



Setting's Name:	Morning Star Nursery & Morning Star Educational Centre
Date Last Reviewed:	17 th February 2024
Date of Next Review:	17 th February 2025

This Allergy Policy forms a part of the overall policy for delivering the Early Years Foundation Stage (EYFS) curriculum at Morning Star.

Key: SENCo = Special Educational Needs Coordinator

Rationale

Childhood allergy is now a recognised problem for children and parents across the country. 50% of children in the UK have allergies, and for those affected this can mean a daily battle of trying to keep symptoms under control. At Morning Star, we will follow this policy to ensure, where possible, allergic reactions are prevented and staff are clear how to support a child who may be having an allergic reaction.

Definitions – including food allergy and food intolerance - please see appendix 1

Aims

We aim to:

- Make sure we know which children suffer from an allergy.
- Display this information in all areas food is prepared and served.
- Formulate Health Care Plans for children with severe allergies.
- Make sure our staff are made aware of the potential hazards from the use of severe allergens such as nuts and nut products.
- Provide alternative food items for children with food allergies.
- Clearly label food containing allergens.

Be aware of accidentally transferring food from one dish to another via cooking equipment or cooking media.
Obtain information from catering suppliers as to whether ingredients or flavourings used in their products contain allergens.

Provide staff training in dealing with allergies and first aid.

Procedures

Staff will find out if the child has any allergies at the home visit / before the child starts nursery.

Parents will be advised that we need a letter from their doctor or dietitian to confirm the child's allergy and to give us information about:

How to prevent exposure to allergens

How to recognize the symptoms of allergic react

How to treat the allergic reaction

If the child requires any specialist nutrition products

If the child requires restricted access to any play materials

The confirmation letter must be in place before the child can be left unaccompanied in nursery. We will not diagnose allergies ourselves or eliminate foods from a child's diet without medical advice.

The keyperson / SENCo will complete a Health Care Plan with the parent prior to the child starting the nursery. The information will then be shared with all staff.

When the child starts nursery, the SENCo will prepare the nursery environment to limit the use of allergens where required by a medical practitioner and where possible. We will provide alternative substitutes for the child requiring restricted access to play materials e.g. use baby bath rather than washing up liquid in water play / use rice flour rather than wheat flour in playdoh.

These substitutes, where possible, will be used for all children so that the play remains inclusive.

The SENCo will liaise with the medical nursing service if relevant training is needed (e.g. epi-pen use – see also first aid policy) when drawing up the Health Care Plan

Parents will be asked to arrange for morning star to have appropriate medication (if necessary)

We will ensure there is proper storage of medication and equipment.

We will provide, wherever possible, alternative nutritious food substitutes in the case of a food allergy. If the substitute is difficult to source we will ask the parent to provide the substitute or ask their dietitian for an alternative brand. The food will be clearly labelled and stored.

Health care cards for children with food allergies will be posted in any food preparation or serving area (care will be given to confidentiality issues). Restricted access to any play materials will also be indicated on the cards

If helpful, the SENCo will liaise with the dietitian to ensure that children with multiple food allergies, and staying for meals, have a nutritious and varied diet

Staff will refer to the food allergies list and ensure that children with food allergies avoid contact with food that may cause an allergic reaction.

The list will be updated each half term by the office. Staff must inform the office of any new information on or before the first Friday in each half term.

Health Care Plans and medication will be taken on educational visits.

Staff will promptly take proper steps outlined in the Health Care Plan if a reaction occurs in nursery.

If we ever notice unusual symptoms such as a rash or vomiting after eating, or symptoms identified in the Health Care Plan, swelling of the child's mouth or face, breathing difficulties during or after eating, or if a child has an allergic reaction to a bee sting, plant etc, a First Aid trained member of staff will administer the appropriate treatment and parents will be informed.

If this treatment requires specialist treatment, e.g. an epi-pen, then at least two members of staff will receive specific medical training to be able to administer the treatment to the child.

If the allergic reaction is severe, a member of staff will summon an ambulance immediately. DO NOT attempt to transport the sick/injured child in your own vehicle.

