Horizons Therapeutic Education Trust

Anaphylaxis and Allergy Policy

Date adopted	*20th July 2026*

Document Version

Document Version	Document Author/Owner	Role
1.0	Kate Sheehan	Office Manager

Document Governance

Last Review Date	Adopted by the Board of Trustees 20th July 2026.
Next Review Date	Annually, or after every incident or near miss.
Amendments Made	
Circulation	HTET Employees Trustees Published on the HTET website
Information Classification	Not Protected.

CONTENTS

1. PURPOSE

This policy sets out how Horizons Therapeutic Education Trust (HTET) will support students and staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life, and aims:

- To minimise the risk of any student or member of staff suffering a serious allergic reaction whilst at school or attending any school-related activity.
- To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

2. LEGISLATION AND GUIDANCE

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

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

The new statutory requirements to support pupils with allergies, known as Benedict's Law, will come into force in September 2026.

3. DEFINING ALLERGIES AND ANAPHYLAXIS

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.

4. ROLES AND RESPONSIBILITIES

Parent/Carer Responsibilities

- On entry to the Learning Centre, it is the parent's/carer's/Home Manager's responsibility to inform office staff of any allergies in writing. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers/Home Managers are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to the Learning Centre. 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/carers/Home Managers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers/Home Managers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Nominated Trustee

The nominated trustee for Allergies and Anaphylaxis is: Claire Hudson.

The nominated trustee is expected to:

- Take formal ownership at board level of the allergy (anaphylaxis) policy
- Ensure there is a separate, robust allergy safety policy (not just embedded in medical conditions policy)
- Make sure the policy is:
    - Published
    - Regularly reviewed (at least annually)
    - Reflective of actual practice, not just generic statements
- Provide challenge and oversight to school leaders on:
    - Staff training coverage
    - Availability of spare adrenaline auto-injectors
    - Implementation of individual healthcare plans (IHPs)
- Ensure lessons are learned from incidents and near misses, with governance visibility of reporting systems.
- Treat allergy/anaphylaxis as a safeguarding and health & safety risk, ensuring it appears on the school/trust risk register
- Check that appropriate systems, not individuals, keep students safe (e.g. procedures, training cycles, supervision)
- Liaises periodically with the school's Allergy Lead / senior leader
- Reports back to the governing board/trust board
- Provides visible governance focus on allergy safety

Allergy lead

The nominated allergy lead is Ben Howarth.

They're responsible for:

Promoting and maintaining allergy awareness across our school community.

Recording and collating allergy and special dietary information for all relevant pupils.

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training

- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment

Keeping stock of the school's adrenaline auto-injectors (AAIs).

Regularly reviewing and updating the allergy policy.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the students 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 check that all students with medical conditions, including allergies, carry their medication where it is appropriate for them to do so. Trips will be risk-assessment led and inclusive, with thorough and appropriate planning. All the activities on school trips will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. Overnight school trips are possible with careful planning and a meeting for parents/carers 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 student is attending and will need appropriate food (if provided by the venue).
- The First Aider will ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent's/carer's/Home Manager's responsibility to ensure all medication in in date however the First Aider will check medication kept at school on a termly basis and send a reminder to parents/carers/Home Managers if medication is approaching expiry.
- The First Aider keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The First Aider ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Student Responsibilities (students with allergies)

- Students 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.
- Students 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.

Student Responsibilities (students without allergies)

These students should be aware of allergens and the risk they pose to their peers.

5. 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.

6. 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 person 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 person where they are, call for help and do not leave them unattended.
- LIE PERSON 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 person 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.

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

7. SUPPLY, STORAGE AND CARE OF MEDICATION

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own two AAIs on them at all times in a suitable bag/container {detail what this is i.e. red drawstring bag, consistency is urged across the organisation for ease of identification}.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and accessible to all staff.

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 student's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider will check medication kept at the Learning Centre on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents/carers 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 clinical waste contractor. The sharps bin is kept in the Office.

8. ‘SPARE’ ADRENALINE AUTO-INJECTORS IN OUR LEARNING CENTRES

Horizons Therapeutic Education Trust has purchased spare AAIs for emergency use in students or staff at our Learning Centres who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in the offices in both Learning Centre on the green anaphylaxis kit stations, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and accessible and known to all staff.

Misterton Learning Centre holds two spare pens which are kept in the following location/s:-

- Office

Wellington Learning Centre holds two spare pens which are kept in the following locations/s:-

- Office

The First Aiders 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 included in the student’s allergy action plan.

NB: Current guidance suggests that the supply of ‘spare’ AAIs in schools is good practice. This plan will be fully reviewed following the final publication of guidance on Benedict’s Law is published in September 2026.

9. STAFF TRAINING

The named staff member responsible for coordinating staff anaphylaxis training and the upkeep of the school’s anaphylaxis policy is Kate Sheehan.

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

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

10. INCLUSION AND SAFEGUARDING

Horizons Therapeutic Education Trust 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.

11. CATERING & FOOD PROVISION

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 Learning Centre's weekly menu is available on request from the office.

The First Aiders will inform all staff who help in the kitchen and preparation of food, of students with food allergies.

Both Learning Centres will display photos of students with allergies and details of the allergies in the kitchens. The nominated Allergen Lead will have responsibility for keeping this up to date.

Parents/carers are encouraged to meet with staff with kitchen responsibilities to discuss their child's needs.

The Learning Centre 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 student should be taught to also check with catering 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 office staff.

The Learning Centres do not use external caterers. HTET staff play an important role in protecting students with food allergies and reducing the risk of anaphylaxis. Staff involved in catering must maintain up-to-date allergen information and allergen matrices for all food and drink items supplied on site, in accordance with current food information legislation. Procedures must be in place to ensure that any changes to ingredients, recipes or suppliers are identified promptly and that allergen information is reviewed and updated before the product is served. Where foods are prepacked for direct sale (PPDS), the Learning Centre will ensure compliance with the requirements of Natasha's Law, including the clear labelling of all ingredients and emphasised allergens.

To minimise the risk of allergic reactions, all staff will receive appropriate training in allergen management, including the prevention of cross-contamination during food storage, preparation, cooking and serving. Separate utensils, preparation areas and cleaning procedures will be used where reasonably practicable to reduce the risk of allergen transfer. Students with identified food allergies will have their dietary requirements communicated clearly to relevant catering staff, and systems will be in place to verify that the correct meal is provided.

The school will also consider allergy risks during curriculum activities, enrichment sessions, celebrations, cooking lessons, fundraising events and any activity involving food. Staff responsible for organising such

activities must check ingredients and allergen information in advance, assess the potential risks to allergic pupils and, where necessary, provide suitable alternatives or adaptations.

Food brought into school from external sources should not be shared between pupils unless allergen information has been verified, helping to ensure the safety and inclusion of all members of the school community.

12. LINKED POLICIES AND PROCEDURES

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy