ALLERGY SAFETY POLICY

CONTENTS

1. Policy Statement
2. Aims and Objectives
3. What is an Allergy
4. Definitions
5. Roles and Responsibilities
6. Information Gathering, Sharing and Documentation
7. Assessing Risk
8. Food, including Mealtimes and Snacks
9. Educational Visits and Sports Fixtures
10. Insect Stings
11. Animals
12. Asthma
13. Allergic Rhinitis, Hay Fever and Eczema
14. Inclusion and Mental Health
15. Adrenaline Devices
16. Responding to an Allergic Reaction / Anaphylaxis
17. Training
18. Serious Incidents, Near Misses and Reporting Allergic Reaction

1. POLICY STATEMENT

Walton Nursery is committed to providing a safe, inclusive and supportive educational environment for every child, including children living with food, medication, environmental or other allergies.

The nursery recognises that anaphylaxis is a potentially life-threatening medial emergency and that allergic reactions can occur without warning, including in children with no previously diagnosed allergy.

The nursery will therefore take a whole-nursery approach to allergy safety. Allergy Management will not be treated solely as an individual child medical issue. The nursery will identify and reduce foreseeable allergy risks across teaching, catering, sport, trips, activities, events and all other areas of nursery life.

The nursery will have regard to all applicable legislation, regulations and statutory guidance, including:

- The Children's and Families Act 2014, including the duty concerning support for children with medical conditions;
- The DfE Allergy Safety in School's statutory guidance;
- The Equality Act 2010, where applicable children with disabilities arising from medical conditions;
- Applicable food-safety and allergen-labelling legislation;
- The requirements applicable to pre-packed for direct sale (PPDS) food, commonly known as Natasha's Law; and
- Relevant Independent Schools Standards and regulatory requirements.

ALLERGY SAFETY POLICY

The nursery will seek to ensure that children with allergies can participate fully in nursery life without unnecessary exclusion, stigma or discrimination.

2. AIMS AND OBJECTIVES

This policy outlines Walton Nursery's approach to allergy management, in line with the Department for Education's guidance published in July 2026 (Allergy safety in schools).

This policy outlines how the whole-nursery community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our children with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware nursery.

This policy applies to all staff, children, parents and visitors to the nursery.

3. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and, instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance or coeliac disease. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system. Coeliac disease is a serious autoimmune condition where the body reacts to gluten but does not cause acute reactions.

4. DEFINITIONS

Anaphylaxis: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

ALLERGY SAFETY POLICY

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

Adrenaline Auto-Injector: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURneffy.

Allergy Action Plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

Allergic Rhinitis: An allergic reaction to something in the environment such as pollen, dust mites or animal dander that causes a blocked or runny nose, sneezing, itchy eyes and sometimes a sore throat, headaches and disrupted sleep. Hay fever is allergic rhinitis triggered by pollen.

Asthma: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

Asthma Action Plan: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

Designated Allergy Lead: The member of staff responsible for overseeing allergy and asthma management across the nursery and acting as the main point of contact for children, parents and staff. This is referred to as the named senior leader in the statutory guidance.

Emergency Response Plan: A document (also known as a Critical Incident Plan) that outlines a nursery's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

Eczema: A common skin condition, often linked to allergy, causing dry, itchy, sore skin.

EURneffy: EURneffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

Individual Healthcare Plan: A detailed document outlining an individual child's medical conditions (including allergy), history, treatment, risks and action plan.
This document should be created by nurserys in collaboration with parents/carers and, where appropriate, children. If the child has an Allergy Action Plan or an Asthma Action Plan this should be contained within the IHP.

ALLERGY SAFETY POLICY

"Near Miss": An event that did not result in harm but had the clear potential to do so, for example when an allergic reaction was averted (e.g. accidental exposure identified before ingestion, or ingestion of a known allergen without reaction).

Risk Assessment: A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the nursery site.

Serious Incident: Where someone with an allergy is harmed or placed in immediate or significant risk of harm including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

5. ROLES AND RESPONSIBILITIES

Walton Nursery takes a whole-nursery approach to allergy management.

- The nursery's Designated Allergy Lead is: Mrs Nicola Wilson, Head of EYFS
- The nursery's named Allergy Governor is: Dr Sujith Godagama MBBS MRCGP

5.1 Proprietorial Body

The Proprietorial Body is responsible for the strategic oversight of allergy safety across the nursery working in partnership with the Designated Allergy Lead who leads on day-to-day implementation.

