THE ALTERNATIVE SCHOOL GROUP LTD

Allergy Safety Policy

Author:	**AF**
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Note: This policy has been developed and reviewed by The Alternative School Group Limited using internal expertise, professional judgement, current statutory guidance and appropriate digital tools. Final approval and responsibility for the policy rests with The Alternative School Group Limited.

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1. Purpose, Scope and Legal Context

The Alternative School Group Ltd (TAS) is committed to protecting children, pupils, staff and visitors with allergies, reducing avoidable exposure to allergens, responding promptly and effectively to allergic reactions and ensuring that allergy does not unnecessarily restrict participation in school or nursery life.

This policy applies across all TAS provision, including Sapling Green Farm School and Nursery, classrooms, catering, wraparound care, clubs, transport where arranged by TAS, educational visits, residential activities, events and activities delivered by or on behalf of TAS.

Benedict's Law and the 2026 allergy safety framework

The Children's Wellbeing and Schools Act 2026 introduced strengthened allergy-safety provisions for schools and enables equivalent requirements to be applied to independent schools through the relevant regulatory standards. The Department for Education (DfE) published Allergy Safety in Schools statutory guidance in July 2026. At the date of this policy, that guidance is not itself a statutory requirement for independent schools; however, the DfE states that it may be useful to independent schools and early years settings. TAS therefore adopts its core principles as organisational best practice and will update this policy when further regulations or standards applicable to independent schools take effect.

Sapling Green Farm School and Nursery will also operate in accordance with the current Early Years Foundation Stage (EYFS) statutory framework and relevant Ofsted early years inspection requirements. Where food is provided, TAS will comply with applicable food information and allergen-labelling law requirements commonly known as Natasha's Law.

2. Definitions and Key Principles

An allergy is an immune-system reaction to a substance that is usually harmless. Reactions range from mild symptoms to anaphylaxis, a potentially life-threatening systemic allergic reaction. Allergens may include foods, medicines, insect venom, latex and environmental allergens.

TAS will maintain an allergy-aware culture rather than claiming to provide an "allergen-free" or "nut-free" environment. Risk controls will be proportionate to the individual child and the setting and will be reviewed when circumstances change.

3. Governance and responsibilities

Proprietor / Senior Leadership

- Ensure this policy is implemented, resourced, reviewed at least annually and made available to staff and parents/carers.
- Appoint a named Allergy Lead and deputy and ensure there is sufficient trained cover whenever children are on site or taking part in TAS activities.
- Ensure serious incidents and near misses are recorded, reviewed and acted upon, with safeguarding or regulatory notifications made where legally required.
- Ensure catering, trip, nursery and third-party arrangements are consistent with this policy.

Allergy Lead

- Maintain an up-to-date allergy register and oversee individual Allergy Action Plans / Individual Healthcare Plans (IHPs).
- Coordinate staff training and retain training records.
- Oversee half-termly checks of medication held by TAS, including expiry dates, condition, storage and accessibility.

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- Liaise with parents/carers, relevant healthcare professionals, catering staff and leaders.
- Oversee individual risk assessments, emergency AAI arrangements and post-incident reviews.

Parents and Carers

- Inform TAS before admission/attendance of any known or suspected allergy, previous serious reaction or anaphylaxis, and provide accurate, current information.
- Provide an up-to-date Allergy Action Plan, preferably a BSACI plan where appropriate, completed with a relevant healthcare professional.
- Supply prescribed medication in the original labelled packaging, including two adrenaline auto-injectors (AAIs) where prescribed, and replace it before expiry.
- Notify TAS promptly of changes to diagnosis, treatment, medication or emergency arrangements.

Staff

- Know which children in their care have allergies and know how to access their plan and medication without delay.
- Follow individual risk controls and never make assumptions about ingredients, substitutions or the severity of an allergy.
- Complete required allergy/anaphylaxis training and participate in practical AAI training.
- Report all allergic reactions, medication administration, errors, exposures and near misses promptly.

