

Allergies Policy and Procedure

Policy Statement

Peques recognises that there is an increasing prevalence of allergies, intolerances and special dietary requirements among children. The nursery is committed to safeguarding children's health and wellbeing by putting clear procedures in place to identify, manage and respond to allergies, intolerances and dietary needs safely and consistently.

1. Special Dietary Requirements

Peques accommodates special dietary requirements including, but not limited to, allergies, intolerances, vegetarian, pescatarian, vegan diets, religious beliefs and parental preference.

1.1 Information from Parents and Carers

- Parents/carers must inform the nursery of any special dietary requirements via the Registration Form.
- Where a child has an allergy or intolerance, parents/carers must provide medical evidence confirming the condition. This must be in the form of a letter or email from a medical professional and must be no older than three months.
- Parents/carers of children with allergies or intolerances must complete a Health Care Plan with the Nursery Manager. This is stored securely in a designated folder in the Manager's office.
- Health Care Plans are reviewed at least every **six months**, and sooner if there is any change to the child's medical needs, medication or dietary requirements. Review dates are recorded within the child's individual Health Care Plan.

1.2 Food Restrictions

- Peques operates a **No Nuts Policy**, including foods containing traces of nuts.
- No food, drink or birthday cakes may be brought into the nursery by parents or carers. This is due to the inability to guarantee ingredients and to safeguard children with allergies, intolerances and other dietary needs.

1.3 Planning and Activities

- Allergies and intolerances must be considered when planning all activities involving food, in line with the Risk Assessment Policy and Food in Play Policy.

2. Communication and Identification of Dietary Requirements

To ensure consistency and safety, dietary information is clearly communicated and displayed:

- A dietary requirements board is displayed outside the kitchen for teaching staff and duplicated inside the kitchen for kitchen staff.
- Each room holds a list of children's dietary requirements for their group.
- The Manager's office holds a master list of dietary requirements for the whole nursery.

The dietary board includes a photograph of each relevant child on a colour-coded background:

- **Red** – allergies and intolerances
- **Yellow** – religious beliefs, vegetarian, pescatarian, vegan and parental choice

The specific dietary requirement is written beneath each child's photograph.

3. Food Service and Control Measures

3.1 Plates and Utensils

- All children are served food using colour-coded plates:
 - **Red** – allergies and intolerances
 - **Yellow** – religious beliefs, vegetarian, pescatarian, vegan and parental choice
 - **Blue** – no special dietary requirements
- Children with special dietary requirements must always be served using their designated colour-coded plate, even where the meal is suitable for all children, to avoid confusion.
- Indigo children in PPC use Durablex plates. Plates for children with special dietary requirements are clearly labelled.
- Children with special dietary requirements are served first.

3.2 Dietary Checks

- Dietary forms must be completed for all meals and snacks.
- Forms must be initialled by kitchen staff and then by the staff member receiving the plate.
- Plates must not be handed over by kitchen staff until the receiving staff member has initialled the form.

4. Drinks and Milk Provision

- Oat milk is provided for children who are vegan, have religious dietary requirements, or have allergies or intolerances, where appropriate medical evidence has been provided. Oat milk is served in **red cups**.
- Cow's milk is served in **blue and yellow cups**.
- Where parents/carers choose not to have their child drink cow's milk due to personal preference, water will be offered.
- Parents/carers are not permitted to bring milk substitutes into the nursery.
- Peques provides a full and well-balanced daily diet. Children will not be nutritionally disadvantaged if they do not drink milk.

5. Staff Hygiene and Practice

- Staff starting work and returning from breaks must wash their hands before working with children.
- This measure is in place to safeguard children with severe allergies and reduce the risk of cross-contamination.

6. Anaphylaxis

Anaphylaxis is an extremely serious and life-threatening allergic reaction requiring urgent medical treatment. It may be treated using medication such as antihistamines, adrenaline inhalers or adrenaline self-injectors, depending on the severity of the reaction.

All incidents involving choking or suspected or confirmed anaphylaxis are treated as medical emergencies and are subject to internal review and external notification in line with statutory requirements and Peques procedures. Reporting responsibilities sit with senior leadership and may include notification to **Ofsted, RIDDOR, the Local Authority and Millie's Mark**, where applicable. Incident reporting timescales are followed in accordance with statutory and regulatory requirements in force at the time of the incident.

6.1 Signs and Symptoms of Anaphylaxis

Signs and symptoms may appear within seconds or minutes of exposure and may include:

- Itchy skin, flushing, rash, wheals or hives
- Swelling of the face, mouth, lips or tongue
- Swelling of the throat or vocal cords and hoarse voice
- Swelling of the airways resulting in wheezing or an asthma attack
- Digestive symptoms including abdominal pain, nausea, vomiting or diarrhoea
- Collapse or loss of consciousness

6.2 Common Triggers

- Insect bites or stings
- Medication
- Food, including nuts, eggs, fish and dairy products

7. Management of Anaphylaxis

- Where a child has a known allergy that may result in anaphylaxis, parents/carers must provide **two valid adrenaline self-injectors** before the child's start date.
- Medication is stored in an accessible but safe location.
- If an adrenaline self-injector is used or expires, it must be replaced immediately before the child can be readmitted to the nursery.
- Parents/carers are responsible for ensuring that medication is in date and available at all times.

8. Anaphylaxis Procedure

1. One staff member will closely supervise the child while another retrieves the medication.
2. A further staff member will inform the Nursery Manager, who will call an ambulance, contact the parent/carer and oversee the situation.
3. Other staff will calmly remove the remaining children from the area and provide a suitable distraction activity.
4. If there is any doubt as to whether the child is experiencing anaphylactic shock, medication should be administered.
5. A confident, qualified first aider will check the child's name and the medication expiry date and administer the first adrenaline self-injector into the child's thigh, through clothing if necessary.
6. If symptoms do not improve within **ten minutes**, the second adrenaline self-injector will be administered.
7. If this is the first occurrence of anaphylaxis and no adrenaline self-injectors are available on site, an antihistamine will be administered orally, in line with the Medication Policy.
8. The child's condition will be closely monitored and recorded. If the child stops breathing while awaiting the ambulance, a confident first aider will commence CPR.
9. On arrival of the ambulance, a full handover of all relevant information will be provided.
10. If the parent/carer has not arrived, two senior staff members will accompany the child to hospital until the parent/carer arrives.
11. Once the child is in safe medical care and under parental supervision, a full review of the incident will be conducted to identify any potential contributing triggers.

This policy should be read in conjunction with:

- Health and Safety Policy
- Risk Assessment Policy
- First Aid Policy
- Infection Control Policy
- Kitchen Food & Hygiene Policy
- Medication Policy
- Nutrition Policy
- Outings Policy
- Partnership with Parents Policy

Version: 1.0

Effective date: 02/03/2026

Last reviewed: 02/03/2026

Review cycle: Annually, or earlier where required due to legislative, regulatory, operational, or statutory changes.

Approval route: Head Office