Allergy and Anaphylaxis Policy

Heptonstall Junior and Infant School

Approved by:	Governing Body	**Date:**	06/10/26
Last reviewed on:	New Policy: Created 24.08.2026		
Next review due by:	September 2027		

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: Head of School(Head of School/SENCo) and School Office Manager (School Business Manager)

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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 Heptonstall J & I School will support pupils with allergies, 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 office staff or Head of School/SENCo and Class Teachers of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) 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 school Allergy Action Plan/Health Care Plan will be kept updated accordingly.

Staff Responsibilities

- All Heptonstall School staff will complete online anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff. All staff will view a *St John Ambulance* allergy awareness video at the start of each term as part of ongoing refresher training.
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will ensure that all required medication, including emergency medication for pupils with medical conditions such as allergies, is carried by a designated member of staff and is readily accessible at all times during the visit. Where parents are unable to produce the required medication, their child will not be able to attend the trip.
- The Head of School and the Class first aider *will* ensure that the up-to-date Allergy Action Plan/Health Care Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the the Head of School and the Class first aider will check medication kept at school on a half-termly basis and send a reminder to parents if medication is approaching expiry.
- The Head of School 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 Head of School ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

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, 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.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare 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 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. AAIs 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

At Heptonstall School, pupils are of primary school age, they will not be expected to carry their own adrenaline auto-injectors (AAIs). One AAI will be stored in the pupil's classroom in a clearly labelled, easily accessible container, and the second AAI will be stored in Mrs Rhodes' office. Staff will ensure that both devices are readily available at all times and accompany the pupil on off-site visits and activities as required. These will not be locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name, picture, allergy details and expiry date. 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, however the Head of School and the Class first aider will check medication kept at school on a half-termly basis and send a reminder to parents if medication is approaching expiry. (Appendix 1)

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 (Years 5 and 6) 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.
On school trips, AAIs must be stored in an insulated carry case and never left in parked vehicles, direct sunlight or exposed to extreme heat.

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. The sharps bin is kept in the school office.

6. 'Spare' adrenaline auto-injectors in school

Heptonstall School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, if childs' own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

Heptonstall School holds **two** spare pens **- one Junior (to 6 years old) 150mcg and one Adult (6 years and above) 300mcg.**

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

The Head of School and School Office Manager are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is obtained when completing the pupil's allergy action plan/Health Care Plan. (Appendix 2)

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: **Head of School(Head of School)** and **School Office Manager (School Business Manager)**

All staff will complete **Iams** allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff. They will also complete St Johns training termly.

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 AAIs) 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

Heptonstall School ensures that staff undertake a practical session using trainer devices every term.

8. Inclusion and safeguarding

Heptonstall 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 in advance with all ingredients listed and allergens highlighted on the school's website at: **https://heptonstall.familyoflearningtrust.co.uk/hps/menus/**

The School Office Manager will inform the **catering staff and lunchtime staff** of pupils with food allergies. Head of School will provide them with up-to-date Health Care Plans.

The school maintains an up-to-date **Medical Needs Register**, including photographs of pupils with diagnosed allergies, which is shared with **all staff, including kitchen staff**, to enable them to identify pupils requiring allergen-safe meals. The register is reviewed and updated by **Head of School** at the

start of each academic year, whenever there is a change to a pupil's medical information and/or a new pupil starts school.

Parents/carers are encouraged to meet with the Head of School, School Business Manager and Class Teachers 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/received from a school event, parents should check the appropriateness of foods by speaking directly to School Office Manager.
- The pupil should be taught to also check with the kitchen staff, before 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 School Office 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. For all educational visits, the trip leader will ensure that the designated first aider collects and carries all required pupil medication, including emergency medication. Both AAIs must go with the child on all visits. The designated first aider will remain with their allocated group throughout the visit to ensure that medication is readily accessible whenever it is needed.

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).

On school trips, AAIs must be stored in an insulated carry case and never left in parked vehicles, direct sunlight or exposed to extreme heat.

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

Heptonstall 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/Health Care Plans

Heptonstall School will produce a detailed individual health care plan for all new joining pupils with allergies and any pupils newly diagnosed. We have an allergy and anaphylaxis risk assessment that is reviewed at least annually, as well as when new pupils join with allergies, 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/

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

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

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

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: Medication and Health Care Plan Checklist

Medication and Health Care Plan Checklist

If parents inform staff of a ***new/changed food allergy or medical condition,*** this must be reported to Megan Dodd straight away and parents asked to go to the office to complete/update a Health Care Plan.