The Proprietorial Body is responsible for:

- Ensuring the nursery has an allergy safety policy in place which is accessible, published on the nursery's website, available in hard copy on request and awareness of it is raised with staff, children and parents;
- Ensuring allergy-related risks are included on the nursery's risk register and actively managed;
- Ensuring the policy sets out arrangements to reduce the risk of contact with known allergens and emergency response plans for anaphylaxis;
- Ensuring the policy is reviewed at least annually, and considering review after any serious incident or "near miss";
- Satisfying itself that the nursery's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving periodic reports on serious incidents and "near misses"; and
- Ensuring the nursery's complaints process allows complaints to be raised and investigated following a serious incident or "near miss", including a prolonged failure to put agreed arrangements in place.

5.2 Designated Allergy Lead

The Designated Allergy Lead is responsible for:

- Creating and leading the publication and implementation of a nursery-wide Allergy Safety Policy;

ALLERGY SAFETY POLICY

- Ensuring the safety, inclusion and wellbeing of children, staff and visitors with an allergy;
- Taking decisions on allergy management across the nursery;
- Championing and practising allergy and asthma awareness across the nursery;
- Being the overarching point of contact for staff, children and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, children and parents have a good awareness of the nursery's Allergy Safety Policy, and other related procedures;
- Keeping a record of any allergic reactions or "near misses", reporting these to the Proprietorial Body and appropriate authority (e.g. under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy at least annually; and

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and governing body as appropriate.

5.3 Matron

The nursery's Matron, Mrs Chantelle McLaughlan, has responsibility for:

- Coordinating the paperwork (including creating the Individual Healthcare Plan and collating any Allergy Action Plans and Asthma Action Plans) and collecting information from families to ensure that arrangements are in place before the child starts, or within 2 weeks for a mid-year transfer, liaising with Admissions as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an Individual Healthcare Plan if necessary) and ensuring arrangements are in place to support them before they start;
- Supporting the Designated Allergy Lead with disseminating this information to all nursery staff, including the Kitchen team, occasional staff and those running clubs;
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date;
- Keeping an adrenaline device register to include adrenaline devices prescribed to children, including brand, dose and expiry date;

5.4 Registrar

The Registrar is likely to be the first to learn of a child or visitor's allergy. They will work with the Designated Allergy Lead and Matron to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;

ALLERGY SAFETY POLICY

- There is a clear structure in place to communicate this information to the relevant parties (i.e. nursery Matron, Kitchen team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous nursery, or future nursery, to ensure a smooth transition between settings.

5.5 All staff

All nursery staff (this includes all staff present when children are expected to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes Kitchen staff and others who may oversee children and young people at breakfast or after nursery clubs. It is not intended to include contractors carrying out work with no child-facing role such as builders, electricians or other ad hoc maintenance personnel) are responsible for:

- Championing and practising allergy and asthma awareness across the nursery;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of children (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to children with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring children always have access to their medication, including carrying it on their behalf if necessary;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Considering the safety, inclusion and wellbeing of children with allergies at all times. Preventing and responding to allergy-related bullying, in line with the nursery's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Lead/Matron.
- Ensuring that children have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the nursery site for a trip.

5.6 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the nursery's Allergy Safety Policy and considering the safety, inclusion, and wellbeing of children with allergies;
- Providing the nursery with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the nursery of any related conditions, for example asthma, allergic rhinitis (hay fever) or eczema;
- Considering and adhering to any food restrictions or guidance the nursery has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the nursery their child has an allergy or intolerance if this is a preference or dietary choice;

ALLERGY SAFETY POLICY

- Encouraging their child to be allergy aware.

5.7 Parents of children with allergies

In addition to paragraph 5.6, the parents and carers of children with allergies should:

- Work with the nursery to fill out an Individual Healthcare Plan, provide an accompanying Allergy Action Plan/ Asthma Action Plan
- Provide consent to the nursery to administer spare adrenaline devices (and inhalers, if applicable) in an emergency;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, at all times, including on the journey to and from nursery;
- If applicable, provide the nursery or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Update the nursery with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the nursery with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management;
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

5.8 All children

All children at the nursery should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.
- learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

5.9 Children with Allergies

In addition to paragraph 5.8, children with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the nursery specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;

ALLERGY SAFETY POLICY

- Carrying two adrenaline devices with them at all times;
- Understanding how and when to use their adrenaline device and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any nursery processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- If leaving the nursery site with permission during the nursery day, knowing what to do if they have an allergic reaction off the nursery premises including how to treat themselves and how to raise the alarm to get help;
- Ensuring they have their medication with them on the journey to and from nursery.

6 INFORMATION GATHERING, SHARING AND DOCUMENTATION

6.1 Register of children and staff with an allergy

The nursery has a register of children and record of staff who have an allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as children and staff with an allergy where no adrenaline devices have been prescribed. The register includes whether they have an Individual Healthcare Plan, and an Allergy or Asthma Action Plan.

Parents/carers will be asked to provide information about known allergies when a child joins the Nursery and whenever relevant circumstances change.

