

Allergy and Anaphylaxis Policy

Legal Framework

EYFS Statutory Framework (2026)
Benedicts Law Section 34 of Children's Wellbeing and Schools Act 2026
Children Act 1989 Section 3
Children and Families Act 2014 Section 100
Education Act 2002 Sections 20 & 175
Keeping Children Safe in Education 2015
Health and Safety at Work Act 1974
Equality Act 2010

Policy Statement

Madley Pre-School is committed to providing a safe, inclusive, and healthy environment for all children, staff, and visitors. While it is impossible to guarantee a completely "allergen-free" environment, this policy sets out robust procedures to minimize the risk of exposure to known allergens, ensure early recognition of symptoms, and execute immediate, effective emergency treatment.

This policy applies to all aspects of pre-school life, including daily snack and mealtimes, sensory play, messy play, educational activities, and off-site visits.

Pre-Admission & Partnership with Parents

- **Data Collection:** Prior to a child's formal admission, parents/carers must complete a '**Contact and Medical details' form** detailing all known or suspected food allergies, non-food allergies (e.g., latex, insect stings), intolerances, and specific dietary needs.
- **Individual Allergy Action Plans:** For any child with a diagnosed allergy, the Pre-School will complete a Risk assessment with parents and then work with parents and relevant healthcare professionals to implement an up-to-date BSACI Paediatric Allergy Action Plan.
- **Medication:** Parents must supply appropriate, unexpired emergency medication (e.g., [Adrenaline Auto-Injectors](#)) in its original packaging, explicitly labelled with the child's name and dosage instructions. **Children missing mandatory life-saving medication will not be permitted to attend the session.**
- **Ongoing Communication:** Parents/ Carers will be asked to complete a 'Health update form' at least once every term to ensure information kept is up-to-date. Parents must immediately notify the Pre-School in writing if a child's allergy status changes, if new medications are prescribed, or if an allergy resolves.
- **For Staff and volunteers:** On appointment/ during Induction staff/ volunteers should complete a Health Questionnaire, which includes information about Allergies. If necessary, a Risk assessment and Action Plan should then be completed.



Safer Mealtimes & Food Management

In strict alignment with the EYFS "Safer Eating" statutory safeguards:

- **First Aid Presence:** At least one staff member holding a valid, current **Paediatric First Aid (PFA) certificate** must be physically present in the room during all snack and mealtimes.
- **Clear Accountabilities:** A designated staff member will be assigned at each mealtime to double-check that the food served matches each child's individual dietary profiles and allergy restrictions.
- **Food Sharing:** A strict **no food or drink sharing** policy is enforced among children.
- **Allergen/ Intolerance Visual Identifiers:** Children with severe allergies will have their photographs, allergy profiles, and emergency symptoms discreetly but clearly displayed in the kitchen for staff reference.

Children with any specific dietary requirements will have colour-coded name cards, used at snack and lunchtimes to easily identify them to staff.

- **Nut-Aware Restrictions:** Due to the severe nature of airborne or surface contact risk, Madley Pre-School operates as a **strict nut-Free setting**. Parents providing packed lunches or external snacks are prohibited from sending in whole nuts, peanut butter, or items containing nuts.

Risk Reduction in the Environment & Activities

- **Handwashing Protocols:** All children and staff must wash their hands thoroughly with soap and water immediately before and after eating to prevent cross-contamination.
- **Surface Cleaning:** Tables and food preparation areas must be thoroughly sanitised using separate cloths and anti-bacterial spray before and after mealtimes.
- **Sensory & Messy Play:** Staff must cross-reference ingredients for messy play materials (e.g., commercial playdough containing wheat, egg cartons for crafts, or birdseed) against the current allergen list before children participate. No child will be excluded due to an allergy, alternative activities will be prepared for ALL children to participate in.
- **Baking/ Cooking Activities:** Staff must cross-reference ingredients to ensure ALL children are able to take part. No child will be excluded due to an allergy, alternative activities will be prepared for ALL children to participate in.
- **Off-Site visits:** Full risk assessments must be completed prior to any off-site visit. The child's individual medication and Allergy Action Plan must accompany them, carried by a designated staff member assigned directly to that child.



