Allergy Safety and Anaphylaxis Policy

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Deputy Designated Safeguarding Lead (DDSL):	Mrs D Pollitt
Named Senior Leader for allergy safety:	Mrs D Pollitt
Effective from:	September 1st 2026
Date Approved:	Submission to Governing Body: September 2026
Next Review Date:	September 2027 *At least annually, and immediately following a serious incident or significant change*

Policy Status

This policy has been written to align with the Department for Education's July 2026 Allergy safety in schools statutory guidance, the Early Years Foundation Stage (EYFS) requirements, and current food allergen requirements.

Important legal status

Bacup Nursery School is a local-authority-maintained nursery school. The Department for Education's July 2026 Allergy Safety in Schools Statutory Guidance expressly excludes local-authority-maintained nursery schools from its statutory scope. The guidance nevertheless states that it is relevant and useful to early years settings and should be treated as good practice for them. Accordingly, this policy adopts the safety standards and principles of that guidance wherever they are appropriate to Bacup Nursery School, alongside the statutory EYFS framework. This wording avoids incorrectly stating that Benedict's Law itself imposes the same statutory duties on Bacup Nursery School as it does on maintained schools, academies and PRUs.

1. Purpose and aims

Bacup Nursery School is committed to providing a safe, inclusive and supportive environment for every child, including children with food, environmental, contact, medication and insect-sting allergies and children at risk of anaphylaxis.

- identify children and adults with known allergies and understand their individual triggers and support needs;
- minimise the risk of exposure to known allergens while recognising that an entirely allergen-free environment cannot be guaranteed;
- ensure prescribed emergency medication is available, accessible and in date;
- ensure staff can recognise allergic reactions and anaphylaxis and know how to respond promptly;
- ensure children with allergies can participate as fully as possible in learning, play, celebrations, trips and other activities;
- manage food allergens accurately and prevent avoidable cross-contact;
- maintain effective Individual Healthcare Plans (IHPs) and Allergy Action Plans where required;
- record, investigate and learn from allergic reactions and near misses; and
- promote the wellbeing and inclusion of children with allergies.

2. Scope

This policy applies to all children attending Bacup Nursery School and, where relevant, to staff, volunteers, students, contractors, visitors and any person who may be exposed to an allergen while on the school premises or participating in school activities.

3. Definitions

Allergy	A medical condition in which the immune system reacts abnormally to a normally harmless substance.
Allergen	A substance capable of causing an allergic reaction in a susceptible person.
Anaphylaxis	A potentially life-threatening allergic reaction involving the airway, breathing and/or circulation.
Adrenaline auto-injector (AAI)	A prescribed device containing adrenaline for emergency treatment of anaphylaxis.

Near miss	An event that did not cause harm but had the potential to do so.
Individual Healthcare Plan (IHP)	A written plan setting out the individual arrangements needed to support a child with a medical condition or allergy.
Allergy Action Plan	A plan, normally completed or endorsed by a healthcare professional, describing the child's triggers, symptoms and emergency treatment.
Food intolerance	A non-immune reaction to food. It is different from allergy and does not cause anaphylaxis.
Coeliac disease	An autoimmune condition requiring strict gluten avoidance. It is not an allergy and does not cause anaphylaxis.
Cross-contact	The unintended transfer of an allergen from one food, surface, utensil, hand or item to another food.

4. Identification and information gathering

Before a child is admitted, Bacup Nursery School will obtain information about the child's special dietary requirements, food allergies and intolerances and other relevant health requirements from parents. This information will be shared with staff involved in preparing, handling or serving food and with staff responsible for the child's care.

- Parents/carers must provide accurate, current information about diagnosed allergies and known triggers.
- Where a child requires specific support arrangements, the school will develop an IHP in partnership with parents/carers and, where appropriate, healthcare professionals.
- The IHP will identify the allergen(s), symptoms, treatment, emergency response, medication, storage arrangements and relevant risk-reduction measures.
- A current photograph and allergy information will be kept on the staffroom notice boards and displayed in any area where food is handled, provided access is restricted to staff who need the information.
- Information will be updated whenever the school is notified of a change and reviewed at least annually.
- Information will be shared on a need-to-know basis in accordance with safeguarding, confidentiality and data-protection requirements.

5. Individual Healthcare Plans and Allergy Action Plans

An IHP will be used where an allergy has a functional impact on the child, creates a risk of harm, or requires arrangements that are additional to or different from the school's general arrangements.

- Plans will be developed with parents/carers and will take account of relevant clinical advice.
- The plan will specify known allergens/triggers, symptoms, prescribed medication, emergency steps, who may administer medication, where medication is kept, and arrangements for outings and activities.
- Staff caring for the child will know where the plan is kept and how to access the relevant information.
- Plans will be reviewed at least annually and sooner following a reaction, near miss, change in medication, diagnosis or advice from a healthcare professional.
- Where a child transfers into or out of Bacup Nursery School, relevant allergy information and plans will be shared appropriately with the next setting to support continuity of care.

