Birchwood Nursery School

Allergy Safety Policy

Policy Review

This policy will be reviewed by the Headteacher annually

This policy was reviewed and approved in September 2026.

It is next due for review in September 2027.

Allergy Safety Policy

Version	1
Based on Model Policy	Anaphylaxis UK's Model Policies
Review Body	Headteacher
Date Issued	15 September 2026
Review Frequency	Annually

Version	Date	Notes
1	15 September 2026	
2		
3		

Birchwood Nursery School is committed to:

Safeguarding and promoting the welfare of children and young people and expects all staff, visitors and volunteers to share this commitment.

Eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups. These factors were considered in the formation and review of this policy and will be adhered to in its implementation and application across the whole school community.

Promoting the fundamental British Values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs: any school member or visitor expressing opinions contrary to fundamental British Values, including "extremist" views, will be actively challenged.

Every child believed in. Every child inspired.

Contents

1. Purpose 4
2. Introduction 4
3. Roles and Responsibilities 4
4. Identification of Individuals with Allergies 6
5. Allergy Action Plans and Individual Healthcare Plans 7
6. Emergency Treatment and Management of Anaphylaxis 7
7. Supply, Storage and Care of Medication 9
8. ‘Spare’ Adrenaline Auto-Injectors 10
9. Staff Training 10
10. Emergency Preparedness 11
11. Inclusion and Safeguarding 11
12. Minimising Risk and Exposure to Allergens 11
14. Allergy Awareness and Nut Bans 12
13. Forest School and Trips 12
16. Serious Incidents and Near Misses 13
17. Wellbeing and Support 13
18. Safeguarding: 13
19. Useful Links 14

1. Purpose

The purpose of this policy is to minimise the risk of anyone suffering a serious allergic reaction whilst at Birchwood Nursery School and to ensure that staff are properly prepared to recognise and manage serious allergic reactions should they arise.

It also sets out how Birchwood Nursery School will support children with allergies to ensure they are safe and are not disadvantaged in any way whilst taking part in nursery life.

2. Introduction

Birchwood Nursery School is committed to providing a safe, inclusive, and welcoming environment for all children, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

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.

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.

Anaphylaxis is a severe, life-threatening allergic reaction. The whole body is affected, often within minutes of exposure to the allergen, although sometimes it can be hours later. Causes can include foods, insect stings, medication and latex.

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).

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Anaphylaxis should always be considered in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response.

3. Roles and Responsibilities

Governing Body responsibilities:

- ensuring that the school's policy sets out arrangements to reduce the risk of individuals coming into contact with their known allergens and emergency response procedures in case of anaphylaxis
- monitoring the policy

Allergy Lead Responsibilities:

Allergy Lead: Caroline Neville

- implementation of systems to collect allergy information, ensuring that this information is shared with relevant school staff and catering staff in a timely manner
- liaising with parents to obtain allergy action plans and information required for completion of Individual Healthcare plans (IHCPs)
- creating IHCPs and performing termly reviews
- ensuring that up-to-date copies of allergy action plans and IHCPs are readily accessible
- holding a register of pupils with allergies including whether they hold adrenaline devices and whether they have an allergy action plan
- ensuring systems are robust for the identification of pupils with allergies at meal and snack times
- obtaining advance permission from parents for any snacks or drinks provided by the school
- communication with staff about:
    - the policy
    - the pupils who are on the allergy register
    - the importance of recording and reporting near misses and incidents
- communication with:
    - governors to provide updates about policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - outside agencies such as the Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - lunchtime catering staff to ensure they are aware of pupils' allergies
    - parents/carers to enable them to input into IHCPs and to request allergy action plans when appropriate
- checking spare adrenaline devices on a termly basis, making sure they are in date, and securing replacements before the current ones expire
- ensuring that all staff undertake annual training and that allergy is included in induction
- ensuring that staff have the opportunity to practice with trainer adrenaline devices at least annually

Staff Responsibilities:

- undertaking annual training
- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- being aware of which children have allergies and implementing pupils' IHCPs
- delivering an inclusive curriculum
- curriculum adaptation to minimise risks
- completing risk assessments for curriculum activities involving food or offsite activities (SLT responsibility)

- ensuring all medication for children with medical conditions, including allergies, is taken with them for Forest School sessions and off-site visits (Key Person or Visit Lead responsibility)
- building proactive relationships with parents/carers
- reporting near misses and incidents to the Allergy Lead

It is the parent's responsibility to ensure that all medication is in date, however, the Admin Assistant will check pupil medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parent Responsibilities:

- adhering to this policy
- making Birchwood Nursery School aware of any allergies that their child has
- in the case of a severe allergy, suppling a copy of their child's Allergy Action Plan (BSACI plans preferred) to the school
- providing the school with all the information required to create an Individual Healthcare Plan (IHCP) and agreeing the plan with the Allergy Lead
- ensuring any required medication is supplied, in date, and replaced as necessary
- keeping the school up-to-date with any changes in relation to their child's allergy and its management
- updating the school when any reactions occur outside of school

Child Responsibilities:

- Children are encouraged to learn about their allergies and be taught to ask an adult 'is this safe for me?'
- Children should be taught to let an adult know if they are feeling unwell.

