Two Rivers Federation

Allergy Safety policy

Approved by:	2R Governing board	**Date:**	3rd November 2026
Last reviewed on:	October 2026		
Next review due by:	October 2027		

1. Policy Statement

Two Rivers Federation is committed to providing a safe, inclusive and supportive learning environment for all pupils, including those with allergies.

Two Rivers Federation recognises that allergies can have a significant impact on health, wellbeing and educational participation and is committed to reducing, so far as is reasonably practicable, the risk of exposure to known allergens whilst ensuring that effective emergency arrangements are in place.

Two Rivers Federation will promote awareness of allergies throughout the school community and will take appropriate steps to support pupils, staff and visitors with known allergies.

This policy should be read in conjunction with the schools' Health and Safety Policy and applies to all pupils, employees, volunteers and visitors. This policy outlines how Two Rivers Federation supports all the above to ensure their safety whilst also ensuring that no one is disadvantaged while participating in everyday school life because of an allergy.

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2. Roles and Responsibilities

Governing Body

The Governing Body will ensure that appropriate allergy management arrangements are in place by the approval of an allergy safety policy for the school.

The Governing Body will:

- Ensure the policy is reviewed at least annually and/or following any significant incident or near miss.
- Put in place arrangements to monitor the effectiveness of the application of this policy.
- Ensure adequate resources are available to implement allergy safety measures.

Head of School

The Head of School is responsible for putting the governing body's policy into practice and for developing the detailed arrangements as identified in this policy. The Head of School will ensure that parents and other stakeholders are aware of the policy, including arrangements for managing children with allergies and at risk of anaphylaxis.

The Head of School will:

- Ensure this policy is implemented throughout the school.
- Identify a member of the Senior Leadership Team to act as the Designated Allergy Lead.
- Ensure staff receive appropriate allergy awareness and emergency response training.
- Ensure appropriate risk assessments are undertaken.
- Ensure systems are in place to identify and support pupils with allergies.

Designated Allergy Lead

The Designated Allergy Lead will be a member of the Senior Leadership Team and should coordinate the implementation of this policy at an operational level.

The Designated Allergy Lead will:

- Coordinate implementation of this policy.
- Establish and maintain oversight of allergy records.
- Arrange training and awareness activities and ensure these are updated annually.
- Lead the review of this policy.
- Coordinate responses following incidents and near misses including incident reporting.

Designated Allergy Lead: Karen Lintin BTS/Sarah Rushworth LCS

Designated Deputy Allergy Lead: Donna Clark (SENDco)

Staff

All staff will follow this policy and associated procedures including:

- The completion of anaphylaxis training on an annual basis or as part of induction at the start of their employment.
- Maintaining an awareness of the pupils in their care who have known allergies and taking reasonable steps to reduce exposure to allergens.
- Respond appropriately in an emergency.
- Report incidents and near misses in accordance with school procedures.

Parents and Carers

Parents and carers are responsible for:

- Informing the school of any allergies or medical conditions. This information should include all previous serious allergic reactions, history of anaphylaxis and details of any prescribed medication.
- Providing up to date medical information including supplying a copy of any Allergy Action Plan and, where relevant, any previous Individual Healthcare Plan (IHP). If they do not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with the relevant healthcare professional.
- Supplying any prescribed medication and ensuring that it is in date and replaced as necessary.
- Keeping the school up to date with any changes in allergy management.

Pupils

Pupils are encouraged to:

- Take an active role in managing their allergies where appropriate.
- Follow agreed safety arrangements.

- Inform a member of staff immediately if they feel unwell or believe they have been exposed to an allergen.

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3. Training and awareness

The school will ensure that all staff who may supervise or support pupils receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary staff, supply staff, volunteers and relevant contracted personnel in pupil-facing roles.

All staff will complete Allergy & Anaphylaxis Training for Schools (www.highspeedtraining.co.uk) at the start of every new academic year. This training will also be undertaken at induction for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy.
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis, including knowing when to call for emergency services.
- Know how to respond in an emergency, including:
    - calling emergency services and informing parents.
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices).
- Understand this allergy safety policy and the arrangements described within it.
- Understand how to report an allergic reaction or case of anaphylaxis – including a "near miss".

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4. Identification of individuals with an allergy

The school will keep a record of all individuals with allergies, including whether children and young people have Individual Healthcare Plans. This information will not just be limited to pupils but will also extend to staff and visitors to the school.

The Designated Allergy Lead keeps a register of individuals who have been prescribed an adrenaline auto-injector (AAI). The current Allergy Action Plan will be kept alongside the individual's medication.

On enrolment all children, all families are required to disclose relevant information, including known allergens and whether the individual requires any medication. Where relevant, it should also include contacting their previous setting and requesting copies of any Individual Healthcare Plan.

All records of individuals with allergies are kept as a list within the tall cupboard in the office, with more detailed information stored within the child's folder on the school's secure shared drive.

