Gateshead Council

EYFS Model Allergy Policy

Purpose	To minimise the risk of any child suffering a serious allergic reaction whilst at **Highfield Community Primary School** or attending any organisation related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Health and Safety Safeguarding Medical Policy
Review Frequency	Annually
Date approved	Oct 26
Date of next review	Oct 27

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the provider's anaphylaxis policy are:

Claire Spencer
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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 severe reaction called anaphylaxis.

Anaphylaxis is a severe, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings and drugs.

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

It is possible to be allergic to anything which contains protein. However, most people will react to a 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 **Highfield Community Primary School** will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in provider life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the setting, it is the parent's responsibility to inform the setting Manager of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's **Allergy Action Plan** (BSACI plans preferred) to the provider. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the provider up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- Providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which are sometimes called complementary feeding or weaning. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff[1].
- **Children must always be within sight and hearing of a member of staff whilst eating.** Where possible, staff should sit facing children whilst they eat so they can prevent food sharing and be aware of any unexpected allergic reactions.
- Before a child is admitted to the setting the Manager must obtain information about any food allergies that the child has. This information must be shared by

the Manager with all staff involved in the preparing and handling of food.

- At each mealtime and snack time Managers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.
- Staff (regular or cover) must be aware of the children in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with considerable caution.
- Staff leading visits will ensure they carry all relevant emergency supplies. **Visit leaders will check that all children with medical conditions, including allergies, carry their medication. Children must not leave the setting without staff carrying the child's medication.**
- The Manager will ensure that the up-to-date Allergy Action Plan is kept with the child's medication.
- It is the parent's responsibility to ensure all medication is in date. However, the Manager will check medication kept at provider on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Manager keeps 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.

Child Responsibilities

- Children are encouraged to learn about their allergies and be taught to ask an adult 'is this safe for me?'
- Children should be taught to let an adult know if they are feeling unwell.

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 providers to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Organisations should not be devising their own allergy action plans, but requiring parents to provide the plan created by the GP or allergy clinic.

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. **In younger children, anaphylaxis almost always involves skin reactions. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may experience diarrhoea and they may display sudden behaviour changes such as inconsolable crying, become clingy and refuse food.** The child 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 has been exposed to something they are known to be allergic to, then it 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?

- It opens up the airways.
- It stops swelling.
- It 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 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. AAIs 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 re-occur after treatment.

5. Supply, storage and care of medication

Children in early years settings need adults to be responsible for their emergency medication. Their medication/anaphylaxis kit must be **kept within 5 minutes of them,** not locked away or behind a locked door and **accessible to all staff at all times.**

Medication should be stored in a suitable container, a clear box and clearly labelled with the child's name. The child's medication storage container should contain:

- **Two** AAIs i.e. EpiPen® or Jext®.
- 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 to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Manager will check medication kept at provider on a termly basis and send a reminder to parents if medication is approaching expiry.

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 AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the Hygiene room.

6. 'Spare' adrenaline auto-injectors in provider

Only providers who are part of a school can access spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

The legislation does not cover providers who are independent or charity run and these providers are currently unable to purchase spare AAIs for emergency use.

Spare AAIs are stored in **clear box**, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

Highfield Community Primary School holds two (one child and one adult) spare pens which are kept in the following location/s:

- School Office
- On top of filing cabinet next to the door

The Manager is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

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

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the provider's anaphylaxis policy are:

Claire Spencer
Michelle Tate
Dan Irving
Hannah Porthouse

All staff will complete Natasha's Law, Allergy School Allergen and anaphylaxis training annually and on an ad-hoc basis during induction of new staff.

- Allergen training includes:
- Knowing the common allergens and triggers of allergies.
- 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 (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk .

8. Inclusion and safeguarding

Highfield Community Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in provider so that they can play a full and active role in provider life, remain healthy and achieve their developmental milestones. The setting conforms to the Safer Eating requirements in Early Years Safeguarding 2025.