In September, the updated Health Care Plans for children with known medical needs or allergies will be given to the class teacher. The class teacher, or first aider for that class, will go through this with the parent and any necessary amendments will be made. The parent and first aider **MUST** both sign the form before it gets sent to Megan Dodd for final sign off.

- Amanda/Megan will update the electronic version with any amendments and save a copy to the child's BromCom Record.
- The class first aider will place the original copy of the form in the medication folder.
- If the form is for an EpiPen, a copy must go into the spare EpiPen box in the office.

Health Care Plans

As the Health Care Plan may be needed in an emergency, the information on the plan must be as detailed and as informative as possible.

Health Care Plans will initially be completed by Megan Dodd, SENCo.

The Health Care Plans will be shared with all year group members of staff and signed by a year group first aider. A copy will be kept in the class medication folder and also uploaded onto BromCom.

Medication

New medication forms for September 2026 will be updated on yellow paperwork. These are stored in the main office for staff to take.

We can only administer antibiotics if they have been prescribed four times a day by the doctor.

First aiders can fill in medication forms and get SLT to sign for this. Megan Dodd must be informed of any new inhalers or medical conditions.

New EpiPens and Inhalers

When parents bring in new EpiPen's/inhalers, parents must be given the old ones and asked to dispose of them.

EpiPen's/inhalers can only be accepted in the boxes with the child's name on them.

First aiders must update the expiry dates on the paperwork including that in the office for EpiPen's. First aiders must inform Megan Dodd of the new expiry dates.

First Aider Medication Checklist

First aiders must complete a medication check at the beginning of every half term and sign that this has been completed.

Medication and Health Care Plan Checklist

Actions	Autumn 1 Date Initials	Autumn 2 Date Initials	Spring 1 Date Initials	Spring 2 Date Initials	Summer 1 Date Initials	Summer 2 Date Initials
EpiPen expiry dates checked (including the one in the medical room) • If due to expire in the next 2 months, speak to the parents to get more and notify Megan that you have done this						
Inhaler expiry dates checked • If due to expire in the next 2 months, speak to the parents to get more and notify Megan that you have done this						
Creams and other medication expire dates checked • If due to expire in the next 2 months, speak to the parents to get more and notify Megan that you have done this						
All medication in individual named zippy wallets with expiry dates noted on labels						
Any broken zippy wallets replaced						
Dividers used to separate children's medical information. Broken dividers to be replaced						
Last year's or previous paperwork to be in a separate A4 plastic wallet						
End of academic year check: • Creams and other medication to be sent home • Inhalers in date up to October to stay in school - all others sent home and ask parents to get new ones for September • EpiPen's to remain in school • Ensure all zippy wallets are not broken, have names on and expiry dates • Ensure folders are tidy and dividers are not broken • Remove any old blank paperwork • Shred all Medical Book versions						

Appendix 2: Letter for parental consent to use the emergency AAI

Heptonstall Junior & Infant School

Smithwell Lane
Heptonstall
Hebden Bridge
HX7 7NX
Tel: 01422 842533
Email: admin@heptonstallschool.co.uk
head@heptonstallschool.co.uk
Website: www.heptonstall.familyoflearningtrust.co.uk
Executive Headteacher: F. Pether
Head of School: M. Dodd

Use of Emergency Auto Adrenaline Injectors (AAI) EpiPens

Dear parents/carers

You have confirmed that your child has been diagnosed with an allergy and has a prescribed an Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen) and signed an updated Health Care Plan at the beginning of this academic year. It is your responsibility to ensure that your child has two working, in date AAI in school at all times.

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. The AAI can only be used if the pupil's prescribed AAI is not available (for example, because it is broken, or empty).

The emergency adrenaline auto-injector (AAI) devices will only be used by children, for whom written parental consent for use of the emergency adrenaline auto-injector (AAI) device. Please fill in the form below giving your consent so we can ensure our records are up to date. If you require more information regarding this, please do not hesitate to contact the school office.

Yours sincerely,

Megan Dodd
Head of School

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1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an adrenaline auto-injector (AAI) device.

2. My child has two working, in-date adrenaline auto-injector (AAI) devices, clearly labelled with their name, which they will keep in school.

3. In the event of my child displaying symptoms of allergy and anaphylaxis, and if adrenaline auto-injector (AAI) device is not available or is unusable, I consent for my child to receive adrenaline from an emergency AAI held by the school for such emergencies.

Child's name: ..... Class .....

Parents name ..... Signed .....

Date .....