WRAPAROUND CARE

ALLERGY SAFETY POLICY

Allergy prevention, inclusion, emergency response and site-specific arrangements.

1. Purpose

AJB Sports in Education is committed to enabling children with allergies to attend and participate safely and fully in Breakfast Club and After-School Care. This policy sets out AJB's arrangements for identifying and reducing allergy-related risks, supporting individual children and responding promptly to allergic reactions and anaphylaxis.

It applies to all AJB employees, agency staff, volunteers and others who supervise children or prepare, handle or serve food during AJB wraparound provision.

IF ANAPHYLAXIS IS SUSPECTED: GIVE ADRENALINE WITHOUT DELAY, CALL 999 AND FOLLOW THE CHILD'S EMERGENCY PLAN.

2. Legal and Guidance Framework

This policy has been prepared with regard to the Department for Education's Allergy safety in schools statutory guidance (July 2026), commonly associated with Benedict's Law, and the accompanying model allergy safety policy. It also reflects relevant duties and standards, including:

- the Children and Families Act 2014 and the Children's Wellbeing and Schools Act 2026, as applicable to the host schools;
- the Early Years Foundation Stage statutory framework where AJB cares for children within the EYFS;
- the Children Act 1989 duty to safeguard and promote a child's welfare;
- the Equality Act 2010, including reasonable adjustments where allergy amounts to a disability;
- general health and safety and common-law duties of care; and
- food information law, including the Food Information Regulations 2014 and allergen-labelling requirements.

The host schools hold the statutory responsibility for their published school allergy safety policies. AJB will cooperate with each school so that arrangements remain aligned during wraparound sessions.

3. Policy Leadership and Responsibilities

AJB will nominate a senior Allergy Safety Lead, this will be the same individual as the Wrap Around lead at each site for the session. Each session's Person in Charge is responsible for

implementing this policy locally and confirming that staff, records, food controls and emergency medication arrangements are in place.

- The Allergy Safety Lead oversees implementation, annual review, training and learning from incidents or near misses.
- The Person in Charge completes daily checks, briefs staff and liaises with the host school and parents/carers.
- All staff follow individual plans, reduce exposure risks, know how to summon help and report concerns immediately.
- Parents/carers provide complete, current information, prescribed medication and healthcare-professional plans.
- The host school and AJB agree safe information-sharing, access to facilities and emergency arrangements.

4. Identifying Allergies Before Attendance

Before a child first attends, AJB will obtain information about food allergies, non-food allergies, asthma, eczema, intolerances, coeliac disease, dietary requirements, known triggers, symptoms and any required medication. Information supplied through the booking system must be checked and clarified where necessary.

- AJB will not rely solely on a verbal message, memory or the school's daytime records.
- Parents/carers will be asked to notify AJB promptly of any diagnosis, reaction, treatment or medication change.
- Relevant information will be shared only with staff who need it to keep the child safe.
- The allergy register and Quick-View Sheet will be checked against the session register.

5. Individual Healthcare Plans and Allergy Action Plans

A child who requires arrangements additional to or different from those generally available must have those arrangements recorded in an Individual Healthcare Plan (IHP). A healthcare-professional Allergy Action Plan and/or Asthma Action Plan should be attached where one has been issued.

Plans should be developed with the parent/carer, the child where appropriate, the host school and relevant healthcare professionals. They must explain triggers, typical and severe symptoms, avoidance measures, medication, emergency actions, contact details and any reasonable adjustments. Plans will be reviewed at least annually and whenever needs change or an incident indicates that review is necessary.

6. Daily Information and Staff Briefing

At the beginning of each session, the Person in Charge will ensure that staff know which attending children have allergies, where their plans and medication are kept, and any food or activity restrictions. Cover, agency and new staff must receive this information before taking responsibility for children.

CHILD -> TRIGGER -> SYMPTOMS -> PLAN -> MEDICATION LOCATION -> EMERGENCY ACTION

7. Staff Training

All pupil-facing AJB wraparound staff will receive allergy awareness and emergency-response training on induction and at least annually. First-aid training alone is not treated as sufficient allergy training.

Training will include allergy and intolerance awareness, recognition of mild and severe reactions, anaphylaxis, calling 999, positioning and monitoring a child, locating medication, using the relevant adrenaline auto-injector trainer devices, following individual plans, preventing allergen exposure and recording incidents and near misses.

Additional child-specific instruction will be arranged where an IHP identifies needs beyond general awareness training. Training dates and attendance will be recorded.

