



Whitecross Nursery School Allergen and Anaphylaxis Policy

Reviewed by	Claire FitzPatrick and Kate Parker
Date of last review	March 2026
Date of next review	March 2027
Approved by School Delegation	April 2026

This policy will be reviewed sooner if there is a change to legislation or guidance that may affect it. Any changes will be communicated to all stakeholders.

Contents

1. Induction
2. Definitions
3. Roles and responsibilities
4. Food allergies
5. Food allergen labelling
6. Declared allergens
7. Changes to ingredients and food packaging
8. Animal allergies
9. Adrenaline auto-injectors(AAIs)
10. School trips
11. Medical attention and required support

1. Induction

Whitecross Nursery School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and children, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- › Hives
- › Generalised flushing of the skin
- › Itching and tingling of the skin
- › Tingling in and around the mouth
- › Burning sensation in the mouth
- › Swelling of the throat, mouth or face
- › Feeling wheezy
- › Abdominal pain
- › Rising anxiety
- › Nausea and vomiting
- › Alterations in heart rate
- › Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- › Persistent cough
- › Throat tightness
- › Change in voice, e.g. hoarse or croaky sounds
- › Wheeze (whistling noise due to a narrowed airway)
- › Difficulty swallowing/speaking
- › Swollen tongue
- › Difficult or noisy breathing
- › Chest tightness
- › Feeling dizzy or faint
- › Suddenly becoming sleepy, unconscious or collapsing
- › For infants and younger children, becoming pale or floppy

2. Rolls and Responsibilities

The governing board is responsible for:

- › Ensuring that policies, plans, and procedures are in place to support children with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- › Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a child experiences an allergic reaction.

The Headteacher is responsible for:

- › The development, implementation and monitoring of this policy and related policies.
- › Ensuring that the school's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual child.
- › Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- › Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- › Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- › Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- › Ensuring that staff are properly trained to provide the support that children need, and that they receive allergy and anaphylaxis training at least annually.
- › Ensuring that all catering staff are aware of children's allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The school office is responsible for:

- › Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- › Seeking up-to-date medical information about each child via a medical form sent to parents on an annual basis, including information regarding any allergies.
- › Contacting parents for required medical documentation regarding a child's allergy

All staff members are responsible for:

- › Attending relevant training regarding allergens and anaphylaxis
- › Being familiar with and implementing children's individual healthcare plans (IHPs) as appropriate
- › Responding immediately and appropriately in the event of a medical emergency
- › Reinforcing effective hygiene practices, including those in relation to the management of food
- › Monitoring all food supplied to children by both the school and parents
- › Ensuring that children do not share food and drink so as to prevent accidental contact with an allergen

- › Monitoring the food allergen log and allergen tracking information for completeness
- › Reporting any non-conforming food labelling to the supplier, where necessary
- › Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated
- › Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log
- › Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised

Caterling staff are responsible for:

- › Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying children with specific dietary requirements
- › Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it
- › Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label
- › Reporting to the SBM if food labelling fails to comply with the law

All parents are responsible for:

- › Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction
- › Keeping the school up-to-date with their child's medical information
- › Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor
- › Raising any concerns they may have about the management of their child's allergies with the classroom teacher

All children are learning to:

- › Not exchange food with other children
- › Understand which foods they are allergic to
- › Starting to recognise signs they are poorly in an age appropriate way

2. Food Allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all children's food allergies will be collated, indicating whether they consume a school meal (at breakfast or after school club) and a packed lunch, and this will be passed on to the school's catering staff.

When making changes to snack menus or substituting food products, the school will ensure that children's special dietary needs continue to be met by:

- › Checking any product changes with all food suppliers
- › Asking caterers to read labels and product information before use
- › Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- › Ensuring allergen ingredients remain identifiable.

Lunchtime staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy-free and gluten-free options available for children with allergies and intolerances.

Government guidance states that schools should have clear processes to help catering staff to identify children with specific dietary requirements. At Whitecross Nursery School a photograph of the child alongside details of their allergy is displayed in the kitchen area.

All food tables and cloths will be disinfected before and after being used.

Anti-bacterial wipes and cleaning fluid will be used.

Boards for fruit and vegetables will be a different colour to the rest of the kitchen in order to remind kitchen staff to keep them separate.

Food items containing bread and wheat will be stored separately.

If choosing a catering service, the school would be responsible for ensuring that the school's policies are always adhered to, including those in relation to the preparation of food, taking into account any allergens.

Learning activities that involve the use of food, such as baking sessions, will be planned in accordance with children's IHPs, taking into account any known allergies of the children involved.

3. Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- › The name of the food
- › The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- › Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- › Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- › Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

4. Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- › Cereals containing gluten and wheat, e.g. spelt, rye and barley
- › Crustaceans, e.g. crabs, prawns, lobsters
- › Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- › Celery
- › Eggs
- › Fish
- › Peanuts
- › Soybeans
- › Milk
- › Mustard
- › Sesame seeds
- › Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- › Lupin
- › Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

All staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with

incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the SBM immediately, who will then contact the relevant supplier where necessary.

All staff will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

5. Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to all relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

6. Animal allergies

Children with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any children to whom this may pose a risk and will be responsible for ensuring that the child does not come into contact with the specified allergen.

The school will ensure that any child or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

7. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst children are outside.

Children with severe seasonal allergies will be permitted to spend time indoors throughout the day when necessary to avoid contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the child should stay indoors.

Children will be encouraged to wash their hands after playing outside.

Children with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a child with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

8. Adrenaline auto-injectors (AAIs)

Children who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on children who are at risk of anaphylaxis, but whose device is not available or is not working.

The school will purchase two spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The school will submit a request, signed by the Headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- > The name of the school.
- > The purposes for which the product is required.
- > The total quantity required.

The Headteacher and SBM will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands children are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of children at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- > For children under age 6: 0.15 milligrams of adrenaline

9. School Trips

The Headteacher will ensure a risk assessment is conducted for each school trip to address children with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any children with allergies and alternative activities will be planned where necessary to ensure the children are included.

The school will speak to the parents of children with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the child at all times during a school trip.

If the child has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The child's medication will be taken on the trip and stored securely – if the child does not bring their medication, they will not be allowed to attend the trip.

A member of staff will be assigned responsibility for ensuring that the child's medication is carried at all times throughout the trip.

Two AAIs will be taken on the trip and will be easily accessible at all times.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for children's allergies, the child will take their own food, or the school will provide a suitable packed lunch.

10. Medical attention and required support

Once a child's allergies have been identified, a meeting will be set up between the child's parents, the Headteacher and any other relevant staff members, in which the child's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Children with Medical Conditions Policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the child's name, class, expiration date and instructions for administering it.

Children will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a child with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support that the child may require will be outlined in their IHP.

All staff members providing support to a child with a known medical condition, including those in relation to allergens, will be familiar with the child's IHP.

Headteacher & SBM are responsible for working alongside relevant staff members and parents in order to develop IHPs for children with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Headteacher & SBM has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

11. Staff Training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting Children with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies.

The school will arrange specialist training where a child in the school has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

All staff members will:

- › Recognise the range of signs and symptoms of severe allergic reactions.
- › Respond appropriately to a request for help from another member of staff.
- › Recognise when emergency action is necessary.
- › Administer AAI's according to the manufacturer's instructions.
- › Make appropriate records of allergic reactions.
- › Be trained to recognise the range of signs and symptoms of an allergic reaction.
- › Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- › Understand that AAI's should be administered without delay as soon as anaphylaxis occurs.
- › Understand how to check if a child is on the Register of AAI's.
- › Understand how to access AAI's.
- › Understand who the designated members of staff are, and how to access their help.
- › Understand that it may be necessary for staff members other than designated staff members to administer AAI's, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- › Be aware of how to administer an AAI should it be necessary.
- › Be aware of the provisions of this policy.

12. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- › Swollen lips, face or eyes
- › Itchy/tingling mouth
- › Hives or itchy skin rash
- › Abdominal pain or vomiting
- › Sudden change in behaviour

If any of the above symptoms occur in a child, the nearest adult will stay with the child and refer to their IHP to determine appropriate next steps.

The child's parents will be contacted immediately if a child suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the child's IHP will be followed, and the child will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the child is required to go to the hospital, an ambulance will be called.

13. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the child flat on the floor and try to ensure the child suffering an allergic reaction remains as still as possible; if the child is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the child. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

A member of staff will stay with the child until the emergency services arrive – the child will remain lying flat and still. If the child's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The Headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the child stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the child's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- › Any known allergens the child has
- › The possible causes of the reaction, e.g. certain food
- › The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAI's will be given to paramedics.

Staff members will ensure that the child is given plenty of space, moving other children to a different room where necessary.

Staff members will remain calm, ensuring that the child feels comfortable and is appropriately supported.

A member of staff will accompany the child to hospital in the absence of their parents.

If a child is taken to hospital by ambulance, **two** members of staff will accompany them.

Following the occurrence of an allergic reaction, the SLT, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

14. monitoring arrangements

The DSL logs behaviour and safeguarding issues related to online safety via CPOMS.

This policy will be reviewed every year. At every review, the policy will be shared with the governing board. The review will be supported by an annual risk assessment that considers and reflects the risks pupils face online. This is important because technology, and the risks and harms related to it, evolve and change rapidly.

15. Links with other policies

This policy is linked to our:

- › Health and Safety Policy
- › Food and Drink Policy
- › Administering Medication Policy
- › Supporting Children with Medical Conditions Policy
- › Educational Visits and School Trips Policy