The Lilycroft and St Edmund's Nursery Schools' Federation

Allergy and Anaphylaxis Policy

Last Reviewed: July 2026
Approved By: Full Governing Board
Next Review Due: July 2027
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1. Aims and Objectives

This policy outlines The Lilycroft and St Edmund's Nursery Schools' Federation approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

Health and Safety Policy
Inclusion Policy
Equity, Diversity and Inclusion Policy
Safeguarding and Child Protection Policy
Administering Medication Policy
First Aid Policy
Supporting Children with Medical Conditions Policy

2. What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction. Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.
People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. Definitions

Anaphylaxis: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.
Adrenaline Auto-injector: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen.

There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

Allergy Action Plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan
Paediatric Allergy Action Plans - BSACI]

Designated Allergy Lead: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

Neffy: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

Individual Healthcare Plan: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

Risk Assessment: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

Spare Adrenaline Pens: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. Roles and Responsibilities

The Lilycroft and St Edmund's Nursery Schools' Federation takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is **Sian Hudson** (Executive Headteacher) supported by **Ann-Marie Leadbeater** (Lead SEND Practitioner St Edmund's) and **Adam Bagherian** (AHT Lilycroft)**.** They report into **The Governing Body / Safeguarding Governor (Elizabeth Evans)** They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);

- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures

- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;

- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g.under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;

- Regularly (annually) reviewing and updating the Allergy and Anaphylaxis Policy; and Ensuring there is an anaphylaxis drill once a year

At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Leadership Team / Governing Body.

4.2 Lead SEND Practitioner (St Edmund's) / Assistant Headteacher (Lilycroft)

Anne-Marie Leadbeater (Lead SEND Practitioner**) / Adam Bagherian** (AHT) are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families

- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, lunchtime staff, casual staff and those running groups

- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in date. Whilst it's the responsibility of parents/carers to ensure medication is up to date, schools' also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the schools

- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented

- Regularly checking spare adrenaline pens are where they should be, and that they are in date

- Replacing the spare adrenaline pens when necessary

- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with **Lead SEND Practitioner (St Edmund's) / Assistant Headteacher (Lilycroft)** to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten

- There is a clear structure in place to communicate this information to the relevant parties (i.e. Classroom Staff, Catering Team, EYs Food & Nutrition Champions, Lunchtime Supervisors)

- Parents and applicants are informed of catering arrangements during admission events; and Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, casual staff, lunchtime staff, site staff, admin staff are responsible for:

- Championing and practising allergy awareness across the school

- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed

- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to

- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate

- Ensuring access to medication for all children including carrying it on their behalf on out of school visits

- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training

- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager

- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's Regulation and Behaviour Policy and Guidelines

- Forwarding any communication or information that comes directly to them from parents regarding allergens to the **Lead SEND Practitioner (St Edmund's) / Assistant Headteacher (Lilycroft)**

- Ensuring that children's medication and their Allergy Action Plan or Individual Health Care Plan are with them when leaving the school site

4.5 All parents / carers

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school **Anne-Marie Leadbeater (St Edmund's) / Adam Bagherian (Lilycroft)** with information about their child's medical needs, including dietary requirements and allergies,

history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema

- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for special events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware.

4.6 Parents / carers of children with known allergies

In addition to point 4.5, the parents and carers of children with known allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Give permission for their child's photograph and information about their allergies to be shared appropriately as part of their allergy management
- As appropriate, support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic

4.7 All children

As children's understanding grows and at an appropriate age/stage children should:

- Begin to have an awareness of allergies and what they are
- Begin to understand the risks allergens might pose to their peers and respect measures to support them
- Begin to learn how they can support their peers

[All of the above should be done in an age and capability appropriate way.]

4.8 Children with known allergies

In addition to point 4.7, children with allergies, as their understanding grows and at an appropriate age/stage will:

- Begin to understand what their allergies are and how to mitigate personal risk
- Avoid their allergen as best as they can
- Begin to understand the importance of following specific processes at meal and snack times and how these mitigate risk
- Understand that they should tell a member of staff if they are not feeling well, or think they might be having an allergic reaction
- Begin to understand that they need two adrenaline auto-injectors close to them at all times and that they may be needed if they have an allergic reaction
- Talk to a trusted adult if they are worried about anything related to their allergy

5. Information and Documentation

5.1 Register of pupils with an allergy

The schools have a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A brief history of their allergic reactions
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6. Assessing Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food experiences or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk
- Birthdays or special occasions where food “treats” may be given out. Ensure safe food is provided or consider an alternative non-food treat for all pupils
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. Food, Including Mealtimes & Snacks

7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- The schools will adhere to the Early Years Foundation Stage statutory guidance. Specifically the following from the "Safer Eating" section

Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate. Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.

Providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning.

Children must always be within sight and hearing of a member of staff whilst eating. Where possible, providers should sit facing children whilst they eat, so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.

- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff
- The catering team will endeavour to provide varied meal options to students and staff with allergies

The school has robust procedures in place to identify pupils with food allergies including:

- Obtaining information on all allergies from parents / carers including all medical information and Allergy Plans from medical professionals BEFORE a child starts nursery

- Creating an up to date Allergy Register
- An Allergy Card - with recent photo, allergies and allergens for all children in the school with allergies
- Risk Assessments for individuals with severe allergies (at the discretion of the Allergy Lead and supporting staff)
- Ensure the allergy and allergens information is signed and understood by all staff who will be working with the child
- Allergy information displayed in areas where children eat & drink - snack areas (all rooms), hall, studio, kitchen
- Staff responsible for supporting the children as they eat and drink are responsible for knowing if any of the children with them have allergies and ensuring that they DO NOT come into contact or ingest food or drink they are allergic to
- If in any doubt - staff will always check with someone else
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request. (For pupils or staff with allergies to food other than the "main 14" extra processes may be needed)
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging
- Where changes are made to the ingredients in any recipe this will be communicated to The Designated Allergy Lead / Lead SEND Practitioner / AHT who will consider the children this will effect and ensure all staff are aware; including kitchen, lunchtime, food champions, classroom, SLT, admin
- The schools will avoid foods for those with known allergies that have Precautionary Allergen or "May Contain' labelling

7.2 Food brought into school

In classes where we have children with severe allergies, families will not be permitted to bring in food or drink from home that contains or may contain the allergens that are dangerous to them. This includes for birthdays and parties (Eid, Christmas).

Family Events such as Picnics, Better Together and Pappas Pizza Parlour will be adapted so that children with allergies can safely take part.

7.3 Food bans or restrictions

The Lilycroft and St Edmund's Nursery schools' federation do not uphold blanket 'food bans' as this may lead to complacency. In reality such bans are very difficult to manage with no guarantees. Instead a culture of allergy awareness, caution and safety around all children and staff with allergies should be upheld by the whole school community.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled; and Children assisting with the preparation of snack will be supported to; wash their hands before and afterwards, avoid putting fingers in mouths or touching other parts of their bodies, keep utensils clean, use the correct chopping board, disposing of any food that could be contaminated (i.e. fallen on the floor)

8. Educational Visits

- Staff leading the trip will have a register of pupils with known allergies and details of their medication. Staff should notify the trip leader of any allergies
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction
- See Adrenaline Pens section for School Trips

9. Insect stings

For children or staff with a known insect venom allergy we will create a personalised risk assessment and consider the following as preventative measures:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered
- Avoid wearing strong perfumes or cosmetics; and Keep food and drink covered

The school Site Manager Arek Guzik will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bees nest in the school grounds and avoid them.

10. Animals

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic
- If an animal comes on site a risk assessment will be done prior to the visit

- Areas visited by animals will be cleaned thoroughly

- Anyone in contact with an animal will wash their hands after contact

- Children, parents and staff will be made aware of all animals that we have in Nursery on a temporary or longer term basis and consideration and adaptations will be made; and School trips that include visits to animals will be carefully risk assessed

11. Allergic Rhinitis / Hay Fever

The following measures are in place for dealing with seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens:

- Staff will be trained to recognise subtle signs of persistent allergies in toddlers, such as the repeatedly upward-swiping the nose with the palm, mouth-breathing, dark circles under the eyes, or persistent dry coughing

- We will support staff to differentiate between an infectious cold (often accompanied by a fever and thick, colored mucus) and an allergy (characterized by clear nasal discharge, intense itching, and absence of fever)

For House Dust Mite (HDM) Control:

- Cleaners and staff will always "damp dust" or spray and wipe flat surfaces, windowsills etc. regularly to prevent a build up of dust

- Soft toys are minimised and those used will be regularly washed or frozen (in a sealed bag for 12 hours) once a month to ensure any harboured dust mites are killed

- Where possible, quiet zones or reading corners should use vinyl or linoleum flooring with easy-to-clean mats rather than heavy, thick-pile carpeting

For Pollen Control (Hay Fever)

- For children who are highly sensitive, we encourage parents to apply an organic allergen barrier balm (or a thin layer of petroleum jelly) around the base of the child's nostrils before school to trap pollen

- Support children to wash their hands and face after coming inside from outdoor play to remove clinging pollen
- Because allergic rhinitis (hay fever) is a major trigger for asthma, we will ensure children with dual diagnoses have a combined asthma and allergy action plan

12. Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip

- Pupils with allergies and their parents / carers may require additional support including more regular check-ins from their key person

- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and Bullying related to allergy will be treated in line with the school's Regulation and Behaviour Policy and Guidelines

13. Adrenaline Pens

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times

- Pupil's prescribed Adrenaline Pens will be kept in the medical cabinet closest to their classroom.. The set of spare Adrenaline pens (2 adult, 2 child) will be located in a case behind Reception. Adrenaline pens to be taken on local visits (Outdoor Learning, Park etc.) will be located in a grab bag behind Rec

- Spot checks will be made to ensure adrenaline pens are where they should be and in date

- Adrenaline pens must not be kept locked away

- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
  Used or out of date pens will be disposed of as sharps

13.2 Spare adrenaline pens

This school has 2 sets of spare Adrenaline Pens (x2 adult x2 child in each set).Spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are: In a case, wall mounted behind Reception.

