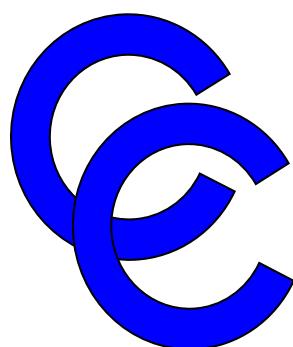


Allergy Management Policy

Cavendish Close Infant School & Nursery



Approved by:	Mrs Diffin and Full Governing Body
---------------------	------------------------------------

Last reviewed on:	September 2025
--------------------------	----------------

Next review due by:	September 2026
----------------------------	----------------

Changes

Date	Change and Reason
November 2024	Page 2 – Changes to the wording of the purpose of the policy. Page 3 – Information regarding mild allergies such as hay fever added. Page 3 – Information regarding intolerances added. Page 3 – Update to Parental Responsibilities. Page 4/5 – Update to Staff Responsibilities. Page 5 – Update to Pupil Responsibilities. Page 5 – Update to Allergy Action Plans. Page 9 – Update to Catering Page 18 – Appendix 6 added. Page 19 – Appendix 7 added.
September 2025	No changes

Allergy Policy

This policy is designed to be read alongside the schools wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance

Purpose	To minimise the risk of any pupil suffering a mild/moderate or severe allergic reaction or intolerance whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage all allergic reactions should they arise.
Links with other policies	Supporting pupils with medical conditions policy, First aid in schools policy

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's allergy policy are:-

Mrs R Vincett (Inclusion Leader)

Mrs C Diffin (Headteacher)

Mrs N Tusa (School business manager)

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Useful links
14. Appendices

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 serious reaction called anaphylaxis.

The management of mild and moderate allergy symptoms, such as Hay fever, is referred to within the Supporting Pupils with Medical Conditions policy.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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.

A food intolerance is caused by your body not being able to digest a certain food or an ingredient in food. It is not usually serious, however eating the food you are intolerant too can make you feel unwell. Symptoms can include feeling sick, stomach upset, a rash and a headache. These symptoms can last a few hours or a few days.

This policy sets out how Cavendish Close Infant School will support pupils with allergies and food intolerances, to ensure they are safe and are not disadvantaged in any way whilst 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 class teacher and Inclusion Leader of any allergies or food intolerances. This information should include all previous serious allergic reactions, history of anaphylaxis, details of all prescribed medication, which specific foods/ingredients their child is intolerant too and the symptoms that an intolerance may cause.
- Parents are 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 e.g. School nurse/GP/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. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- Staff who have pupils in their care who have a severe allergy must complete anaphylaxis training.
- All pupils who have an allergy, intolerance, religious dietary requirement or family dietary preference must have an individual medical poster.
- Posters must be displayed on the wall in the staff room and the dining hall servery. These posters MUST be laminated. (Appendix 6 & Appendix 7)
- A paper copy of the posters must be given to the Inclusion Leader and also to the office team. These posters are stored within a medical folder.
- A paper copy of the posters must also be shared with the BC/ASC Leader. These posters will be stored in a medical poster folder.
- It is the responsibility of the class teacher to ensure that ALL members of the class team are fully aware of the children in the class who have a poster and the specific reason for the poster. This includes any midday supervisors, students and support staff. If there has been a change to the usual class team, it is essential that the class teacher ensures that the new member of staff is aware of all posters.
- During lunchtime, the member of the class team who is supporting the class MUST stay with the children as they move through the servery and select their lunch. This is to ensure that a situation does not arise whereby a child eats a specific food that they have an allergy/intolerance/religious dietary requirement/family dietary preference to. Please notify the kitchen team of your class number.
- All posters need to be uploaded onto CPOMS.
- During transition meetings, class teachers need to have a conversation with new teachers about children with posters who are joining their class. Share all details from the poster, including any allergy medication that the child may require.
- At the start of every academic year, class teachers need to speak with the parents of every child that has a poster. Are all details still correct? Does the child still have an allergy/intolerance/religious dietary requirement/family dietary preference? Are the contact details displayed on the poster correct? Teachers must also take a new photo of the child. Children can change so much in a year, and it is of paramount importance that all staff members are able to recognise the child on the poster.
- If any changes need making to the poster during the academic year, please ensure that ALL posters are updated and ALL members of the class team are notified.
- If a child is not allowed to eat a specific food due to a religious belief, teachers must state on the poster, 'X is not allowed to eat x. This is due to a religious dietary requirement.'

- If a child is a vegetarian, for example, then the poster must state, 'X is a vegetarian. This is a family dietary preference.'
- Teachers must ensure that they determine if the child cannot eat meat because of a religious dietary requirement or because of a family dietary preference.
- Staff leading school trips will ensure they carry all relevant emergency supplies.
- The class teacher and Inclusion Leader will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- The Inclusion Leader keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The Inclusion Leader will use the Allergy & Intolerance management checklist every term to ensure that all procedures are in place in order to correctly manage allergies and intolerances in school. (See Appendix 1).
- The Inclusion Leader will check any adrenaline auto-injectors every term to ensure that the device is stored correctly, is in date and that the adrenaline liquid contained in the 'window' of the pen is clear and colourless. All checks are recorded appropriately and signed by a senior leader. (See Appendix 2).

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 or are suffering from a symptom of their intolerance.
- 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, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Allergy action plans will be displayed in the school hall, the staff room and inside the classroom medical cupboard. (See Appendix 3). Paper copies must be given to the Inclusion Leader, the Office Team and the BSC/ASC leader.

The Airways/Breathing/Circulation (ABC) poster must be displayed next to the Allergy action plan. (See Appendix 4).

