Draft policy: awaiting ratification

Friern Barnet School

Allergy and Anaphylaxis Policy

Last Reviewed:	September 2026	**Next Review:**	September 2027
Approved by:		**Date:**	

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

- **Paula Donaldson**
- **Samantha Read**
- **Michelle Eldrett**

Rationale

To minimise the risk of any student 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.

Contents

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 **Friern Barnet** School will support students 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 the school office 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. Refer to Appendix B) 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

- All staff will complete online anaphylaxis training. It is expected that First Aiders will administer the EpiPens if a student or adult has a severe allergic reaction causing anaphylaxis.
- 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. Please also refer to Firefly for students who have allergies - Information for students with allergies, asthma and medical conditions — Friern Barnet School

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders must meet with the EVC in advance to discuss students' medical conditions. Trip leaders must be able to access student information from the OneDrive for their trip. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. **Students unable to produce their required medication will not be able to attend the excursion.**
- The Office Manager or Student Services Officer *will* ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent's responsibility to ensure all medication is in date however the Office Manager or Student Services Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Office Manager or Student Services Officer 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 Office Manager or Student Services Officer ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Student Responsibilities

- 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.

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 student 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:

- Stay with the child and reassure them that help is on the way. Send a student to Student Services or the Main Office asking for help with an allergic reaction. Staff can also call Student Services on 660 or the Main Office 622/639.
- Keep the child where they are 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.
- **FIRST AIDERS MUST USE ADRENALINE AUTO-INJECTOR (AAI) 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 students 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

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry one of their own AAIs on them at all times in a suitable bag/container; their second AAI is held at Student Services.

Medication is stored in Student Services and it labelled with the student's name. The student's medication storage container should contain:

- One 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 Student Services Officer will check medication kept at school 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 are managed by our specialist collection service**.** The sharps bin is kept in Student Services.

6. 'Spare' adrenaline auto-injectors in school

Friern Barnet School has purchased spare **AAIs for emergency use in children 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 Student Services and Main Office, clearly labelled 'Anaphylaxis kit', kept safely, not locked away and **accessible and known to all staff.**

Friern Barnet School holds 5 spare pens which are kept in the following location/s: -

Student Services – 2 spare pens
Main Office – 2 spare pens
Other – 1 spare pen used for trips

The Office Manager or Student Services Officer is responsible for checking the spare medication is in date on a regular basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the student'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: -

Paula Donaldson
Samantha Read
Michelle Eldrett

All staff will complete online 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

Friern Barnet School ensures that first aiders undertake a practical session using trainer devices during their First Aid training.

8. Inclusion and safeguarding

Friern Barnet 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/carers to view with all ingredients listed and allergens highlighted on the organisation website **at www.friern.barnet.sch.uk**

The Office Manager will inform the Kitchen Manager of students with food allergies. Student allergies
are notified to canteen staff via the cashless till system; student photos and listed allergies are detailed on their profile. The Office Manager will supply the Kitchen Manager with a file containing student photos and listed allergies.

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

- If food is purchased from the school canteen, parents/carers should check the appropriateness of food by speaking directly to the office team.
- The student 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 office team.

- 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.

Statement from ISS our catering team

ISS Education welcomes the introduction of Benedict's Law and the additional measures that are being put in place to protect students with allergies, including food allergies. ISS Education will support schools in implementing their whole school allergy policy and will work in partnership to ensure the safeguarding of students with allergies as part of our food service.

Our catering teams already receive comprehensive allergy awareness training as part of their food safety training programme. If your school allergy policy identifies that additional whole school allergy awareness training is required, ISS will work with the school to ensure that ISS Placemakers can complete your training at the required frequency.

Our Placemakers have not been trained on the use of autoinjectors as it is anticipated that school staff who are responsible for the supervision of children, will take the lead in an emergency. Our teams have however already been trained to raise the alarm to school staff, if a child develops symptoms of an allergic reaction.

10. School trips

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. **Students unable to produce their required medication will not be able to attend the excursion.**

Trip leaders must meet with the EVC in advance to discuss students' medical conditions. Trip leaders must be able to access student information from the OneDrive for their trip.

