

Innsworth Preschool Allergy Management Policy

Last Updated: 1st January 2026

1. Purpose

This policy outlines Innsworth Preschool's robust procedures for managing allergies. Its purpose is to ensure the health, safety, and welfare of all children and staff with allergies by minimising risks, establishing clear responsibilities, and ensuring a swift and effective emergency response.

This policy is a fundamental component of our safeguarding duty and our commitment to inclusive practice. Adherence to this policy is a condition of enrolment and is essential for maintaining the legally required safe environment for every child in our care.

2. Legal and Statutory Framework

This policy is underpinned by and ensures compliance with the following key legislation, statutory guidance, and regulatory requirements:

- The Statutory Framework for the Early Years Foundation Stage (EYFS): Specifically, the Safeguarding and Welfare Requirements concerning health, the administration of medicines, food and drink, and risk assessment.
- The Health and Safety at Work etc. Act 1974: Our overarching legal duty to identify risks and protect the health, safety, and welfare of our employees, children, and all other persons on our premises.
- The Equality Act 2010: Recognises that severe allergies can be considered a disability, placing a duty on us to make reasonable adjustments. Our food policies are a primary example of a necessary and reasonable adjustment.
- DfE guidance on supporting pupils with medical conditions: We adopt relevant principles as best practice where compatible with the EYFS.
- The Food Information Regulations 2014: Requires accurate information on the 14 major allergens.
- Control of Substances Hazardous to Health (COSHH) Regulations 2002: Governs the management of allergens as substances hazardous to health.
- The Children Acts 1989 & 2004: Establishes that the welfare of the child is paramount.
- The Innsworth Preschool Parent-Provider Agreement: The legally binding contract which requires adherence to all preschool policies.
- UK Health Security Agency (UKHSA) Guidance: Best practice for health protection and infection control.

3. Core Principles

Our approach to allergy management is guided by these fundamental principles:

- **Risk Mitigation as Priority:** Our primary goal is the proactive identification, management, and reduction of allergy-related risks.
- **Whole-Setting Approach:** Every member of the preschool community shares a responsibility in implementing this policy.

- **Parental Partnership and Responsibility:** A safe outcome relies entirely on a transparent and honest partnership. Parents have a non-delegable responsibility to provide complete and accurate information.
- **Inclusion through Safety:** We ensure children with allergies can participate fully and safely by making necessary and reasonable adjustments.
- **Emergency Preparedness:** All staff are trained and equipped to respond calmly, swiftly, and effectively in the event of an allergic reaction.
- **Privacy with Visibility:** Allergy information (including child photo and key actions) is displayed on staff-only "Allergy Alert" boards and registers, as necessary for safeguarding and health and safety. Parents are informed of this via our privacy notice.

4. Roles and Responsibilities

4.1 Preschool Management: Holds overall responsibility for effective implementation, statutory compliance, and robust risk assessment. Ensures annual whole-staff anaphylaxis training with practical AAI practice pens, termly tabletop drills, and monthly medication/expiry audits.

4.2 The Designated Allergy Lead (SENCO): Responsible for day-to-day operation, including creating and reviewing Individual Healthcare Plans (IHCPs) with parents, maintaining the central allergy log, and liaising with healthcare professionals.

4.3 All Staff: Responsible for knowing the allergies of children in their care, enforcing control measures (e.g., handwashing), vigilantly supervising meal times, and knowing the emergency procedure. Staff must check the register "AAI present?" column at drop-off and carry the grab-bag whenever the group moves.

4.4 Parents and Carers: Have a crucial responsibility to provide complete/accurate information upon enrolment and update it immediately. They must provide in-date medication (AAIs) daily and adhere strictly to food policies.

4.5 Visitors/Contractors: Are briefed on entry. No food or drink is permitted in child areas, and nuts/sesame are strictly prohibited on site. Contractors are restricted to agreed routes/areas. Hand hygiene is required on entry. Strong fragrances are discouraged where we have medically vulnerable children.

5. Identification, Admission, and Individual Healthcare Plans (IHCPs)

5.1 Disclosure at Admission: Parents are required under the **Parent-Provider Agreement** to disclose any known allergies or dietary needs on the Enrolment Form to enable us to meet our statutory safety duties. Withholding such critical information is a serious breach of contract and may lead to the withdrawal of the child's place on safety grounds. Any decision will be based on our ability to keep the child and others safe and to meet needs within reasonable adjustments.