6. Staff training and awareness

All staff who are present when children are on site will receive regular allergy awareness and emergency-response training. First-aid training alone is not considered sufficient for allergy awareness.

- Allergy training will be completed at least annually.
- New staff, agency staff, supply staff, regular volunteers and other child-facing personnel will receive appropriate induction and allergy information before undertaking unsupervised duties.
- Training will cover food allergy, asthma and other allergic conditions; the difference between allergy, intolerance and coeliac disease; recognition of symptoms; anaphylaxis; emergency response; locating and using adrenaline devices; contacting emergency services and parents; the school's allergy policy; IHPs and Allergy Action Plans; risk reduction; and incident/near-miss reporting.
- Staff will have practical familiarity with the type of adrenaline device used at the school and/or relevant training devices.
- Training records will be maintained by the school.

7. Recognising an allergic reaction

Allergic reactions vary in severity. Symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; abdominal pain or vomiting; or a sudden change in behaviour.

Signs of possible anaphylaxis include airway swelling or tightening of the throat, hoarse voice or difficulty swallowing; sudden wheezing, breathing difficulty, persistent cough or noisy breathing; dizziness, faintness, unusual sleepiness, confusion, pale clammy skin or loss of consciousness.

8. Emergency response to anaphylaxis

Anaphylaxis is an emergency. If a child is showing signs of anaphylaxis, staff must act immediately and follow the child's Allergy Action Plan where available.

1. If in doubt whether the reaction is anaphylaxis, treat as anaphylaxis.
2. Use the child's prescribed adrenaline device immediately if available and indicated by the child's plan.
3. If the prescribed device is unavailable, staff should follow the emergency arrangements in place for the setting and seek immediate emergency assistance. Any use of a spare/emergency adrenaline device must be consistent with the applicable legal, clinical and medication arrangements for an early-years setting.
4. Call 999 and state anaphylaxis. Provide school address and access point and arrange for someone to meet the ambulance. Do not delay the emergency call while attempting to contact parents.
5. Keep the child with an adult and do not leave them unattended.
6. Follow the 999 operator's instructions and the child's Allergy Action Plan.
7. If symptoms do not improve, or return, follow the emergency plan regarding further adrenaline and any second prescribed device.
8. A staff member should contact the parent/carer as soon as practicable while another adult remains with the child.
9. Arrange appropriate supervision of the remaining children.
10. Record the incident and complete the school's incident/accident reporting process.

Important: a reliever inhaler must not be used instead of adrenaline when treating anaphylaxis. Where a child also has asthma, the child's individual plan should be followed.

9. Response to a mild or moderate allergic reaction

- Follow the child's Allergy Action Plan and administer only medication that the school is authorised and trained to give.
- Do not leave the child unattended.
- Contact the parent/carer or emergency contact.
- Observe the child closely because a reaction can worsen.
- Where appropriate, follow the individual plan regarding the recommended observation period and escalation arrangements.
- If airway, breathing or circulation become affected, treat the situation as anaphylaxis and follow Section 8 immediately.

10. Prescribed adrenaline devices

- Parents/carers must provide prescribed emergency medication in accordance with the child's IHP and the school's medicines policy.
- Medication must be clearly labelled with the child's name and stored so that it is readily accessible to staff in an emergency while remaining secure from unauthorised access.

- Medication must not be locked away where doing so would delay emergency treatment.
- Staff must check expiry dates and report approaching expiry to the parent/carer. Parents/carers remain responsible for supplying replacement medication before expiry.
- Medication must accompany the child on trips, visits and other off-site activities where required by the IHP.
- The school will maintain appropriate records of medication received, storage, administration and disposal.

11. Emergency/spare adrenaline and asthma inhaler arrangements

- Bacup Nursery School holds TWO emergency spare adrenaline auto-injectors (AAIs). These are part of the school's emergency allergy arrangements and are in addition to any prescribed AAIs supplied for an individual child.
- The school will maintain the two spare AAIs in accordance with its local-authority arrangements, applicable medicines requirements and Department for Education allergy safety guidance.
- The AAIs will be stored-One AAI in the Staff Office, central to the school and the second AAI will be stored in the Cookery Room.
- The location of the emergency kit will be known to all relevant staff and are within five minutes of any area in which it may be required.
- The school will maintain a register showing the devices held, dose/strength, expiry date, storage location and checks undertaken.
- The spare AAIs will only be administered where the school has the appropriate medical authorisation and consent/arrangements required for the individual child, and staff will follow the child's Individual Healthcare Plan/Allergy Action Plan where one is in place.
- If a child develops suspected anaphylaxis, adrenaline must be administered without delay in accordance with the child's plan and the applicable emergency protocol. A 999 call must be made immediately after adrenaline is administered, and the child must be monitored continuously.
- After any use, the school will arrange safe disposal and prompt replacement of the device and record the incident.
- The named First Aiders: Sarah Coupe & Sarah Goggins will check the spare AAIs at least termly and after any use, including expiry dates, physical condition and storage arrangements.
- The school will also manage any emergency salbutamol inhaler and spacers in accordance with its medical arrangements.

