

Allergy Management

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Allergy Management Policy

Distribution

This policy is available to:

- All employees
 - Governors
 - Volunteers
 - Students on placement
 - Agency/ supply staff
 - Parents and carers (upon request and via the nursery website)
 - Professionals working within the nursery
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Related Policies

This policy should be read alongside:

- Administration of Medicines Policy
 - Supporting Children with Medical Conditions Policy
 - Health and Safety Policy
 - Safeguarding and Child Protection Policy
 - Educational Visits Policy
 - Food and Nutrition Policy
 - Infection Prevention and Control Policy
 - Risk Assessment Policy
 - First Aid Policy
 - Special Educational Needs and Disabilities (SEND) Policy
 - Equality, Diversity and Inclusion Policy
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1. Statement of Intent

At the nursery school we are committed to providing a safe, healthy, inclusive and welcoming environment for every child. We recognise that food allergies and other allergic conditions are increasingly common among young children and that allergic reactions can range from mild symptoms to life-threatening anaphylaxis.

We believe that no child should be excluded from any aspect of nursery life because of an allergy. Through effective planning, appropriate risk assessment, partnership working with parents and healthcare professionals, and well-trained staff, we will ensure children with allergies can participate safely in all nursery activities.

We recognise that managing allergies is a safeguarding responsibility and requires a whole-setting approach. Every member of staff has a responsibility to promote allergy awareness, reduce risks and respond appropriately should an allergic reaction occur.

This policy establishes clear procedures for:

- identifying children with allergies;
- reducing exposure to allergens;
- managing medication safely;
- responding to allergic reactions promptly and effectively;
- supporting families;
- ensuring staff receive appropriate training;
- promoting inclusion whilst maintaining the safety of all children.

This policy applies to all children attending the nursery, including those attending funded early education, wraparound care, Forest School sessions, educational visits and any off-site activities organised by the nursery.

2. Aims

The aims of this policy are to:

- provide a safe learning environment for all children;
- minimise the risk of exposure to known allergens wherever reasonably practicable;
- ensure children with allergies are fully included in nursery life;
- comply with current legislation and national guidance;
- establish clear responsibilities for staff, governors, parents and healthcare professionals;
- ensure every child diagnosed with an allergy has appropriate medical information available;
- ensure Individual Healthcare Plans and Allergy Action Plans are maintained where required;
- ensure medication is stored safely and is readily accessible during emergencies;

- ensure staff understand the signs and symptoms of allergic reactions and anaphylaxis;
- ensure prompt and effective emergency responses;
- promote good communication between nursery staff, parents, healthcare professionals and external agencies;
- ensure regular review of children's medical information;
- provide ongoing allergy awareness training for all staff;
- create a culture where allergies are understood, respected and managed appropriately.

3. Legislative Framework

This policy has been developed with reference to current legislation and national guidance, including:

Primary Legislation

- Children and Families Act 2014 (Section 100)
- Children Act 1989
- Children Act 2004
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Health and Safety (First Aid) Regulations 1981
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Food Safety Act 1990
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 where applicable
- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 2018

Department for Education Guidance

- *Supporting Pupils at School with Medical Conditions* (Department for Education)
- *Statutory Framework for the Early Years Foundation Stage (EYFS)*
- *Keeping Children Safe in Education* (where applicable)

Department of Health and Social Care Guidance

- *Guidance on the Use of Emergency Adrenaline Auto-Injectors in Schools*

Other National Guidance

- Allergy UK Model Policy
- Anaphylaxis UK guidance
- British Society for Allergy and Clinical Immunology (BSACI) guidance
- Food Standards Agency (FSA) allergen guidance
- Resuscitation Council UK guidance

The nursery will review this policy whenever legislation or national guidance changes.

Benedict's Law

This nursery supports the principles of **Benedict's Law**, a campaign led by Anaphylaxis UK following the tragic death of Benedict Blythe, which aims to improve allergy awareness, training and safety in educational settings.

The principles underpinning Benedict's Law reflect the nursery's commitment to:

- recognising allergies as a safeguarding and health issue;
- ensuring all staff receive appropriate allergy awareness and anaphylaxis training;
- maintaining accurate and up-to-date records of children with allergies;
- ensuring children with diagnosed allergies have Individual Healthcare Plans and Allergy Action Plans completed in partnership with parents and healthcare professionals;
- ensuring emergency medication is readily accessible at all times;
- promoting a culture of inclusion, understanding and allergy awareness across the whole nursery;
- reducing avoidable risks through robust planning and risk assessment;
- ensuring lessons learned from serious allergy incidents continue to improve practice.

Whilst legislation relating to Benedict's Law continues to develop nationally, this nursery is committed to adopting recognised best practice to provide the highest possible standard of care for children with allergies.

4. Definitions

For the purpose of this policy:

Allergy

An immune system response to a normally harmless substance (allergen), which may cause mild, moderate or severe symptoms.

Allergen

A substance capable of triggering an allergic reaction. Common allergens include foods, insect venom, pollen, animal dander, medicines and latex.

Anaphylaxis

A severe, rapidly developing and potentially life-threatening allergic reaction requiring immediate emergency treatment.

Adrenaline Auto-Injector (AAI)

A prescribed emergency device containing adrenaline, such as an EpiPen®, Jext® or Emerade®, used to treat anaphylaxis.

Allergy Action Plan (AAP)

A written medical plan completed by a healthcare professional detailing a child's allergens, symptoms and emergency treatment.

Individual Healthcare Plan (IHP)

A nursery document produced in partnership with parents and healthcare professionals outlining how a child's medical needs will be supported within the nursery.

Oral Antihistamine

Medication prescribed or recommended for the treatment of mild to moderate allergic reactions. Antihistamines do **not** replace adrenaline in cases of anaphylaxis.

Cross-contamination

The accidental transfer of allergens from one food, surface, utensil or person to another.

Known Allergy

An allergy diagnosed by a healthcare professional or supported by an Allergy Action Plan or medical evidence provided by parents.

5. Roles and Responsibilities

Governing Body

The Governing Body has overall responsibility for ensuring that:

- suitable arrangements are in place for managing allergies safely;
- appropriate policies are reviewed annually;
- sufficient resources are available for staff training;
- appropriate insurance arrangements are maintained;
- governors receive assurance that statutory responsibilities are fulfilled;
- reasonable adjustments are made for children with allergies in accordance with the Equality Act 2010.

