



## Seedlings Nursery & Pre-School

at

# Great Horwood Church of England School Allergy Management and Anaphylaxis Policy

September 2025

This policy was adopted on: 21 January 2026

Date of next review: January 2027

Signed: P.M. Shaw

## Our Vision

**'I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing.'** John 15:5

At Great Horwood Church of England School, the academic, emotional and spiritual well-being of all individuals is at the heart of all that we do; where everyone is valued. We are a safe, welcoming school within the heart of the village community that aims to provide all our children and adults with the learning opportunities to flourish, be healthy, grow in resilience and realise their full potential; being fully equipped and prepared for a successful future.

Inspired by Christian faith and rooted in the teachings, values and spirituality of the Church of England we embrace our core values of love, perseverance and respect where all individuals learn to value themselves and others.

We are committed to setting high standards of achievement within a caring and nurturing learning environment. We aim to provide opportunities for children to develop a curiosity of learning, a thirst for knowledge through play, and an exploration of the world around them.

## Allergy Management and Anaphylaxis Policy

### Scope:

This policy applies to all children (aged 2–4), staff, volunteers, students, agency/supply staff and visitors at Seedlings Nursery & Preschool, and to all on- and off-site activities and outings.

### 1) Purpose and legal framework

Our aim is to prevent allergic reactions, reduce risk, and ensure a rapid, competent response to suspected anaphylaxis so that children are safe, included and not disadvantaged. We implement this policy in line with the EYFS statutory framework (Section 3: safeguarding & welfare) and current DfE guidance for early years providers and schools, including allergy management and food/allergen information requirements.

Food businesses (including nurseries that provide or prepare food) must provide allergen information on the 14 major food allergens and follow Food Information Regulations, including requirements for pre-packed for direct sale (PPDS) where relevant.

We follow recognised clinical guidance on anaphylaxis recognition, first-line treatment with adrenaline and post-incident care and referral.

Linked to other Great Horwood School and Seedlings Nursery Policies:

- Safeguarding & Child Protection;
- Health & Safety;
- First Aid (Paediatric);
- Educational visits;
- Medicines Policy;
- Food Safety & Hygiene;
- Data Protection (GDPR)

### 2) Definitions

- **Allergy:** Immune response to a normally harmless substance (allergen).
- **Anaphylaxis:** Severe, life-threatening allergic reaction affecting airway/breathing/circulation (often with skin/mucosal signs).
- **Adrenaline** (epinephrine) is first-line treatment.

### 3) Common allergens and conditions

Seedlings maintains whole-setting awareness of the 14 major food allergens (**celery; cereals containing gluten; crustaceans; eggs; fish; lupin; milk; molluscs; mustard; peanuts; sesame; soybeans; sulphur dioxide/sulphites; tree nuts**), and recognises other triggers (e.g., **kiwi, chickpeas, lentils**) and non-food allergens (e.g., **latex, insect venom, animal dander, pollen**).

We also consider coexistence of common atopic conditions (**asthma, eczema, allergic rhinitis**), as these can influence risk and presentation.

### 4) Partnership with parents/carers

We work transparently with families to keep children safe and included:

- **Identification at enrolment:** we ask for allergy/medical information before the child starts and at induction/settling-in.
- **Allergy Action Plan (AAP):** parents/carers are asked to provide a clinician-completed paediatric Allergy Action Plan and consent for medicines administration; we do not create our own medical plans.
- **Emergency medical kit:** parents supply a clearly labelled kit (see Section 7). We maintain an alert system to track expiry dates and prompt replacement.
- **Information-sharing:** with parental consent, we sensitively display photo/name/allergy information for staff in food prep/serving areas and rooms, and ensure temporary/agency staff can identify children quickly.
- **Community cooperation:** we explain risks to all families, request cooperation (e.g., no unauthorised snacks in bags, adherence to allergen-safe lunchbox guidance), and operate a no food sharing rule.

### 5) Roles and responsibilities

- **Nursery Manager/Designated Lead for Allergy:** oversees implementation, training, records, and audits; ensures AAPs and risk assessments are current; coordinates incident reviews.
- **Room Leaders/Nursery Practitioners:** ensure staff awareness for children in their care, supervise eating/food activities, check menus and lunchboxes, and ensure the child's kit travels with the child on-site and on trips.
- **All staff and regular volunteers:** complete training and follow this policy; read room allergy lists; practise strict hand hygiene and cross-contamination controls; know where kits are stored and how to call 999.
- **Parents/carers:** provide clinician-completed AAPs; supply and replace in-date medication; update us after any change or incident; provide safe alternatives for celebrations when requested.
- **Caterers/food handlers:** comply with allergen laws and our controls, read product labels every time and on delivery changes, prevent cross-contamination, and keep allergen matrices up to date.

