



Allergy Safety Policy

Ethos

Section 34 of the Children’s Wellbeing and School Act 2026 requires that LA maintained Schools, academies and PRUs must have an allergy safety policy. Although at the moment this is not a statutory requirement for Maintained Nursery Schools and PVI’s, at Norcot Early Years Centre we are committed to doing everything we can to keep children safe and prevent allergic incidents so we are following this Act for best practice.

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1. Aims

This policy aims to:

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

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety in Schools](#) and [supporting pupils with medical conditions at Schools](#), 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](#)

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to children with allergy are included in the risk register and actively managed
- The Centre has an allergy safety policy which sets out:
 - Arrangements to reduce the risk of individuals coming into contact with their known allergens
 - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Helen Walsh.

The nominated allergy safety Governor is Harriet Martin.

The Allergy Safety Lead is responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is distributed across the Centre.
- Promoting and maintaining allergy awareness across our Centre community
- Ensuring staff receive regular allergy awareness training
- Overseeing the safe storage, maintenance and disposal of spare adrenaline auto-injectors (AAIs).

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All children who require support with allergies have an up-to-date individual healthcare plan (IHCP)

- Liaising with Healthcare professionals and families to obtain allergy/asthma management plans

All children with an AAI have a risk assessment.

All children with a known food or insect sting allergy requiring an adrenaline device have up-to-date allergy action plans issued by a medical professional

- All staff receive annual allergy awareness training
- All staff are aware of the Centre's policy and procedures regarding allergies
- Relevant staff are aware of what conditions need an allergy risk assessment
- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any child's IHCP

3.3 Headteacher

The headteacher is responsible for:

- overseeing the development of the plan
- making sure all staff who need to follow the plan, follow it
- making sure that Centre is insured to support children with their medical needs
- making sure there are enough trained staff available to implement the plan, including in contingency and emergency situations.
- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a child's allergy can be managed through the adjustments made under the Centre's medical conditions policy or whether an IHCP is required to specify arrangements that reflect the child's circumstances

3.4 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among children
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific children with allergies in their care
- Reducing the risk to children with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of children with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

Ensuring they take part any training offered to them

Working collaboratively with Parents/carers to develop and regularly review children's IHCP for children with allergies.

Maintaining records of children with allergies and their individual healthcare plans

3.5 Parents/carers

Parents/carers are responsible for:

- Being aware of our Centre's allergy safety policy
- Providing the Centre with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis, including any changes to their condition or medication
- If required, providing their child with prescribed 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the Centre's guidance on food brought into the Centre
- Updating the Centre on any changes to their child's condition
- Working collaboratively with Centre staff to develop and regularly review their child's Individual Health Care Plans (IHCP)

3.6 Children

- With allergies if age appropriate - being aware of their allergens and the risks they pose
- All children if age appropriate - being aware of allergens and the risk they pose to their peers

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying children at risk

We will:

- For new starters, ensure that all information regarding allergies is captured on our application form. We will contact all parents that list allergies for further details or follow up on home visits.
- Before their first visit confirm any allergy the child has and whether they carry medication. Where a child has a new diagnosis and/or has moved to the Centre mid-term, we will send a form and put arrangements in place before they start.
- Ask parents to update us immediately in writing via email with any changes to their child's medical information as necessary.

4.2 Identifying staff at risk

- Asking new staff to provide details of their allergies in advance of their start date and confirm in our induction

4.3 Individual healthcare plans (IHCP)

Children should have an IHCP if they:

- Have an allergy which has a functional impact on them in the Centre environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a child to have a formal diagnosis of allergy for them to have an IHCP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHCP will set out the additional and/or different arrangements that will be in place for supporting the child. The Centre will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for children who are new to our Centre.

Not all children with an allergy will require an IHCP. Some allergies will have little or no impact on the child while they are at Centre, or pose no risk to the child. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the families and any relevant healthcare professionals) whether a child's allergy can be managed through the adjustments made under the Centre's medical conditions policy or whether an IHCP is required to specify arrangements that reflect the child's circumstances.

The Centre will consider the following principles:

- If the arrangements or support which a child requires would be available to any child as part of normal policies, an IHCP may not be required
- If the child only needs non-prescription medication and the Centre's medical conditions policy would permit them to carry and administer it, an IHCP may not be required

IHCPs will be reviewed at least annually and more frequently if the child's needs have changed. Where a child moves on to a new Setting, their IHCP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All children who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All children who have asthma should be issued with an asthma action plan by their healthcare professional, however many children in Early Years are not given a formal diagnosis at this age therefore may not have a plan and instructions on medication should be followed.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the child's IHCP. Whenever the allergy action plan is updated, the child's IHCP should be reviewed to incorporate it.

4.5 Register of Children with known allergies

The Centre maintains a register of children who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a child has been prescribed an AAI (and if so, what type and dose)
- Where a child has been prescribed an AAI, whether parental consent has been given to administer emergency medication
- A photograph of each child to allow a visual check to be made (this will require parental consent)

The register is kept in each class room – In waterside in addition all children with allergies have a red placemat with their photo and list of allergies. A list is prepared for the chef to keep in the kitchen and as soon as any information is updated by a parent a new list is produced. The information is presented so that it can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

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

Any cooking activities

Any messy play involving food

Crafts using food packaging

Any other activities involving animals or food, such as animal handling experiences.

