DEDHAM
Therapy Farm

Allergy Safety Policy
Review Date: September 2027
Named Allergy Lead: Megan Dack

1.Purpose and legal status

Purpose. This policy sets out how Dedham Therapy Farm CIC prevents, identifies and responds to allergic reactions, including anaphylaxis, while enabling children to participate safely and without unnecessary exclusion.

Status. Dedham Therapy Farm CIC is a non-school, unregistered alternative provision. The statutory duty to have and publish an allergy safety policy under section 100A of the Children and Families Act 2014, inserted by the Children's Wellbeing and Schools Act 2026, applies directly to the schools and academies specified in the legislation. Although the Farm is not itself a maintained school or academy, it adopts the Department for Education's July 2026 statutory guidance as proportionate best practice and to support commissioning schools and local authorities in meeting their duties. Where a commissioner's requirements are higher, the higher safe standard will be followed.

2. Scope and principles

This policy covers food, medicine, insect venom, animal, latex and other clinically significant allergies. It applies on site, during food preparation and eating, animal assisted and outdoor activities and visits led by the Farm.

- Allergy safety is a whole setting responsibility. Leaders will promote a culture in which allergies are taken seriously, concerns are welcomed and staff act promptly. Controls will be child specific and risk based, not reliant on a single "allergen free" claim.
- Children will be listened to, treated with dignity and supported to develop safe self management appropriate to their age and understanding. Anxiety, inclusion and wellbeing will be considered, and allergy related bullying, teasing or deliberate allergen exposure will be addressed under safeguarding and behaviour procedures.
- Information will be shared on a need to know basis, with appropriate confidentiality and data protection safeguards.

3. Responsibilities

- Directors/management: approve and monitor this policy; name a senior Allergy Lead; ensure suitable training, staffing, emergency equipment and incident review.
- Allergy Lead: coordinates allergy information, Individual Healthcare Plans (IHPs), risk assessments, staff briefings, medication checks, training records and liaison with families, commissioners and healthcare professionals.
- All staff and volunteers: complete required training, follow plans and controls, know where medication is kept, remain alert to symptoms, act immediately in an emergency and report incidents or near misses.
- Parents/carers and commissioners: provide complete, current information before attendance, including medical/action plans, prescribed medication, consent, dietary information and changes to risk.
- Children (Farm Assistants): are encouraged to tell staff when they feel unwell, avoid known allergens, not share food, and carry medication where agreed in their plan.

4. Identification, assessment and individual planning

Before a child attends, the Farm will request details for children, staff and relevant visitors with known allergies. For each child, this will include known or suspected allergies, allergens and routes of exposure, previous reactions, asthma, symptoms, prescribed treatment, emergency contacts, dietary needs and any existing healthcare or allergy action plan. Attendance will begin only when proportionate safe arrangements are in place.

An IHP and allergy action plan and individual risk assessment will be required where necessary to manage risk safely, particularly for a prescribed adrenaline auto-injector (AAI), previous anaphylaxis, multiple or complex allergies, co-existing asthma, communication needs, or significant environmental exposure. Plans will identify:

- the allergen, likely exposure routes, symptoms and escalation signs;
- prevention controls, reasonable adjustments and food arrangements;
- medication, dose, location, accessibility and who can administer it;
- the child's self management arrangements and staff training needed;
- emergency response, ambulance information, contacts and accompaniment to hospital;
- arrangements for activities, animals, transport and off site visits; and

- review dates and responsibilities across the Farm, family and commissioner.

Plans and risk assessments will be reviewed termly, before a material change in activity or placement, and after a reaction, near miss, diagnosis or treatment change. Relevant information will be included in the daily planning/risks briefing without unnecessary disclosure.

5. Preventing exposure and cross contact

- Food labels will be checked every time. No food will be given where ingredients or cross contact information cannot be established with reasonable confidence.
- Children will not share food, drinks, utensils or containers. Eating will be supervised according to individual risk, with handwashing and appropriate cleaning before and after food.
- Food storage, preparation surfaces and utensils will be managed to reduce cross contact. Catering or purchased food information will be retained where practicable.
- The Farm will not describe itself as completely "allergen free". Any restriction, including nuts, will be supported by risk assessment and communicated accurately, recognising that absence cannot be guaranteed.
- Risk assessments will consider animal feed and bedding, medicines, gloves and latex, craft materials, gardening, cooking, celebrations, food brought from home, visitors, contractors and trips.
- Substitutions or changes to products and activities will be rechecked. Staff will not rely solely on previous use without reaction.

6. Medication and adrenaline auto injectors

Prescribed AAIs and other allergy medication must be in date, clearly labelled and readily accessible. They must not be locked away in a way that delays emergency access. Storage and carriage arrangements will be recorded in the child's plan and checked for all off site activities.

The Farm will maintain suitable spare, in date AAIs in clearly labelled pairs for emergency use, with documented procurement, storage, checks and replacement arrangements. Spare devices will be readily accessible, not locked away, and capable of reaching any child within five minutes. Appropriate dose strengths will be available wherever required. Use will follow the Human Medicines (Amendment) Regulations 2017, current Department of Health and Social Care guidance, the manufacturer's instructions and the child's plan. A spare AAI may be used only when instructed by emergency responders or in the event of suspected anaphylaxis reaction. Consent should not delay lifesaving treatment for suspected anaphylaxis; give the AAI and call 999 in accordance with emergency training.