### 6) Individual planning and risk assessment

Before or at start date (and after any change/incident), we complete:

- **Individual Risk Assessment** for each allergic child, using the **Allergy Management Risk Assessment** template, with the family (and health professional if appropriate). This is shared appropriately with all relevant staff and reviewed at least annually or after any incident/near miss.
- **Allergy Action Plan (BSACI)** is stored **with** the child's emergency kit and in the child's file; a copy is taken on trips.

Risk controls address: food provision/prep/serving; lunchboxes; cooking/sensory play; art/craft (e.g., latex in balloons/erasers/paints); animal visits/farms; high-pollen days/woods; classroom resources (e.g., pasta in play, birdseed); celebrations; visitors; free-flow snacks; and off-site outings.

### 7) Emergency medical kits (child-specific)

Each allergic child must have an easily accessible labelled kit (not locked away) that travels with them across the setting and on all outings. Kits should be within 5 minutes of the child at all times.

### **Contents** (as per AAP):

- An adrenaline auto-injectors (AAIs) (e.g., EpiPen®/Jext®) appropriate to weight/dose (two to be provided where possible)
- The current BSACI Allergy Action Plan
- Antihistamine (if stated on AAP) and a spoon/syringe if needed
- Reliever inhaler with spacer (if co-diagnosed asthma and indicated on AAP)

**Storage:** room temperature, protected from light/extremes; regularly checked for damage/discolouration/expiry; records kept of checks and reminders sent before expiry.

**Spare AAIs:** The 2017 law permits schools to purchase 'spare' AAIs for emergency use.

## **8) Recognising allergic reactions**

**Mild–moderate:** hives/itching; tingling/itchy mouth; swelling of lips/face/eyes; tummy pain/vomiting; sudden change in behaviour (young children).

**Severe (anaphylaxis)** involves Airway, Breathing, Circulation features: e.g., throat/tongue swelling, hoarse voice, difficulty/noisy breathing or wheeze, dizziness/pale/floppy/collapse.

Anaphylaxis can occur without skin symptoms.

We emphasise visual cues for non-verbal children (e.g., drooling, pulling at tongue, sudden clinginess/inconsolable crying).

## **9) Emergency response (on-site or off-site)**

If anaphylaxis is suspected:

1. Call for help; do not leave the child.
2. Lie child flat with legs raised. If breathing is difficult, allow to sit briefly but avoid prolonged sitting/standing.
3. Give the AAI immediately into the outer mid-thigh; note the time.
4. Dial 999, say 'ANAPHYLAXIS'.
5. If no improvement after 5 minutes, give a second AAI.
6. Start CPR if there are no signs of life.
7. Keep child flat; do not stand them up; monitor until ambulance arrives; inform parents.
8. All children must be observed in hospital after anaphylaxis because of possible biphasic reactions; ensure referral to specialist allergy services is arranged.

After any AAI use: complete incident records on Smartlog, debrief staff/parents, restock kits, and review the individual risk assessment and AAP.

## **10) Training and competency**

- Annual allergy & anaphylaxis training (including hands-on practice with trainer AAIs) is completed by all staff, with refreshers for new starters and scenario-based drills; AllergyWise® Early Years is recommended.
- Paediatric First Aid (PFA) requirements under the EYFS are met; staff supervising eating/food activities and trips must include a PFA-qualified practitioner.
- Sessions include each child's individual needs, the location of kits, use of our risk-assessment template, and our emergency algorithm.

## **11) Food provision, lunchboxes and safer eating**

**For food we provide or prepare:**

- Maintain a current allergen matrix for menus and recipes; highlight the 14 allergens; update on any supplier/product change; keep records.

- Read labels every time; check for recipe/‘may contain’ changes on delivery; prevent cross-contamination (dedicated utensils/areas, clean with warm soapy water, change gloves/aprons).
- Consider PPDS labelling rules where applicable.

#### **For food from home (lunchboxes):**

- Seedlings Nursery provide all food to ensure we are allergy safe.
- Operate a no sharing policy; supervise eating so staff can face children and spot issues promptly.

#### **General safer-eating controls:**

- Hand-washing for all children and staff before/after eating; regular surface/equipment cleaning to prevent contamination.
- Label cups, bottles, plates and comfort items for allergic children when indicated.
- Use visual/photo allergy lists in food prep/serving areas; colour-coded plates (red) /placemats for identified children if appropriate.