Information should include, where known:

- the allergen(s);
- previous reaction history;
- symptoms and severity;
- prescribed medication;
- number and type of prescribed AAIs;
- any other emergency medication;
- the child's emergency action plan;
- known triggers and avoidance measures;
- whether the child can self-administer medication;
- arrangements recommended by the child's healthcare professional; and
- emergency contact details.

The Nursery will maintain an up-to-date allergy register.

It is the responsibility of the parent to keep the nursery informed of any changes to the medical condition of their child.

ALLERGY SAFETY POLICY

6.2 Individual Healthcare Plans

The nursery will arrange for a child with an allergy to have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in nursery;
- they are at risk of harm as a result of their allergy; and
- they require arrangements which are additional to or different from those made generally.
- The information on this plan includes:
- The child's name, date of birth, class, a photograph and emergency contact details;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- The child's understanding of their allergy, if the child is able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction;
- A history of their allergic reactions;
- If the child has asthma and any other medical conditions and necessary detail;
- Details of the medication that the child has been prescribed, including their dose, this should include adrenaline devices, antihistamine, inhalers etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their health, learning or wellbeing;
- What support or adaptations the nursery has put in place, including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits; and
- A copy of their Allergy and/or Asthma Action Plan.

6.3 Visitors

Where possible, visitors will be asked in advance of their visit whether they have any allergy the nursery should be aware of, particularly where they are likely to be offered food, for example at parents' events, open days, sports fixtures or work experience placements. Where a visitor discloses a known allergy, the nursery will consider practical steps to keep them safe, including making relevant staff aware and considering any adjustments needed to food served during the visit.

6.4 Information sharing

- Staff will know which children have allergies, what they are allergic to, their triggers and other relevant information. Where appropriate they will also know which staff and visitors have allergies.
- When relevant to do so, information may be shared with external organisations, for example for the purposes of keeping children, staff and visitors safe.

7 ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

ALLERGY SAFETY POLICY

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the nursery, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all children; and
- Planning special events, such as cultural days and celebrations.

Inclusion of children with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The Nursery will ensure compliance with the Equality Act 2010.

8 FOOD, INCLUDING MEALTIMES & SNACKS

8.5 Catering in nursery

The nursery is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management;
- All kitchen staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Designated Allergy Lead and Matron are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The Kitchen staff will endeavour to get to know the children with allergies and what their allergies are, supported by nursery staff;
- Kitchen staff will endeavour to provide varied meal options to students and staff with allergies;
- Kitchen staff and nursery staff will endeavour to ensure children are not segregated from peers at mealtime;
- Information on allergens will be available for the child to check independently;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to the parents of children with dietary needs by Matron.
- The nursery will adhere to new EYFS Framework statutory guidance on Safe Eating.
- The nursery actively encourages awareness of the importance of hygiene, including hand washing before and after eating and handling food.
- Snacks and food brought into nursery by other parents should be peanut and nut-free.
- No member of staff, child or visitor should provide food to a child with a known allergy unless the nursery's agreed procedures permit it.
- Parents/Carers should inform the nursery before sending food for classroom activities, parties or events where allergen risks may arise.

Please see the nursery's separate policy: Food and Drink Policy

ALLERGY SAFETY POLICY

9 EDUCATIONAL VISITS AND SPORTS FIXTURES

No child should be excluded from an educational visit solely because they have an allergy where safe and reasonable arrangements can be made.

Before a visit, the responsible member of staff will ensure that:

- relevant allergy information is available;
- the child's IHCP and emergency plan are accessible;
- prescribed medication is present and in date;
- spare emergency medication is considered where appropriate;
- supervising staff are aware of the child's allergy and emergency procedure;
- catering arrangements have been checked;
- foreseeable allergen risks have been assessed;
- emergency medical assistance is accessible; and
- overseas travel arrangements take account of relevant medical and language considerations.

10 INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.
- The nursery H&S and Site Manager will monitor the grounds for wasp or bee nests. Children (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the nursery grounds and avoid them.

11 ANIMALS

It's normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A child with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- Nursery trips that include visits to animals will be carefully risk assessed.

ALLERGY SAFETY POLICY

12 ASTHMA

The nursery understands that it is vital that children with asthma keep it well- controlled. As well as increasing the risk of asthma attacks, poor asthma control can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- Children with asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan. All parents of children with asthma are asked to sign and return a permission slip for the nursery to administer the inhaler
- The Asthma Action Plan will be included in the child's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at nursery at all times and on the journey to and from nursery.
- All inhalers are kept in the main medical room where a member of staff can quickly and easily access them.
- All inhalers are named/labelled appropriately.
- Inhalers for children leaving the nursery premises on nursery trips will be in the possession of the accompanying member of staff.
- The nursery will consider air quality and ventilation as part of its wider health and safety arrangements.
- The nursery keeps salbutamol for use in emergencies, such as a child's medication being out-of-date/empty or where the medication has not been brought into nursery. Parents are asked to sign a salbutamol form to give their consent for salbutamol to be used in an emergency. All such incidents are logged. On the ongoing permission slip forms, the dosage given is recorded. The child's parents would be informed if the nursery administers salbutamol to a child.