Whilst waiting for the ambulance, contact the emergency contact and arrange to meet them at the hospital. A sick child needs family; therefore every effort should be made to contact a family member as soon as possible.

A senior member of staff will accompany the child and collect together registration forms, relevant medication sheets, medication and child's comforter.

Staff will remain calm at all times; children who witness an allergic reaction may well be affected by it and will need lots of cuddles and reassurance.

Health Care Plans

A Health Care Plan will be provided for all children with allergies. Our SENCo will liaise with health care providers if relevant training and a Health Care Plan is needed (e.g. forepi-pen use)

The keyperson will review the Health Care Plan each term and update if necessary

The Health Care Plan will detail how the child's allergies will be managed on a day-to-day basis and what to do in the event of an allergic reaction.

The Health Care Plan will give information about the allergy, with a clear description of what the child is allergic to and an outline of what symptoms the child shows when having an allergic reaction.

If the child needs regular treatment during the day to keep symptoms in check - such as eye drops during the hay fever season, or cream for atopic eczema, then the plan should state how often the treatment should be given and who will be responsible for giving it.

Pembury House Nursery School and Children's Centre will refer to the letter from the child's GP or dietitian, which should state the treatment prescribed for the child. This will be kept with the Health Care Plan so that it can be referred to at any time.

Reintroducing foods to diet

If a parent would like to try re-introducing a food into their child's diet, where the child was previously thought to have an allergy, then the parent must try this at home and have success over several occasions before we will re-introduce it at nursery.

Nut Ban

At Morning Star, we have chosen to remove nuts from menus and ask that nuts are not brought into the teaching areas on school premises or on school educational visits. Young children are not yet mature enough to be responsible for managing their condition by avoiding allergens, and so by limiting their availability at school, this may reduce the number of allergy related incidents. We will however, make parents/carers of children with a nut allergy aware that this approach may induce a false sense of security for those children with a nut allergy, and does not teach children avoidance strategies for outside of school where they may come in contact with nuts. We will also make parents/carers aware that there is no absolute guarantee that a nut ban will ensure there are no nuts in the teaching area on school premises.

Breastfeeding Mothers

We promote breastfeeding as an allergy preventative following much research, including a report by a leading group of US pediatricians (Greer, Sicherer and Burks, 2008), that suggests food allergies, asthma, eczema, and other atopic diseases may be delayed or prevented in high risk babies if they are breastfed for at least four months. All breastfeeding mothers, are welcome to breastfeed anywhere on our premises, and we will provide a private area for mothers to breastfeed their babies on request.

Equal Opportunity

We will actively promote an awareness of allergies across the nursery. Staff will differentiate nursery activities, including food related activities, through resources, support or expectation to meet the needs of the individual children.

Staff CPD opportunities

We want to ensure that all staff feel confident and comfortable to support children with allergies. We will do this by providing:

Staff training opportunities in planning meetings, staff meetings, INSET days

Relevant books, handouts and early years professional magazines to borrow

Responsibility, management and coordination

The SENCo has overall responsibility for the implementation of this policy in conjunction with staff with first aid training.

Definitions

Allergies

This is when the body has a reaction to a protein (e.g. foods, insect stings, pollens) or other substance (e.g. antibiotic). These substances are called allergens, and for most people they are harmless. Common things that children are allergic to include: food (e.g. peanuts, tree nuts, milk, eggs, wheat and fish), pollens from tree and grasses, house dust mite and insect stings.

Allergic symptoms can affect the nose, throat, ears, eyes, airways, digestion and skin in mild, moderate or severe form. Symptoms of allergy affect many children on a daily basis, and the impact these symptoms have on a child's general health and well-being can go largely unnoticed until they have been suffering with the problem for some time.

The consequences of suffering with one, or several, of these symptoms every day can cause a child to struggle with their schooling and other general abilities. Concentration levels can be reduced from lack of sleep, or simply from dealing with the symptoms.