The Allergy Lead and Lead SEND Practitioner (St Edmund's) / Assistant Headteacher (Lilycroft) are responsible for:

- Deciding how many spare pens are required

- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11)

- Ensuring the schools only buy EpiPens as spares to mitigate confusion

- The purchasing of spare adrenaline pens

- Distribution around the site and clear signage

- Spot checks on adrenaline pens

13.3 Adrenaline pens on off-site activities

- [1] No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms
- Adrenaline pens will be protected from extreme temperatures
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and Spare adrenaline pens will be taken out with the staff and children during an evacuation
- Spare adrenaline pens will be taken on local visits where parents / carers are not present. This will be recorded as part of the risk assessment process. It is the trip leader's responsibility to check they have them

14. Responding to an Allergic Reaction /Anaphylaxis

See Appendix 1 - recognising and responding to an allergic reaction
If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan
- Instigate the school's Emergency Response Plan
- If anaphylaxis is suspected administer adrenaline without delay
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them
- Use pupil's own prescribed medication if immediately available
- A member of staff (ideally a first aider) can administer the pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen
- If anaphylaxis is suspected but the person does not have a prescribed adrenaline pen or Allergy Action Plan, lie them down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life

- Stay in constant contact with a medical professional on the phone, whilst waiting for the ambulance and follow their advice. They may advise after 5 minutes, if there is no improvement, to use a second adrenaline pen

- Do not move the patient until a medical professional / paramedic has arrived, even if they are feeling better; and Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent, guardian or next of kin arrives

15. Training

The school is committed to training all staff annually to give them a good understanding of allergy.

This includes:

- Understanding what an allergy is

- How to reduce the risk of an allergic reaction occurring

- How to recognise and treat an allergic reaction, including anaphylaxis [staff should be given the opportunity to practise with a training adrenaline auto-injector]

- [2] How the school manages allergy, for example Emergency Response Plan, documentation, communication etc

- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them

- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying

- Understanding food labelling; and Taking part in an anaphylaxis drill.

15.1 The school will carry out an anaphylaxis drill once a year

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response

16. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate

Reporting Allergic Reactions
The school will log allergic reaction incidents and near-misses using the form in **Appendix 2**

Appendix 1

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

Swollen lips, face or eyes
Itchy or tingling mouth
Hives or itchy rash on skin
Abdominal pain
Vomiting
Change in behaviour

Response:

Appendix 2

The Lilycroft & St Edmund's Nursery Schools' Federation
Allergy Incident & Investigation Form

Purpose: To record, investigate, and learn from all allergic reactions and "near misses" in accordance with DfE *Allergy Safety in Schools* guidelines. This form supports a **no-blame safety culture** aimed at systemic improvement.

Immediate Incident Record
To be completed by the staff member(s) present during the incident within 24 hours of the event.

Child & Incident Details

Child's Full Name:	
Date of Birth / Class:	
Date & Time of Incident:	Date: Time: (am/pm)
Location of Incident:	
Is there an active IHP in place?	Yes No
Type of Incident:	Active Allergic Reaction "Near Miss" (No reaction occurred)

Symptoms & Progression
Describe the initial symptoms observed and how quickly they developed:

Treatment Administered

Treatment Type	Administered? (Y/N)	Time Given	Dose / Details
Antihistamine			
Inhaler			
Adrenaline Auto-Injector (AAI)			
Whose AAI was used?	Child's own prescribed device School's spare emergency device		
Other			
Physical Positioning:	How was the child positioned? (e.g., kept flat with legs raised, sitting up)		

Emergency Services & Notifications

- **Was 999 called?** Yes No *If yes, time of call:* (am/pm)
- **Was the child taken to hospital?** Yes No
- **Time parents/guardians were notified:** (am/pm) *By whom:*

Form completed by (Staff Name & Role): **Date:**

Incident Investigation
To be completed by the Designated Allergy Lead within 48 hours of the incident.

Exposure Root Cause Analysis

1. **What was the confirmed or suspected allergen/trigger?**

2. **Did the school's systems or protocols fail in any way? If so, how?**

3. **Was the child's Individual Healthcare Plan (IHP) followed correctly?** Yes No

   If "No", what systemic barriers prevented this? (e.g., medication was locked away, keyholder absent, IHP was outdated)

Restorative Staff Debrief

A brief meeting to support the well-being of the staff involved within 5 school days

- **Date of debrief:**
- **Attendees:**
- **Key takeaways / How did the team feel about the response?**

Parent Consultation

- **Date parents met with school:**
- **Attendees**
- **Summary of parent feedback/agreement:**
- **The Child's Voice (if age-appropriate):** *How did they feel? What did they notice first?*

Lessons Learnt & Action Plan

Corrective Actions Required

Action Item	Responsible Person	Target Date	Date Completed
Update Child's IHP & Risk Assessment			
Review Systems What needs reviewing?			
Staff Training/Refresher What needs covering?			
Brief Governing Body on findings Reported to Chair of Govs			
Anything Else?			

Designated Allergy Lead Signature: **Date:**

Headteacher Signature: **Date:**