Children and Young People

Children will be supported, according to age, understanding and competence, to recognise symptoms, avoid known allergens, seek help promptly and take increasing responsibility for their medication. A child's self-management does not remove staff responsibility to respond in an emergency.

4. Identification, Allergy Action Plans and Individual Risk Assessment

Allergy information will be obtained as part of admission/induction and updated when needs change. Children with a diagnosed allergy requiring emergency management will have an Allergy Action Plan/IHP available to relevant staff. Plans will include known allergens, symptoms, medication, emergency actions, consent where required and key contacts.

TAS will complete an individual allergy risk assessment for each newly admitted child with a significant allergy and for any child newly diagnosed. It will consider normal routines, food, cross-contact, classroom and sensory activities, medication access, trips, transport, clubs and any setting-specific risks. The assessment will be reviewed following a change in need, reaction, near miss or significant change in provision.

Information will be shared on a need-to-know basis so that staff can keep the child safe while respecting confidentiality and data-protection requirements.

5. Emergency Treatment and Management of Anaphylaxis

Anaphylaxis may develop rapidly. Signs can include swelling of the tongue or throat, hoarse voice, difficulty swallowing, wheeze or breathing difficulty, dizziness, collapse, sudden marked drowsiness/confusion, pale clammy skin or loss of consciousness. Skin symptoms may be absent.

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If anaphylaxis is suspected, staff must act immediately and follow the child's Allergy Action Plan and current emergency guidance. Do not delay adrenaline while waiting for a parent, senior leader or ambulance.

1. Keep the child where they are, call for help and do not leave them alone.
2. Lay the child flat with legs raised. If breathing is difficult, allow them to sit up with legs outstretched; do not allow them to stand or walk.
3. Administer the child's prescribed AAI without delay into the outer mid-thigh, following the device instructions, and note the time. If an authorised emergency/spare AAI is being used, follow the applicable plan and current guidance.
4. Call 999 and state "anaphylaxis". Give the setting address/location and follow the call handler's instructions.
5. If symptoms do not improve, or return, give a second AAI after 5 minutes where available and in accordance with the plan/current guidance.
6. If there are no signs of life, commence CPR and use an AED if available, following training and emergency-service instructions.
7. Contact the parent/carer as soon as practicable after emergency treatment has begun.
8. Give used devices, medication details, the Allergy Action Plan and relevant information to ambulance staff. The child must be medically assessed after suspected anaphylaxis.

A child who has had suspected anaphylaxis will not be left alone or allowed to stand/walk, even if they appear to recover. Staff will continue to monitor airway, breathing and circulation until handed to healthcare professionals.

6. Supply, Storage, Checking and Emergency AAIs

Prescribed allergy medication must be readily accessible in an emergency and must not be locked away. Storage will be appropriate to the manufacturer's instructions and protected from temperature extremes and direct sunlight.

Where developmentally appropriate, trained and competent pupils may carry their own two prescribed AAIs. TAS will agree arrangements with parents/carers and ensure staff know where the devices are. For younger children, including nursery children, medication will be held by the setting in an immediately accessible, clearly identified location known to staff.

Each individual emergency kit should normally include two prescribed AAIs where prescribed, the current Allergy Action Plan/IHP and any other medication specified in that plan, such as an inhaler or antihistamine.

The Allergy Lead or delegated trained member of staff will carry out and record checks at least half-termly and before relevant trips/residentials. Parents/carers remain responsible for providing replacement prescribed medication, but TAS will alert them in good time when expiry is approaching.

TAS will maintain emergency/spare AAI arrangements in accordance with the law and current national guidance applicable to independent schools. Emergency devices will be clearly identified, accessible to trained staff, checked and replaced after use or expiry, with administration recorded. TAS will not use an emergency AAI outside the circumstances permitted by current guidance and the individual's plan/authorisation.