12. Food allergy management

Bacup Nursery School treats the provision of food as an important part of allergy risk management. Before food is offered, staff responsible for the snack or meal must know the dietary and allergy requirements of each child being served.

- The person responsible for each snack/meal service must check that the food provided is suitable for each child with a known allergy or intolerance.

- Ingredient and allergen information must be checked against the actual product/recipe in use, not assumed from previous occasions.
- Any change of brand, recipe, supplier or ingredient must trigger a fresh allergen check.
- Food labels and relevant ingredient information must be retained or otherwise recorded in a form that allows staff to verify the food being served.
- Foods must be stored and prepared in a way that reduces cross-contact.
- Hands must be washed before and after eating and food preparation.
- Tables, preparation areas and utensils must be cleaned appropriately between uses.
- Children must not share food.
- Staff must supervise snack and food activities appropriately.
- Where food is provided by an external caterer or supplier, the school will obtain reliable allergen information and ensure it is communicated to the staff responsible for serving it.

13. The 14 regulated food allergens

Where applicable, we will manage and communicate information about all 14 regulated allergens:

- Celery
- Cereals containing gluten (such as wheat, rye, barley and oats where applicable)
- Crustaceans
- Eggs
- Fish
- Lupin
- Milk
- Molluscs
- Mustard
- Peanuts
- Sesame
- Soya
- Sulphur dioxide and sulphites (where the concentration is above the relevant legal threshold)
- Nuts (including almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios and macadamia nuts)

14. Food information and labelling

Where we provide food as a food business, it will provide clear and accurate allergen information as required by applicable food information law. For non-prepacked food, information about the presence of regulated allergens will be readily accessible. Where food is prepacked for direct sale (PPDS), the school will comply with applicable requirements for the food name, full ingredients list and emphasis of regulated allergens.

15. Nut-free arrangements

We are currently a nut-free school. This means the school asks parents/carers not to send nut products into school and does not intentionally provide nut products. However, the school cannot guarantee that the environment is completely free from nuts or that an accidental introduction cannot occur. The school will therefore describe its arrangement accurately and will not rely on a 'nut-free' label as a substitute for individual allergy risk assessment and emergency preparedness.

- Parents/carers will be reminded of the nut-free expectation.
- Staff will monitor food brought into school and address concerns promptly.
- The school will not represent the environment as completely allergen-free.
- Individual controls in an IHP remain necessary for children with nut allergy.

16. Celebrations, birthdays and food-related activities

- The school will purchase food for celebrations rather than accepting homemade food, so that ingredient and allergen information can be checked.
- Parents/carers should not send birthday treats containing nuts or other known allergens into school.
- Where food is used in baking, cooking, sensory or curriculum activities, staff must check ingredients in advance and consider every child's known allergies and intolerances.
- Alternative ingredients or activities will be provided where reasonably practicable so that children with allergies are included.
- Food must never be offered to a child where staff cannot establish that it is safe for that child.

17. Outings, trips and off-site activities

- Risk assessments must identify children with allergies and the controls needed.
- The child's IHP/Allergy Action Plan and required medication must accompany the child.
- A trained member of staff must know the child's allergy arrangements and emergency response.
- Food provided off-site must be checked in advance where practicable.
- Emergency contact arrangements must be available.
- Allergy arrangements must not unnecessarily prevent a child from participating.

18. Wellbeing, inclusion and behavior

Children with allergies should be supported to participate fully and should not be made to feel different or responsible for the risk created by their medical condition.

- Staff will use age-appropriate language to help children understand safe food practices without creating unnecessary fear.
- Children with allergies will be included in celebrations, play, trips and learning activities through appropriate adjustments.
- Parents/carers will be encouraged to raise concerns about anxiety, exclusion or the child's experience of allergy management if applicable.

19. Staff, visitors and contractors

- Staff with allergies will be supported appropriately and may provide relevant information voluntarily where needed for safety.
- Regular visitors who may be served food should be asked, where appropriate, whether they have an allergy the school needs to know about.
- Contractors without a child-facing role do not normally require allergy awareness training, but relevant site risks will be managed.
- All staff and volunteers must follow the school's food hygiene, safeguarding, medical and allergy procedures.

