

Allergies Policy

Created January 2025. Agreed October 2026. Bi-Annual Policy unless any further guidance is put forward by the Department for Health. To be reviewed in October 2028.



The intention of the Managing Allergies Policy is to incorporate into the Nursery Schools wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance.

Allergy Awareness / Safer Eating

Benedict's Law - part of the Children's Wellbeing and Schools Act 2026, named after five-year-old Benedict Blythe requires, from September 2026, a whole-school allergy policy, staff allergy training and spare adrenaline auto-injectors in every setting. Benedicts Law highlights hidden allergen risks in everyday play, craft and food materials, and confirms children must never be seated apart from peers at mealtimes. Individual Healthcare Plans are named as a requirement for children with allergies and suspected allergies. These work together with an allergy action plan to safeguard the child.

Wording now covers both food and drink — providers must confirm who is responsible for checking every meal and snack meets each child's requirements.

Aims:

To minimise the risk of any child suffering a serious allergic reaction whilst at Nursery School or attending any Nursery School related activity.

To ensure staff are prepared to recognise and manage serious allergic reactions should they arise.

Linked Policies:

- Administration of Medication Policy
- Asthma Policy
- Children's Food/Healthy Eating Statement
- Educational Visits Policy
- First Aid Policy
- Food Preparation/Hygiene Procedure
- Health and Safety Policy
- Nutritional Policy
- Supporting Children and Young People with Medical Conditions in School

1. Introduction

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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. This reaction is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes this reaction can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when this involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms; Airway, Breathing, Circulation.

There is a possibility that children and adults can 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.

This policy sets out how Everton Nursery School and Family Centre will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in Nursery School life.

2. Role and responsibilities

Parent Responsibilities

- During home visits/onsite visits, parent/carers **MUST** inform staff of their child's allergies. This information **MUST** include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. This information **MUST** be written in the Starting Form by the parent or carer.
- All parents/carers will be requested to complete a medication form before their child receives medication at Everton Nursery School and Family Centre. This procedure will be repeated for each occasion except those medicines/medication which are used on an ongoing basis to control a medical condition. E.g. an inhaler (see asthma policy). This will be recorded when administered by a designated member of staff.
- Parents/carers are to supply a copy of their child's Allergy Action Plan to Everton Nursery School and Family Centre. If they do not currently have an Allergy Action Plan this **should** be developed as soon as possible in collaboration with a healthcare professional.
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary. This procedure is important in that the child's full name is identified on the label of the medicine along with the accurate date of birth for the child; which avoids confusion should children in the family have the same initials.
- Parents/carers are requested to keep Everton Nursery School and Family Centre up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents/carers are not allowed to bring packed lunches or snacks from home.
- Parents/carers are not allowed to give children food on entry to Everton Nursery School and Family Centre.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training will be provided for all staff working with children on a yearly basis and on an ad-hoc basis for any new members of staff working with children.

- All information shared by the parents/carers on the starting form is to be accurately uploaded to Arbor and shared with the kitchen and school staff.
- Nursery School staff **MUST** be aware of the children in their care (regular or cover classes) who have **known allergies as an allergic reaction** that could occur at any time and not just at mealtimes.
- To ensure morning snack, afternoon snack and lunch times are closely supervised. Staff to sit at the tables with children and ensure those children with identified allergies are provided with the correct food.
- All nursery school staff that work in the rooms with children have undertaken a paediatric first aid course every three years to upskill their knowledge. There are also staff trained across the site who are 3 day First Aiders who support nursery school staff in classrooms when requested.
- Staff leading school educational visits will ensure they carry all relevant emergency supplies. Educational Visit leaders will check that **ALL** children with medical conditions, including allergies, will carry their medication.
- Medication trained staff will ensure that the up-to-date Allergy Action Plan is kept with the child's medication.
- It is the parent's/carers responsibility to ensure all medication is in date however the Medication trained staff will check medication kept at Everton Nursery School and Family Centre on a termly basis and send a reminder to parents/carers if medication is approaching expiry.
- Medication trained staff to keep a register of children who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Where food is provided by Everton Nursery School and Family Centre, Kitchen 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.
- Implement policies to avoid trading and sharing of food, food utensils or food containers
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to Everton Nursery School and Family Centre.

