Newcastle Nursery Schools' Federation

Newburn Manor Nursery School



Monkchester Road Nursery School



Ashfield Nursery School

Newcastle Nursery Schools' Federation

Allergies & Intolerance Safety Policy Autumn 2026

To be reviewed Annually – Autumn 2027

Aims

To keep children in our care as safe as possible by reducing the risk of exposure to known allergens.
To support inclusivity so that children with allergies or intolerances can participate safely in all aspects of nursery life (meals, snacks, cooking activities, parties, etc.).
To ensure that staff understand their roles and responsibilities in managing, preventing, and responding to allergic reactions.
To comply with statutory requirements under EYFS (Safeguarding & Welfare) and relevant food safety / allergen labelling laws.
To provide information to parents/carers regarding how we manage and promote allergy awareness and risks in our nurseries.
To minimise the risk of any child suffering a serious allergic reaction whilst at or attending any nursery school related activity.
To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Legal and Policy Framework

In February 2026, the Government formally passed **Benedict's Law**, committing to introduce mandatory, statutory allergy guidance for schools in England through the Department for Education. Schools are now expected to take clear, demonstrable action to improve allergy awareness, prevention, and emergency response. This represents a major step toward consistent, life-saving protections in every school, not optional best practice but expected compliance for all schools in England.
Under the EYFS Safeguarding & Welfare requirements, early years providers must ensure children's health needs are met, including dietary requirements.
From September 2025, providers must have regard to the new EYFS nutrition guidance, unless there is good reason not to.
Our settings comply with food safety and allergen labelling laws: since 2014, food businesses must provide details about 14 specified allergens in foods they serve. Our settings follow good practice as outlined by Allergy UK, Anaphylaxis UK and other expert bodies.

Definitions

Within this policy, the following definitions apply:

Allergy: an adverse, usually immune-mediated reaction to a specific food or ingredient (allergen). Allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others) which can co-exist.
Intolerance: a non-immune-mediated adverse reaction (e.g. lactose intolerance) which is generally less immediately dangerous but still requires management.
Anaphylaxis: a severe, life-threatening allergic reaction that requires urgent medical intervention (e.g. epinephrine/adrenaline).

Allergy/Intolerance Action Plan will form part of the individual healthcare plan: a written plan, agreed with parents/carers (and paediatrician/allergy specialist, health professionals where necessary). This plan explains the known triggers that affect each individual child, their symptoms and known reactions, medication, and emergency procedures for treating their specific allergy and circumstances.
Allergen: substances that cause the body's immune system to overreact, leading to an allergic reaction.

Common Types of Allergens:

- **Pollen:** Tree, grass, and weed pollens that cause seasonal hay fever.
- **Indoor triggers:** House dust mites, mold spores, and pet dander from cats or dogs.
- **Stings and bites:** Venoms from bees, wasps, and ants.
- **Medicines:** Drugs such as penicillin or aspirin
- **Food:** Items like peanuts, milk, eggs, tree nuts, fish, and shellfish.
  In the UK there are 14 recognised allergens which must be labelled when used in foods. The 14 known allergens that staff must be aware of are:

Celery	Cereals containing gluten (eg Wheat, rye, barley oats)	Milk	Eggs	Soya
Fish	Crustaceans (e.g., prawns, crabs, lobsters)	Molluscs (e.g., mussels, oysters),	Mustard	Lupin
Peanuts	Sesame Seeds	Tree Nuts (almonds, hazelnuts, walnuts)	Sulphur dioxide and Sulphites	

Registration, Information & Assessment
Registration / Admission
At enrolment, parents/carers must complete a medical/dietary information form asking explicitly about known allergies and intolerances
Keyworkers follow up any information about allergies or intolerances with parents at parents' meetings and during home visits.
Keyworkers seek parental consent to share relevant allergy information (including photographs) with staff in key areas of our settings (kitchen, classrooms, first aid) to support safe management.

