Issue date:	July 2026
Review date:	July 2028

Name: **Allergies & Anaphylaxis**

Distribution: Not confidential – for internal and external use

Scope: This guidance applies to all Barnardo's colleagues.

Ownership: Head of Corporate Safety

Guidance:

The aim of this document is to provide guidance on the correct actions to take when dealing with an individual who suffers an allergic or anaphylaxis reaction.

Anaphylaxis (also known as anaphylactic shock) is a severe, potentially life-threatening allergic reaction that can develop rapidly and must always be treated as a medical emergency.

Anaphylaxis is an extreme and acute allergic reaction, requiring medical attention. It can be triggered by several allergens, the most common of which are foods, with 94% of persons susceptible to anaphylaxis suffering allergic reactions to peanuts and or other nuts: the rest to various foods such as sesame seeds, eggs, shellfish, cow's milk, soy, wheat, royal jelly etc. It is estimated that one in 200 children have a peanut allergy.

In some cases, only very tiny amounts of the food allergen can provoke an allergic reaction, and so effective precautions must be taken to prevent cross-contamination of the sufferer's meals and snacks.

If there is any doubt whether a foodstuff contains an allergen which could give rise to anaphylactic reaction in a sufferer, then under no circumstances must they be served with it. Cooking oils and certain spreads, which may contain nut oils, are especially to be avoided. Also cooking oils in which a food containing nuts has been fried.

It can also be triggered by non-food allergens, such as certain drugs and the venom of stinging insects e.g., bees, wasps and hornets, some spider bites, e.g., the false widow, and the stings of some marine animals such as jellyfish, weever fish and sea urchins.

Anaphylactic reaction may also be triggered by natural latex rubber or have no known cause. Allergies are usually to natural latex, not synthetic ones. People with this allergy may also be allergic to certain fruits and vegetables, e.g., bananas, chestnuts, kiwifruits, passion fruits, plums, strawberries, tomatoes, papayas, and avocados.

For some individuals, a minute amount of the allergenic food can cause a reaction, for others, two or more factors may be needed to cause anaphylaxis.

Anaphylaxis develops rapidly, usually reaching peak severity within 5 to 30 minutes, and may, rarely, last for several days. Anaphylaxis can get worse very quickly and lead to death within 15 minutes. In very rare cases, reactions develop after 24 or more hours.

An ambulance must always be called immediately that a person with more than just mild Anaphylaxis is known or suspected of being exposed to an allergen that triggers a severe allergic reaction. Do not wait for a first aider or other appropriately competent person to confirm an Anaphylaxis diagnosis.

The guidance issued by the MHRA on 27 June 2023 emphasised the importance of correctly positioning a person suffering an Anaphylactic reaction, i.e., lying down with feet raised.



Adrenaline Auto-Injectors
The usual emergency medication is Epinephrine (adrenaline), given by injection and/or inhalation. This opens the airways and raises the blood pressure by constricting the blood vessels. Epinephrine also helps relax the bronchial tubes, thus relieving breathing difficulty. It also lessens stomach cramps and stops itching and hives.

If the individual with anaphylaxis has an adrenaline auto-injector, it must be used as soon as possible. Do not wait for a trained first aider if their arrival at the location is delayed. Adrenaline for intramuscular use in anaphylaxis is one of the medicinal products that a lay person is legally permitted to administer for saving a life in an emergency.

The most common adrenaline auto-injectors in the UK are: EpiPen, Emerade, Jext.

One person should use the autoinjector, while another makes 999/112 phone call, while another phones the parent/emergency contact. If this is not possible, the person using the autoinjector should put their mobile phone on speaker, so the 999/112 call can be made at the same time.

Make the 999/112 call even if symptoms are improving. The condition of the person may show signs of improvement after the first dose of adrenaline, and then worsen again.

Individuals who have been prescribed an adrenaline auto-injector because of the risk of anaphylaxis should be issued with and always carry two with them. If after 5 minutes the person still feels unwell, the second adrenaline auto-injector is to be used on the opposite thigh.

If the first autoinjector fails to inject the adrenaline, e.g., due to manufacturing error, mishandling damage, user error, etc., the second autoinjector should be used immediately without waiting 5 minutes.

Benedict's Law requires schools to hold spare emergency medication (see below).

Specialist Training
Ensure all individuals are reliably able to differentiate between a mild, moderate, and severe allergic reaction. Staff and carers of services with children or young people with anaphylaxis must have an adequate understanding of the condition and be trained in the first aid treatment for anaphylactic shock, including resuscitation, and the administering of emergency medication, whether taken orally or by use of an autoinjector.

The service should as part of their assessment of training needs determine how many workers require specialist training. The relevant arrangements and procedures must be incorporated into a service's administration of medication policy, local safety rules and crisis management plan.

Benedict's Law requires ALL staff in a school setting must receive training.

