Grandpont
Nursery School & Childcare

# Allergy Safety Policy 2026 – 2027

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### 1. Purpose and scope

Grandpont Nursery School & Childcare is a warm, nurturing early years setting for children aged 10 months to 5 years. This policy establishes a whole-setting approach to preventing, recognising and responding to allergic reactions, including anaphylaxis, while enabling children with allergies to participate fully and safely in nursery life.

The policy applies to all children, staff, volunteers, students, agency and supply staff, visitors, contractors with a child-facing role, catering arrangements, activities on site, the extensive outdoor and forest areas, and all visits or trips.

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**Core principle**
Allergy safety is everyone's responsibility. No child should be excluded or unnecessarily singled out because of an allergy, and emergency treatment must never be delayed by uncertainty about paperwork.

## 2. Legal and statutory framework

This policy is based on the Department for Education Allergy safety policy template (2026), the statutory Early Years Foundation Stage (EYFS) framework for group and school-based providers effective from September 2026, and relevant medicines and data-protection requirements. It should be read alongside Grandpont's First Aid Policy, Supporting Children with Medical Conditions Policy, Health and Safety Policy, Safeguarding Policy and Data Protection Policy.

- The EYFS requires the setting, before admission, to obtain information about special dietary requirements, food allergies, intolerances and special health requirements, and to share this with all staff involved in preparing and handling food.
- The EYFS requires ongoing discussions with parents/carers and, where appropriate, health professionals to develop and keep allergy action plans up to date, with all staff aware of symptoms and treatments for allergy and anaphylaxis.
- Medicine may only be administered with written parental/carer permission; each administration must be recorded and parents/carers informed the same day or as soon as reasonably practicable.
- Allergy safety arrangements must be reviewed at least annually and sooner where an incident or near miss identifies a need for improvement.

## 3. Leadership and responsibilities

### 3.1 Governing body

- Approve and review this policy at least annually.
- Assure itself that suitable training, resources, emergency arrangements and monitoring are in place.
- Ensure the policy is available on the setting website and in hard copy on request.

### 3.2 Headteacher and senior leaders

- Natalie Wilson, Executive Headteacher, has overall responsibility for allergy safety and implementation of this policy.
- The Head of School, Lead Teacher/Inclusion Lead and Childcare Manager coordinate day-to-day implementation across the Swans term-time provision and Rainbows all-year-round provision.
- Ensure that the allergy register, Individual Healthcare Plans (IHPs), Allergy Action Plans, medication records and emergency contacts are current and accessible to relevant staff.
- Trained persons to check emergency medication and the Kitt system each month: Rachel Duncalfe, School Business Manager, supported by Kulsum Faisal, Under Two Room Leader & DSL.

### 3.3 All staff

- Complete allergy awareness and emergency-response training at induction and at least annually thereafter.
- Know which children have allergies, their triggers, symptoms, plans and medication location before taking responsibility for them.
- Follow food-safety, handwashing, cleaning, supervision and no-food-sharing procedures.
- Act immediately if an allergic reaction is suspected and record any incident or near miss.

### 3.4 Parents and carers

- Provide complete, accurate and current information about allergies, intolerances, symptoms, treatment and emergency contacts before admission and whenever circumstances change.
- Supply in-date, correctly labelled prescribed medication and a current BSACI Allergy Action Plan where relevant.
- Work with the setting to agree an IHP and written consent for medication and, where applicable, use of a spare adrenaline auto-injector (AAI).

## 4. Identification, records and individual plans

Allergy information will be collected during admission and transition. Staff will not rely on assumptions based on age, previous tolerance or verbal messages alone.

- The office maintains a confidential allergy register covering children and relevant staff, including allergen, typical symptoms, medication, plan status and emergency contacts.
- Each child whose allergy creates a risk of harm, functional impact or need for arrangements additional to ordinary provision will have an IHP. Any healthcare-professional Allergy Action Plan or Asthma Action Plan will be attached or clearly referenced.
- The key person will review information with parents/carers at least termly and immediately following diagnosis, medication change, reaction, near miss or updated action plan.
- Essential information will be available quickly to staff while protecting health data as special-category information under UK GDPR.

## 5. Training and awareness

All staff present when children are on site - including permanent, temporary, agency, supply, catering, wraparound and regular volunteer staff - will receive allergy awareness and permanent staff will receive emergency-response training at least annually. New staff must complete induction before being left responsible for children.

- Training will cover allergy, intolerance and coeliac disease; common and unexpected triggers; signs of mild/moderate reactions and anaphylaxis; use of individual action plans; calling 999; and practical use of the AAI devices held by the setting.
- Grandpont holds a Kitt Medical subscription, staff will complete the included online CPD-accredited course and practical familiarisation with the trainer pen. Completion will be monitored through the Kitt portal and Safesmart qualification logs.
- Supply and cover staff will receive a concise allergy briefing, including the allergy register, children in their care, emergency procedure and medication locations, before the session begins.

