Eastwood Nursery

Allergy Policy

Legislation
This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting childrenwith 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

Approval
Governing body free to delegate to a committee of the governing body, an individual governor or the headteacher

Review Frequency
When any changes

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Aims

This policy aims to:

- Set out our nursery's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our nursery supports children with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the nursery community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting childrenwith 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
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3. Roles and responsibilities

We take a whole-nursery approach to allergy awareness.

3.1 Allergy lead

The nominated allergy leads are Wendy Thrussell and Emma Furlong

They are responsible for:

- Promoting and maintaining allergy awareness across our nursery community
- Recording and collating allergy and special dietary information for all relevant children
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All children 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

3.2 Nursery Lead First Aiders (Emma Furlong and Wendy Thrussell)

The nursery lead first aiders are responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 All Room based staff

All room support staff are responsible for:

- Promoting and maintaining allergy awareness among children
- Maintaining awareness of our allergy policy and procedures

- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific children with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of children with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Being aware of allergens that pose a risk to their child
- Providing the nursery with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the nursery on any changes to their child's condition

4. Assessing risk

The nursery will conduct a risk assessment for any child at risk of anaphylaxis taking part in:

- Activities which involve food, including snack time
- Crafts using food packaging
- Off-site events and nursery trips
- Any other activities involving animals, such as animal handling experiences

A risk assessment for any child at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

- Children are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Children have their own cup at snack time which is washed thoroughly after use

5.2 Catering

The nursery is committed to providing safe food options to meet the dietary needs of children with allergies. All meals are provided by the Local Authority Caterers based Harrisons.

In relation to food preparation, this is done by staff holding a Food Hygiene qualification. These staff:

- Receive appropriate training and are able to identify children with allergies
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing children and staff to make safer choices.

Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage children and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a child brings these foods into school, the food will be removed and returned to parents/carers. Parents/carers will be advised why this has been necessary.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

- Parental consent is sought regarding activity which involves handling of animals
- Parents are responsible for making changes to any consent provided to the nursery and should do this via the nursery office
- All children will always wash hands after interacting with animals to avoid putting children with allergies at risk through later contact
- Children with animal allergies will not interact with animals

5.6 Events and nursery trips

- For events, including ones that take place outside of the school, and nursery trips, no children with allergies will be excluded from taking part
- The nursery will plan accordingly for all events and nursery trips, and arrange for the staff members involved to be aware of child s' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and nursery trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of children with AAIs (adrenalin auto injectors)

- The nursery maintains a register of children who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis (see appendix 2). The register includes:
    - Known allergens and risk factors for anaphylaxis

- Whether a child has been prescribed AAI(s) (and if so, what type and dose)
- Where a child has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the child
- A photograph of each child to allow a visual check to be made, following parental consent. A copy of the register is kept securely in each classroom and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures (appendix 1)

- As part of the whole-nursery awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in child 's receiving adrenaline in an emergency

If a child has an allergic reaction, the staff member will initiate the school's emergency response plan, following the child 's allergy action plan

- If an AAI needs to be administered, a member of staff will use the child 's own AAI, or if it is not available, a nursery one.

- If the child has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.
- Call 999 immediately and inform them of a 'suspected anaphylaxis' or 'anaphylactic reaction.' A call to parents should also be made at the same time to inform of a suspected anaphylaxis and that the emergency services have been contacted. Inform the parents that the emergency adrenaline pen has been administered to the child.
- Administer emergency adrenaline that is located one in Acorns Room first aid cupboard and the second in Beech Room first aid cupboard. This must only be administered by trained staff only
- A second dose may be needed after five if symptoms persist and another injector is available
- Position and monitor the child. Try to keep the child lying flat if possible as aids blood flow. Elevate the child's legs which will help with blood pressure
- If breathing is compromised, then encourage the child to sit up slightly, do not stand them up. Start CPR if required with at least two first aiders present
- If parents cannot get to nursery before the paramedics, then a member of staff should accompany the child to the hospital until a family member can get there. Ensure that all the information has been given to the paramedics with the details of what has happened and the treatment given
- After the emergency, the nursery should request an urgent GP review with the formal allergy diagnosis and prescribed adrenaline auto injectors
- Obtain a written allergy/anaphylaxis action plan
- Complete or update the risk assessment
- A nursery AAI device will be used instead of the child 's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The child 's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

- If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany the child to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the child will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

The nursery will follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools,

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- AAIs will be sourced from the local pharmacy
- A minimum of 2 AAIs will be available at all times
- The dosage required (based on Resuscitation Council UK's age-based criteria for children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device)

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored securely at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any child 's own prescribed AAI, and clearly labelled to avoid confusion

7.3 Maintenance (of spare AAIs)

Wendy Thrussell and Emma Furlong are responsible for checking half termly that:

- The school's AAIs are present and in date
- Replacement of the school's AAIs are obtained when the expiry date is near
- Reminding parents/carers half termly to check the expiry dates of their child's AAIs and replace as required

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of by being handed to the paramedic on the premises.

7.5 Use of AAIs off nursery premises

- During nursery trips or off-site events, the First Aider whose group the child is in will carry the children AAIs with them.
- One of the schools AAI's will be taken on any nursery trips, and carried by a First Aider, to be used in the event of an emergency

7.6 Emergency anaphylaxis kit
The nursery holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of children to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training
The nursery is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the nursery site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Following staff training forroom-based staff provided by High Speed Training endorsed by The Natasha Allergy Research Foundation, in June 2026, annual refresher training will be carried out every year. Lead First Aiders will also update all staff on any new requirements outside of the annual training schedule.
Newly appointed staff after July 2026 will receive training endorsed by The Natasha Allergy Research Foundation and confirmation of relevant training will be sought from agencies offering supply staff.

9. Links to other policies
This policy links to the following policies and procedures:

- Health and Safety Policy
- Supporting Children with Medical Conditions Policy
- Healthy Eating Policy
- Administration of Medicines Policy
- Safeguarding Policy

Further information on using AAI's in nursery
Guidance on the use of adrenaline auto-injectors in schools
https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

Anaphylaxis UK
https://www.anaphylaxis.org.uk/education/benedicts-law/

Child Allergy Policy Appendix 1

Recognition and management of an allergic reaction/anaphylaxis

(Department of Health – Guidance on the use of adrenaline auto-injectors in schools p1)

Mild-moderate allergic reaction

Swollen lips, face or eyes | Abdominal pain or vomiting | Itchy/tingling mouth

Hives or itchy skin | Sudden change in behaviour

Action

Stay with the child, call for help if necessary

Locate adrenaline autoinjector(s)

Give antihistamine according to the child's allergy treatment plan

Phone parent/emergency contact

Airway: Persistent cough/hoarse voice/difficulty swallowing/swollen tongue

Breathing: Difficult or noisy breathing/wheeze or persistent cough

Consciousness: Persistent dizziness/becoming pale or floppy/suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs 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** to request ambulance and say **ANAPHYLAXIS**

***** 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 further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

Child Allergy Policy Appendix 2

Register of Children with AAI (adrenalin auto injector)

Name and DOB and photograph	Risk factors
Prescribed AAI – type, dosage and expiry	Parental consent to administer ‘spare’ AAI
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