In collaboration with the class teacher, parent/carer's will complete an allergy action plan.

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 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, 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. AAls 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

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

Medication should be stored in a red bag and clearly labelled with the pupil's name, in the classroom medical cupboard. The pupil's medication storage container should contain:

- One AAI i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan, which will be displayed on the class medical cupboard
- A copy of the signed Administration of Medicines in School form
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

A second AAI should be stored in a red bag and clearly labelled with the pupil's name, in the medical cabinet which is situated outside the main school office. The bag will also contain Antihistamine as tablets or syrup (if included on allergy action plan)

The cabinet is locked and a medical key is stored securely in the key safe which is mounted on the wall next to the main school office.

The Inclusion Leader will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry, or if the adrenaline liquid contained in the 'window' is not clear and colourless.

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 must be given to ambulance paramedics on arrival at school.

6. 'Spare' adrenaline auto-injectors in school

Cavendish Close Infant School has purchased a spare **AAI 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).

This is stored in a yellow colour pack, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Cavendish Close Infant School holds 1 spare pen which is kept in the following location- the medical cupboard which is situated outside the main school office.

The Inclusion Leader is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

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

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Mrs R Vincett (Inclusion Leader)

Mrs C Diffin (Headteacher)

Mrs N Tusa (School Business Manager)

All relevant staff will complete online Educare anaphylaxis training

Training includes:

- Knowing the common allergens and triggers of allergy

- 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 AAls) 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
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Cavendish Close Infant 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 menu is available for parents to view with all ingredients listed and allergens highlighted on the school website at <https://www.cavclosei.derby.sch.uk/dinner-menus/>

The class teacher will inform the Catering Manager of any pupils with food allergies in their class. Allergy action plans and ABC posters will be displayed in the school servery to ensure that all staff are able to identify any pupils with allergies, intolerances, religious dietary requirements, and family dietary preferences. Furthermore, a one page class profile containing information of any pupils who may have an allergy, intolerance, religious dietary requirement, and family dietary preference will be displayed within the school kitchen.

Parents/carers are encouraged to meet with the Catering Manager 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.
- 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.
- Parents/carers will identify which foods the pupil will eat using the Individual Food plan (See Appendix 5).
- 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. The class teacher must share the activity and associated risk assessment with the Inclusion Leader, Headteacher and School Business Manager before the activity is carried out. It is the school's policy to strictly avoid any food that may contain the allergen.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies.

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.

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that all staff 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 Close Infant School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

Cavendish Close Infant School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

13. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>

Allergy UK - <https://www.allergyuk.org>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>



Appendix 1 Allergy & Intolerance management checklist

- Are all emergency Adrenaline Auto-injectors in date?
- Does each child with an allergy have a completed and signed Allergy Action Plan?
- Have relevant school staff been trained in allergy and anaphylaxis?
- Are all posters stored in the correct places?
- Does each poster contain the same information?
- Do the posters match the information stored on the whole school allergy/food intolerance/ religious dietary preference/family dietary preference registers?



Appendix 2

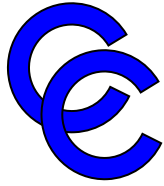
Medical checklist record

Date	First Aid box	Emergency Inhaler & spacer	Emergency Adrenaline Auto-injector	Name of staff member completing checks

Signature of staff member completing checks:

Checks reviewed by R Vincett

Signed: _____ Date:



Appendix 3

Allergy Action Plan

	<u>Name of child</u>
	<u>Class</u>
	<u>Type of Allergy</u>
	<u>Action Plan</u>
	<u>Mild to Moderate Symptoms:</u>
	↓
	<u>Action:</u>
	↓
	<u>Watch for signs of anaphylaxis:</u>
	↓
	<u>If any of these symptoms occur:</u>
	• GIVE EPIPEN JUNIOR on outer mid-thigh - Stored in <u>Class Medical cupboard</u>. • CALL 999 IMMEDIATELY, ask for an ambulance and say 'ANAPHYLAXIS' • CALL PARENTS • BE PREPARED to use a second EPIPEN JUNIOR (located in main medical cupboard) after 5-10 minutes if symptoms do not improve.

Name:

Date of Birth:

Parent's contact details:

1 Form fist around EpiPen® and **PULL OFF BLUE SAFETY CAP.**

2 **POSITION ORANGE END** about 10cm away from outer mid-thigh*.
* Either clothed, or unclothed, avoiding seams and pocket areas.

3 **SWING AND JAB ORANGE TIP** into thigh at 90° angle and hold in place for 10 seconds.

4 **REMOVE EpiPen®**
Massage injection site for 10 seconds*.
*After use the orange needle cover automatically extends to cover the injection needle.

Mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact
- If vomited, can repeat dose

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS

Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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



2. Use Adrenaline autoinjector without delay

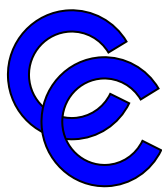
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.



Appendix 5 Individual food plan

Name of child – Class

Type of Allergy

Confirmed Menu Choices to.....

Week 1 Dinner Menu Choices	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 2 Dinner Menu Choices	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 3 Dinner Menu Choices	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

The school dinner menu and allergen information has been reviewed in making these menu choices. Confirmed with parents:

Staff Name		Parent Name	
Date		Date	
Signature		Signature	

Appendix 6

Class:

Teacher:

Pupils with an allergy:

Pupils with an intolerance:

Pupils with other dietary requirements:

Religious:

Family preference:



Appendix 7

Cavendish Close Infant and Nursery School Health and Care Plan

Child's Name -

Date of Birth –

Class –

Please insert picture here

Medical Condition –

Symptoms –

Action Required –

Contact details in case of emergency –