5.2 Start Condition (No Medication, No Entry): Children who require an IHCP and/or AAIs cannot start until the signed IHCP is in place and two in-date AAIs have been provided for onsite use.

5.3 Individual Healthcare Plans (IHCPs): For any child with a diagnosed allergy requiring specific management or emergency medication, a formal IHCP is mandatory. Developed by the Allergy Lead and parents, it documents:

- Specific allergens, triggers, and symptoms.
- Detailed emergency procedures and medication instructions.
- Parental consent for administration.
- Emergency contacts and medication location.
- Known co-morbidities (e.g., asthma).
- **Antihistamines:** Antihistamines are only administered if parent-supplied and authorised in writing within the IHCP (specifying brand, dose, route, and timing).
- **Review:** IHCPs are reviewed annually or after any reaction/change in condition.

6. Risk Management and Control Measures

We implement a hierarchy of control measures to create the safest possible environment.

6.1 The "Original Packaging" Rule (Packed Lunches): We cannot safely verify the ingredients of homemade or decanted food items. Therefore, strict rules apply to families opting out of our **Enhancements (Lunch Club):**

- **Labelling Requirement:** All food items in a packed lunch must be in their **original commercial packaging** with the manufacturer's ingredient list and allergen highlighting clearly visible.
- **Prohibited Items:** Homemade items (e.g., loose sandwiches, home-baked cakes, decanted snacks in Tupperware) are **not permitted** as staff cannot verify their allergen content/trace risks with certainty.
- **Exception:** The only exception to this rule is for specific medical foods or supplements that are prescribed and explicitly documented within the child's IHCP.
- **Fruit and Veg:** Parents must prepare and cut high-choke-risk foods (e.g. grapes, cherry tomatoes) at home to our safety standard. Staff may further cut food before serving if required. For allergy control, whole fruit/veg can be accepted and cut on-site using setting equipment.
- **Storage & Reheating:** We do not have fridges. Packed lunches must arrive in an insulated bag with a frozen ice pack. Lunch bags are stored in a designated area outside playrooms (for fire safety and contamination control). We do not reheat parent-provided food.
- **Compliance:** Families are not required to purchase Meals/Enhancements to access funded hours; however, any parent-provided food must comply with this safety policy and may be refused where it creates an unacceptable risk.

6.2 Safety Removal and Emergency Meal Provision: If a packed lunch contains unlabelled/homemade food, prohibited items, or potential allergens:

- **Removal:** The item will be removed from the child's access for safety reasons and returned to the parent at collection.
- **Emergency Protocol:** The Manager will determine the safest course of action based on the welfare of the child. The parent will be contacted first to immediately provide a compliant replacement.
- **Provision:** If a compliant replacement cannot be provided in time, parents may choose: (a) provision of an emergency meal from our Lunch Club service (charged), or (b) immediate collection of the child.

- **Agreement:** Parents acknowledge this via the Enrolment Form, noting that emergency meals are charged in accordance with the published Fees Schedule.

6.3 Blanket Allergen Restriction: Based on our cohort-specific Allergy Risk Assessment, we operate a setting-wide restricted list for parent-provided packed lunches. This list is reviewed termly and may change as the cohort changes. The restriction is designed to be a proportionate safety control and is applied alongside IHCP-specific controls.

- **Current Restriction:** Parent-provided packed lunches must be free from **nuts, peanuts, and sesame**.
- **Review Criteria:** Triggers for review include new diagnoses, changes in the cohort risk profile, or environmental changes (e.g., Farm School expansion).

6.4 Drinks: Water Only Rule: Staff refill setting bottles with plain water only. Flavoured/sugared waters from home are not permitted unless specified in a medical plan (IHCP). Non-compliant drinks will not be served. The child will be given setting water. Repeated breaches may trigger a formal warning and a safety review.

6.5 Farm School and Animal Feed: We recognise that animal feed often contains hidden allergens (nuts, fish, wheat, soy).

- **Control:** Animal feed areas are treated as "High Allergen Zones."
- **Hygiene:** Children must follow a strict handwashing regime immediately after handling animals or feed buckets and **before** consuming any food or touching their face.

6.6 In-House Meal Service (Enhancement): Our in-house **Lunch Club** is our most effective control measure. We strongly recommend all parents opt into this service to eliminate the risks associated with external food sources.

