3. Promoting Health and Hygiene
3.4 Allergy Policy

The named person with responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy is Sandra Matthews. The policy will be reviewed at least annually, but more often if there are 'near misses' or if there are suggestions for improvement.
Near misses should be taken seriously, reviewed and lessons learnt will be recorded, particularly if a review shows that anyone has been put at risk.
Our policy is shared with parents of children with known allergies and is available on our website.

Procedures for children with allergies
All staff have completed Food Standards Agency Food Allergy training and Allergy Schools training. When children start at the setting, parents are asked if their child suffers from any known allergies. This is recorded on an allergy record, the registration form and settling in plan. If a child has an allergy, a risk assessment form and health care plan is completed to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epi-pen).
- Control measures – such as how the child can be prevented from contact with the allergen, where they will sit at lunch time etc.
- The form is kept in the risk assessment file, health care plan file and a note is made on our allergy list kept on the fridge
- Parents train staff in how to administer special medication in the event of an allergic reaction. For an Epi-pen, specific training may need to be sought. At least 2 members of staff have had Epipen training.
- Additional care will be taken when children sleep, for example ensuring that bedding is clean and surfaces wiped down.
- Staff will be mindful of the feelings of children with allergies and look for safe alternatives.
- If we are in any doubt, we will always check ingredients with parents.
- We are registered as an Allergy School which provides advice and support and resources in line with Natasha's Law and Benedict's Law.

Training and culture
Staff will complete FSA allergy training as a minimum annually. As part of PFA training, staff will also have anaphylaxis training every 3 years.
As part of their induction arrangements, all new staff, and supply staff receive allergy awareness training.
Allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including: calling emergency services and informing parents;
- how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;

- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Minimising Risk; This includes;

• We manage the risks of exposure to a food allergen through food provided by ensuring that we are aware of any ingredients, avoid known allergens, and check food purchased against our allergy forms.

• We take measures to manage the risks of exposure to a food allergen through food brought in by others e.g. packed lunches from home and adults' food, by ensuring that parents and staff are aware of allergies in the setting. Packed lunches are checked for example to ensure that there are no nuts.

• Where children and young people have known allergy to airborne or contact allergens, we ask parents to ensure that the allergen is not sent to Acorns. Staff are also made aware.

• Planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.

• We complete specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Identification of people (children and adults) with allergies

- We ask parents to complete a 'dietary requirements' form, we also ask about allergies on our Settling-in plan and our registration form. This allows a range of opportunities for parents to tell us about their child's allergy. We also check adults and visitors for allergies.
- We check on children/adults' autoinjector (AAI), so that it can be kept safely.
- A record will be kept of all individuals with allergies, including whether they have Individual Healthcare Plans and/or an Allergy Action Plan.

Individual Health Care Plan/Allergy Action Plan

Children should have an Individual Healthcare Plan (IHP) if:

• they have an allergy which has a functional impact on them in their setting;

• they are at risk of harm as a result of their allergy and

• they require arrangements which are additional to or different from those made generally.

- The IHP will set out the additional and/or different arrangements that will be in place for supporting the child with their allergy.
- Any Allergy Action Plan issued by a healthcare professional should referred to, to inform the IHC.
- Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed Adrenaline

- Adrenaline is kept in our locked first-aid box which is kept out of reach of children. All staff know where it is kept and how to access it. The device is always taken on outings in a sealed plastic box.

• Arrangements are agreed with parents for children to take individually prescribed adrenaline devices home (for example at the end of the day for the journey home) and there are termly checks to ensure that they remain in date;

• The Individual Health Care plan will record which children have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

A 'spare' adrenaline device is kept and replaced as required. It is kept in our first-aid cupboard and clearly labelled as a 'spare'.

Insurance requirements for children with allergies and disabilities

- The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance. Staff check with insurers on an individual basis if unsure.

Advice for this policy is taken from https://allergyschool.org.uk/education-resources-ages-3-5-years. 29/7/26.