Used AAIs are single-use devices. They will be handed to ambulance staff where possible or disposed of safely as clinical sharps in accordance with local arrangements.

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7. Staff Training and Competence

All staff will receive allergy awareness and anaphylaxis training on induction and at least annually thereafter. Training will be refreshed sooner where a child's needs, devices or guidance change, or where an incident/near miss identifies a learning need. Temporary, agency and cover staff will receive the allergy information necessary to work safely before taking sole responsibility for children.

- common allergens and routes of exposure;
- recognition of mild/moderate reactions and anaphylaxis, including that skin signs may be absent;
- when and how to call 999;
- how and when to administer an AAI, including practical trainer-device practice;
- correct positioning and monitoring;
- individual Allergy Action Plans/IHPs and medication locations;
- risk reduction, cross-contact and safe food practices;
- incident and near-miss reporting.

TAS will retain a training register showing the member of staff, training completed, date and renewal/refresher date. Named staff responsible for coordinating allergy training are Ann Flynn, Senior Allergy Lead and Daniel Sykes, Deputy Allergy Lead.

8. Food, Catering and Natasha's Law

All food provision will comply with applicable food information law. Allergen information for the 14 allergens required by food law must be available for food served.

- Catering staff will have current information about children and staff with relevant food allergies and dietary requirements.
- Ingredient and allergen information will be checked for every product and recipe. Recipe or supplier substitutions must be checked before use; staff must not assume a substitute is equivalent.
- Controls will minimise cross-contact during storage, preparation, cooking and service. This includes suitable cleaning, utensils/equipment and sequencing or segregation where indicated by risk assessment.
- Food provided by parents/carers for a named child will be clearly labelled and managed to reduce sharing or cross-contact.
- Food will not be given to an allergic child unless staff are satisfied that it is consistent with the child's plan and agreed arrangements.
- Food used in cooking, science, crafts, celebrations, fundraising, sensory play or other activities will be included in an allergy risk assessment.

TAS does not rely on a blanket "nut-free" claim. Specific restrictions may be introduced where an individual risk assessment shows they are necessary, but the principal controls are allergy awareness, accurate information, avoidance of known allergens, prevention of cross-contact and robust emergency response.

9. Evergreen Forest Nursery - Early Years Provision

Because young children cannot reliably identify allergens, read labels, communicate symptoms or self-manage medication, Evergreen Forest Nursery will apply additional controls. The child's safety will not depend on the child identifying or avoiding their own allergen.

- Allergy, intolerance and dietary information will be obtained before the child's first session and communicated to all practitioners who need it. Where emergency allergy management is required,

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the plan, medication and risk assessment must be in place before attendance unless an exceptional arrangement has been risk assessed by the Nursery Manager.

- Children will be appropriately supervised while eating and drinking, including being within sight and hearing of staff and supported to eat safely. Allergy controls will operate alongside choking-risk controls.
- Practitioners will check the correct child, food/drink and dietary requirements before serving. Food, cups, bottles and utensils will not be shared.
- Hands and relevant surfaces will be cleaned before and after eating using methods appropriate to the risk. Highchairs, tables and preparation areas will be cleaned to minimise cross-contact. Bottles, drinks and parent-provided food will be clearly identified for the individual child and stored/prepared safely.
- Introduction of new foods and weaning arrangements will be agreed with parents/carers. Nursery staff will not deliberately introduce a known allergen contrary to the child's plan or parental/clinical advice.
- Food ingredients in messy play, play-dough, sensory trays, crafts, baking and celebrations will be checked against children's allergies before the activity.
- Staff food and drinks will be managed so they do not create an avoidable exposure risk.
- Prescribed AAIs and other emergency medication will be immediately accessible to staff throughout the session, including outdoor play and outings, and will accompany the child when they move between nursery areas or leave the premises.
- Room-to-room transitions and handovers will explicitly include allergy information, medication location and any current changes.
- Sufficient staff with current allergy/anaphylaxis knowledge will be available throughout operating hours, including opening/closing periods, breaks and staff absence.