For children and young people starting at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as children and young people enrolling at the school during the academic year, every effort will be made to ensure that arrangements are put in place within two weeks.

Records will be reviewed regularly and updated whenever changes are notified or after an incident or near-miss.

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5. Individual Healthcare Plans

Children and young people will have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in school
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements put in place by the school to support the pupil, including emergency actions. They should be developed in collaboration with the child or young person and their parents and will be completed by designated allergy lead using the allergy action plan, appended to this policy. IHPs are school and not clinical documents. They will be informed by a relevant Allergy or Asthma Action Plans issued by healthcare professionals with particular reference to prescribed medications and emergency actions. Where applicable, these will be appended to the IHP. IHPs will be reviewed whenever an updated Allery or Asthma Action Plan becomes available.

The IHP will be shared with all staff when first completed and also after any review, highlighting to the staff what changes have been agreed. A copy of the plan will be kept with the auto injector.

In cases where pupils have or are suspected of having an allergy but there is no clinical advice is yet available (e.g. where the process of diagnosis is still under way), the school will not dismiss the information they receive from the pupil/parent/carer. The Designated Allergy Lead will work closely with the pupil and their parent/carer to establish appropriate support arrangements, based on the most robust assessment possible of the likely risk to the individual, pending receipt of clinical advice. It is the parent/carer's responsibility to provide for the school any Allergy or Asthma Action Plans from a healthcare professional as soon as this is available.

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6. Emergency treatment and management of anaphylaxis

Symptoms 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.

The term for this more serious reaction is **anaphylaxis**. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and can be fatal. If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed urgently.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. If in doubt, always treat for anaphylaxis.

Pupils who have a known allergy should be issued with an appropriate Allergy or Asthma Action Plans by their healthcare professional. Allergy Action Plans are medical documents which describe emergency response to reactions including anaphylaxis. Where they exist, these emergency procedures will be followed. Nevertheless, where they do not exist (for example if the condition is undiagnosed), the following will guide actions:

- Keep the individual where they are. Bring medication to the individual and not vice-versa. Call for help and do not leave them unattended.
- Lie the individual flat with their legs raised. They can be propped up if struggling to breathe but this should be for as short a time as possible. Do not let them stand up and walk around.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given always following the instructions on the device and the training received.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis). Call parent/carer as soon as possible.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.

Whilst awaiting the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. Always stay with someone having an allergic reaction for at least one hour. All pupils will go to hospital for observation after anaphylaxis even if they appear to have recovered.

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7. Supply, storage and care of medication

Prescribed medication

Symptoms of anaphylaxis can come on very suddenly, so school staff will be alert to the symptoms of anaphylaxis and be prepared to administer medication if the individual cannot.

For younger children, or those not ready to take responsibility for their own medication, there will be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. These are kept in

the staff room and/or office in specified and labelled storage, which is a maximum of 60 seconds away from anywhere on the school site. For some children, the storage of one AAI will be in their classroom and this will be clearly stated on the IHP.

Medication will be stored in a suitable container and clearly labelled with the pupil's name. The precise contents of the anaphylaxis kit will be determined by the relevant Action Plan but should contain:

- **Two** AAIs.
- The up-to-date Allergy Action Plan.
- Antihistamine (as determined by the Allergy Action Plan).
- Asthma reliever inhaler (if included on Allergy or Asthma Action Plan).

It is the responsibility of the individual's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled. However, the First Aid Coordinator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Spare emergency devices

The school has purchased 'spare' AAIs for emergency use where pupils' own devices are not available or not working or where anaphylaxis symptoms are displayed but the condition is as yet undiagnosed. Specifically,

- Two x Epipen adrenaline auto injector device – 0.3mg dose
- These are stored in the staff room/or office – clearly labelled and safely stored.
- These will be checked annually, in September, by office staff

Parental permission

Arrangements for most individuals with anaphylaxis will be established in an IHP which is informed by a clinical Allergy Action Plan. The IHP will be used to record parental consent for the administration of the AAI. The same applies to the use of an emergency salbutamol inhaler in respect of asthma.

However, anaphylaxis is a medical emergency and can be fatal. Circumstances may arise where a child presents with anaphylaxis symptoms for the first time due to an unrecognised allergy and prior written consent may not be present. In the event of an anaphylaxis reaction, adrenaline will be administered as soon as possible within five minutes. Whilst the emergency services will be called immediately via 999, **staff will not wait to contact the emergency services before administering adrenaline where anaphylaxis symptoms are displayed**. Whilst it is good practice to obtain advance consent from parents/carers as described above, in an emergency situation school staff may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment. If in doubt, always treat for anaphylaxis.