- Expiry and stock checks: at least half termly and before trips; replacement requested in sufficient time. Used or expired devices will be disposed of safely as sharps. Spare emergency salbutamol inhalers and spacers will be managed under the Farm's asthma/medical arrangements where held.
- After any use: call 999, preserve relevant records, notify the parent/carer and commissioner, and replace the device promptly.

7. Recognising and responding to an allergic reaction

Staff must treat a suspected reaction promptly. Symptoms can progress rapidly and may include swelling, hives, vomiting, abdominal pain, wheeze, persistent cough, throat tightness, hoarse voice, breathing difficulty, collapse, confusion or reduced consciousness. A severe reaction may occur without skin symptoms.

ANAPHYLAXIS: ACT IMMEDIATELY

1. Follow the child's emergency plan. If anaphylaxis is suspected, give an AAI immediately. Do not delay while seeking permission or waiting for symptoms to worsen.

2. Call 999 and say "anaphylaxis". Give the Farm's full address and access instructions. Send someone to meet the ambulance.

3. Lie the child flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. If pregnant, place on the left side. If unconscious, use the recovery position. Do not allow standing or walking.

4. If symptoms do not improve, give the second AAI after 5 minutes, where available and in line with training and the emergency plan.

5. Monitor continuously. Begin CPR if needed. A suitable adult should accompany the child to hospital where practicable and take plans/medication. Contact the parent/carer and commissioner after emergency help is underway.

8. Training and communication

- All staff present when children are scheduled on site, including permanent, temporary, agency, catering and regular volunteers, will receive allergy awareness and emergency response training at induction and at least annually. Training will cover food allergy, asthma, eczema and hay fever; the distinction between food allergy, coeliac disease and intolerance; prevention; wellbeing;

symptom recognition; anaphylaxis response; positioning; incident reporting; and practical AAI and emergency inhaler familiarisation.

- Child specific briefings and any additional competency training will be completed before staff undertake planned support independently. Agency, temporary and visiting staff will receive essential safety information before responsibility for a child.
- Training records will show content, date, trainer/provider, attendees and renewal date. Training will be refreshed following an incident, change in guidance, new device or identified knowledge gap.
- Relevant arrangements will be communicated to food providers, activity leaders, transport staff, visitors and contractors. Information displayed for safety will be proportionate and not publicly identify a child unnecessarily.

9. Inclusion, activities and visits

A child will not be excluded from ordinary activities solely because of allergy where reasonable and safe adjustments can be made. Planning will consider food, animals, insect exposure, remoteness, mobile signal, ambulance access, trained staff, medication, emergency contacts and the child's communication needs. Medication must travel with the child and remain immediately accessible.

10. Unacceptable practice

Unless supported by individual clinical advice or a recorded risk assessment, the Farm will not:

- withhold prescribed emergency medication or delay calling 999;
- send an unwell child away alone or allow a child with suspected anaphylaxis to stand or walk;
- assume all children with the same allergy require identical controls;
- require parents/carers routinely to attend to provide essential care as a condition of access; or
- exclude a child from food, animal or off site activities without considering proportionate adjustments.

11. Incident, near miss and learning procedures

Every allergic reaction, medication error, AAI use and significant near miss will be recorded promptly. Management will preserve the child's immediate welfare, notify the parent/carer and commissioner, and make any required safeguarding, health and safety, food safety, insurance or regulatory notification.

A proportionate review will establish what happened, whether the plan and controls were followed, contributory factors, training or equipment gaps, and actions with named owners and deadlines. The child and family will be supported sensitively. Plans, risk assessments and this policy will be updated where learning indicates change is needed.

12. Records, monitoring and assurance

The Allergy Lead will maintain an auditable system for: current allergy information and plans; consent; medication receipt and administration; monthly expiry/stock checks; staff training; daily safety briefings; incident and near miss records; and review actions. Records will be retained and shared in accordance with data protection, safeguarding and contractual requirements.

Management will review implementation at least termly, including plan currency, medication availability, training compliance, incidents, near misses and feedback. The policy will be formally reviewed at least annually and sooner after serious incidents, legal or guidance changes, or material changes to provision.

13. Concerns and complaints

Immediate clinical or safeguarding concerns must be escalated without waiting for the complaints process. Other concerns should be raised with the Allergy Lead or management and will be handled under the Complaints Policy. Commissioners will be informed where appropriate.

14. Related documents and legal framework

- Children and Families Act 2014, sections 100 and 100A (as amended by the Children's Wellbeing and Schools Act 2026).
- Department for Education, Allergy safety in schools: statutory guidance (July 2026).
- Human Medicines (Amendment) Regulations 2017 and Department of Health and Social Care guidance on emergency AAIs in schools.
- Equality Act 2010; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; UK GDPR and Data Protection Act 2018.
- Dedham Therapy Farm CIC: Supporting Children with Medical Needs Policy; First Aid Policy; Health and Safety Policy; Safeguarding and Child Protection Policy; Food Safety procedures; Data Protection Policy; Complaints Policy; and Farm Assistant initial assessments, individual risk assessments