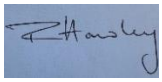
Wandsworth Federation of Maintained Nursery Schools

Balham Nursery School

Allergy Safety Policy

2026

Signed:  (Chair of Governors)

Dated: 24th September 2026

Signed: NCrabbe (Head Teacher)

Dated: 24th September 2026

Applies to: All children, staff, volunteers, students, contractors and visitors

This policy was adopted by the Governing Body 23rd September 2026 This policy is due for review Autumn Term 2028

Legislation and Guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting children with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

Approval

Governing body is free to delegate a committee of the governing body, an individual governor or the headteacher

Review Frequency

Every two years or when any statutory updates are required

Contents

	Legislation and guidance
1	Purpose
2	Scope and Aims
3	Roles and responsibilities
4	Assessing risk
5	Managing risk
6	Procedures for handling an allergic reaction
7	Adrenalin auto injectors (AAIs)
8	Training
9	Links to other policies
Appendix	
1	Recognition and management of an allergic reaction/anaphylaxis
2	Register of Children with AAI (adrenalin auto injector)

1. Purpose

At **Balham Nursery School and Children's Centre**, we are committed to providing a safe, inclusive and nurturing environment for every child. We recognise that allergies can have a significant impact on children and, in some circumstances, can cause a life-threatening reaction known as **anaphylaxis**.

This policy sets out the arrangements Balham Nursery School will use to:

- identify children with allergies;
- reduce the risk of accidental exposure to known allergens;
- ensure appropriate individual healthcare arrangements are in place;
- ensure staff understand their responsibilities;
- ensure prescribed emergency medication is accessible when required;
- respond promptly and appropriately to an allergic reaction;
- record, report and learn from allergic reactions and near misses; and
- work in partnership with parents/carers and relevant health professionals.

2. Scope

This policy applies to all children attending Balham Nursery School and Children's Centre and to all staff, volunteers, students, contractors and visitors.

Allergies may include, but are not limited to:

- food allergies; medication allergies; insect stings; latex; environmental allergens; and other substances identified by a healthcare professional.

This policy should be read alongside the school's:

- Supporting Children with Medical Conditions Policy;
- Medication Policy;
- First Aid Policy;
- Food Safety and Hygiene procedures;
- Safeguarding and Child Protection Policy;

- Educational Visits Policy; and
- Health and Safety Policy.

Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports children with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy leads are **Natasha Crabbe** (Headteacher) and **Laura Miles** (Class Teacher)

They are responsible for:

- Promoting and maintaining allergy awareness across the school community
- Recording and collating allergy and special dietary information for all relevant children
- Keeping all allergy information is up to date and readily available to relevant members of staff
- Ensuring all children with allergies have an allergy action plan completed by a medical professional
- Ensuring all school staff receive an appropriate level of allergy training and are aware of the school's policy and procedures regarding allergies
- Making sure relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School Lead First Aiders (Nikki Pierce and Laura Miles)

Lead first aiders are responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 All class-based staff

Teachers and support staff are also responsible for:

- Promoting and maintaining allergy awareness among children
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific children with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of children with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Being aware of allergens that pose a risk to their child
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

4. Assessing risk

The school will conduct a risk assessment for any child at risk of anaphylaxis taking part in:

- Activities which involve food, including snack time

- Crafts using food packaging
- Off-site events and trips
- Any other activities involving animals, such as animal handling experiences

A risk assessment for any child at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

- Children are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Children have their own cup at snack time which is washed thoroughly after use

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of children with allergies. All meals are provided by the Local Authority Caterers based Harrisons.

In relation to food preparation, this is done by staff holding a Food Hygiene qualification. These staff:

- Receive appropriate training and can identify children with allergies
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing children and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage children and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay and pesto
- Sesame seeds and foods containing sesame seeds

If a child brings these foods into school, the food will be removed and returned to parents/carers. Parents/carers will be advised why this has been necessary.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

Parental consent is sought regarding activity which involves handling of animals

- Parents are responsible for making changes to any consent provided to the school and should do this via the office
- All children will always wash hands after interacting with animals to avoid putting children with allergies at risk through later contact
- Children with animal allergies will not interact with animals

5.6 Events and nursery trips

- For events, including ones that take place outside of the school, and school trips, no children with allergies will be excluded from taking part
- The school will plan accordingly for all events and nursery trips, and arrange for the staff members involved to be aware of child's allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of children with AAIs (adrenalin auto injectors)

The school maintains a register of children who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis (see appendix 2). The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a child has been prescribed AAI(s) (and if so, what type and dose)
- Where a child has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the child
- A photograph of each child to allow a visual check to be made, following parental consent.
- A copy of the register is kept securely in each classroom and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures (appendix 1)

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in child 's receiving adrenaline in an emergency

Balham Allergy Procedure

1. If a child has an allergic reaction, the staff member will initiate the school's emergency response plan, following the child 's allergy action plan

2. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the child will be monitored and the parents/carers informed

3. If an AAI needs to be administered, a member of staff will use the child 's own AAI, or if it is not available, a school spare.