13 ALLERGIC RHINITIS, HAY FEVER AND ECZEMA

- Children with more serious hay fever will be supported through reasonable adjustments where needed, for example wearing sunglasses during sport, having a window closed during high-pollen periods, or receiving additional medication during the nursery day;
- Most children with allergic rhinitis or eczema manage their condition at home and will not need an Individual Healthcare Plan; children with more severe or harder-to-manage symptoms will be considered for one;
- Children with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the nursery day;
- Staff will be mindful that allergic rhinitis or eczema-related sleep disruption can affect a child's concentration and behaviour, and will make reasonable adjustments; and

14 INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Children may experience anxiety and depression and are more susceptible to bullying.

ALLERGY SAFETY POLICY

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of children with allergies;
- Bullying related to allergy will be treated in line with the nursery's anti-bullying policy. Please see Nursery's Anti Bullying Policy.
- No child should be excluded from taking part in a nursery activity, whether on the nursery premises or a nursery trip because of their allergies;
- Children with allergies may require additional pastoral support including regular check-ins from Matron.
- Affected children will be given consideration in advance of wider nursery discussions about allergy and nursery Allergy Awareness initiatives;
- Uniform policies take into account that children may need emergency medication near them at all times.

15 ADRENALINE DEVICES

Storage of adrenaline devices

- Children prescribed with adrenaline devices will have rapid access to two, in-date devices at all times;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;
- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices should be disposed of as sharps.

Adrenaline devices on off-site activities

- No child with prescribed adrenaline devices will be able to go on a nursery trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be kept close to the children at all times e.g. not stored in the hold of the coach when travelling.
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the children will be aware of children with allergies and be trained to recognise and respond to an allergic reaction; and

16 RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendices to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A child with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.

ALLERGY SAFETY POLICY

- If anaphylaxis is suspected adrenaline should be administered without delay, using the nursery's spare devices if needed.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the child in an ambulance until a parent or carer arrives.

17 TRAINING

The nursery is committed to ensuring that all staff receive regular (at least annual) allergy awareness training.

This training will cover:

- Understanding allergy and that it includes multiple conditions (food allergy, asthma, eczema, allergic rhinitis etc) is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to treat an asthma attack using a reliever inhaler;
- How the nursery manages allergy, for example understanding the nursery's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan (including knowing where to find information on allergy triggers);
- Where adrenaline devices are kept and how to access them;
- The importance of inclusion of children with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- How to report an allergic reaction or "near miss".

18 SERIOUS INCIDENTS, "NEAR MISSES" AND REPORTING ALLERGIC REACTIONS

The nursery will log all allergic reaction incidents and "near misses" as soon as is feasible after they occur.

- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the child responded; what was done to support the individual; whether emergency services were called and how the incident concluded.
- All incident reports should be shared with the child's parents or carers[i](and where appropriate, the child themselves), who will be given the opportunity to discuss the incident and contribute their views to the review.
- Periodically reports of incidents and near misses should be shared with the governing body.
- The Allergy Safety Policy and any relevant procedures will be considered in light of the incident and will be updated if needed. Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - nursery's that operate as food businesses must report any allergen-related food safety incidents to their local authority;

ALLERGY SAFETY POLICY

- incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- the relevant healthcare professional or team where an incident related to the delivery of an action plan they issued.
- Following any incident or "near miss", the nursery will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
-

The nursery recognises the impact of an incident or "near miss" not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

The nursery's complaints procedure allows concerns about how a serious incident or "near miss" was handled to be raised and investigated, including where there has been a prolonged failure to put agreed arrangements in place.

The Allergy Safety Policy was reviewed in September 2026 and will be reviewed in or before September 2027.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with child
- Call for help

ALLERGY SAFETY POLICY

- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the child for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency. Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

the allergy team

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing
- Difficult or noisy breathing
- Wheeze or cough

C – Circulation
- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.

ALLERGY SAFETY POLICY

2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit up with legs outstretched and give adrenaline.
3. Children may be able to administer adrenaline themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
4. If you are using an adrenaline auto-injector it is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. If you are using an adrenaline nasal spray (EURneffy). Hold the device with two fingers on the sides and thumb underneath, place into nostril and press firmly with your thumb until the dose is delivered.
6. Make a note of the time you gave the first dose.
7. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
8. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
9. Call the child's emergency contact.
10. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes (into the **other thigh** if using an adrenaline pen, or into the **same nostril** if using a nasal spray) using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
11. Start CPR if necessary.
12. Hand over used devices to paramedics and remember to get replacements.
13. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in nurserys.