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

Residential 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.

11. Allergy awareness and nut bans

Friern Barnet 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 students, 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, students and all other staff are aware of what allergies are, the importance of avoiding the students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Independent care plans / Risk Assessments

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

See Appendix A.

13. Useful Links

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

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

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

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 students at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-students-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

Author/s	Business Manager / Office Manager
Review Frequency	Annually
Date approved by governors	
Date of next review	
Purpose	To minimise the risk of any student 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.
Links with other policies	

Friern Barnet School

Allergy Management Health Care Plan

Student name:	**Date of Birth:**	**Tutor Group:**
Allergies: Are reactions: **Ingestion:** Yes/No **Direct contact**: Yes/No **Indirect contact**: Yes/No		
G.P: Name: Phone number:	**Clinic/Hospital:** Name: Phone number: Email address:	
Date:	**Review date:**	

Allergy Information:

What are your child's symptoms?		
What makes your child's condition worse?		

Risks at school - does your child have any additional care requirements while they are in school such as:		**Low**	**Medium**	**High**
Using the canteen at breakfast, break and lunch time:				
PE outside/indoors:				
Cooking for food technology:				
Trips and residential trips:				
Cake sales:				

Medical Information

List all allergies and / or intolerances:	
Severe Allergy (EpiPen prescribed) Moderate Allergy (Antihistamine tablets / syrup prescribed) Other allergy / intolerance (Non medicated Allergy – diet -controlled food intolerance)	

How does the allergy and / or intolerance affect your child?	
Skin contact – touching the allergen Ingestion – eating the allergen Injection – allergen being injected into the body i.e., bee sting Inhalation – breathing in the allergen	
Name and type of medication needed in school:	**Medication 1** **Medication 2**
Follow up care Please provide copies of the most up to date plan from any medical professionals involved in your child's care (For example; Asthma Care Plan, Allergy Action Plan…)	Copies of care plans provided: **Yes/No**

Agreement Parental/Carer's Agreement

I agree that the medical information contained in this plan may be shared with all staff involved in my child's care including external activities organised by the school. I understand that I must notify the school of any changes to my child's health or medication in writing as soon as possible and that the current information is accurate and up to date. I will provide school with the most up to date plan from my doctor/hospital.	Signed Parent/carer: Print name: Date:

Consent to use Emergency Salbutamol Inhaler and/or consent to use Emergency Adrenaline Auto Injector

Use Of Emergency Adrenaline Auto Injector (AAI)

Child's name	
Date of birth	
Adrenaline Auto Injector Strength	PRESCRIBED DOSAGE (Please circle): 0.30mg / 0.15mg
The Emergency Adrenaline Auto Injection will be used if your child is showing symptoms of a severe allergy or on the advice of the Emergency Services. • I can confirm that my child has been diagnosed with an allergy and has been prescribed an adrenaline • auto injector (AAI). • My child has two working, in-date adrenaline auto injectors, clearly labelled with their name. The one AAI will be kept with them, and the second AAI will be kept in Student Services. • In the event of my child displaying symptoms of a severe allergy and if their adrenaline auto injector is not • available or is unusable, I consent for my child to receive the school's adrenaline auto injector which is kept for any emergencies. • I will provide the school with a copy of the latest 'My Allergy Action Plan' from the GP	
Parent/carer Signature	Date
Parent/carer print name	

Use Of Emergency Salbutamol Inhaler

Child's name	
Date of birth	
The Emergency inhaler will only be used if your child is showing symptoms of / or having an asthma attack. • I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler. • My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and keep with them. • In the event of my child displaying symptoms of asthma and if their inhaler is not available or is unusable, I • consent for my child to receive salbutamol from an emergency inhaler held by the school for such • emergencies. • I will provide the school with a copy of the latest 'My Asthma Care Plan' from the GP	
Parent/carer Signature	Date
Parent/carer print name	

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH | anaphylaxis UK | AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

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

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

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

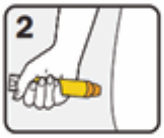
Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

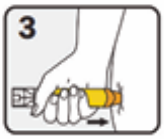
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....