8. Prescribed Medication

- Prescribed adrenaline auto-injectors, inhalers and other emergency medication must be immediately accessible whenever the child is present; they must not be locked away in a manner that delays access.
- Medication must be clearly labelled, in date, stored as directed and accompanied by the required parental permissions and plan.
- Where two adrenaline devices are prescribed, both should accompany the child and remain accessible.
- AJB will record receipt, checks, administration and return of medication in accordance with its medication procedures.
- A child will not normally be accepted into a session without essential emergency medication unless a documented, safe alternative has been agreed with the parent/carer and relevant school lead.

9. School Spare Adrenaline Auto-Injectors

AJB will agree with each host school whether and how its spare adrenaline auto-injector supply is accessible during wraparound hours. The site appendix must identify the location, access method, responsible persons and applicable consent or eligibility arrangements.

AJB staff must not assume that a school device is available or that daytime access arrangements continue after school. Use of a spare device must follow current law, Department for Education guidance, the host school's policy and the individual emergency plan. Site arrangements do not replace a child's own prescribed devices.

10. Minimising Exposure to Allergens

AJB will take reasonable and proportionate steps based on the needs of attending children. The setting will not describe itself as completely 'allergen-free' because absolute freedom from an allergen cannot be guaranteed.

- Check food labels and ingredient information every time; recipes and formulations can change.
- Prevent children sharing or swapping food, drinks, utensils or containers.

- Use appropriate handwashing, cleaning and separate preparation arrangements identified in individual plans.
- Consider allergens in craft materials, cooking activities, sensory play, rewards, celebrations, trips, animals, plants, latex and insect stings.
- Manage food brought from home in accordance with the child's plan and site arrangements.
- Provide reasonable adjustments so that children are not unnecessarily excluded from activities.

11. Food, Menus and Allergen Information

AJB's Food Safety, Breakfast & Snack Procedures must be followed. Accurate allergen information for food supplied by AJB must be available to staff and to parents/carers on request. Packaging, labels, recipes and supplier information will be retained or recorded sufficiently to support safe decisions and incident review.

Before serving food to a child with an allergy, the responsible member of staff must confirm the right child, the food and ingredients, the allergen information and any individual-plan restrictions. Precautionary statements such as 'may contain' must be handled in accordance with the child's plan and agreed risk assessment.

NOT SURE IT IS SAFE? DO NOT SERVE IT. CHECK FIRST.

12. EYFS Safer-Eating Arrangements

Where EYFS requirements apply, AJB will obtain allergy and dietary information before admission and share it with staff involved in preparing, handling and serving food. At each meal or snack, a named member of staff will be responsible for checking that food meets each child's requirements. A member of staff holding the required full paediatric first-aid certificate will be present in the room while children are eating, in accordance with the EYFS framework.

13. Recognising an Allergic Reaction

Reactions can begin suddenly and may progress quickly. Staff must follow the child's plan and act on what they observe. Possible signs include:

- skin: hives, flushing, itching or swelling;
- mouth or gut: tingling, swelling of lips or tongue, nausea, vomiting or abdominal pain;
- airway: swelling of the tongue or throat, hoarse voice, difficulty swallowing or noisy breathing;
- breathing: wheeze, persistent cough, rapid breathing or difficulty breathing;
- circulation: dizziness, pallor, clammy skin, confusion, collapse or loss of consciousness; and
- in a young child: sudden unusual behaviour, becoming floppy, persistent crying or appearing very distressed.
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Anaphylaxis is likely when there is a sudden problem affecting the Airway, Breathing or Circulation, whether or not skin symptoms are present.

14. Emergency Response to Suspected Anaphylaxis

Staff must follow the child's Allergy Action Plan. Where anaphylaxis is suspected:

- Give an adrenaline auto-injector immediately in accordance with the plan and training. If in doubt, give adrenaline.
- Call 999 and say 'anaphylaxis'. Give the school's full address, access point and the child's condition.
- Keep the child lying down with legs raised. If breathing is difficult, allow the child to sit with legs extended. Do not allow the child to stand, walk or suddenly sit up. Place an unconscious or vomiting child in the recovery position.
- Do not leave the child. Send another adult to meet the ambulance and bring additional medication.
- If symptoms do not improve after five minutes, give a second adrenaline device if available, following the plan and emergency-service instructions.
- Contact the parent/carer as soon as possible, but do not delay adrenaline or the 999 call.
- Transfer the used device and relevant plan to ambulance staff and record all actions and times.