4. Identification of Individuals with Allergies

Admissions Data Collection

Birchwood Nursery School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via the school's application and data collection forms and through follow-up conversations with parents/carers.

Information Sharing

UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams, while maintaining appropriate data privacy.

Allergy information and existing care plans are shared as part of a student's transition to primary school or another nursery setting.

Staff

New staff are asked to declare any medical conditions, including allergies, on the "Data Collection Form for New Staff". If an allergy is declared, there will be a discussion and an action plan created to ensure that the member of staff has a safe working environment. Individual risk assessments will be

put in place, as required.

5. Allergy Action Plans and Individual Healthcare Plans

Allergy Action Plans

Allergy action plans are clinical documents that are created by a GP, allergy nurse or allergy clinic. They detail a pupil's allergy and medication. They contain parent/carer contact details and should be signed by the parent/carer.

These will only be updated by the medical professional following a review of the pupil's allergy management, which could be annually or 5-yearly.

Allergy action plans are issued for pupils who have an Immunoglobulin E (IgE) food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies.

Individual Healthcare Plans (IHCPs)

IHCPs plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

IHCPs are school owned documents that are co-created by the school and parents/carers. They should include any advice received from health professionals.

Where a child has an allergy action plan and/or an asthma plan, this must be included with the IHCP.

IHCPs will be reviewed termly by the Allergy Lead or SENDCo, in conjunction with parents/carers and signed to demonstrate agreement. They will also be reviewed if an incident or near miss occurs.

They need to be brought to the attention of any cover staff working with the pupil and should be passed on during transition to a new school.

Birchwood Nursery School will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- pupils without an allergy action plan or asthma plan but who have an allergy that needs active management over and above what other students need will have an IHCP
- IHCPs are created whilst students are waiting for a diagnosis

6. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes

- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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, persistent cough.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. In younger children, anaphylaxis almost always involves skin reactions. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may experience diarrhea and they may display sudden behaviour changes such as inconsolable crying, become clingy and refuse food. The child 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 child 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?

- opens up the airways
- stops swelling
- raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Do not wait to contact the emergency services before administering adrenaline.

If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

Action:

- Keep the child where they are, call for help 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.
- USE ADRENALINE AUTO-INJECTOR (AAI) WITHOUT DELAY and note the time given, ideally on the child's hand. 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 there is no improvement after 5 minutes, administer a second adrenaline device.
- If there are no signs of life commence CPR.
- Call the 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 children must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can recur after treatment.

Notes:

If a child has their own prescribed AAIs, these should be used in the first instance. If these are unavailable or misfire, then "spare" AAIs should be used.

If the child does not have a prescribed adrenaline device, "spare" AAIs should be used.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It is good practice for the school to obtain advance consent from parents for "spare" adrenaline devices to be used so that, in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

7. Supply, Storage and Care of Medication

Children in Early Years settings need adults to be responsible for their emergency medication. Their medication / anaphylaxis kit must be kept within 5 minutes of them. It must not be locked away or behind a locked door and it must be accessible to all staff at all times.

The locations for individual medication / anaphylaxis kits are:

2-Year-Old Room:	First aid cupboard in classroom
Preschool:	First aid cupboard in Room 1
Nursery:	First aid cupboard in Room 4

Medication should be stored in a container and clearly labelled with the child's name and photograph. It should also be labelled with the expiry date of any medication.

The child's medication storage container should contain:

- Two AAIs (EpiPen® or Jext®) if adrenaline is prescribed
- Pen, to record time AAIs administered
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon/syringe, if required
- Asthma inhaler (if included on allergy action plan)

Children's up-to-date IHCPs and allergy action plans will be filed in the "Medical Information and Administration" folder, which will be kept in the same first aid cupboard as their medication.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes (in line with manufacturer's instructions).

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or must be disposed of safely.

8. 'Spare' Adrenaline Auto-Injectors

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Birchwood Nursery School holds one pair of "spare" EpiPen® Junior devices which are stored in a pouch labelled 'Emergency Anaphylaxis Adrenaline Kit', **in the Nursery kitchen first aid-cupboard**. These are not a replacement for a pupil's own adrenaline devices. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

The Allergy Lead is responsible for checking that spare adrenaline devices are in date and remain clear (not cloudy) on a termly basis and for securing replacements before the current adrenaline devices expire.