Headteacher / Head of School

The Headteacher will ensure that:

- this policy is implemented consistently;
- an Allergy Lead is appointed;

- all staff understand their responsibilities;
- suitable procedures are in place for identifying children with allergies;
- Individual Healthcare Plans are implemented where required;
- appropriate risk assessments are completed;
- emergency medication is available and accessible;
- staff training is undertaken and refreshed regularly;
- parents are informed of relevant procedures;
- all allergy incidents are investigated and reviewed to identify learning.

Allergy Lead

The designated Allergy Lead will:

- coordinate allergy management across the nursery;
- maintain the Allergy Register;
- ensure medical information remains up to date;
- liaise with parents and healthcare professionals;
- oversee Individual Healthcare Plans;
- monitor expiry dates of medication;
- coordinate staff training;
- review emergency procedures;
- ensure appropriate documentation is completed following allergic reactions;
- monitor compliance with this policy.

All Staff

Every member of staff has a responsibility to:

- understand this policy;
- know which children have allergies;
- read and follow Individual Healthcare Plans;
- reduce exposure to allergens wherever possible;
- supervise children carefully during meals, snacks and activities involving food;
- never knowingly give a child food containing their allergen;
- recognise signs of allergic reactions;

- administer emergency medication if trained and authorised;
- seek emergency medical assistance without delay where required;
- record all medication administered;
- report concerns immediately to the Allergy Lead or Headteacher;
- promote inclusion whilst maintaining children's safety.

Parents and Carers

Parents and carers are expected to:

- inform the nursery of all diagnosed allergies before admission or immediately following diagnosis;
- provide accurate medical information;
- supply an up-to-date Allergy Action Plan where required;
- provide prescribed medication in date and in its original packaging;
- replace medication before expiry;
- provide written consent for medication administration, including oral antihistamines where appropriate;
- notify the nursery immediately of any changes to their child's medical condition or treatment;
- work collaboratively with nursery staff to support their child's safety.

Healthcare Professionals

Healthcare professionals may:

- diagnose allergic conditions;
- complete Allergy Action Plans;
- advise on emergency treatment;
- provide training or guidance where appropriate;
- review medication and treatment plans.

Children

Children will be supported, according to their age and stage of development, to:

- begin recognising foods and substances that may not be safe for them;

- understand the importance of telling an adult if they feel unwell;
- avoid sharing food or drinks with others;
- develop age-appropriate awareness of their own health needs;
- participate fully and safely in nursery life through appropriate support and supervision.

6. Admission Procedures

The nursery is committed to ensuring that every child with an allergy can attend safely and participate fully in all aspects of nursery life. Effective planning begins before a child starts at the setting and continues throughout their time at the nursery.

During the admission process, parents and carers will be asked to provide full details of any diagnosed or suspected allergies, intolerances, medical conditions or dietary requirements. This information will be gathered through the nursery's registration forms and discussed during the child's admission meeting.

Where a child has a diagnosed allergy, parents/carers will be required to provide:

- details of the allergen(s);
- a completed Allergy Action Plan (AAP) or medical management plan from an appropriate healthcare professional where available;
- details of any prescribed medication, including Adrenaline Auto-Injectors (AAIs), inhalers or antihistamines;
- emergency contact information;
- written consent for staff to administer prescribed medication, including oral antihistamines where appropriate;
- details of any previous allergic reactions or episodes of anaphylaxis.

Prior to the child's first day, the Headteacher or designated Allergy Lead will meet with parents/carers, where necessary, to:

- discuss the child's allergy and individual needs;
- review medical documentation;
- agree reasonable adjustments to support the child's inclusion;
- establish emergency procedures;
- agree storage arrangements for medication;
- complete an Individual Healthcare Plan (IHP) where required.

Where a child is diagnosed with an allergy after admission, parents/carers must inform the nursery immediately so that appropriate arrangements can be implemented without delay.

No child will be excluded from attending nursery because of an allergy. Reasonable adjustments will be made, wherever practicable, to enable every child to access the curriculum and nursery experiences safely.

7. Identification of Allergies

The nursery recognises that early identification of allergies is essential to minimise risks and provide appropriate support.

Information regarding children's allergies will be obtained from:

- registration documents;
- discussions with parents/carers;
- healthcare professionals;
- Allergy Action Plans;
- Individual Healthcare Plans;
- medical correspondence provided by parents.

The nursery maintains a confidential **Allergy Register**, which is updated whenever information changes.

The register includes:

- child's name and date of birth;
- photograph (with parental consent);
- identified allergen(s);
- symptoms experienced;
- prescribed medication;
- location of medication;
- emergency contacts;
- consent for administration of medication;
- review date.

The Allergy Register is securely maintained by the designated Allergy Lead and made accessible to staff who have responsibility for the child.

Staff will be informed of children with allergies before they begin working with the child and whenever significant changes occur.

Medical information will be handled in accordance with UK GDPR and the Data Protection Act 2018 while ensuring sufficient information is available to protect children's health and safety.

Children's allergy information will be reviewed:

- on admission;
- annually;
- whenever medication changes;
- following any allergic reaction;
- whenever parents notify the nursery of changes.

8. Individual Healthcare Plans (IHPs)

Children with significant allergies or those assessed as being at risk of anaphylaxis will have an Individual Healthcare Plan (IHP).

The Individual Healthcare Plan will be developed collaboratively by:

- parents/carers;
- the Headteacher or designated Allergy Lead;
- relevant healthcare professionals, where appropriate.

The plan will include:

- details of diagnosed allergies;
- known triggers;
- signs and symptoms of mild, moderate and severe allergic reactions;
- prescribed medication;
- emergency treatment procedures;
- location of medication;
- contact details for parents and emergency contacts;
- arrangements for educational visits and off-site activities;
- dietary requirements;
- any agreed reasonable adjustments.

Where a healthcare professional has provided an Allergy Action Plan (AAP), this will be attached to and form part of the Individual Healthcare Plan.

Copies of Individual Healthcare Plans will be available to relevant staff while maintaining confidentiality.

Healthcare Plans will be reviewed:

- at least annually;

- before transition to another setting or school;
- after any allergic reaction;
- following any change in medical advice or medication;
- at the request of parents or healthcare professionals.

The nursery recognises that allergy management is dynamic and Individual Healthcare Plans must accurately reflect each child's current medical needs.

9. Risk Assessment

The nursery will undertake individual risk assessments for every child with a diagnosed allergy.