Risk Assessment / Planning Meeting
Before a child with a known allergy starts in our settings, keyworkers meet with parents/carers to review their allergy and agree a Health Care/Allergy Action Plan to mitigate against known allergies and manage them in school. Where relevant and in more complex cases, health professionals may attend a Health/Allergy Care Meeting with staff to support a child's allergy needs and management.
The Senior Leadership team with the keyworker's support will complete risk assessments for children with known allergies. These cover and include all nursery activities involving food: meals, snacks, cooking, food-related craft, parties, excursions, birthdays, etc.
Each child has a named keyworker who takes oversight of the child's allergy plan. Named key workers liaise with parents and ensure communication with all other staff about the child's allergies and any related needs or management procedures.
The Senior Leadership team will maintain records of meetings with parents/carers, complete allergy/health care plans and emergency procedures. A copy is kept in the child's classroom, and a copy is stored centrally in the main office following Data Protection procedures as required.

Review and Updating of Allergy/Health Care Plans
Allergy information for individual children must be reviewed regularly (e.g. at least annually) and whenever there is any change in the child's condition or treatment.
Parents must inform the nursery immediately of any changes in medical condition, diagnosis, or medication. The existing health care plan will be amended, signed and updated by parents and staff.

Staff Training, Competencies and Responsibilities

Training
All staff must receive regular allergy awareness and emergency response training (at least annually) through Allergy School (High Speed Training) in allergy awareness, recognition of allergic symptoms, avoidance of allergens, and emergency procedures (including use of adrenaline auto-injectors).
New staff (or temporary/substitute staff) must be given training and briefed on the allergy policy and child-specific plans before working with any child with an identified allergy.
In regard to food allergies staff should be familiar with the 14 UK allergens and common cross-contamination risks.

Roles and Responsibilities

Headteachers in our Federation:
- oversee the allergy policy, updates, and compliance
- ensure staff training is up to date.
- liaise with parents, governors, medical professionals, caterers, and external providers to ensure safe practice.
- audit incidents and near misses and review procedures accordingly.

Named Keyworkers (of children with allergies)
- maintain the child-specific Allergy Action Plans.
- ensure during mealtimes/snack times the correct food is given to the child, and no cross-contamination occurs.
- during classroom activities check food used in school, its storage, preparation, and serving/usage to avoid allergen exposure.
- manage storage, recording and administration of emergency medications in line with each child's allergy/health care plan

All Staff/Practitioners

- will familiarise themselves with children's allergy plans and are vigilant in routine practice
- at mealtimes, check that each child is given the correct food, and avoid any swapping or sharing of food
- are alert to signs of allergic reaction and respond according to emergency procedures
- maintain high standards of hygiene (handwashing, cleaning, separate utensils)
- report any incidents or near misses immediately to Headteachers or Designated Safeguarding Leads

Food Provision, Preparation and Serving

Menu Planning and Allergen Safety

The nursery kitchen (or external city council caterer) must record, for every dish, which of the 14 allergens are present or may be present via cross-contamination (e.g. "may contain traces of …"). Staff should promote inclusion and aim to offer safe alternative meals for children with allergies that are as similar as possible to the meals served to other children.

Staff regularly check ingredient labels of purchased foods (ingredients can change) to ensure they remain free of the relevant allergens

Cross-Contamination Controls - followed by all staff

use separate utensils, chopping boards, pans, and protect surfaces when preparing allergen-free meals.

clean surfaces and equipment thoroughly between uses; ensuring they wash their hands before and after handling allergenic foods.

store allergenic foods separately and clearly label them.

During Serving/Mealtimes/Snack-times

A designated staff member must check that each child's meal is correct (i.e. free from their known allergens) before it is served.

Keyworkers should supervise children carefully during mealtimes, all children and staff should be seated. (staff facing children, staying aware of food swapping or exchange).

Keyworkers should be sitting to eat and never walk around the setting eating, keyworkers are role models for children, they are asking the children to sit at snack times and mealtimes, so they must do the same.

Keyworkers must not share their food with children.

Activities with Food (Cooking, Baking, Craft)

Staff consider allergen-safe alternatives when planning cooking or food-related activities.

Staff ensure children with food allergies are safe to participate (or provide alternative tasks) and maintain vigilance against contact with allergens.

Staff clean all surfaces and utensils thoroughly before and after such activities.

Special Events, Celebrations, Birthdays

The nursery should have guidelines on safe snacks for parties (e.g. no foods containing allergens, or parent-provided safe options).

Our settings encourage non-food-based rewards or celebrations (stickers, activities, etc.).
If parents bring food items into nursery, staff ensure prior approval and checking against allergy plans and avoid last-minute food contributions without review.

Trips and Visits:

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

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

Recognition and Response to Allergic Reactions

Recognising Symptoms

Staff must be aware of the signs of an allergic reaction, which may include (but are not limited to):

- Itching, hives, rash, swelling (face, lips, tongue, throat)
- Respiratory symptoms (wheezing, difficulty breathing)
- Gastrointestinal (vomiting, diarrhoea, cramping)
- Drop in blood pressure, dizziness, collapse
- Anaphylaxis (multi-system, rapid onset)

Emergency Response/First Aid

Follow the child's pre-determined Allergy Action Plan (which may include administering adrenaline auto-injector). A child should not be more than five minutes away from their auto-injector.

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. Monitor the child continuously until help arrives.

All children must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Contact parents/carers or emergency contacts as soon as possible.

After any allergic reaction, complete an incident report, inform parents immediately, and review practice / risk assessments to reduce future risk.

Spare Adrenaline Auto-injector Pens:

Each school will have 4 spare auto-injector pens on site (2 for under 6 year olds and 2 that can be used for adults.)

Medication Storage:

Spare AAIs are stored in **anaphylaxis kit boxes** clearly labelled ‘Emergency Anaphylaxis Kit’, kept safely, not locked away and **accessible and known to all staff.**

At Monkchester Road Nursery School the anaphylaxis kit boxes holds **4** spare pens which are kept in the following location/s:

- Playgroup staff room – box is attached to the wall outside the toilet. (2 pens-1 for under 6’s and 1 for over 6’s-the box is clearly labelled inside.
- Nursery dining hall – box is attached to the wall to the right of the kitchen doors. (2 pens-1 for under 6’s and 1 for over 6’s-the box is clearly labelled inside.

At Ashfield Nursery School the anaphylaxis kit boxes are kept in the following locations:

Children’s toilet next to the classroom – upstairs.
Next to the adult disabled toilet – downstairs.
Nappy changing area for Playgroup.

At Newburn Manor Nursery School the anaphylaxis kit boxes are kept in the following location:
Utility room in the first aid box.

A member of the Senior Leadership Team is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

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

According to UK government guidance, a spare auto-injector can be administered when:

- **Emergency Medical Authorisation:** The child is having a life-threatening allergic reaction.
- **No Prescribed Device:** The child's own prescribed pen cannot be accessed or administered without delay.
- **Consent on File:** For children known to be at risk, the school should ideally have prior **medical authorisation** and **written parental consent**.
- **Exceptional Circumstances:** In the case of an undiagnosed child having an unexpected severe allergic reaction, the spare pen can be used as a life-saving measure without needing written permission.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival.

Incident Recording, Reporting & Review

Incident Reporting and Records of Near Misses

Any instance of a suspected allergic reaction, or a near-miss (e.g. allergen exposure, incorrect food given but no reaction) must be documented immediately.

The incident/near miss report should include date, time, staff present, location, food/allergen involved, actions taken, outcome, and witness accounts.

Analysis and Follow-up of Incidents/Near Misses

The Headteacher or designated leads will review all incidents and near-misses to identify root causes (e.g. procedural lapses, miscommunication, labelling errors) and update risk assessments or procedures accordingly.

Share findings (in anonymised form as needed) with staff to improve practice.

Informing Parents/Stakeholders

Keyworkers inform the child's parents/carers immediately of any allergy reactions or near-misses.

The Headteacher or Designated Leads report any incidents/near misses to the child's parents/carers and to the governing body.

Communication and Awareness

Staff Communication

Allergy plans should be accessible to all relevant staff (classrooms, kitchen, first aid, director's office).

Staff meetings should include review of allergy-related practice and refreshers.

Communication with Parents/Carers
The nursery should publish the allergy policy (e.g. in the welcome pack, website) so families understand expectations and procedures.

Encourage open communication: parents should raise concerns and update information as needed.

Children's Understanding (Age-Appropriate)

Where appropriate (age 2–4), children can be gently taught about not sharing food, washing hands, and awareness that "some foods etc may make some children unwell."

We encourage a culture of respect and safety rather than fear or stigma.