9. Staff Training

The Allergy Lead is responsible for coordinating staff allergy awareness training.

All staff will complete annual allergy awareness training and any new staff will complete it on induction. This can be online or face-to-face but should ensure all staff:

- have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage them
- understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- understand the difference between food allergy, coeliac disease and food intolerance
- know where to find information on allergy triggers
- can identify the range of symptoms of allergic reactions
- understand and can recognise anaphylaxis
- know how to respond in an emergency, including:
    - calling emergency services and informing parents
    - how to locate and administer emergency medication
- understand the impact allergy can have on a child's wellbeing
- understand the school's allergy safety policy
- know how to check whether an individual is on the record of those with known allergy

- understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”)

10. Emergency Preparedness

Birchwood Nursery School will annually hold a practice response to anaphylaxis, review how the practice went and update the policy and procedures as appropriate.

During fire drills and lockdown practices, the school will ensure that a pupil’s adrenaline device is with them as this would be required in a real emergency.

11. Inclusion and Safeguarding

Birchwood Nursery School is committed to ensuring that all children with medical conditions, including allergies, are properly supported in provision so that they can play a full and active role in nursery life, remain healthy and achieve their developmental milestones.

The setting conforms to the safer eating requirements of the Early Years Foundation Stage (EYFS) statutory framework.

12. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of an allergen can cause a reaction.

Birchwood Nursery School will complete a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying food used within the curriculum and making adaptions to remove allergens for the whole group that pose a risk for individual pupils
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning Forest School sessions and off-site trips
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school or their catering contractor
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, enhanced cleaning / hygiene measures after animal visits

The Allergy Lead will ensure an assessment of risks is performed during the development of a child’s IHCP and that any control measures needed to keep the child safe are detailed in the plan.

Birchwood Nursery School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the

time necessary; for example, the cooking room for the duration of the lesson when the pupil with an allergy is cooking. Blanket bans create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Food Provision and Catering

All food businesses (including catering contractors and staff) 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.

Our catering provider, Herts Catering Limited, provides a menu for parents to view on their website, together with a listing of allergens in each dish. When a child has a food allergy, their parents will be directed by the school to complete an online application for a special menu. The special menu must be agreed and formally accepted by the parent and the school before the child commences school lunches.

The Allergy Lead will inform the catering staff (servers) of children with food allergies. A list of pupils with allergies, with photographs, will be displayed in the Preschool kitchen and the Nursery kitchen. The School Administrator will be responsible for keeping this list up-to-date.

Where snacks or refreshments are 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.

Permission will be sought from all parents prior to snack or refreshments being given to children.

Use of food in crafts, cooking, 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 children and their age.

14. Allergy Awareness and Nut Bans

Birchwood Nursery School supports the approach advocated by Anaphylaxis UK towards nut bans /nut free providers. They would not necessarily support a blanket ban on any particular allergen in any establishment. This is because nuts are only one of many allergens that could affect children, and no provider could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for providers to conduct a risk assessment and adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, children and all other staff are aware of what allergies are, the importance of avoiding the children's allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk. Risk assessments may determine that a section of the provision needs to be kept free of a particular allergen. In this instance, when the child has left that area of the provision or the child's allergies change, the risk assessment must be reviewed, and restrictions lifted.

13. Forest School and Trips

Staff leading Forest School and any offsite trips will ensure they carry all relevant emergency supplies. Trip leaders will check that they have medication for all children with allergies.

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

16. Serious Incidents and Near Misses

Birchwood Nursery School approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

The school is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

All allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) will be recorded immediately using the standard reporting form and passed to the Allergy Lead. The incident or near miss will be reviewed and a report written.

The school will share the report with the student’s parents/carers and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will confirm what it has learned from the incident and outline any actions it is taking as a result. The student’s IHCP will be updated if necessary.

17. Wellbeing and Support

At Birchwood Nursery School allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school’s culture. Students with an allergy can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Birchwood Nursery School:

- regularly communicates to staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- plans school activities inclusively from the outset to eliminate social isolation
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- has proactive engagement with parents of children with known allergies, setting out the school policies and the support available

18. Safeguarding:

Birchwood Nursery School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person’s medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

19. Useful Links

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

- For Education: https://www.anaphylaxis.org.uk/education/
- Guidance for Early Years: https://www.anaphylaxis.org.uk/education/guidance-for-early-years-settings-2/ https://www.anaphylaxis.org.uk/education/allergywise-for-early-yesettings-information/

BSACI Allergy Action Plans - https://www.bsaci.org/professional- resources/resources/paediatric-allergy-action-plans/

Department of Health Guidance on the use of adrenaline auto-injectors in providers - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_providers.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