6. Minimising risk

6.1 Hygiene procedures

All children to wash their hands before eating. If we have children with Allergy Management Plans and a prescribed AAI's we will review to include hand washing after eating.

Sharing of food, food containers, and food utensils is not allowed for children with Allergy Management Plans and a prescribed AAI's

Families with children attending lunch club provide their own named water bottles, and lunch boxes, these are for the individual children and are not shared, families are provided list with appropriate contents and food to avoid.

Where food is not directly provided by the Centre, parental engagement and permission will be sought in advance

6.2 Catering

The Centre is committed to providing safe food options to meet the dietary needs of children with allergies.

Catering staff receive appropriate training and are able to identify children with allergies

The Centre will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

Centre menus are available for parents/carers and children to view, menus indicate that allergens may be present. Catering staff are available to discuss the provision of allergy safe meals with parents/carers

Where changes are made to Centre menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of children

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)

Where food is provided by the Centre, staff will understand how to read labels for food allergens

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

Shoes should always be worn

Food and drink should be covered

6.4 Animals

All children will 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

6.5 Visits and trips

No children with allergies will be excluded from taking part

The Centre will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of children's allergies and to have received appropriate training

The Centre will conduct a risk assessment for any child at risk of anaphylaxis taking part in a Centre trip

Children at risk of anaphylaxis should have their own AAI with them

Staff trained to administer adrenaline in an emergency will be present on the Centre trip

Appropriate measures will be taken in line with the Centre's AAI protocols for off-site events and Centre trips (see section 8.5)

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

Staff are trained in the administration of adrenaline to minimise delays in an emergency

If the child has an allergy action plan, this must be followed

A spare Centre AAI device will only be used if:

The child does not have a prescribed AAI

The pupil's prescribed AAI are not available or misfire

8. Adrenaline devices (AAIs)

8.1 Prescribed AAIs

Children who are prescribed AAIs will have these stored:

In their rooms medication grab bags, we ask for families to request a set which stay at nursery at all times to avoid the risk of these being forgotten. Dates of these will be checked and families will be requested to obtain due sets if they are due to expire.

At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

A copy of the child's allergy action plan and IHCP is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare AAIs and inhalers

Please note: current regulations only allow Schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a Centre's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

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

The AAIs will be sourced **from (i.e. a local pharmacy)**

We will be purchasing 4 x EpiPen Junior (0.15mg) AAIs

Spare ADs will be stored:

In the Head's office during term time and the Waterside office in the holidays. The outing/trip set will be stored in the same place and be collected and carried by staff going on the trip.

Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

In pairs, in case a second one is necessary

Separate from any child's prescribed AAIs and clearly labelled to avoid confusion

- The allergy lead is responsible for:

Checking monthly that spare AAI's are present and in date

Obtaining replacement AAI's when the expiry date is near

8.3 Disposal

AAI's can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, we will take it to a local pharmacy).

8.4 Using spare AAI's in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The Centre will obtain advance consent from parents/carers 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. This avoids potentially fatal delays in treatment.

8.5 Use of AAI's off Centre premises

Due to the age of our children staff will be responsible for administering AAI's for Centre trips and off-site events.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The Centre will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on the online reporting tool and with an accident form to include the following information:

Who was affected

What happened, when and where

Why the incident occurred (as far as is known)

How staff and children responded and what was done to support the individual

Whether emergency services were called

How the incident concluded

The Centre will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a child aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The Centre will share the report with the child's parents, the child or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The Centre will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at Centre may be delayed and not recognised until the child is at home. This means that incident reporting is not limited to staff – the child, parents/carers or others (such as healthcare professionals) will need to report to the Centre if there has been an incident with a delayed reaction.

Staff will always share the incident report with Helen Walsh. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the child's IHCP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The Centre will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the Centre carried out a work activity which results in death or immediate hospitalization. For example, where a child has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See [how to make a RIDDOR report](#)]

For Waterside to the local authority: any allergen-related food safety incidents. [See [how to report a food safety issue](#)]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The Centre ensures that all staff expected to be present during times when children are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

The Centre has purchased 'training pens' from EpiPen and Jext so staff can practice safely and be familiar with the differences.

The Centre will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it

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/carers
- How to locate and administer emergency medication
- How to use the medication/device in an emergency

Understand the impact allergy can have on a child's wellbeing

Understand the Centre's allergy safety policy

Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan

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')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the Centre's website and shared with parents/carers at the start of the Centre year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

During CPD sessions we will discuss how we teach children about allergies – find useful resources from [Allergy Centre https://allergyschool.org.uk/education-resources-ages-3-5-years/](https://allergyschool.org.uk/education-resources-ages-3-5-years/)

11. Wellbeing

Children with allergies can experience bullying and may also suffer from anxiety relating to their allergy.

Children with allergies will have support through:

Termly wellbeing monitoring

Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The Centre will respond to any instance of bullying in line with the behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

The Centre recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the child but their family, those involved in responding, and any witnesses. The Centre will provide support to those involved.

The Centre will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting Pupils with medical conditions policy

Food, nutrition and eating policy

Data protection policy

Behavior policy

Policy Agreed: October 2026

Policy to be Reviewed: October 2027

Every year or as required