When a child first shows signs of allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other common childhood conditions. However, if the allergic reaction is severe, or if the symptoms continue to re-occur, it is important that their symptoms are investigated. The most important fact to remember is that if a child does develop an allergy, with early diagnosis and treatment of this condition, it will be easier to manage the symptoms and help minimise their effects on the child's daily life.

Pollen and Hayfever

The prevalence of hayfever in the UK is one of the highest rates worldwide. About 25% of the population as a whole have hayfever. The typical symptoms of frequent sneezing, runny and itchy nose and eyes are often considered to be trivial, but hayfever impacts on the individual in many ways, including a decrease in the quality of life. If uncontrolled it can develop into asthma. Some pollen can be in the air in all months of the year and fungal spores can be abundant in the summer and autumn. Summer is the worse time of the year for most hayfever sufferers. Grass pollen is by far the most important allergenic pollen in the UK, affecting about 95% of people with pollen allergy. A person could be allergic to one, several or many types of pollen and spores. However whatever the trigger, the allergic reaction and the potential resulting symptoms are basically the same.

Food Allergy and Food Intolerance

A food allergy is a reproducible adverse reaction to a particular food which involves the immune system. Reactions can range from relatively mild, such as skin irritation, through to the most severe form of reaction that may cause anaphylaxis. Approximately 5-8% of children have a food allergy (FSA 2006). Food allergies occur when the body's immune system acts against a protein within a food known as the allergen. Antibodies are produced as part of this response and a complex chain of events leads to the release of histamine. This causes symptoms such as eczema, asthma, rashes, rhinitis, conjunctivitis, and in its most severe form, life threatening anaphylaxis. Symptoms are often seen within minutes to hours after exposure to the allergen.

A food intolerance does not involve the immune system and is rarely life threatening. Reactions tend to occur hours or days after ingesting the culprit food. The reaction is due to an inability to properly digest a food. The most common childhood food intolerance is lactose intolerance, where the body doesn't produce enough lactase (the enzyme that breaks down lactose), the sugar found in milk. The majority of cases of lactose intolerance are 'secondary', meaning that the intolerance has arisen due to another infection, usually rotavirus or some form of gastroenteritis which has damaged the gut lining. Symptoms of food intolerance vary enormously but include nausea and vomiting, diarrhoea, abdominal pain, skin irritation and changes to the mucus linings of the nose and throat.

Food allergy or intolerance?

In 2008 the Food Standards Agency commissioned the University of Portsmouth to investigate the prevalence of childhood food allergies. The findings suggested that parents are too quick to blame food allergies for every rash, tummy upset and change in behaviour they see in children. The study of over 800 babies found that over one third of parents said their baby was allergic or intolerant to one or more foods. After monitoring the children until they were three, the actual number of children with food allergies was just 60 – suggesting some had grown out of their allergies, which is common, but also that many parents were mistaken in their diagnosis. In reality, the number of children with true food allergies sits at about 5–8 per cent of the under-fives population. In 2010 the UK's first guidelines for the diagnosis and management of food allergies in children were drafted by the National Institute for Clinical Excellence (NICE). NICE stresses that high street allergy testing is not valid as a diagnosis of food allergy. The only recognised, evidence-based allergy tests are a RAST (radioallergen sorbent test) blood test and skin prick testing. *NICE states that inaccurate diagnosis can put children at risk of nutritional deficiency through inadequate dietary intakes when foods are excluded unnecessarily.*

Anaphylaxis

The most common cause is eating a food to which you're allergic. Peanuts and tree nuts (such as almonds, Brazil nuts, hazelnuts and walnuts) are the foods most likely to provoke a reaction. Anaphylaxis can also be triggered by fish, shellfish, eggs and cow's milk. Even eating a tiny amount of a particular food can cause anaphylaxis. Allergy from bee and wasp stings can cause anaphylaxis too, as can allergy to latex rubber and drugs such as antibiotics. Certain anaphylaxis-prone individuals are unable to identify any obvious trigger. The anaphylaxis can occur for no apparent reason and is called idiopathic anaphylaxis.