## 6. Preventing allergen exposure

Grandpont will use proportionate, child-specific controls rather than relying on broad “allergen-free” claims that cannot be guaranteed.

- Food provided by the setting: menus, ingredient labels and allergen information will be checked; substitutions will be controlled; and the person serving each meal or snack will verify that it meets the child’s recorded requirements.
- Food brought from home: parents/carers must follow setting guidance. Staff will check named containers and prevent food sharing. Celebration food will only be accepted where ingredients and allergen controls can be verified.
- Hands and eating surfaces will be cleaned before and after food. Children will wash hands with soap and water after eating; hand gel is not treated as sufficient for removal of food proteins.
- Cooking, sensory, messy-play, craft, gardening, animal and Forest School activities will be checked for allergens during planning. Alternatives and cleaning controls will be provided where needed.

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- Airborne/contact allergens, including latex, animal dander, pollen, insect stings, cleaning products and art materials, will be addressed through the child's risk assessment and IHP.

## 7. Food, drink and safer eating

- Meals, snacks and drinks will be healthy, balanced and nutritious, with fresh drinking water available and accessible.
- A member of staff holding a valid full paediatric first-aid certificate will be present in the room whenever children are eating.
- At every meal and snack, a named member of staff will be responsible for checking that each child receives suitable food and drink. The check must be explicit, not assumed.
- Children will remain within sight and hearing while eating. Staff should sit facing children where possible, prevent food sharing and remain alert to choking or unexpected allergic reactions.
- All staff preparing or handling food will receive appropriate food-hygiene training. Grandpont's website records a Food Hygiene Rating of 5, and this standard will be maintained through safe preparation and allergen controls.

## 8. Medication and emergency adrenaline

### 8.1 Individually prescribed medication

- Children prescribed AAIs must have rapid access to them at all times, including meals, outdoor play, Forest School and trips. Medication must accompany the child between provisions and home where necessary and as agreed in the IHP.
- AAIs will be stored in their original packaging, clearly named, at room temperature, away from direct sunlight and extremes of temperature, and never refrigerated. These will be stored in the kitchen areas in the Under twos area and the small kitchen area in the Over twos area.
- Parents/carers remain responsible for supplying in-date medication; the setting will also check expiry dates regularly and prompt replacement.

### 8.2 Spare adrenaline and Kitt Medical

Grandpont intends to use a clearly labelled, wall-mounted emergency anaphylaxis Kitt containing spare AAIs in both child and adult doses, together with instructions and a trainer device.

Kitt location: In Mulberry Room to right of kitchen hatch when facing it on display board – this complies with requirements that it must be central, clearly signposted, accessible and within five minutes of all areas used by children].

- The Kitt must not be locked away. Emergency access keys and the breakable key box will be checked as part of the monthly inspection.
- The Kitt will not be taken outdoors or on trips. Individually prescribed medication and a separate trip emergency kit will travel with the child.
- The named checker, Rachel Duncalfe, will complete Kitt portal checks, confirm seals/access, review expiry information and report any use or near miss promptly so replacement can be arranged.
- Used or expired AAIs will be handed to emergency services/pharmacy or disposed of in an approved sharps container; they will never be placed in ordinary waste.

## 9. Emergency response to anaphylaxis

**Treat first - do not wait**
If anaphylaxis is suspected, administer adrenaline without delay in accordance with the device instructions and the child's plan, then call 999. A register or consent check must never delay emergency treatment.

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1. Recognise possible anaphylaxis: sudden breathing difficulty, wheeze, persistent cough, throat/tongue swelling, hoarse voice, difficulty swallowing, collapse, marked drowsiness, pale/floppy appearance, or rapidly worsening symptoms - with or without a rash.
2. Lay the child flat with legs raised. If breathing is difficult, allow a supported sitting position. Do not let the child stand or walk. If unconscious and breathing, use the recovery position.
3. Give the child's prescribed AAI immediately. If unavailable or unusable, use the appropriate spare AAI in line with training and emergency guidance.
4. Call 999 and state "anaphylaxis". Give the setting address: Grandpont Nursery School & Childcare, Whitehouse Road, Oxford, OX1 4QH. Send a staff member to meet the ambulance.
5. Contact parents/carers after emergency services have been called. Do not leave the child alone.
6. If symptoms do not improve after five minutes, give a second AAI if available and permitted by the action plan/device guidance.
7. Hand used devices to ambulance staff. Record the event, medication, times, staff actions and communications. The child must be medically assessed even if symptoms improve.

### 10. Trips, Forest School and off-site activities

- A child-specific risk assessment will be completed for any child with a significant allergy before every visit, including travel, venue food, contact/airborne triggers, emergency access and mobile-phone coverage.
- A trained member of staff will be designated to carry the child's two prescribed AAIs where supplied, action plan, emergency contacts and any other medication. Medication must stay with the group and be immediately accessible.
- Venue and catering arrangements will be checked in advance. Staff will take suitable food where the safety of provision cannot be verified.
- The setting's wall-mounted Kitt will remain on site; it is not designed for travel or outdoor storage because temperature variation may damage medication.

