Lambeth Nursery Schools' Federation
Acting Executive Headteacher: Luke Page
Chair of Governors: Marc Newall
Holmewood, Maytree, Triangle, Effra and Ethelred Nursery Schools
with Maytree, Tree House, Clapham Manor @ Triangle, Effra & Ethelred Children's Centres

Allergy Safety Policy

This policy has been agreed and adopted by the Governing Body.

Signed Chair: Marc Newall Date: Autumn 2026

Policy review period 3 years:
Reviewed: Autumn 2026
Next review: Autumn 2027

Documents/websites consulted:
- Supporting pupils with medical conditions at school, DfE
- Statutory Framework for the Early Years Foundation Stage (DfE) Sept 2025
- https://anaphylaxis.org.uk/spare-pens-in-schools/
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148583/AAI_HMR238_Clarification_Dr_P_Turner.pdf (appendix one)

Related policies:
- Supporting children with medical conditions policy
- Accident and First Aid policy

Policy Aim
The purpose of this policy is to provide a safe environment for all children, staff, and visitors by reducing the risk of allergic reactions and ensuring appropriate procedures are followed in the event of an allergy-related emergency.

This policy applies to all children attending the nursery, members of staff, volunteers, students, contractors, and visitors.

This policy must be reviewed annually and uploaded to the schools' website.

Definition of Allergy
An allergy is an adverse immune response to a substance (allergen) that is normally harmless. Allergic reactions can range from mild symptoms to severe and life-threatening reactions known as anaphylaxis.

Common allergens include, but are not limited to:
- Peanuts and tree nuts
- Milk and dairy products
- Eggs
- Fish and shellfish

- Wheat and gluten
- Soy
- Sesame
- Insect stings
- Certain medications
- Animal dander

Responsibilities

The responsibilities of the school:

The Head of School, with support from the senior leadership team, will:

- Ensure allergy information is collected and updated regularly.
- Maintain an up-to-date allergy register and review this regularly.
- Ensure staff receive appropriate allergy awareness and emergency response training.
- Ensure emergency medication is readily accessible and stored according to medical guidance.
- Communicate allergy management procedures to staff, parents, and visitors.

Staff members will:

- Familiarise themselves with the allergy register and individual healthcare plans.
- Follow procedures for food preparation, serving, and supervision.
- Monitor children for signs of allergic reactions.
- Administer emergency medication as trained and authorised.
- Record and report all allergy incidents, including near misses.
- Attend relevant and appropriate training sessions.

The responsibility of parents and carers:

- Informing the nursery of any diagnosed allergies before the child starts attendance.
- Providing written medical information and an allergy action plan from a healthcare professional where appropriate.
- Supplying in-date prescribed medication, including adrenaline auto-injectors if required.
- Informing the nursery promptly of any changes to their child's allergy status.

Allergy Information and Health Care Plans

For every child with a diagnosed allergy:

- An Individual Health Care Plan (allergy) will be completed.
- A recent photograph of the child may be included for identification purposes.
- Details of allergens, symptoms, emergency contacts, and medication requirements will be documented.
- Care plans will be reviewed at least termly or sooner if circumstances change.

Food Management

The school will:

- Maintain accurate records of food allergies and dietary requirements.
- Clearly label food and ingredients where appropriate
- Take reasonable measures to avoid cross-contamination during food preparation and serving.
- Ensure staff supervising meals are aware of children's allergies.
- Obtain ingredient information from food suppliers when required.

Parents must not send food containing known allergens that may place another child at significant risk where specific restrictions have been communicated by the nursery.

Special Events and Celebrations

When food is provided during celebrations, parties, cooking activities, or special events:

- Allergy information will be checked in advance.
- Alternative options will be provided where necessary.
- Staff will ensure children only receive food approved for their dietary needs.

Medication

For children with a diagnosed allergy, we will ensure an Individual Health Care Plan is completed and all relevant medication is kept on site and available to use in an emergency.

Due to the young age of the children in our schools, it is not appropriate for the medication to be carried by the children. Staff will keep all medication safely and centrally (not locked away) in cupboards above a child's reach and ensure there is quick access in an emergency.

A child's emergency medication will:

- Be clearly labelled with the child's name.
- Be stored in an accessible location known to all relevant staff.
- Accompany the child on outings, trips and evacuations (planned and real).
- Be checked regularly to ensure it remains in date.

Spare/Emergency Devices:

The federation follows the guidance at https://anaphylaxis.org.uk/spare-pens-in-schools/.