In contrast, there is a different legal position for the use of spare emergency asthma inhalers; a spare salbutamol inhaler can only be used if the child or young person's prescribed inhaler is unavailable. Importantly, emergency asthma inhalers can only be used where written consent has been obtained. Nevertheless, if any individual (pupil, member of staff or visitor) experiences a life-threatening medical emergency, anyone may take reasonable action to save their life and are supported in doing so by this policy and the law. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin obtained from and disposed of by a clinical waste contractor or the local council. The sharps bin is located within the school office.

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8. Catering

Catering for Langtree school is provided by an external provider – Norse. As with all food businesses, Norse will follow the *Food Information Regulations 2014* which states that allergen information relating to the 'Top 14' allergens must be available for all food products. At Bishops Tawton the kitchen manager will ensure these regulations are adhered to.

The school menu is available for parents to view on MCAS.

Where an individual requires reasonable adjustments relating to food due to allergies, these needs will be captured through an IHP. The parent/carer will inform the Catering Manager of pupils with food allergies by completing the individual menu request form provided by Norse/Kitchen manager In addition, parents/carers of pupils with allergies will be encouraged to meet with the Catering Manager directly to discuss their child's needs.

The school will take reasonable steps to support pupils with food allergies and provide information regarding allergens in the food provided within the school. Specifically:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies will be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The individual and/or their parent will be taught to check with catering staff, before selecting their lunch choice.
- Where food is provided by the school, staff will be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.
- Food will not be given to primary school age children with food-related allergy without parental engagement and permission.
- Use of food in curriculum activities and special events (e.g. fetes, assemblies, cultural events) will be considered in the relevant curriculum or event risk assessment.]

The school supports the approach advocated by Anaphylaxis UK towards 'nut bans' or 'nut free schools' in that they do not necessarily support a blanket ban on any particular allergen in a school. This is because there are many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. A claimed blanket ban could lead to a false sense of security. Instead, this policy promotes a culture of allergy awareness and education, ensuring that all individuals understand the nature of allergies, the importance of avoiding known allergens, how to recognise the signs and symptoms of an allergic reaction, and the appropriate actions to take in response.

9. Educational Visits and Off-site Activities

The aim of this policy is that all pupils should be included in the full life of the school wherever possible including off-site activities. In line with the *Outdoor Education, Visits and Off-Site Activities Policy*, staff leading school educational visits and off-site activities will ensure that participants with allergies are given due consideration in the risk assessment process for these events. The Visit Leader will ensure that risk control measures will be recorded in the 'enhanced risk assessment' column of the Standard Operating Procedure risk assessment document either directly or by referencing a separate pupil specific risk assessment.

The Visit Leader will ensure that any participant with medical conditions, including allergies, carry their medication and all relevant emergency supplies. All activities undertaken during the educational visit will be included in this consideration and where necessary alternative activities planned to ensure inclusion. Residential visits demand careful planning and will include a meeting between the parent/carer and the Visit Leader. Provider staff at any venue used for residential visits, or any externally led activity, will be briefed about the presence of participants with allergies. This is particularly important in respect of any catering provided by an external venue. If a venue or external provider states that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

These policy arrangements extend to off-site sporting activities. Pupils with allergies should have every opportunity to attend sports activities and fixtures. The school will ensure that the P.E. teacher/s are briefed in the detail of relevant IHPs by the class teacher prior to the event. Any school hosting a fixture will be notified that a participant has an allergy when the fixture is arranged.

A member of staff trained in administering adrenaline will accompany any off-site visit or activity.

10. Incidents and "near misses"

Incidents – including near misses will be recorded on the OSHENS accident reporting system and will be recorded in either the 'H&S - Work/Premises Related Injury' or 'H&S – Work-related Near Miss/No Injury' categories. Incident reporting details will include a record of use of any emergency medication.

Any incident should prompt a reconsideration of arrangements for managing allergies for the individual concerned. Depending on the specific circumstances of the incident or near miss, the affected party's IHP and the wider arrangements outlined in this policy should be reviewed and, where necessary, amended to avoid a repetition.

11. Wellbeing and inclusion

The Federation is committed to ensuring that all children with medical conditions, including allergies, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Federation recognises that living with an allergy may affect a pupils' physical and emotional wellbeing and will promote a culture of understanding, inclusion and support for pupils with allergies.

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12. Policy Communication

The school will promote awareness of allergy safety amongst staff, pupils and parents. Consequently, this policy will be:

- Published on the school website.
- Made available in hard copy upon request.
- Included within staff awareness and training activities.

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13. Monitoring and Review

This policy will be reviewed **at least annually** and sooner where:

- Legislation or statutory guidance changes.
- A significant incident or near miss occurs occur.
- Monitoring identifies a need for improvement.

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14. Approval and Adoption

Role	Name (Print)	Signature	Date:
Headteacher			
Chair of Governors			

Next Review Due: ___October 2027_____

Appendix – IHP template

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Photo of child

Healthcare Plan

Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P./Surgery

Name	
Phone no.	

Who is responsible for providing support in school	

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

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Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Last review date –

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