20. Serious incidents and near misses

A serious incident includes anaphylaxis, significant exposure to a known allergen, an incorrect food being provided to a child with a known allergy, or another event that could reasonably have resulted in significant harm. Near misses include situations where an allergen-related error is identified before the child consumes or is significantly exposed to the allergen.

- All incidents and near misses must be recorded promptly using the school's incident reporting arrangements (CPOMs).
- Parents/carers will be informed as soon as reasonably practicable.
- The Headteacher will review the circumstances and determine whether further notification or statutory reporting is required.
- The school will identify what went wrong, what worked well, and what changes are required.
- Relevant IHPs, risk assessments, food controls, training or this policy will be reviewed following an incident.
- Where a food safety incident may present a wider risk, the school will follow applicable food safety, withdrawal/recall and local authority procedures.

21. Roles and responsibilities

Governing Body	Ensure the school has an effective allergy safety policy, review it at least annually, monitor implementation and ensure appropriate resources are available.
Headteacher -A Cooper Allergy Safety Lead-D Pollitt	Own the policy; ensure staff awareness and training; oversee IHPs, risk assessments, emergency medication arrangements, food allergen controls, incident reviews and communication.
All staff	Know which children have relevant allergy arrangements, follow IHPs and this policy, reduce exposure risks, recognise anaphylaxis, respond to emergencies and report incidents/near misses.
Food/snack staff	Check ingredients and allergen information, prevent cross-contact, follow individual dietary requirements and confirm that food is suitable before serving.
Parents/carers	Provide accurate and current medical/allergy information, provide prescribed medication where required, replace expired medication and update the school about changes.
Pupils	Where developmentally appropriate, learn simple safe behaviours such as not sharing food and telling an adult if they feel unwell.
Visitors/volunteers	Follow staff instructions and relevant allergy and food-safety arrangements.

22. Monitoring and review

- The policy will be reviewed at least annually.
- The review will consider incidents and near misses, staff training completion, medication expiry checks, IHP reviews, food allergen records, parent feedback and any changes in legislation or official guidance.
- The policy will also be reviewed immediately following a serious allergy incident or significant change in the school's provision.
- The current policy will be made available to staff and parents/carers and published through the school's usual policy arrangements.

23. Related policies and documents

- Supporting Pupils with Medical Conditions Policy
- Administering Medicines Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy

- Educational Visits / Trips Risk Assessment procedures
- Individual Healthcare Plans and Allergy Action Plans

24. Legal and guidance framework

- Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026.
- Children's Wellbeing and Schools Act 2026, section 34 (allergy safety provisions).
- Department for Education, Allergy safety in schools: statutory guidance, July 2026.
- Early Years Foundation Stage (EYFS) statutory framework, current from 1 September 2026.
- Supporting pupils with medical conditions at school, Department for Education.
- Food Information Regulations 2014 and applicable food information requirements.
- Regulation (EU) No 1169/2011 as retained/implemented in UK food information law, where applicable.
- Applicable food hygiene and food safety legislation and local authority food safety requirements.
- Equality Act 2010, where applicable.

**This policy should be read alongside the school's Supporting Pupils with Medical Conditions and Administering Medicines policies.

**Bacup Nursery School-specific requirement: Bacup Nursery School holds two emergency spare adrenaline auto-injectors. These are mandatory within the school's allergy safety arrangements and must be maintained, checked, accessible and replaced in accordance with this policy and the school's local-authority/medicines arrangements.

Appendix A

Allergy Safety Checklist for Daily Practice

- ☐ Current allergy register is available to relevant staff.

- ☐ IHPs/Allergy Action Plans are current and accessible to relevant staff.
- ☐ Prescribed medication is present, correctly labelled, accessible and in date.
- ☐ Staff know where emergency medication is kept.
- ☐ Staff responsible for snack/food have checked the actual ingredients/allergen information.
- ☐ Food preparation and serving controls prevent avoidable cross-contact.
- ☐ Children are supervised so food is not shared.
- ☐ Any food activity has been checked against children's allergy requirements.
- ☐ Trip/outdoor arrangements include allergy medication and emergency information where required.
- ☐ Any reaction or near miss has been reported and recorded.

Appendix B

Parent/Carer allergy information needed

- ☐ Child's full name and date of birth
- ☐ Allergen(s) / known trigger(s)
- ☐ Nature and severity of previous reactions
- ☐ Signs and symptoms to look for
- ☐ Emergency medication and dose/device
- ☐ Where medication is to be stored
- ☐ Emergency response instructions / Allergy Action Plan
- ☐ Other relevant conditions, including asthma
- ☐ Food products/ingredients to avoid
- ☐ Parent/Carer and emergency contact details
- ☐ Healthcare professional information where relevant
- ☐ Date of last review and date of next planned review