**Food in play/learning:** Only use allergen-safe materials; risk assess cooking, sensory trays (e.g., pasta/flour), birdseed, egg boxes, nut shells, latex balloons, etc.; provide safe alternatives and avoid unnecessary food treats—use non-food rewards to be inclusive.

## **12) Outings and environments**

Before outings, complete venue-specific risk assessments considering farms/animals (dander, fur, feathers), pollen/season, eating locations, and emergency access. Carry the child’s kit and AAP, wipes/cleaning materials, and phone.

For children with latex allergy, check art/craft materials, gloves and balloons for latex content; use latex-free alternatives.

## **13) Inclusion and awareness**

We do not claim to be “allergen-free”. Instead, we take a whole-setting, risk-assessed, allergy-aware approach (e.g., restricting specific allergens in defined rooms/periods where proportionate), and we teach children simple, age-appropriate safety messages (e.g., “ask a grown-up before eating”).

## **14) Information governance and consent**

- We obtain written consent to display photo/name/allergy details in staff areas/kitchens and to share information with agency staff as needed to keep the child safe.
- Health information is processed under our GDPR policies and retained per our retention schedule.

## **15) Records, monitoring and review**

- Maintain an Allergy Register (children and staff), training records, kit check logs, incident/near-miss logs, and actions from debriefs.
- Termly audits of kit locations and expiry dates;
- Annual policy review or after any incident/near miss or guidance change.
- Periodic review each term to update allergy policies and procedures based on new information, changes in child needs, or best practice.

## **16) Staff brief (one-page summary)**

1. **Check** daily: photo lists; kit locations.
2. **Supervise** meals facing children; **no sharing**.
3. **Spot signs** (skin/gut → ABC symptoms).

4. **Suspect anaphylaxis?** AAI now → **999** → 2nd AAI at 5 min if needed; **keep child flat**.
5. **Document, debrief, restock.**

#### Appendix A – The 14 major food allergens (legal)

Celery; Cereals containing gluten (wheat, rye, barley, oats); Crustaceans; Eggs; Fish; Lupin; Milk; Molluscs; Mustard; Peanuts; Sesame; Soybeans; Sulphur dioxide/sulphites; Tree nuts (e.g., almond, hazelnut, walnut, cashew, pecan, Brazil, pistachio, macadamia).

#### Appendix B – Signs and symptoms quick reference

Mild–moderate: hives/itch; tingling mouth; swelling of lips/face/eyes; tummy pain/vomit; behaviour change.

Severe (anaphylaxis): **Airway** (throat/tongue swell, hoarse, swallow difficulty); **Breathing** (wheeze, noisy/difficult);

**Circulation** (pale/floppy, dizzy, collapse). **If in doubt, give adrenaline.**

#### Appendix C – Emergency algorithm (text)

Lie flat → AAI to outer thigh **immediately** → **999 “anaphylaxis”** → 2nd AAI at 5 min if no improvement → monitor, keep flat, prepare for CPR → hospital observation and allergy specialist referral.

#### Appendix D – Training and competency

Recommended: **AllergyWise® for Early Years** for all staff; annual drills using trainer AAI; PFA coverage at eating/food activities and on trips.

#### Appendix E – Templates we use

- **BSACI Paediatric Allergy Action Plan** (completed by clinician).
- **Allergy Management Risk Assessment** (completed with parents/carers and staff).

#### Appendix F – Additional best practice from Model Policy

- **Bullying prevention:** Allergy bullying must be treated seriously under the behaviour policy; promote inclusion and awareness.
- **Sports and trips:** Ensure AAIs accompany children to sports grounds and trips; staff trained in anaphylaxis must be present.
- **Expiry alerts:** Parents can register AAIs for text alerts; staff should check expiry dates termly and after holidays.
- **Sharps disposal:** Used AAIs must be disposed of in sharps bins via clinical waste services.
- **Whole-setting awareness:** Promote allergy education for staff, children, and parents; avoid blanket bans, adopt risk-assessed approach.
- **Resources:** Allergy UK and Anaphylaxis UK provide Safer Schools Programme, AllergyWise® training, and guidance for Early Years.

#### Key external guidance (for reference)

- EYFS statutory framework (DfE)
- AAIs in schools (DHSC)
- Food allergen law/PPDS (FSA)
- NICE CG134 – Post-anaphylaxis observation and referral
- Anaphylaxis UK – Safer Schools Programme; AllergyWise®
- Allergy UK – Early Years guidance and resources

- Children and Families Act 2014; Human Medicines (Amendment) Regulations 2017
- BSACI Allergy Action Plans