



**Oakbridge Little Learners LTD**  
66-68 Bridge Cross Road  
Burntwood, Staffordshire, WS7 2BY  
[contact@oakbridgelittlelearners.co.uk](mailto:contact@oakbridgelittlelearners.co.uk)  
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## Anaphylaxis and EpiPen Policy

### Policy Statement

Oakbridge Little Learners is committed to the inclusion of children with medical conditions, including anaphylaxis. Children with anaphylaxis are welcomed into the setting and encouraged to participate fully in all activities, provided appropriate safeguards and support are in place.

Anaphylaxis is a serious and potentially life-threatening condition. This policy outlines the responsibilities of the nursery, staff and parents/carers to ensure children's safety and wellbeing.

### Parental Responsibilities

Parents/carers must:

- Inform the nursery **immediately** if their child has, or develops, anaphylaxis
- Provide all prescribed medication (e.g. EpiPen) **for the full duration** of the child's attendance
- Complete and sign a **Health Care Plan** and **Medication Form** before admission
- Ensure medication is **in date**, clearly labelled, and replaced immediately if used or expired
- Inform the nursery promptly of **any changes** to their child's condition or treatment

### Medication Storage and Access

- Medication is stored safely **out of reach of children**
- Emergency medication is **clearly labelled and easily accessible** to trained staff at all times
- Medication is taken on outings and external activities where required



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## Staff Training

- All staff complete **Paediatric First Aid training** at regular intervals
- Staff are trained in recognising the signs of anaphylaxis and administering EpiPens
- A trained member of staff is on the premises at all times

## Responding to an Anaphylactic Reaction

If a child shows signs of an anaphylactic reaction:

1. Emergency medication will be administered **immediately** by a trained member of staff
2. **Emergency services (999/112) will be contacted without delay**
3. Parents/carers will be informed as soon as possible
4. The incident will be fully recorded, and parents/carers will be asked to sign the medication record

Emergency services are contacted **every time** an anaphylactic reaction occurs.

## Refusal of Admission

Oakbridge Little Learners reserves the right to refuse admission or continued care **only where parents/carers fail to comply with this policy**, including failure to provide required documentation or medication, as this may place the child at risk.

## Policy Review

**Created:** August 2015

**Reviewed:** January 2026



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## Anaphylaxis and EpiPen Health Care Plan

### EMERGENCY ACTION – READ FIRST

#### If anaphylaxis is suspected:

1. **Administer EpiPen immediately**
2. **CALL 999 / 112** and state *“Child experiencing anaphylaxis”*
3. Inform the Nursery Manager
4. Contact parents/carers
5. Record incident once child is safe

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### CHILD DETAILS

- **Child’s Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Room / Group:** \_\_\_\_\_
- **GP Name & Practice:** \_\_\_\_\_
- **GP Contact Number:** \_\_\_\_\_

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### ANAPHYLAXIS INFORMATION

- **Known Triggers (tick all that apply):**
  - Food (specify): \_\_\_\_\_
  - Insect stings
  - Medication
  - Latex
  - Unknown / Other: \_\_\_\_\_



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- **Typical Symptoms for this Child (tick):**

- Difficulty breathing
  - Swelling of lips/face/throat
  - Wheezing / coughing
  - Rash / hives
  - Vomiting / abdominal pain
  - Dizziness / collapse
  - Other: \_\_\_\_\_
- 

#### MEDICATION DETAILS

- **Medication Name:**  EpiPen  EpiPen Jr  Other: \_\_\_\_\_
- **Dose / Strength:** \_\_\_\_\_
- **Where is medication stored?** \_\_\_\_\_
- **Expiry Date:** \_\_\_\_\_

#### How and When to Administer

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#### EMERGENCY CONTACTS

**Name Relationship Contact Number**

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#### OUTINGS & ACTIVITIES

- Medication must accompany child on **all outings**
  - Trained staff member to be present at all times
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## PARENT / CARER DECLARATION

I confirm the above information is accurate and I will:

- Provide in-date medication at all times
- Replace medication immediately if used or expired
- Inform the nursery of **any changes** to my child's condition

**Parent/Carer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## NURSERY CONFIRMATION

I confirm this plan has been reviewed, understood, and shared with relevant staff.

**Manager / Designated Lead Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**NEXT REVIEW DATE:** \_\_\_\_\_