4. 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.

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.
- **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. The child/adult 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/adult has been exposed to something they are known to be allergic to, then this 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?

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE THE 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 WITHOUT DELAY** and note the time given. AAls 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 no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call 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 reoccur after treatment.

5. Supply, storage and care of medication

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medications are stored in a suitable container and clearly labelled with the child's name. The child's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit/medication is up-to-date and clearly labelled, however Everton Nursery School and Family Centre medication trained staff will check medication kept at Nursery School on a termly basis and send a reminder to parents/carers if medication is approaching expiry.

Parents/carers can subscribe to expiry alerts for the relevant AAI's their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAI's can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

6. 'Spare' adrenaline auto-injectors in school

Everton Nursery School and Family Centre has purchased two spare child's **AAIs for emergency use in children who are risk of anaphylaxis**, or their own devices are not available or not working (e.g. because they are out of date).

These are stored in the Snacks Kitchen in the School Hall in a pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Written parental permission for use of the spare AAI is included in the child's allergy action plan.

If anaphylaxis is suspected in **an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS.

Follow advice from the emergency services as to whether administration of the spare AAI is appropriate.

7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Faye Johnson – Assistant Headteacher/named senior Allergy Lead

Rebecca Morgan – Assistant Headteacher

Lesley Curtis – Headteacher/Head of Centre

Three members of staff per year will attend training facilitated by Alder Hey Children's hospital.

This training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices

Additional allergy training is covered in face to face staff paediatric first aid training and food hygiene training for all other staff. All staff undertake SSSL online training annually. We will ensure new staff as part of their induction arrangements will undertake allergy training.

8. Inclusion and safeguarding

Everton Nursery School and Family Centre is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses including school caterers **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.

The school menu is available for parents/carers to view half termly on the school website at www.evertonnurseryschoolandfamilycentre.org

The school staff working with the child will inform the Cook of children with food allergies. Everton Nursery School and Family Centre will have a system in place to ensure catering staff to identify pupils with allergies e.g. a list with photographs.

Parents/carers are encouraged to meet with the Leadership Team who will link with the Cook/Assistant Cook to discuss children who have allergies.

Everton Nursery School and Family Centre adheres to the following Department of Health guidance recommendations:

- If food is purchased from the school kitchen, parents/carers should check the appropriateness of foods by speaking directly to the Leadership Team.
- Where food is provided by the school, catering staff **MUST** 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.
- Food **MUST** not be given to Nursery School age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, 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 particular children and their age.

10. School Educational Visits

Staff leading school Educational visits will ensure they carry all relevant emergency supplies. Visit leaders will check that all children with medical conditions, including allergies, carry their medication.

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

11. Allergy awareness and nut bans

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

A 'whole school awareness of allergies' is a much better approach, as this ensures Nursery School staff who work with children on a daily basis, children and all other staff are aware of what allergies are, the importance of avoiding the children's allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment/Recording and Reporting

Everton Nursery School and Family Centre will conduct a detailed individual risk assessment for all new joining children with allergies and any children newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Our policy will be to undertake a reflective review after any near misses to strengthen practice and any incidents will be recorded on CPOMs and followed up by the Headteacher and Senior Leadership Team/Allergy Lead.

13. Useful Links

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

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>

Allergy UK - <https://www.allergyuk.org>

- Resources for managing allergies at school - <https://www.allergyuk.org/living-with-an-allergy/at-school/>

BSACI Allergy Action Plans -

<https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.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>

Staff will read p37 Safer Eating in the Early Years Foundation Statutory Framework
https://assets.publishing.service.gov.uk/media/6a5f8e4fb00f3323bf1a23a1/EYFS_group_and_school_based_from_September_2026.pdf

Policy Review:

This policy was reviewed on Thursday 24th September 2026 by 5 governors and ratified at the full Governing Body on Thursday 8th October 2026.