The Nursery Manager will be able to evidence that these arrangements are understood and consistently applied in practice, not solely documented in this policy.

10. Educational Visits, Outings, Sport and Residential Activities

Allergy needs will be included in trip and activity risk assessment. The trip leader will confirm before departure that required medication, including two prescribed AAIs where prescribed, the current plan and appropriate trained staff are available. Medication must remain accessible, not packed in inaccessible luggage.

If required emergency medication is unavailable, the trip will not depart with that child until safe arrangements are restored. Staff will take reasonable steps to resolve the issue with the parent/carer so that the child is not unnecessarily excluded. Venues and caterers will be informed in advance where necessary, and suitable alternatives arranged to support inclusion.

11. Inclusion, Equality and Safeguarding

TAS will support children with allergies to participate fully and safely in education and nursery life. Reasonable adjustments and proportionate risk controls will be considered so that an allergy does not lead to unnecessary exclusion from curriculum activities, meals, celebrations, trips or other opportunities. Allergy-related bullying, deliberate exposure or misuse of medication will be treated seriously under the school's safeguarding and behaviour arrangements.

12. Incident, Near-Miss and Learning Review

Every allergic reaction requiring staff intervention, every administration of an AAI, significant accidental exposure, medication error and relevant near miss will be recorded promptly. Serious incidents will be escalated to senior leadership and notified to relevant bodies where required by law or regulation.

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The Allergy Lead will coordinate a proportionate review. Records should include the child/person involved; date, time and location; suspected allergen/exposure route where known; symptoms; medication and times administered; 999/ambulance involvement; parent/carer contact; staff present; immediate actions; contributory factors; learning; actions, owners and completion dates.

The individual risk assessment, Allergy Action Plan arrangements, catering controls, training and this policy will be reviewed after a significant event. Learning will be shared with relevant staff while respecting confidentiality

13. Communication, Records and Review

The current policy will be available to staff and parents/carers through TAS's normal policy-publication arrangements. Relevant allergy information will be included in staff induction, handovers and trip planning. Allergy registers, plans, training records, medication checks and incident/near-miss records will be maintained securely and made available for inspection where appropriate.

This policy will be formally reviewed at least annually and sooner where there is a change in legislation or statutory guidance, a material change to provision, a significant allergic incident or near miss, or learning indicating that controls should change.

14. Key references and supporting guidance

- Children's Wellbeing and Schools Act 2026 – allergy safety provisions.
- Department for Education: Allergy Safety in Schools (published July 2026), including example policy/IHP, AAI record-keeping and training materials.
- Department for Education: current EYFS statutory framework for group and school-based providers (from 1 September 2026).
- Ofsted: Early Years Inspection Toolkit and Operating Guide for use from September 2026.
- Independent Schools Inspectorate: Inspection Framework and Inspection Handbook, September 2026.
- Food Standards Agency: PPDS allergen labelling guidance for schools, colleges and nurseries (Natasha's Law) and general allergen guidance.
- British Society for Allergy & Clinical Immunology (BSACI): Paediatric Allergy Action Plans.
- Anaphylaxis UK / Allergy UK resources and current national guidance on adrenaline auto-injectors.

15. Inspection-Ready Evidence Checklist (Operational Appendix)

The following evidence should be readily retrievable by leaders and staff and should reflect actual practice:

- current allergy register;
- current Allergy Action Plans/IHPs and individual risk assessments;
- location and half-termly check records for prescribed and emergency AAIs;
- staff training register and practical AAI training evidence;
- catering allergen information, recipe/supplier controls and PPDS labels where applicable;
- trip/outings allergy risk assessments;
- incident and near-miss records with evidence of learning and completed actions;
- Sapling Green room handover arrangements, eating-supervision practice and allergy/choking controls;
- annual policy review and leadership oversight records.

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BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



2. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**