIs)

**Headteachers** are responsible for ensuring regular checking takes place and that:

- The AAIs are present and in date

- Replacement AAls are obtained when the expiry date is near

## 7.4 Disposal

AAls can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

## 7.5 Use of AAls off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAls should carry their own AAI with them on school trips and off-site events

## 7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls
- Instructions for the use of AAls
- Instructions on storage
- Manufacturer's information
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAls have been administered

## 8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAls are kept on the school site, and how to access them
- How to administer AAls
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the school nursing team or other suitable training arranged by the allergy lead.