



**Cavendish**  
Primary School

**Allergy and Anaphylaxis**  
**Policy**

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The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

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## **1. Introduction**

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 (Airway, Breathing, Circulation).

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.

This policy sets out how **Cavendish Primary** School will support pupils with allergies, ensuring they are safe and are not disadvantaged in any way while taking part in school life.

## **2. Role and responsibilities**

### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include any previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are asked to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional, such as the school nurse, GP or allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management so the Allergy Action Plan can be updated accordingly.

### **Staff Responsibilities**

- **All staff** will complete anaphylaxis training. Training is provided annually and as part of induction for new members of staff.
- Staff, including those covering classes, must be aware of pupils in their care who have known allergies. An allergic reaction could occur at any time, not only at mealtimes. Any food-related activity must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have the required medication available. If a pupil's required medication is not available, parents/carers will be contacted and reasonable steps will be explored; the pupil will only attend if the risk assessment confirms it is safe for them to do so.
- The SENDCo *will* ensure that the pupil's up-to-date Allergy Action Plan is kept with their medication.
- It is the parent's responsibility to ensure all medication is in date; however, the SENDCo will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The SENDCo keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI), together with a record of any AAI use and emergency treatment given.
- The SENDCo ensures that any allergic reaction or near miss is recorded and reported internally or in accordance with RIDDOR, where required.

### **Pupil Responsibilities**

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

### **3. Allergy Action Plans**

Allergy Action Plans are designed to function as Individual Healthcare Plans for children with food allergies. They provide clear guidance on recognising and treating allergic reactions, and include medical and parental consent for school staff to administer medicines, including a spare adrenaline auto-injector where appropriate.

British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. They are national plans agreed by BSACI, Anaphylaxis UK and Allergy UK.

### **4. Emergency Treatment and Management of 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.

The term for this more severe 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, on rare occasions, 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 that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:**

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## **5. Supply, storage and care of medication**

Any child with an AAI will have their medication kept in a clearly labelled plastic box.

For children who require an AAI, an anaphylaxis kit will be kept within five minutes of the child. Medication will not be locked away and will be accessible to all staff. An AAI will also be kept in the classroom in a box labelled with the child's name.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up to date and clearly labelled. The SENDCo will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

### **Older children and medication**

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

### **Storage**

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

### **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. Sharps bins to be obtained from and disposed of by a **specialist collection service**.

## **6. 'Spare' adrenaline auto-injectors in school**

Cavendish Primary School has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis** when their own devices are not available, are not working, or are out of date.

These are stored in **School office**, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

**Cavendish Primary School** holds **three** spare pens which are kept in the school office.

The SENDCo is responsible for checking that spare medication is in date on a monthly basis and replacing it as needed.

Written parental permission for use of the spare AAs is included in the pupil's allergy action plan.

## **7. Staff Training**

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

**Jonathan Nixon**

**Stephanie Whitbread**

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during the induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

## **8. Inclusion and safeguarding**

Cavendish Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, 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.

## **9. 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 school's menu is available for parents to view **weekly** in advance with all ingredients listed and allergens highlighted on the organisation website at **[www.cavendishprimaryacademy.co.uk](http://www.cavendishprimaryacademy.co.uk)**.

The SENDCo will inform the Catering Manager of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager, Cook or Chef **to** discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should 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. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

## **10. School trips**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have the required medication available. If a pupil's required medication is not available, parents/carers will be contacted and reasonable steps will be explored; the pupil will only attend if the risk assessment confirms it is safe for them to do so.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

### **Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels 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.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

## **11. Allergy awareness and nut bans**

**Cavendish Primary** School supports the approach advocated by Anaphylaxis UK towards nut bans and nut-free schools.

Anaphylaxis UK does not necessarily support a blanket ban on any particular allergen in any establishment, including schools. This is because nuts are only one of many allergens that could affect pupils, and no school can guarantee a truly allergen-free environment for a child living with food allergy. Instead, Anaphylaxis UK advocates for schools to adopt a culture of allergy awareness and education.

A whole-school awareness of allergies is a stronger approach because it ensures that teachers, pupils and all other staff understand what allergies are, the importance of avoiding known allergens, the signs and symptoms of allergic reactions and how to respond safely.

## **12. Risk Assessment**

**Cavendish Primary** School will conduct a detailed individual risk assessment for all newly joining pupils with

allergies and any pupils who are newly diagnosed.

The risk assessment will help identify and address any gaps in our systems and processes for keeping allergic children safe.