### 11. Incidents, near misses and learning

- Every allergic reaction, medication administration, exposure, food error and near miss will be recorded on the same day and reported to the Head of School and Executive Headteacher, Natalie Wilson.
- Parents/carers may report delayed symptoms or incidents recognised after the child has gone home; these reports will be recorded and reviewed.
- The Head of School and Executive Headteacher will liaise to confirm who will lead a proportionate review within five working days, involving relevant staff, parents/carers and, where appropriate, catering providers or health professionals.
- Learning will be translated into updated risk assessments, plans, training, supervision, menu controls, equipment or policy. Serious incidents will be reported to relevant bodies where statutory thresholds are met.
- Where a Kitt AAI is used, the incident will be reported through the Kitt portal so replacement can be arranged.

### 12. Information sharing, wellbeing and inclusion

Health information will be shared only with those who need it to keep the child safe. Visual allergy information may be used in food-preparation and serving areas, but it will be discreet, accurate, current and agreed with parents/carers.

- Children with allergies will be included in meals, celebrations, curriculum experiences, outdoor learning and trips through planned adjustments.
- Staff will address teasing, exclusion, deliberate allergen exposure or anxiety promptly through safeguarding and behaviour procedures.

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- Age-appropriate teaching will help children understand safe eating, handwashing, not sharing food and how to get adult help, without placing responsibility for safety on the child.

## 13. Monitoring and review

- This policy will be reviewed annually by the Executive Headteacher and governing body, and sooner after any reaction, near miss, change in statutory guidance, change in provision or introduction/change of Kitt arrangements.
- Monitoring will include training completion, allergy-register accuracy, plan reviews, medication expiry checks, Kitt checks, meal/snack observations, trip records and incident trends.
- The current policy will be published on the Grandpont website and made available in hard copy on request.

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## Appendix A - Emergency response flow

**1. SUSPECT ANAPHYLAXIS**
**Breathing/throat symptoms, collapse, severe or rapidly worsening reaction.**

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**2. GIVE ADRENALINE NOW**
**Use the child's prescribed AAI; if unavailable/unusable, use the appropriate spare AAI.**

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**3. CALL 999**
**Say "anaphylaxis". Give Whitehouse Road, Oxford, OX1 4QH.**

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**4. POSITION AND STAY**
**Lay flat with legs raised; supported sitting only if breathing is difficult. Never allow standing/walking.**

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**5. SECOND DOSE AFTER 5 MINUTES**
**If symptoms persist and a second device is available, administer it. Meet ambulance, contact family, record and review.**

## Appendix B - Operational checklists

### Monthly allergy and Kitt check

☐ Allergy register matches current attendance and staff information.

☐ IHPs and Allergy Action Plans are current and accessible.

☐ Named medication is present, correctly labelled, stored properly and in date.

☐ Kitt location is unobstructed, clearly signed and accessible; keys/breakable access box are intact.

☐ Spare AAIs and seals are present; portal check completed; any expiry/use issue reported.

☐ Trainer device and instructions are available.

☐ Staff training and new-starter induction records are current.

☐ Actions, checker, date and follow-up are recorded.

### Meal/snack safety check

☐ Named adult is responsible for checking each child's food and drink.

☐ Dietary/allergy information is available to food preparation and serving staff.

☐ Ingredient and substitution information has been checked.

☐ Children are seated and supervised within sight and hearing; food sharing is prevented.

☐ Hands and surfaces are cleaned before and after eating.

☐ Unexpected symptoms are acted on immediately and recorded.

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## Appendix C - Parent/carer information checklist

☐ Confirmed allergen(s), allergy/intolerance diagnosis and date of latest clinical review.

☐ Typical mild/moderate and severe symptoms.

☐ Current BSACI Allergy Action Plan or other healthcare-professional plan.

☐ Prescribed medicines, dose, device type, storage and expiry dates.

☐ Written permission for administration and agreed use of spare AAI where applicable.

☐ Emergency contacts and preferred communication arrangements.

☐ Food preferences, dietary requirements and stage of introducing solid foods/textures.

☐ Known contact, airborne or activity-related triggers.

☐ Arrangements for daily handover, trips, Forest School and taking medication home.

☐ Consent for proportionate sharing of allergy information with relevant staff.

## References


- Department for Education (2026), Allergy safety policy - template.
- Department for Education (2026), Statutory framework for the Early Years Foundation Stage: group and school-based providers, effective September 2026.
- Grandpont Nursery School & Childcare website (accessed 2 August 2026): setting profile, staff team, curriculum, policies and contact information.
- Kitt Medical website (accessed 2 August 2026): Anaphylaxis Kitt service, training, storage, expiry management, incident reporting and FAQs.
- British Society for Allergy and Clinical Immunology (BSACI), Allergy Action Plans (as referenced by the EYFS framework).


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