Risk assessments will consider:

- identified allergens;
- likelihood of exposure;
- severity of previous reactions;
- daily routines;
- meals and snacks;
- cooking activities;
- sensory play;
- Forest School sessions;
- outdoor learning;
- educational visits;
- celebrations and special events;
- visitors bringing food onto site;
- animals and pet therapy sessions;
- seasonal risks including insect stings and pollen.

Risk assessments will identify:

- potential hazards;
- measures to eliminate or reduce risk;
- emergency procedures;
- staff responsibilities;
- required supervision levels;

- medication arrangements.

Risk assessments will be reviewed:

- annually;
- following an allergic reaction;
- following changes to healthcare plans;
- before educational visits;
- whenever new activities are introduced.

The nursery recognises that it is neither practical nor possible to eliminate all allergens from the environment. Instead, a balanced approach based upon individual risk assessment, reasonable adjustments and robust management procedures will be adopted.

10. Food Management

Food is central to many Early Years experiences. The nursery is committed to providing a safe environment whilst ensuring that children with allergies remain fully included.

The nursery will:

- obtain dietary information before admission;
- clearly identify children with food allergies;
- communicate dietary requirements to all relevant staff;
- ensure food is prepared in accordance with Food Standards Agency allergen guidance;
- take reasonable steps to prevent cross-contamination;
- maintain high standards of food hygiene;
- ensure allergen information is available for all food provided by the nursery.

The nursery does not operate as an allergen-free environment, as this cannot be guaranteed. Instead, a culture of allergy awareness, vigilance and effective risk management will be promoted throughout the setting.

Food prepared within the nursery will be checked carefully for allergen content before being offered to children.

Parents providing packed lunches or snacks are encouraged to avoid sending foods containing allergens that may pose a significant risk to another child within the same group where individual risk assessments identify this as necessary.

Children will never be encouraged to share food, drinks, cutlery, cups or utensils.

Food used within the curriculum, including baking, celebrations and cultural activities, will be risk assessed beforehand.

Where food is provided by external suppliers, allergen information will be obtained before serving.

Parents will be consulted before food is offered during:

- birthday celebrations;
- seasonal events;
- fundraising activities;
- tasting sessions;
- cooking experiences.

Alternative foods will be provided where appropriate to ensure children with allergies are fully included.

11. Snack Time Procedures

Snack time provides valuable opportunities for developing independence and social interaction. The nursery will ensure these experiences remain safe for every child.

Before snack time:

- staff will support children to wash their hands before snack time;
- tables will be cleaned using appropriate cleaning procedures;
- food preparation areas will be cleaned to minimise cross-contamination;
- allergy information will be checked where necessary.

During snack time:

- children will remain appropriately supervised at all times;
- children will be encouraged not to share food or drinks;
- staff will ensure children receive only food appropriate to their dietary needs;
- children with allergies will never be left unsupervised whilst eating;
- individual cups and utensils will be used where appropriate.

Following snack time:

- tables will be thoroughly cleaned;
- children's hands and faces will be cleaned where appropriate;
- food waste will be disposed of safely;

- staff will remain vigilant for signs of an allergic reaction and respond immediately should concerns arise.

Where the nursery operates a rolling snack system, staff will ensure that all adults supervising snack times are familiar with children's dietary requirements and allergy management procedures.

Food used during snack times will be carefully planned to promote healthy eating whilst reducing unnecessary allergy risks. Where a child has an identified allergy, suitable alternatives will always be made available to ensure inclusion without compromising safety.

Any allergic reaction occurring during snack time, however mild, will be managed in accordance with the child's Individual Healthcare Plan and recorded in line with the nursery's procedures. Parents/carers will be informed on the same day of any allergic symptoms or medication administered.

12. Cooking Activities

Cooking and food preparation are valuable parts of the Early Years Foundation Stage (EYFS), supporting children's learning, communication, mathematical development, physical skills and understanding of healthy lifestyles. The nursery is committed to ensuring that all children, including those with allergies, can participate safely in cooking activities wherever reasonably practicable.

Before any cooking or food-related activity, staff will:

- review the allergy information for all participating children;
- consult Individual Healthcare Plans and Allergy Action Plans where necessary;
- consider any allergy risks associated with the planned activity and make appropriate adjustments where required.
- identify suitable alternative ingredients where appropriate;
- ensure all adults supporting the activity understand children's dietary requirements.

The nursery will:

- carefully check ingredient labels before use;
- retain packaging until the activity has finished in case allergen information needs to be verified;
- avoid using ingredients that present an unacceptable risk to an identified child;
- minimise the risk of cross-contamination by cleaning work surfaces, equipment and utensils before and after use;
- use separate utensils and preparation areas where necessary;
- ensure children wash their hands before and after cooking activities.

Children will never be required to handle, taste or prepare ingredients that could place them at risk of an allergic reaction.

Parents/carers will be informed in advance where cooking activities involve ingredients that may present an increased allergy risk and may be asked to provide suitable alternatives where appropriate.

Cooking activities will be adapted where necessary to ensure that every child can participate safely without unnecessary exclusion.

13. Forest School and Outdoor Learning

The nursery recognises the significant educational benefits of Forest School and outdoor learning. Children with allergies will be fully included in these experiences through careful planning and appropriate risk management.

Specific risks considered include:

- insect bites and stings;
- pollen and seasonal allergens;
- grasses and plants;
- moulds and fungi;
- animal contact;
- food consumed outdoors;
- accidental exposure to known allergens;
- delays in accessing emergency services.

Prior to Forest School sessions, staff will:

- review children's Individual Healthcare Plans;
- ensure emergency medication accompanies the child at all times;
- check that medication is in date;
- confirm that trained staff are present throughout the activity;
- carry a mobile telephone or other means of contacting emergency services.

Children prescribed Adrenaline Auto-Injectors or other emergency medication will never attend Forest School without their medication.

Where children have allergies to insect stings or environmental allergens, additional precautions may include:

- encouraging children to wear appropriate clothing;
- covering food and drinks outdoors;
- avoiding areas of known increased risk where reasonably practicable;
- monitoring children closely for signs of allergic reaction.

Emergency medication will remain immediately accessible and never left unattended or locked away.

Risk assessments for Forest School activities will be reviewed regularly and whenever a child's medical needs change.

14. Educational Visits

The nursery is committed to ensuring that children with allergies have equal opportunities to participate in educational visits and off-site activities.

Children will not be excluded from visits solely because they have an allergy.

Prior to every educational visit, the Visit Leader will complete an individual risk assessment for children with allergies.

Planning will include consideration of:

- the venue;
- travel arrangements;
- availability of emergency medical services;
- food provision;
- environmental allergens;
- staffing levels;
- communication arrangements;
- emergency evacuation procedures.

Before leaving the nursery, staff will ensure:

- emergency medication accompanies the child;
- medication is in date;
- copies of Individual Healthcare Plans and Allergy Action Plans are available;
- emergency contact details accompany the visit;
- supervising adults understand emergency procedures.

At least one member of staff attending the visit will have current paediatric first aid training and allergy/anaphylaxis training.

Medication will remain immediately accessible throughout the visit and will never be stored in luggage or vehicle compartments where it cannot be accessed quickly.

Following the visit, any concerns, incidents or near misses relating to allergy management will be recorded and reviewed to improve future practice.

15. Medication Management

The nursery will administer medication only in accordance with its Administration of Medicines Policy and this Allergy Management Policy.

Parents/carers remain responsible for supplying all prescribed medication required by their child.

Medication provided for allergy management must:

- be prescribed or recommended by an appropriate healthcare professional where applicable;
- be supplied in its original pharmacy-labelled container;
- clearly display the child's name;
- include dosage instructions;
- be within its expiry date;
- be accompanied by written parental consent.

Medication may include:

- Adrenaline Auto-Injectors (AAIs);
- prescribed oral antihistamines;
- asthma inhalers where relevant;
- other medication identified within the child's Individual Healthcare Plan.

Medication will be stored:

- securely;
- at the correct temperature in accordance with manufacturer instructions;
- out of children's reach;
- in a clearly identified location known to all relevant staff;
- so that it is immediately accessible during an emergency.

Emergency medication will **never** be locked away.

Parents/carers are responsible for replacing medication before its expiry date.

The designated Allergy Lead will undertake routine checks, at least once each half term, to monitor medication expiry dates and remind parents when replacements are required.

Every administration of medication will be recorded using the nursery's Medication Administration Record and parents/carers will be informed on the same day.

16. Consent for Administration of Oral Antihistamines

Where a healthcare professional has recommended or prescribed an oral antihistamine as part of a child's allergy management, the nursery may administer the medication, provided that appropriate written consent has been obtained.

Parents/carers must complete the nursery's **Consent for Administration of Oral Antihistamines Form** before staff administer any oral antihistamine.

The consent form will include:

- the child's details;
- the name of the medication;
- dosage;
- route of administration;
- circumstances in which it should be given;
- expiry date;
- confirmation that the medication has been supplied by the parent/carer;
- emergency contact details;
- parent/carer signature and date.

Oral antihistamines will only be administered:

- by trained members of staff;
- in accordance with the child's Individual Healthcare Plan or Allergy Action Plan;
- following the manufacturer's instructions and prescribed dosage;
- when symptoms indicate that administration is appropriate.

Following administration:

- the child will remain under close observation;
- parents/carers will be informed as soon as reasonably practicable;
- details will be recorded in the Medication Administration Record.

The nursery recognises that oral antihistamines **are not a substitute for adrenaline** in cases of suspected anaphylaxis.

Where signs of anaphylaxis are present, staff will administer an Adrenaline Auto-Injector immediately (where prescribed or authorised), call 999 and follow the child's emergency care plan. Oral antihistamines must never delay emergency treatment.

17. Adrenaline Auto-Injectors (AAIs)

The nursery acknowledges that adrenaline is the first-line emergency treatment for anaphylaxis and that rapid administration can be life-saving.

Children who have been prescribed an Adrenaline Auto-Injector (AAI) must have their prescribed medication available whenever they attend nursery, Forest School, educational visits or any nursery activity away from the setting.

Parents/carers are responsible for providing:

- at least two in-date prescribed AAIs, where recommended by the child's healthcare professional;
- an up-to-date Allergy Action Plan;
- replacement devices before expiry or immediately following use.

The nursery may also maintain spare AAIs where permitted by current legislation and Department of Health and Social Care guidance, subject to obtaining the required medical authorisation and written parental consent.

AAIs will be:

- stored in accordance with manufacturer guidance;
- protected from extreme temperatures and direct sunlight;
- kept in a clearly identified emergency medication location;
- readily accessible at all times;
- never locked away.

The designated Allergy Lead will:

- maintain an inventory of AAIs held on site;
- undertake half-termly checks of expiry dates and condition;
- arrange timely replacement of nursery-owned devices where applicable;
- ensure staff know the location of emergency medication.

Where anaphylaxis is suspected:

1. Administer the child's prescribed AAI immediately, or a suitably authorised spare AAI if appropriate.
2. Call **999** immediately and state "**anaphylaxis**".
3. Inform parents/carers.
4. Monitor the child continuously.
5. Administer a second AAI after five minutes if symptoms persist and another device is available, in accordance with current national guidance and the child's Allergy Action Plan.

6. Hand used AAI to the attending ambulance crew for safe disposal and provide full details of the incident.

Following any use of an AAI:

- the child must be taken to hospital by ambulance for medical assessment, even if symptoms improve;
- the incident will be fully documented;
- the Individual Healthcare Plan and risk assessment will be reviewed;
- a debrief will be undertaken with staff to identify any learning points.

The nursery will ensure that all staff receive practical training in recognising anaphylaxis and the safe administration of AAI, with refresher training undertaken at least annually or sooner where guidance changes.

18. Emergency Procedures

The nursery is committed to ensuring that all allergic reactions are recognised and managed promptly and effectively. Every member of staff has a duty of care to act immediately if they suspect a child is experiencing an allergic reaction.

All staff will follow the child's Individual Healthcare Plan (IHP) and Allergy Action Plan (AAP) wherever available. Where no formal plan exists, staff will follow this policy and current national guidance.

Recognising an Allergic Reaction

Staff will be familiar with the signs and symptoms of both mild to moderate allergic reactions and severe allergic reactions (anaphylaxis).

Mild to Moderate Allergic Reactions may include:

- itchy skin or hives (urticaria);
- redness or flushing of the skin;
- swelling of the lips, face or eyes;
- tingling or itching in the mouth;
- sneezing or a runny nose;
- watery or itchy eyes;
- mild abdominal pain;
- nausea or vomiting;
- changes in behaviour in younger children, such as becoming unusually quiet, clingy or distressed.

Children experiencing a mild allergic reaction will:

- remain under constant adult supervision;

- be reassured and kept comfortable;
- receive prescribed oral antihistamine if authorised within their Allergy Action Plan and parental consent has been obtained;
- continue to be observed closely for any worsening symptoms;
- have parents/carers informed as soon as reasonably practicable;
- have the incident recorded.

Recognising Anaphylaxis

Anaphylaxis is a medical emergency requiring immediate treatment.

Signs may include one or more of the following:

Airway

- swelling of the tongue;
- swelling inside the throat;
- difficulty swallowing;
- hoarse voice;
- persistent cough.

Breathing

- wheezing;
- noisy breathing;
- shortness of breath;
- chest tightness;
- persistent coughing.

Circulation

- dizziness;
- pale or clammy skin;
- collapse;
- loss of consciousness;
- becoming floppy or unusually sleepy.

Gastrointestinal symptoms

Where these occur alongside breathing or circulation symptoms:

- severe abdominal pain;

- repeated vomiting.

In very young children, symptoms may also include:

- sudden lethargy;
- inconsolable crying;
- floppy appearance;
- unusual quietness.

Emergency Response Procedure

If anaphylaxis is suspected:

1. Remain calm and reassure the child.
2. Send another member of staff to obtain emergency medication and summon additional assistance.
3. Administer the child's Adrenaline Auto-Injector immediately, or a suitably authorised spare AAI if appropriate.
4. Dial **999** immediately and clearly state:
 - "Child experiencing suspected anaphylaxis."
5. Inform the emergency operator that adrenaline has been administered.
6. Contact parents/carers immediately after calling emergency services.
7. Keep the child under constant supervision.
8. If the child is conscious:
 - lay them flat with their legs raised where possible;
 - if breathing is difficult, allow them to sit slightly upright;
 - do **not** allow the child to stand or walk.
9. If there is no improvement after five minutes and another AAI is available, administer a second dose in accordance with current guidance.
10. If the child becomes unresponsive and is not breathing normally, commence CPR until emergency services arrive.
11. Ensure a member of staff accompanies the child to hospital if parents/carers are not present.

Children who receive adrenaline **must always be taken to hospital by ambulance**, even if symptoms appear to have resolved.

Following an Allergic Reaction

Following any allergic reaction, the nursery will:

- complete an incident report;

- record any medication administered;
- inform parents/carers;
- review the Individual Healthcare Plan and risk assessment;
- replace any medication used;
- hold a staff debrief to identify learning points and improve future practice where necessary.

The nursery recognises that every allergic reaction provides an opportunity to review procedures and strengthen practice.

19. Staff Training

The nursery recognises that effective allergy management depends upon knowledgeable, confident and well-trained staff.

All employees, including temporary staff, volunteers, students and regular visitors, will receive information appropriate to their role regarding allergy awareness and emergency procedures.

Training will be coordinated by the designated Allergy Lead and reviewed annually.

Induction Training

All new members of staff will receive allergy awareness training as part of their induction programme before taking responsibility for children.

This will include:

- understanding this policy;
- recognising children with allergies;
- location of emergency medication;
- emergency procedures;
- reporting arrangements.

Whole Staff Training

All staff will receive regular training covering:

- common food and environmental allergens;
- recognising mild, moderate and severe allergic reactions;
- recognising anaphylaxis;
- the importance of rapid intervention;
- administration of Adrenaline Auto-Injectors;
- administration of prescribed oral antihistamines where authorised;

- prevention of cross-contamination;
- food hygiene and allergen management;
- safe supervision during meals, snacks and cooking activities;
- Forest School and educational visit procedures;
- recording and reporting requirements;
- safeguarding responsibilities relating to children with medical conditions.

Where practical, training will include hands-on practice using trainer Adrenaline Auto-Injector devices.

Refresher Training

Formal refresher training will be undertaken **at least annually**, or sooner if:

- national guidance changes;
- new equipment is introduced;
- lessons are learned following an incident;
- staff responsibilities change.

Additional training will be provided where a child with complex allergy needs joins the nursery.

Training Records

The nursery will maintain a record of all allergy-related training, including:

- date of training;
- provider;
- topics covered;
- names of attendees;
- date refresher training is due.

The Headteacher and Governing Body will receive assurance that appropriate training arrangements remain in place.

20. Record Keeping

Accurate record keeping is essential for ensuring children's safety, continuity of care and legal compliance.

The nursery will maintain clear, confidential and up-to-date records relating to allergy management.

These records may include:

- Allergy Register;

- Individual Healthcare Plans;
- Allergy Action Plans;
- parental consent forms;
- oral antihistamine consent forms;
- medication administration records;
- medication expiry date checks;
- Individual Risk Assessments;
- educational visit risk assessments;
- staff training records;
- allergy incident reports;
- emergency services records where applicable.

Medication Records

Every administration of medication will be recorded immediately and include:

- child's name;
- medication administered;
- dosage;
- date and time;
- reason for administration;
- name and signature of the staff member administering the medication;
- name and signature of the witnessing member of staff, where applicable;
- parent/carer notification.

Allergy Register

The Allergy Register will be reviewed regularly by the designated Allergy Lead and updated:

- whenever a child joins the nursery;
- when medical information changes;
- following any allergic reaction;
- at least annually.

Confidentiality

All medical information will be handled sensitively and in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

Information will only be shared with those who require it to safeguard the child's health, safety and wellbeing.

Monitoring

The Headteacher and designated Allergy Lead will monitor allergy records regularly to ensure:

- documentation remains current;
- medication is in date;
- Individual Healthcare Plans are reviewed;
- risk assessments remain appropriate;
- staff training is current;
- any trends or recurring issues are identified.

Following any significant allergic incident, records will be reviewed to identify opportunities to strengthen procedures, reduce future risks and improve the quality of care provided to all children.

21. Confidentiality

The nursery recognises that information relating to a child's medical condition is sensitive personal data and will be managed in accordance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and the nursery's Data Protection and Confidentiality Policies.

Information regarding a child's allergies will be shared only with those members of staff who require it to safeguard the child's health, safety and wellbeing.

Relevant staff, including permanent employees, temporary staff, volunteers, students and regular supply staff, will have access to the information necessary to enable them to respond appropriately in an emergency.

Medical information may be shared with:

- parents and carers;
- healthcare professionals involved in the child's care;
- emergency services;
- Ofsted or the Local Authority where required by law or safeguarding procedures.

The nursery will ensure that:

- Individual Healthcare Plans and Allergy Action Plans are stored securely whilst remaining readily accessible to authorised staff;
- allergy registers are maintained confidentially;
- medication records are stored securely;

- paper records are stored securely within the designated first aid storage area and are accessible only to authorised staff electronic records are password protected and accessed only by authorised personnel.

To enable staff to respond quickly in an emergency, a child's photograph and summary allergy information may be displayed discreetly within staff working areas where the information is required to safeguard children, including food preparation areas, snack areas and other locations used by staff to prepare or supervise food. Information will not be displayed where it is accessible to visitors or members of the public.

Parents/carers will be informed about how their child's information is stored, used and shared and may request access to their child's records in accordance with data protection legislation.

All staff are expected to maintain professional confidentiality and must not discuss a child's medical condition with anyone who does not have a legitimate need to know.

22. Equality, Inclusion and Safeguarding

The nursery believes that every child has the right to participate fully in nursery life regardless of any medical condition, including allergies.

In accordance with the **Equality Act 2010**, **Children and Families Act 2014**, the **Special Educational Needs and Disability (SEND) Code of Practice**, and the **Early Years Foundation Stage (EYFS) Statutory Framework**, the nursery will make reasonable adjustments to ensure that children with allergies are not placed at a substantial disadvantage.

Children with allergies will be supported to access:

- free play;
- adult-led activities;
- snack and mealtimes;
- cooking experiences;
- Forest School;
- educational visits;
- celebrations and cultural events;
- physical activities;
- outdoor learning.

The nursery recognises that excluding children from activities because of allergies may have a negative impact on their wellbeing, confidence and sense of belonging. Wherever reasonably practicable, activities will be adapted to enable safe participation.

The nursery also recognises that allergies are a safeguarding issue.

Failure to identify or appropriately manage a child's allergy could place them at significant risk of harm. Consequently:

- allergy management forms part of the nursery's safeguarding responsibilities;
- all staff have a duty to act immediately if they believe a child is experiencing an allergic reaction;
- concerns relating to inadequate medical provision or repeated failures to provide prescribed medication will be discussed sensitively with parents and, where appropriate, escalated through safeguarding procedures if a child's welfare may be compromised.

The nursery has a zero-tolerance approach to bullying, teasing or discriminatory behaviour relating to medical conditions.

Children will be supported to develop empathy, kindness and understanding through age-appropriate teaching about differences, healthy lifestyles and caring for others.

Staff will actively discourage behaviours such as:

- deliberately exposing another child to allergens;
- teasing children about their medical condition;
- excluding children from play because of allergies;
- sharing food despite reminders not to do so.

Where such behaviour occurs, staff will respond in accordance with the nursery's Behaviour Policy.

The nursery will continue to promote a whole-setting culture of allergy awareness, inclusion and respect.

23. Monitoring and Review

The Governing Body is responsible for ensuring that this policy remains effective and reflects current legislation, national guidance and best practice.

The Headteacher has day-to-day responsibility for implementing the policy and monitoring its effectiveness.

The designated Allergy Lead will undertake regular monitoring to ensure that:

- Individual Healthcare Plans remain current;
- Allergy Action Plans have been reviewed;
- medication is available and within its expiry date;
- staff training remains up to date;
- risk assessments remain appropriate;
- allergy records are accurate;
- emergency procedures are effective.

The nursery will also undertake periodic audits of its allergy management procedures, including:

- medication storage arrangements;
- allergy registers;
- consent documentation;
- educational visit arrangements;
- Forest School procedures;
- food management systems;
- staff knowledge and confidence.

Following any allergic reaction or near miss, the nursery will conduct a review to identify any improvements required. This review may include consultation with:

- parents and carers;
- healthcare professionals;
- staff involved;
- the Governing Body where appropriate.

Lessons learned from incidents will be incorporated into future practice, staff training and policy development.

This policy will be formally reviewed:

- annually;
- following any significant allergy-related incident;
- following changes in legislation or national guidance;
- following recommendations from the Department for Education, Department of Health and Social Care, Allergy UK, Anaphylaxis UK or other recognised professional bodies.

Minor amendments may be made during the review period where necessary to reflect changes in operational practice or statutory guidance.

References

This policy has been developed with reference to the following legislation and guidance:

- Department for Education. *Supporting Pupils at School with Medical Conditions*.
- Department for Education. *Statutory Framework for the Early Years Foundation Stage (EYFS)*.
- Department of Health and Social Care. *Guidance on the Use of Emergency Adrenaline Auto-Injectors in Schools*.

- Food Standards Agency. *Food Allergy and Intolerance Guidance*.
 - Allergy UK. *Model Policy for Allergy at School*.
 - Anaphylaxis UK. *Benedict's Law Campaign*.
 - British Society for Allergy and Clinical Immunology (BSACI). *Allergy Action Plans*.
 - Resuscitation Council UK. *Emergency Treatment of Anaphylaxis*.
-

Appendices:

- **Appendix A:** Allergy Register
- **Appendix B:** Individual Healthcare Plan
- **Appendix C:** Allergy Risk Assessment
- **Appendix D:** Parent Consent for Administration of Medication
- **Appendix E:** Parent Consent for Administration of Oral Antihistamine
- **Appendix F:** Record of Medication Administered
- **Appendix G:** Emergency Allergy Response Flowchart
- **Appendix H:** Staff Allergy Training Record
- **Appendix I:** Allergy Audit Checklist

Appendix A – Allergy Register

Name: _____

Academic Year: _____

The Allergy Register is maintained by the Designated Allergy Lead and reviewed at least termly, or immediately following any change in a child's medical needs.

Child's Name	DOB	Known Allergens	Signs & Symptoms	Prescribed Medication	Medication Location	Allergy Action Plan on File	Parent Consent for Oral Antihistamine	Parent Consent for Spare AAI	Date Reviewed
						☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
						☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
						☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
						☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
						☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	

Daily Staff Checklist

Staff have confirmed that:

- ☐ Allergy Register checked
- ☐ Emergency medication present
- ☐ Medication in date
- ☐ Healthcare Plans available
- ☐ Supply staff informed where appropriate

Completed by: _____

Date: _____

Appendix B – Individual Healthcare Plan (IHP)

Child's Personal Details

Child's Name: _____

Date of Birth: _____

Photograph

(Attach current photograph here)

Medical Information

Medical Diagnosis

Known Allergens

- | | | | |
|---------------------------------------|------------------------------------|--|-------------------------------------|
| ☐ Peanuts | ☐ Shellfish | ☐ Sulphites | ☐ Medication |
| ☐ Tree Nuts | ☐ Sesame | ☐ Molluscs | ☐ Other |
| ☐ Milk | ☐ Soya | ☐ Latex | Details: |
| ☐ Egg | ☐ Mustard | ☐ Insect Stings | |
| ☐ Wheat/Gluten | ☐ Celery | ☐ Animal Dander | |
| ☐ Fish | ☐ Lupin | ☐ Pollen/Grass | |

Typical Symptoms

Please describe the child's usual symptoms.

Mild / Moderate Symptoms

- | | | | |
|----------------------------------|---------------------------------------|---------------------------------------|--|
| ☐ Rash | ☐ Swollen lips | ☐ Runny nose | ☐ Behavioural changes |
| ☐ Hives | ☐ Swollen eyes | ☐ Vomiting | Other |
| ☐ Itching | ☐ Sneezing | ☐ Stomach pain | |

Severe Symptoms (Anaphylaxis)

- | | | | |
|---|--|--|--|
| ☐ Difficulty breathing | ☐ Hoarse voice | ☐ Collapse | ☐ Collapse |
| ☐ Persistent cough | ☐ Swollen tongue | ☐ Loss of consciousness | ☐ Loss of consciousness |
| ☐ Wheezing | ☐ Difficulty swallowing | ☐ Pale/floppy | ☐ Pale/floppy |

Other -

Medication

Medication	Dose Route	When to Administer
Oral Antihistamine	Oral	
Adrenaline Auto-Injector	IM	
Asthma Inhaler	Inhaled	

Medication	Dose Route	When to Administer
------------	------------	--------------------

Other

Emergency Medication Storage

Medication kept:

Emergency Procedure

Mild Reaction

- Stay with the child.
- Administer prescribed oral antihistamine (if authorised).
- Observe continuously.
- Inform parents.
- Record treatment.

Suspected Anaphylaxis

- Call 999.
 - Administer Adrenaline Auto-Injector immediately.
 - State **"Child with suspected anaphylaxis."**
 - Contact parents.
 - Monitor continuously.
 - Administer second AAI after five minutes if required.
 - Child must attend hospital by ambulance.
-

Daily Management

The child requires:

☐ Supervision at snack time	☐ Packed lunch monitoring	☐ Forest School adaptations	☐ Animal contact restrictions
☐ Alternative snacks	☐ Cooking adaptations	☐ Educational Visit planning	☐ Sensory play adaptations

Other adjustments

Parent/Carer Details	Healthcare Professional
Name _____	Name _____
Relationship _____	Role _____
Telephone _____	Telephone _____
Alternative Contact _____	

Agreement

We agree that this plan accurately reflects the child's current healthcare needs.

Parent/Carer	Headteacher/Designated Allergy Lead
Name _____	Name _____
Signature _____	Signature _____
Date _____	Date _____
	Review Date _____

Appendix C – Individual Allergy Risk Assessment

Child's Name: _____

Date Completed: _____

Completed By: _____

Review Date: _____

Allergy Details

Known Allergens

Severity of Allergy

☐ Mild

☐ Moderate

☐ Severe (Anaphylaxis Risk)

Activity Risk Assessment

Activity	Hazard	Control Measures	Residual Risk
Snack Time	Exposure to allergens	Staff supervision, allergy-safe food, no food sharing	Low
Lunch Time	Cross-contamination	Individual meal supervision, handwashing	Low
Cooking Activities	Contact with allergenic ingredients	Adapt recipes, substitute ingredients, separate equipment	Low
Sensory Play	Hidden food allergens	Check ingredients, use allergy-safe alternatives	Low
Playdough/Messy Play	Flour or food ingredients	Use allergy-safe products	Low
Forest School	Insect stings, pollen, plants	Medication carried, trained staff present	Medium
Outdoor Learning	Environmental allergens	Supervision, emergency medication available	Low
Educational Visits	Delayed emergency response	Visit-specific risk assessment, trained staff, medication	Medium
Celebrations	Birthday food	Parent consultation, allergy-safe alternatives	Low

Activity	Hazard	Control Measures	Residual Risk
Visitors	Unidentified food brought on site	Staff monitoring, visitor guidance	Low

Medication

Medication Available

- ☐ Oral Antihistamine
 ☐ Adrenaline Auto-Injector
 ☐ Inhaler
 ☐ Other

Medication Checked

- ☐ In Date
 ☐ Clearly Labelled
 ☐ Readily Accessible

Staffing Requirements

- ☐ All staff informed
 ☐ First Aiders aware
 ☐ Forest School staff informed
☐ Key Person aware
 ☐ Supply staff informed where appropriate
 ☐ Visit Leader informed

Environmental Controls

- ☐ Handwashing before and after eating
 ☐ No food sharing
 ☐ Cross-contamination minimised
 ☐ Individual Healthcare Plan available
☐ Tables cleaned before meals
 ☐ Ingredient labels checked
 ☐ Emergency medication accessible

Emergency Response

If symptoms develop:

- ☐ Follow Individual Healthcare Plan.
 ☐ Administer Adrenaline Auto-Injector immediately if anaphylaxis is suspected.
 ☐ Inform parents/carers.
 ☐ Review Healthcare Plan and Risk Assessment.
☐ Administer prescribed medication.
 ☐ Call 999.
 ☐ Record incident.

Review Following Incident

Has the child experienced an allergic reaction since the last review?

☐ No

☐ Yes (Details

Changes Required

Signatures

Completed by	Parent/Carer	Headteacher/Designated Allergy Lead
Name _____	Name _____	Name _____
Role _____	Signature _____	Signature _____
Signature _____	Date _____	Date _____
Date _____		

Appendix D – Parent Consent for Administration of Medication

Appendix E – Parent Consent for Administration of Oral Antihistamine & Adrenaline Auto-Injector

Consent for Administration of Prescribed Oral Antihistamine & Adrenaline Auto-Injector

This form authorises trained nursery staff to administer the prescribed oral antihistamine for the treatment of a mild or moderate allergic reaction, in accordance with the child's Individual Healthcare Plan and/or Allergy Action Plan.

If the child develops signs or symptoms of anaphylaxis, staff will administer an Adrenaline Auto-Injector (AAI) immediately, in accordance with the child's Individual Healthcare Plan, Allergy Action Plan or the nursery's Emergency Allergy Response Procedure. This will be followed by an immediate call to 999 and notification of the child's parent/carer.

Child's Name

Date of Birth

Symptoms Requiring Administration of oral antihistamine

Itchy skin	Swollen lips	Sneezing	Mild vomiting
Hives	Swollen face	Runny nose	Mild abdominal pain
Rash	Swollen eyes	Itchy mouth	

Symptoms Requiring Administration Adrenaline Auto-Injector

Difficulty breathing or wheezing	Difficulty swallowing	Collapse or loss of consciousness	Swollen tongue
Persistent cough	Hoarse voice or change in cry/voice	Persistent dizziness or faintness	Pale, floppy or suddenly sleepy
Severe abdominal pain or repeated vomiting with breathing or circulation symptoms		Other symptoms identified on the child's Allergy Action Plan.	

I understand that:

- Oral antihistamines are intended only for mild to moderate allergic reactions.
- Oral antihistamines must **not** delay the administration of adrenaline where anaphylaxis is suspected.
- If nursery staff believe my child is experiencing anaphylaxis, they will follow the emergency procedures contained within the Allergy Management Policy, including calling 999.

Parent Consent

I authorise the nursery staff to administer the above oral antihistamine.

Parent/Carer Name	Signature	Date
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Appendix F – Record of Medication Administered

Appendix G – Emergency Allergy Response Flowchart

Emergency Allergy Response Procedure

Child develops signs of an allergic reaction



Assess the child immediately

Does the child have any of the following?

Mild to Moderate Symptoms

- Itchy skin or hives
- Rash
- Swollen lips, face or eyes
- Itchy mouth
- Sneezing or runny nose
- Mild abdominal pain
- Mild nausea or vomiting
- Child remains alert and breathing normally

YES



Follow the Child's Individual Healthcare Plan

- Stay with the child.
- Call for assistance if required.
- Administer prescribed oral antihistamine **only if authorised** within the child's Healthcare Plan and parental consent has been provided.
- Continue to observe the child closely.
- Do **not** leave the child unattended.



Does the child improve?

YES



- Continue observation.
- Inform parents/carers immediately.

- Record medication administered.
- Complete Medication Administration Record.
- Review if further medical advice is required.

NO / Symptoms worsen



Treat as **Suspected Anaphylaxis**

Suspected Anaphylaxis

If ANY of the following are present:

Airway

- Swollen tongue
- Difficulty swallowing
- Hoarse voice
- Persistent cough

Breathing

- Wheezing
- Difficulty breathing
- Noisy breathing
- Chest tightness

Circulation

- Pale or floppy
- Dizziness
- Collapse
- Loss of consciousness

OR

Rapid deterioration following known allergen exposure



ACT IMMEDIATELY

1. Administer Adrenaline Auto-Injector (AAI)

Do **not** delay.



2. Call 999

State clearly:

"Child with suspected anaphylaxis."

Follow instructions from the ambulance service.



3. Contact Parents/Carers

Advise:

- adrenaline has been administered;
- an ambulance has been called;
- the child is being transferred to hospital.



4. Position the Child

If conscious:

✓ Lie flat with legs raised.

If breathing is difficult:

✓ Allow them to sit slightly upright.

Never allow the child to stand or walk.



5. Monitor Continuously

If symptoms continue after **5 minutes**, administer a second AAI if available and authorised.

If the child becomes unconscious and is not breathing normally:

✓ Begin CPR.



6. Ambulance Arrives

Provide:

- Allergy Action Plan
- Individual Healthcare Plan

- Details of medication administered
- Time adrenaline was given

A member of staff accompanies the child if parents are not present.

Following the Incident

- ✓ Inform Headteacher
 - ✓ Complete Medication Administration Record
 - ✓ Complete Accident/Incident Form
 - ✓ Replace medication immediately
 - ✓ Review Healthcare Plan
 - ✓ Review Risk Assessment
 - ✓ Debrief staff and identify learning
-

Appendix H – Allergy Audit Checklist

Audit Date: _____

Completed By: _____

Leadership and Management

Standard	Yes	No	Action Required	Standard	Yes	No	Action Required
				Medication in date	☐	☐	
Allergy Policy reviewed within last 12 months	☐	☐		Medication clearly labelled	☐	☐	
Named Allergy Lead identified	☐	☐		Emergency medication accessible	☐	☐	
Policy available to parents	☐	☐		Medication checked half-termly	☐	☐	
Staff aware of policy	☐	☐		Spare AAI available (where applicable)	☐	☐	

Children's Records

Standard	Yes	No	Action Required
Allergy Register up to date	☐	☐	
Individual Healthcare Plans completed	☐	☐	
Allergy Action Plans available	☐	☐	
Risk Assessments completed	☐	☐	
Parent consent forms completed	☐	☐	

Food Management

Standard	Yes	No	Action Required
Food allergen information available	☐	☐	
Staff understand cross-contamination	☐	☐	
No food sharing promoted	☐	☐	
Snack procedures followed	☐	☐	
Cooking activities risk assessed	☐	☐	

Medication

Environment

Standard	Yes	No	Action Required
Cleaning procedures effective	☐	☐	
Allergy information displayed for staff	☐	☐	
Emergency contact numbers available	☐	☐	
Medication locations clearly identified	☐	☐	

Forest School and Educational Visits

Standard	Yes	No	Action Required
Forest School risk assessments completed	☐	☐	
Medication taken outdoors	☐	☐	
Visit Leaders aware of allergies	☐	☐	
Emergency procedures available	☐	☐	

Staff Training

Standard	Yes	No	Action Required
Annual allergy training completed	☐	☐	

Strengths

Areas for Development

Standard	Yes	No	Action Required
Practical AAI training completed	☐	☐	
New staff inducted	☐	☐	
Training records maintained	☐	☐	

Emergency Preparedness

Standard	Yes	No	Action Required
Emergency flowchart displayed	☐	☐	
Staff know emergency procedures	☐	☐	
Medication administration records completed	☐	☐	
Emergency drills reviewed	☐	☐	
Incident reviews undertaken	☐	☐	

Overall Evaluation

Current Level of Compliance

- ☐ Fully Compliant
- ☐ Substantially Compliant
- ☐ Partially Compliant
- ☐ Significant Improvements Required

Actions Required

Action	Responsible	Person	Completion	Date	Completed
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Audit Completed By Name: _____ Role: _____ Signature: _____ Date: _____	Headteacher Review Name: _____ Signature: _____ Date: _____	Governing Body Review (if applicable) Date Presented: _____ Committee: _____ Minutes Reference: _____
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