4. If the child does not have an allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

5. Call 999 immediately and inform them of a 'suspected anaphylaxis' or 'anaphylactic reaction.'

6. Parents are called and informed of a suspected anaphylaxis and that the emergency services have been contacted. Inform the parents that the emergency adrenaline pen has been administered to the child.

7. Administer emergency adrenaline that is in the medical cabinet in front class. This must be administered by EpiPen trained staff only.

8. A second dose may be needed after five minutes if symptoms persist.

9. Position and monitor the child. Try to keep them lying flat if possible as this aids blood flow and elevate their legs to help with blood pressure.

10. If breathing is compromised, then encourage the child to sit up slightly, do not stand them up.

11. Start CPR if required with at least two first aiders present.

12. If parents cannot get to the school before the paramedics, then a member of staff should accompany the child to the hospital until a family member can get there. Ensure that all the information has been given to the paramedics with the details of what has happened and the treatment given.

13. After the emergency, the school should request an urgent GP review with the formal allergy diagnosis, obtain a written allergy/anaphylaxis action plan and prescribed adrenaline auto injectors.

14. The school must complete or update the risk assessment

7. Adrenaline auto-injectors (AAIs)

The school will follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools,

A school spare AAI device will be used instead of the child's own if:

- Medical authorisation and written parental consent have been provided, or
- The child 's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- AAIs will be sourced from the local pharmacy
- A minimum of 2 AAIs will be available at all times
- The dosage required (based on Resuscitation Council UK's age-based criteria for children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device)

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored securely at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any child 's own prescribed AAI, and clearly labelled to avoid confusion

7.3 Maintenance (of spare AAIs)

The allergy lead is responsible for checking half termly that:

- The school's AAIs are present and in date
- Replacement of the school's AAIs are obtained when the expiry date is near
- Reminding parents/carers half termly to check the expiry dates of their child's AAIs and replace as required

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of by being handed to the paramedic on the premises.

7.5 Use of AAIs off school premises

- During school trips or off-site events, the First Aider whose group the child is in will carry the children AAIs with them.
- One of the schools AAI's will be taken on any school trips, and carried by a First Aider, to be used in the event of an emergency

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of children to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the nursery site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Following training in September 2026 for all school staff (provided by High-Speed Training endorsed by The Natasha Allergy Research Foundation), annual refresher training will be carried out by class-based staff annually. **The allergy leads will update all staff on any new requirements outside of the annual training schedule.**

Staff appointed after September 2026 will receive training endorsed by The Natasha Allergy Research Foundation during induction and confirmation of relevant training will be sought from agencies offering supply staff.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and Safety Policy
- Supporting Children with Medical Conditions Policy
- Administration of Medicines Policy
- Safeguarding Policy

Further guidance on the use of adrenaline auto-injectors in schools is available at:

Guidance on the use of adrenaline auto-injectors in schools

https://www.anaphylaxis.org.uk/education/benedicts-law/

Child Allergy Policy Appendix 1

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Mild-moderate allergic reaction

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

Action

Stay with the child, call for help if necessary

Locate adrenaline autoinjector(s)

Give antihistamine according to the child's allergy treatment plan

Phone parent/emergency contact

Airway: Persistent cough/hoarse voice/difficulty swallowing/swollen tongue

Breathing: Difficult or noisy breathing/wheeze or persistent cough

Consciousness: Persistent dizziness/becoming pale or floppy/suddenly sleepy, collapse, unconscious

IF ANY of these signs are present:

1. Lie child flat with legs raised:(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say **ANAPHYLAXIS**

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until an ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If there is no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

Appendix 2

Register of Children with AAI (adrenalin auto injector)

Name and DOB and photograph	Risk factors
Prescribed AAI – type, dosage and expiry	Parental consent to administer 'spare' AAI
Name and DOB and photograph	Risk factors
Prescribed AAI – type, dosage and expiry	Parental consent to administer 'spare' AAI
Name and DOB and photograph	Risk factors
Prescribed AAI – type, dosage and expiry	Parental consent to administer 'spare' AAI