Trips & Outings

Individuals should have with them an adequate supply of any emergency medication they need. This should be checked by services and carers, especially before departure on a holiday, trip, or outing. Workers must know what to do if the emergency medication goes missing. If a child is taken off site with the emergency medication held at the service, ensure there are arrangements to immediately put the medication back in usual location on return to the service.

Signs & Symptoms

These will normally occur soon after exposure to allergen trigger (may sometimes also be referred to as the causative agent). The symptoms of an anaphylactic reaction may occur within seconds of exposure, or they can be delayed 15 to 30 minutes or even an hour or more later.

The more rapid the onset of symptoms, the more severe the reaction is likely to be. The affected person would experience some but not necessarily all the following:

- itching
- metallic taste in mouth
- swelling of the throat and tongue
- difficulty in swallowing
- running nose and sneezing
- difficulty in breathing
- abnormal breathing sounds (high-pitched)
- cough
- hives anywhere on the body
- generalised flushing of the skin
- later cyanosis (blueness of the skin) particularly the lips and fingernails
- abdominal cramps
- nausea
- vomiting and diarrhoea
- rapid, irregular pulse
- sudden feeling of weakness
- drop in blood pressure
- sense of doom
- collapse and unconsciousness

First Aid for Mild-To-Moderate Allergic Reaction

- Calm and reassure the person; anxiety can increase the severity of a reaction.
- Try to identify the allergen and have the affected person avoid further contact with it.
- If the allergic reaction is from a bee sting, scrape the sting off the skin with something firm, e.g., fingernail or credit card, not tweezers as squeezing the sting will release more venom.
- If the person develops an itchy rash, apply calamine lotion and cool compresses.
- Watch the person for increasing distress.
- Get medical help. Administer any prescription medication that the person has.

First Aid for Severe Allergic Reaction or Anaphylaxis

- Check the person's airway, breathing and circulation. If necessary, begin CPR (cardiopulmonary resuscitation).
- Calm and reassure the person. Anxiety aggravates all reactions.
- If the allergic reaction is from bee stings, scrape the sting off the skin with something firm e.g., fingernail or credit card. Do not use tweezers; squeezing sting will release more venom.
- If the person has emergency allergy medication on hand, assist with its administration including the use of their EpiPen/Ana pen/Jext or other mode of injection. Avoid oral (by mouth) medication if the person is having difficulty breathing.
- Antihistamines are not appropriate in the first aid treatment of severe allergic reactions or anaphylaxis. They take 15 to 30 minutes to have an effect and may not reduce the severity of symptoms sufficiently.
- Take steps to prevent shock. Lay the person flat, raise feet about 30cm, and cover person with a coat or blanket. DO NOT place the person in this position if a head, neck, back, or leg injury is suspected or if it makes them uncomfortable.
- If the person loses consciousness, place them in the recovery position and observe closely.
- Adrenaline autoinjector can be used on anaphylaxis casualty that is lost consciousness.
- If a casualty stops breathing, provide cardiopulmonary resuscitation (CPR).
- If a casualty is having CPR due to anaphylaxis, an adrenaline autoinjector can be used, but the response is very likely to be suboptimal.

What is of key importance is that the ambulance crew/paramedics are informed if someone is unconscious and/or not breathing due to anaphylaxis. If they are not informed about the reason for the casualty's condition, rather than being given the full picture, they may only treat them for unexplained unconscious and/or not breathing, instead of for anaphylaxis. Hand any used adrenaline autoinjectors to the ambulance crew/paramedic.

Food Allergen Labelling Law (Natasha's Law)

Natasha's Law came into force on 1 October 2021. It requires businesses to label all food that is prepacked on site for direct sale with a full ingredients list. Foods pre-packaged elsewhere already required full ingredients labelling, with allergens emphasised in the list.

Schools

Benedict's Law will come into force from September 2026 requiring Schools to ensure stronger protections for children with allergies in school. Expectations include:

- a whole-school Allergy Policy published on their website
- all staff trained in allergy awareness and emergency response (including teachers, caretakers, lunchtime supervisors, and transport staff)
- hold spare Emergency Medication
- put in place Individual Care Plans

Prevention

Whenever, a child or young person is in the care of Barnardo's, suffers from anaphylaxis, or where Barnardo's in any other way has responsibility for the health and safety of that person, a competent person must conduct a suitable and sufficient risk assessment, to identify the required controls to prevent harm.

To prevent anaphylaxis, it is important to avoid the allergen that causes the reaction. That may not be easy since stinging insects can find their way indoors and allergenic foods can be concealed in a wide variety of preparations. Observe anyone known or thought to suffer from anaphylaxis carefully after introducing a new food or medication.

Services and carers should ensure that substances which are known to trigger allergic reactions are excluded from the service/home as far as is practicable. This may mean sharing information agreed by the parents and child on a need-to-know basis with other service users and carers about what is not allowed and why.