9. Food

All food businesses (including provider caterers or staff) 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 provider's menu is available for parents to view in weekly/fortnightly/monthly advance in advance with all allergens highlighted on the organisation website at https://www.highfieldprimarygateshead.co.uk and Arbor I**n addition the full matrix is available in the individual school kitchens.**

The parents will inform the school of pupils with food allergies, school will issue parents with a medical diet application for and medical diet form. The parent will return the completed medical application form and medical diet form to school supported with relevant copy of a medical note from a qualified medical professional such as a GP, dietitian, NHS nurse or other NHS professionals (private laboratory results and homeopathic diagnosis will not be accepted).

School will forward the completed forms, along with medical evidence to the School Catering team at **SchoolCateringAllergens@gateshead.gov.uk**

If a special menu is required for the pupils this will be developed by the School Catering team and forwarded to school to pass onto parents to make a selection for a three-week menu that will be followed throughout the year. The selected menu is returned to the catering team by school at
SchoolCateringAllergens@gateshead.gov.uk
The selected menu will be transferred to the medical diet menu template. The kitchen will then be provided with the medical form with current picture of the pupil attached and a copy of the selected menu, these will be kept in the allergen folder in the kitchen for reference.

Pupils wear a purple lanyard that has their name, picture and allergen identified. All food is served on a purple tray, cup bowls. Child's information and photo is displayed in the kitchen for all staff.

Parents/carers can be directed to the School Catering Team to discuss their child needs if they wish.

All medical diet forms for pupils must be updated annually by parents and a new up to date picture added prior to the new academic year, any special diets will then be created.

The Provider adheres to safer eating as set out in the Early Years Safeguarding September 2025:

- Information must be shared by the Manager with all staff involved in the preparing and handling of food.
- At each mealtime and snack time the provider/Manager must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.
- Managers/providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which are sometimes called complementary feeding or weaning.
- Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff will sit facing children whilst they eat so they can make sure children are prevented from food sharing and can be aware of any unexpected allergic reactions.

The provider adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The child, when old enough. should be taught to also check with staff, before eating ‘is this safe for me?’
- Where food is provided by the provider, 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking, 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 children and their age.

10. Provider trips

Staff leading provider trips will ensure they carry all relevant emergency supplies. Visit leaders will check that they have medication for children with allergies. If the mediation is not present, the child will be unable to attend the trip as it wouldn't be safe.

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

Provision of Packed Lunches from the School Kitchen

Where packed lunches are required from the kitchen for school trips, these must be ordered at least 48 hours in advance by completing the packed lunch request form from the kitchen. This will ensure all pupils with allergens are catered for and their packed lunch is clearly labelled and kept separate.

11. Allergy awareness and nut bans

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

A 'whole provider awareness of allergies' is a much better approach, as it ensures teachers, children and all other staff are aware of what allergies are, the importance of avoiding the children' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk. Risk assessments may determine that a section of the provision needs to be kept free of a particular allergen. In this instance, when the child has left that area of the provision or the child's allergies change, the risk assessment must be reviewed and restrictions lifted.

A wide variety of educational resources are available through Natasha's Foundation Allergy School, including a curriculum map, lesson plans, assembly packs, posters, additional resources and videos.

12. Risk Assessment

The Manager will undertake a risk assessment for the setting and each individual child with allergies both newly joining and newly diagnosed. The risk assessments will identify the control measures that are needed to be implemented to keep the child with allergies safe; this may be separate toys for a baby/toddler with a milk allergy and is using anything that is likely to go into their mouth. The risk assessment will be used to help identify any gaps in our systems and processes for keeping allergic children safe.

Provider and individual risk assessments can be downloaded for free from:

13. Useful Links

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

- For Education:
- Guidance for Early Years:

Training:

Allergy awareness V nut bans:

Early Years Foundation Stage Safeguarding reforms:

Nutrition guidance for Early Years providers:

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Department of Health Guidance on the use of adrenaline auto-injectors in providers - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_providers.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

Footnotes

1 Trips are classed as any time the children leave the organisations usual place for any length of time; for example, a nature walk is considered a trip.

2 See specific guidance sheet produced by Anaphylaxis UK: {insert link}