Medication Storage & Accessibility

- **No Lock-and-Key Restriction:** Emergency medications (e.g., EpiPens, Jext pens, inhalers) **must never** be locked away in offices or hard-to-reach cabinets.
- **Room Storage:** Medication kits will be stored in a clearly marked, out-of-children's reach, yet **easily accessible** container located inside the kitchen.

Staff Training & Awareness

- **Mandatory Induction & Annual Renewal:** All staff members, including temporary staff, will receive specific allergy and anaphylaxis training upon induction, with formal refresher training conducted at least annually.
- **Core Competencies:** Training will ensure all staff can:
 - Tell the difference between a mild allergic reaction and severe anaphylaxis.
 - Recognise the diverse symptoms of an allergic reaction in non-verbal or very young children (e.g., changes in behaviour, extreme lethargy, swelling, or hives).
 - Safely administer various models of [Adrenaline Auto-Injectors](#).
 - Understand that a child can develop a brand-new allergy at any point in their early life, particularly during the introduction of new foods.

Medical Response procedures:

Not every allergic reaction is anaphylaxis. Distinguishing between a mild-to-moderate reaction and a severe one is vital.

Mild to Moderate Symptoms:

- Swelling of the lips, face, or eyes.
- Hives or an itchy skin rash (urticaria).
- Tingling or an itchy feeling in the mouth.
- Abdominal pain or vomiting (this can be a sign of a severe reaction to non-food allergens).

Action: Stay with the child, contact the parents, and follow the IHP. An antihistamine may be required as per the child's medical records.

Emergency Response Procedure (Suspected Anaphylaxis)

If a child displays symptoms of a severe allergic reaction (difficulty breathing, swelling of the mouth/throat, weak pulse, or collapsing)

A (AIRWAY) Persistent cough, hoarse voice, difficulty swallowing or a swollen tongue

B (BREATHING) Difficult or noisy breathing, wheezing (similar to an asthma attack)

C (CIRCULATION/ CONSCIOUSNESS) Persistent dizziness, pale or floppy appearance or sudden sleepiness/ collapse



1. **Administer Medication Immediately:** Stay with the child, keep them calm, and immediately administer their prescribed Adrenaline Auto-Injector into the outer thigh as per their plan. Note the exact time of administration.
2. **Call 999:** Dial emergency services immediately. Explicitly state to the operator that a child is suffering from "**Anaphylaxis**" (pronounced anna-fill-axis).
3. **Deploy Secondary Support:** Have a second staff member prepare the main entrance for emergency responders.
4. **Positioning:** Keep the child lying flat with their legs raised, unless they are struggling to breathe, in which case they should be sat up comfortably. **Do not make them stand or walk.**
5. **Contact Parents:** Notify the child's parents or emergency contacts as soon as the emergency services call is complete.
6. **Follow-Up Injections:** If the child's condition does not improve after 5 minutes and emergency services have not arrived, administer a second auto-injector if available.
7. **Hospital Escort:** A designated member of staff will accompany the child to the hospital in the ambulance, taking all medical records and used injection devices with them, remaining until a parent arrives.

Incident Reporting and Policy Review

- **Recording:** Every individual incident involving an allergic reaction, no matter how minor, must be officially recorded in the Pre-School's Accident/Incident Log.
- **Reporting:** If an adrenaline pen is administered or a child requires hospital treatment, the setting will report the event to **Ofsted** and the **Local Authority Safeguarding Team** within mandatory statutory windows.
- **Review:** Following any significant reaction, the manager will conduct a full review of the child's risk assessment and the setting's procedures to prevent future occurrences.

This policy was adopted by: Madley Pre-School

Date: September 2026

Date of next review: September 2027

Signed on behalf of the provider:

Name of signatory: Fiona Batstone

Role of signatory: Manager

Review Date: September 2027 (Or sooner if statutory requirements change or an incident occurs)

Designated Allergy Lead (SLT): Manager: Fiona Batstone





To be read alongside the following Madley Pre-School Policies:

Safeguarding & Children Protection Policy

Food and Drink and Safer Eating Policy

Behaviour Management Policy

Health and Safety Policy