Medic-Alert Bracelets, Necklaces and Cards

Older children and young people who have severe, life-threatening allergic reactions or other medical conditions which may render them unconscious or unable to give medical information, should consider wearing a medic-alert bracelet or necklace. Parents/carers should consider obtaining same for younger children with those conditions but should consider whether the child may remove and choke on or swallow the medic-alert. An older child or young person could instead opt carrying a medic–alert card but should be made aware of the risk that it may not be found in a medical emergency.






Common Food Allergies and Intolerances in Children

Milk	Children with a milk allergy need to avoid foods containing milk, yoghurt, cream, cheese, butter, milk powder, foods glazed with milk and ready-made products containing milk powder, e.g. desserts.
Tree Nuts	Children with a tree nut allergy can react to many types of nuts, including walnuts, almonds, hazelnuts, Brazil nuts, cashews, and pecans. Nuts are found in food including sauces, cakes, chocolate, desserts, crackers, bread, ice cream and marzipan.
Peanut	Also called groundnuts or monkey nuts, are found in many foods, including sauces, cakes, desserts, peanut flour, peanut butter, and groundnut oil.
Lupin	Flour or seeds from the lupin plant are used in some breads, pastries, pies, waffles, pancakes, onion rings and other battered products and doughnuts. Some children with peanut allergy are also allergic to lupin.
Eggs	Eggs are used in foods including cakes, mousses, sauces, pasta, quiche, mayonnaise, and some meat products, e.g. burgers. Remember that some foods are also brushed, with egg, particularly pastry products.
Fish	Children who are allergic to fish need to avoid all foods containing fish, such as fish fingers, fish cakes, fish pie and fish spread. Some types of fish, especially anchovies, are used in some salad dressings, pizza, and fish sauces.
Soya	Soya comes in different forms e.g. tofu (bean curd), soya flour and texturised soya protein. It is used in foods including some ice cream, sauces, desserts, pastries, meat products and vegetarian products such as veggie burgers.
Gluten	Children with an intolerance to gluten must avoid foods made from wheat, rye, barley, and oats. Wheat flour is used in bread, breadcrumbs, batter, pasta, cakes, pastry, and meat products, e.g. burgers and sausages. Some soups and sauces are thickened with flour. Some foods are dusted with it before cooking.
Sesame	Children who are allergic to sesame need to avoid sesame seeds, sesame oil and other sesame products, e.g. tahini. The seeds are used in some breads, breadsticks, biscuits, hummus, salads, sauces, and dressings. Watch out for foods cooked in sesame oil and seed transfer to other foods.
Shellfish	Children who are allergic to shellfish often need to avoid all types, including scampi, prawns, mussels, crab, and shrimp paste. When checking food labels, look out for the word's shellfish, crustaceans, and molluscs, as well as the names of the individual types of shellfish.

Mustard	Children who are allergic to mustard will react to any food that comes from the mustard plant, including liquid mustard, mustard powder, mustard seeds, and mustard oil. Mustard is sometimes used in salad dressings, marinades, soups, sauces, curries, and meat products.
Celery	Children who are allergic to celery can react to celeriac and celery stalks and leaves. Celeriac and celery are sometimes used in salads and soups. Watch out for celery salt, which is used as a seasoning in lots of foods, such as soups and meat products. Celery seeds are also used as a spice.
Salt	Foods with a high salt content can make a child very ill if too much is consumed. If a child is likely to eat home-made playdough, use a salt free recipe.
Sulphur Dioxide	Some children with asthma can react to sulphur dioxide. This is used as a preservative in a wide range of foods, particularly meat products such as sausages. Also dried fruit and vegetables. Watch out for other food additives.

Introducing New Foods to a Baby or Toddler

NHS Weaning Guidelines - Your baby's first solid foods - NHS

Before introducing a new food to a baby or toddler, particularly one with food allergies/intolerances:

- Permission must be obtained from the parent or carer.
- Check any care plan or list of known allergens is up to date.
- Process supervised by a competent person, i.e., with food allergies training.
- Trained first aider available at location.
- Check a sufficient amount of child's emergency medication is to hand.
- Do not introduce a new food if not certain it is safe to do so.
- It is wise to feed a very small amount first.
- Wait a sufficient time this has no effect before giving the child more.
- Signs of an allergic reaction or intolerance can be delayed for hours or days.
- Introduce new foods one at a time, with a gap of three days between each new food.
- Always check the label on the container carefully.
- Seek expert advice if unsure about the presence of an allergen.
- Do not rely on advice found on the internet.
- Consider the possibility of cross-reactivity and cross-contamination.

Associated documents:

1) Individual risk assessments
2) Medication policy
3) Invasive Policy

Compliance measures:

- Individual risk assessments.
- Specialist first aid training evidenced in the annual audit (HSQA).

Document Reference: Guidance/Safety/08 Allergies & Anaphylaxis

Document History:

Version	Date	Author	Status	Comment
2	2/7/26	RJW		Benedicts Law information added. Amendments to guidance referenced.
2.1	07/10/26	EA		Clarification for introduction of new foods to a baby/toddler