Symptoms of anaphylaxis

The initial reaction is swelling and itching of the area the allergen has entered. So food initially causes swelling and itching of the mouth and throat, while a wasp sting will cause intense itching and swelling around the sting. A generalised reaction rapidly follows within minutes and a raised itchy rash spreads over the whole body. The face and soft tissues begin to swell and breathing becomes difficult as the throat closes.

The person becomes very agitated – people describe a 'feeling of impending doom' - and their blood pressure begins to drop. At this point the victim collapses and loses consciousness.

Children tend to develop wheezing and fatal airway obstruction. Food-allergic children with coexistent asthma have a higher anaphylaxis risk. In anaphylaxis, the symptoms develop within a few minutes of contact with the allergen, so immediate treatment is essential.















Anaphylaxis treatments

Anaphylaxis requires emergency treatment because the symptoms of respiratory obstruction and shock develop so quickly. An injection of adrenaline must be given to raise blood pressure, relieve breathing difficulties and reduce swelling.

As long as this is done promptly, people normally recover quickly, but anyone who's had anaphylaxis should go to hospital for observation regardless. They may need further treatment - such as antihistamines, corticosteroids and, occasionally, oxygen and intravenous therapy - when the adrenaline wears off.

Appendix 2

List of 14 Food Allergens

Celery		This includes celery stalks, leaves and seeds and celeriac. It is often found in celery salt, salads, some meat products, soups and stock cubes.
Cereal containing Gluten		This includes wheat (such as spelt and Khorasan wheat/kamut), rye, barley and oats. It is often found in foods containing flour, such as some baking powders, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and foods dusted with flour.
Crustaceans		This includes crabs, lobster, prawns and scampi. It is often found in shrimp paste used in Thai curries or salads.
Eggs		This is often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and foods brushed or glazed with egg.
Fish		This is often found in some fish sauces, pizzas, relishes, salad dressings, stock cubes and in Worcestershire sauce.
Lupin		This includes lupin seeds and flour, and can be found in some types of bread, pastries and pasta.
Milk		This is found in butter, cheese, cream, milk powders and yoghurt. It is often used in foods glazed with milk, powdered soups and sauces.
Molluscs		This includes mussels, land snails, squid and whelks. It is often found in oyster sauce or as an ingredient in fish stews.
Mustard		This includes liquid mustard, mustard powder and mustard seeds. It is often found in breads, curries, marinades, meat products, salad dressing, sauces and soups.
Nuts		This includes almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts, pistachio nuts, macadamia or Queensland nuts. These can be found in breads, biscuits, crackers, desserts, ice-cream, marzipan (almond paste), nut oils and sauces. Ground, crushed or flaked almonds are often used in Asian dishes such as curries or stir fries.
Peanuts		This can be found in biscuits, cakes, curries, desserts and sauces such as for satay. It is found in groundnut oil and peanut flour.
Sesame seeds		This can be found in bread, breadsticks, hummus, sesame oil and tahini (sesame paste).
Soya		This can be found in bean curd, edamame beans, miso paste, textured soy protein, soya flour or tofu. It is often used in some desserts, ice cream, meat products, sauces and vegetarian products.
Sulphur		This is often used as a preservative in dried fruit, meat products, soft drinks and vegetables as well as in wine and beer.

Bee Safe this Summer - 10 Tips to avoid being stung

Always wear shoes when walking in the grass

Avoid wearing strong - smelling scents

If eating outside, cover food up

Be wary of wasps around late summer and autumn, as they become aggressive

Avoid rubbish bins where bees and wasps tend to congregate

Avoid wearing brightly coloured clothing

Keep your arms and legs covered

If a bee or wasp lands upon you, don't jump up and wave your arms around-agitation will only irritate them

If you know you suffer from a known allergy, an adrenalin pen should be carried at all times and, on the first sign of a severe reaction should be used.

If you are severely allergic to Wasp/Bee venom, you may be a suitable candidate for immunotherapy.

Helpline: 01322 619898