ADRENALINE FIRST -> 999 'ANAPHYLAXIS' -> CORRECT POSITION -> SECOND DEVICE AFTER 5 MINUTES IF NEEDED

15. Mild or Uncertain Reactions

For symptoms assessed as mild and localised, staff will follow the child's Allergy Action Plan, administer authorised medication where directed and monitor continuously. If symptoms progress, affect Airway, Breathing or Circulation, or staff suspect anaphylaxis, the anaphylaxis procedure must be started immediately. A child who is unwell must not be sent alone to another room or office.

16. Trips, Outdoor Activities and Special Events

Planning must ensure that a child with an allergy can participate safely. The Person in Charge will consider food, travel, venue risks, insects, animals, activities, communication, mobile-phone coverage, emergency access, trained supervision and immediate access to medication. Relevant plans and medication must accompany the child and be allocated to a named adult.

17. Inclusion, Wellbeing and Bullying

Children with allergies will be supported to participate as fully as possible and will not be singled out unnecessarily. AJB will explain safety rules sensitively and respond to anxiety. Deliberate exposure, threats involving allergens, teasing or exclusion related to allergy will be treated seriously under AJB's behaviour and safeguarding procedures.

18. Confidentiality and Information Sharing

Allergy information is health information and will be handled securely. It may be shared with AJB staff, school staff, caterers, activity providers or emergency services where necessary to protect the child. Displays or Quick-View Sheets will use the minimum necessary information and will not be accessible to unauthorised persons. Parents/carers and, where appropriate, the child will be involved in decisions about routine information sharing.

19. Incidents, Near Misses and Learning

Every allergic reaction, suspected reaction, medication error, accidental exposure and significant near miss must be reported to the Person in Charge and recorded. Parents/carers and the host school will be informed promptly. Statutory notifications will be made where required.

The Allergy Safety Lead will review what happened, contributing factors, food or packaging evidence, response times, medication use and any improvements needed. Relevant policies, risk assessments, plans, training and site arrangements will be updated without waiting for the annual review where necessary.

20. Monitoring and Review

This policy will be reviewed at least annually, following a serious incident or near miss, when statutory guidance changes, or when a material change occurs in provision. The review will consider feedback from children with allergies, parents/carers, staff and host schools where appropriate.

Appendix A: Callow End Site Arrangements

This appendix must be completed jointly by AJB and Callow End CE Primary School and reviewed whenever arrangements change. It should be available to the Person in Charge during every session.

Host school allergy lead	
AJB Person in Charge / site allergy lead	
School address for 999	
Ambulance access / meeting point	
Children's IHPs / Action Plans location	
Allergy register / Quick-View location	
Prescribed medication location	
School spare AAI location	
How AJB staff access the spare AAI	
Consent / eligibility arrangements	
Emergency inhaler arrangements	
Telephone / radio arrangements	
Food preparation and serving areas	
Approved menu / allergen records location	
Cleaning / cross-contact controls	
School-specific allergen restrictions	
Information transfer at school handover	
Out-of-hours escalation contact	

Site Confirmation

Completed by AJB	
Signature / date	
Agreed with school representative	
Signature / date	
Next review date	

Appendix B: Leigh and Bransford Site Arrangements

This appendix must be completed jointly by AJB and Leigh and Bransford Primary School and reviewed whenever arrangements change. It should be available to the Person in Charge during every session.

Host school allergy lead	
AJB Person in Charge / site allergy lead	
School address for 999	
Ambulance access / meeting point	
Children's IHPs / Action Plans location	
Allergy register / Quick-View location	
Prescribed medication location	
School spare AAI location	
How AJB staff access the spare AAI	
Consent / eligibility arrangements	
Emergency inhaler arrangements	
Telephone / radio arrangements	
Food preparation and serving areas	
Approved menu / allergen records location	
Cleaning / cross-contact controls	
School-specific allergen restrictions	
Information transfer at school handover	
Out-of-hours escalation contact	

Site Confirmation

Completed by AJB	
Signature / date	
Agreed with school representative	
Signature / date	
Next review date	

Appendix C: Daily Allergy Safety Quick Check

The Person in Charge should complete or confirm these checks before food is served and whenever a child with a new or changed allergy arrangement attends.

☐ Today's register checked against the allergy register / Quick-View Sheet

☐ All attending children's IHPs and Action Plans are available

☐ Required prescribed medication is present, accessible and in date

☐ Staff know the children, triggers, symptoms and emergency actions

☐ Cover / agency / new staff have been briefed

☐ School spare-device access arrangements are understood

☐ Food labels, recipes and allergen information have been checked

☐ A named staff member is responsible for each food / snack check

☐ Preparation, cleaning and cross-contact controls are suitable

☐ Phone, 999 address and ambulance access arrangements are known

School	
Date / session	
Completed by	
Issues / action taken	