6.7 Cross-Contamination Prevention:

- **Training:** All food-handling staff hold a food hygiene qualification.
- **Hand Hygiene:** Strict soap and water handwashing is enforced before/after eating (sanitiser is insufficient).
- **Cleaning:** Tables/high-touch surfaces undergo two-stage cleaning (detergent then disinfect) before and after meals. Separate, colour-coded cloths are used for eating areas.
- **Equipment:** Separate utensils and chopping boards are used in food preparation.

6.8 Non-Food and Environmental Allergens: Managed via our **COSHH Policy**. We use allergen-safe curriculum materials (e.g., gluten-free playdough).

- **Consumables:** To mitigate skin reaction risks, the preschool provides a single, approved, non-allergenic antibacterial handwash via our **Care Consumables Service**. The use of parent-provided soaps is not permitted.

7. Medication Management

7.1 Parental Responsibility: Parents are solely responsible for providing two in-date, labelled AAIs every day. We will endeavour to remind parents approximately four weeks before expiry; however, the **ultimate responsibility for ensuring medication is in-date remains with parents**.

7.2 No Medication, No Entry: A child with a prescribed AAI will be refused entry if they arrive without two in-date devices.

7.3 Mid-Session: If medication is found to be missing or expired during a session, the Manager will assess immediate risk and may require collection or suspension of attendance.

7.4 Storage: AAI's are stored in a clearly marked, unlocked container/grab-bag accessible to staff but not children. They are never locked away. Storage aligns with manufacturer guidance (room temperature, away from direct heat/sunlight). Staff conduct a visual check daily and an expiry audit monthly. Any deviation is assessed immediately.

7.5 Administration: At least one person with a current paediatric first aid certificate is on the premises and available at all times when children are present; staff receive AAI training appropriate to their role.

8. Emergency Procedure for Anaphylaxis

In the event of a suspected severe allergic reaction (anaphylaxis), staff will follow this procedure consistent with our First Aid Policy:

1. **ADMINISTER ADRENALINE FIRST:** Immediately administer the AAI into the upper, outer thigh. No delay.
2. **CALL 999:** State "Anaphylaxis."
3. **CONTACT PARENT:** Inform parent/carer.
4. **POSITION:** Lie the child flat (sit up if breathing is difficult). Do not stand them up.
5. **SECOND DOSE:** If no improvement after 5 minutes, administer second AAI. Staff are authorised to administer this second dose in line with their training and the IHCP without further consent.
6. **AMBULANCE DELAY:** If symptoms persist and ambulance arrival is delayed, staff will follow 999 clinical advice and the IHCP regarding further doses.
7. **STAY AND REASSURE:** Stay with the child until ambulance arrives.
8. **HOSPITAL:** Child must go to hospital. Send used AAI's with paramedics.
9. **RECORD & NOTIFY:** Complete incident form. Ofsted will be notified of any serious incident as soon as reasonably practicable and in any event within 14 days.
10. **REVIEW:** Manager-led review within 5 working days.

Priority Protocol: In scenarios where staffing is limited (e.g., strict minimum ratio), the absolute priority is **1. Administer Adrenaline**, followed immediately by **2. Call 999**. Contacting parents is secondary to preserving life. Where only one practitioner is present, administering adrenaline and calling 999 take precedence over all other actions.

Doctrine of Necessity: If a child without a diagnosis shows signs of anaphylaxis, staff will follow 999 clinical advice to save life.

9. Parent and Carer Responsibilities

In line with our **Parent Partnership and Conduct Policy**, adherence is non-negotiable. Parents must:

- Ensure all packed lunch items are in **original packaging** with visible ingredient lists.
- Provide complete/accurate health info and updates.
- Supply necessary, in-date medication daily.
- Comply with the allergen restriction and "Water Only" rule.
- Work collaboratively with staff.

Failure to meet these responsibilities constitutes a breach of the Parent-Provider Agreement. Where a serious or repeated safety breach occurs, the child's attendance may be suspended immediately pending a safety review. Any suspension will be reviewed without delay and normally within five working days.

10. Monitoring and Review

The Preschool Manager reviews this policy annually or following any serious incident.

- **Termly:** Review of the specific Allergy Risk Assessment and blanket restrictions.
- **Monthly:** Audit of medication expiry dates and storage logs.
- **Ongoing:** Central log of allergies/IHCPs maintained by the Allergy Lead.
- **Learning Loop:** Learning from incidents and near misses is shared with staff through supervision or team briefings to improve practice.