In line with current government guidelines, we have two spare/emergency adrenaline pens on site at all times. These are strictly for emergencies and only to be used if a first aid trained member of staff believes there to be a risk to life.

The federation will ensure parents and carers are aware of this procedure by communicating through newsletters and key information when a child starts at the school. Where anaphylaxis is suspected and a delay could endanger life, staff may administer a spare adrenaline auto-injector and summon emergency services immediately. The absence of prior parental consent must not prevent life-saving treatment being given in an emergency.

The school has one spare salbutamol (asthma) inhaler to use in an emergency situation when a child's own asthma inhaler does not work for any reason.

Recognising an Allergic Reaction

Mild to Moderate Symptoms may include:

- Itching or tingling sensation
- Rash or hives
- Swelling of lips, face, or eyes
- Stomach pain, nausea, or vomiting
- Runny nose or sneezing

Severe Symptoms (Anaphylaxis) may include:

- Difficulty breathing
- Wheezing or persistent cough
- Swelling of the tongue or throat
- Difficulty speaking or swallowing
- Dizziness or collapse
- Loss of consciousness

Emergency Procedures

If a severe allergic reaction is suspected:

1. Follow the child's Individual Allergy Care Plan immediately.
2. Administer prescribed/emergency medication without delay if indicated.
3. Call emergency services.
4. Contact the child's parents or carers.
5. Continue to monitor the child until medical assistance arrives.
6. Record the incident and complete all required documentation.

Where an adrenaline auto-injector has been administered, **emergency services must always be called.**

Training

The nursery will ensure that:

- All staff receive allergy awareness training as part of induction and on an annual basis as part of the annual briefings.
- As many staff as possible attend pediatric first aid training.
- Relevant staff receive practical training in the use of adrenaline auto-injectors and other emergency medication.
- Refresher training is completed regularly.

Educational Visits and Outings

Before any outing:

- Allergy risks and children;'s Individual Health Care Plans will be considered as part of the risk assessment process.
- Emergency medication and care plans will accompany the child.
- Appropriate staff with pediatric first aid training will be designated to oversee allergy management.

Confidentiality and Information Sharing

Information about allergies will be shared only with those who need it to ensure the child's safety and wellbeing. Records will be handled in accordance with applicable data protection requirements.

Monitoring and Review

This policy will be reviewed annually or sooner if there are changes in legislation, guidance, or nursery procedures.

Appendix one -

Medicines & Healthcare products Regulatory Agency

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Canary Wharf
London
E14 4PU
United Kingdom
gov.uk/mhra

FAO Prof A Fox and Dr P Turner
BRITISH SOCIETY FOR ALLERGY & CLINICAL IMMUNOLOGY
STUDIO 16,
CLOISTERS HOUSE,
8 BATTERSEA PARK ROAD,
LONDON
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UNITED KINGDOM

23rd March 2023

Dear Dr Turner,

Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012 (in response to queries received):

The MHRA is aware of some uncertainties in relation to the permitted scope of use of "spare" adrenaline auto-injectors held by schools.

Under Schedule 17 of the Human Medicines Regulations 2012 (as amended in 2017), adrenaline auto-injectors can now be supplied to schools, without being issued against a prescription for a named patient. The intention is for schools to hold such adrenaline auto-injectors as back-ups for use in an emergency to treat anaphylaxis. The guidance issued at the time indicated that such "spare" adrenaline auto-injectors could only be administered to pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the school's auto-injector(s) had been provided, for example through an allergy care plan.

The MHRA would like to clarify that, in principle, a legal exemption under Regulation 238 permits a school's adrenaline auto-injector(s) to be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy. The provision under Regulation 238 should be reserved for exceptional circumstances only, that could not have been foreseen. The normal expectation would be for those at risk of anaphylaxis to have been clearly identified by the school in advance, to reduce the risk of

equivocation, and potential delay in adrenaline auto-injector administration, in the event of an anaphylactic emergency.

"Spare" adrenaline auto-injectors held by schools are not supplied against a named prescription for an individual patient, which distinguishes them from adrenaline auto-injectors prescribed to individual pupils and that should be accessible to them at all times. The use of a school's adrenaline auto-injector, rather than using another pupil's personal auto-injector, to treat an individual not known by the school to be at risk of anaphylaxis ensures that the personally prescribed auto-injector remains available to that pupil. The schools' guidance makes it clear that the spare auto-injectors held by schools are not intended to replace children's own adrenaline auto-injectors. They are available for exceptional use as would apply in this circumstance.

This clarification will be published from the agency, to ensure that this guidance is available to all.

Yours faithfully

Mr Julian Beach
Deputy Director, Population Health