



BEING Outdoors CIC

Allergy & Anaphylaxis Safety Pack

Organisation	BEING Outdoors CIC
Provision	Private woodland Forest School, Forest School in schools, after-school clubs and Alternative Education Provision
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Review date	September 2027

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1. Allergy & Anaphylaxis Policy

1. Purpose

BEING Outdoors Forest School is committed to providing safe, inclusive and accessible outdoor learning for children and young people. This policy sets out how allergies and the risk of anaphylaxis will be identified, reduced and managed across our provision.

The policy applies to our private woodland site, Forest School provision delivered in schools, after-school Forest School clubs, and Alternative Education Provision (AEP). It recognises that outdoor environments cannot be made completely allergen-free and therefore combines prevention, individual planning, staff awareness and a clear emergency response.

2. Scope

This policy applies to all BEING Outdoors Forest School staff, sessional workers, volunteers and any other adults working under the direction of BEING Outdoors Forest School. It applies during woodland sessions, school-based Forest School sessions, AEP sessions, trips and activities involving food, cooking or contact with natural materials.

Where BEING Outdoors Forest School is working on a school site, this policy operates alongside the school's own allergy safety, medical conditions, first-aid and emergency procedures. The school's statutory responsibilities remain with the school; arrangements between the school and BEING Outdoors Forest School will be agreed in advance and communicated to staff.

3. Aims and Objectives

The aims of this policy are to:

- identify children and young people with known allergies before participation;
- obtain accurate and current information from parents/carers and, where applicable, the referring school or education setting;
- ensure appropriate individual allergy or healthcare plans are available to relevant staff;
- minimise exposure to known allergens wherever reasonably practicable;
- ensure prescribed emergency medication is immediately accessible during activities;
- ensure medication storage requirements are met taking into account the nature of our outdoor provision in all weathers;
- ensure staff know how to recognise a serious allergic reaction and respond without delay;
- maintain effective emergency arrangements for a woodland location, including access for emergency services;
- work effectively with schools, parents/carers and other professionals;
- record incidents and significant near misses and use them to review practice.

4. Allergy Information and Individual Plans

Before a child or young person attends, BEING Outdoors Forest School will seek information about any known allergy or risk of anaphylaxis. Information should include, where relevant:

- the allergen and known triggers;
- previous reactions and recognised symptoms;
- prescribed medication and the type of adrenaline/emergency device;
- an individual allergy action plan or Individual Healthcare Plan (IHP), where one is in place;
- instructions for emergency treatment;
- emergency contact details;
- any relevant arrangements made with the school or referring setting.

Parents/carers should provide current medication and inform BEING Outdoors Forest School promptly of changes to allergies, medication or emergency plans. Staff must not rely on out-of-date information.

For provision at Shield Tree Wood, BEING Outdoors Forest School will hold a spare emergency inhaler & spacer and epipens (Junior x 2; adult x 2) in an insulated emergency orange medibag. This will be removed and stored indoors overnight. It will be agreed prior to each session whether the child or staff will hold medication. All medication held by staff during a session will be stored in the emergency orange medibag.

For school-based provision, BEING Outdoors Forest School will establish before delivery who holds the child's medication, who is responsible for the child's IHP, how medication will travel with the child or group, and how emergency services will be contacted.

5. Woodland and Outdoor Allergy Risks

BEING Outdoors Forest School recognises that the woodland environment presents particular allergy risks. Risk assessments and session planning will consider:

- insect stings, particularly bees, wasps and hornets;
- food, snacks, cooking and food preparation;
- cross-contamination and food sharing;
- plants, berries, fungi, sap and natural materials;
- animals and animal products where relevant;
- craft, cleaning and other substances used during activities;
- medicines and other known individual triggers.

Children and young people must not eat wild plants, berries, fungi or other woodland materials unless this forms part of a specifically planned and risk-assessed activity.

The aim is an allergy-aware environment rather than claiming that the woodland is allergen-free. Known allergens will be avoided or controlled wherever reasonably practicable.

6. Food and Cooking Activities

Where food or cooking is part of a session:

- allergy information will be checked before ingredients are purchased or used;
- ingredients and packaging will be checked carefully;
- known allergens will be avoided for the affected child wherever reasonably practicable;
- food will not be shared between children;
- preparation surfaces, utensils and equipment will be cleaned appropriately to reduce cross-contamination;
- children will be supervised in relation to food handling;
- prescribed emergency medication will remain immediately accessible;
- staff will follow any additional arrangements agreed with the school or parent/carer.

BEING Outdoors Forest School will not deliberately expose a child or young person to a known allergen.

7. Emergency Medication

A child or young person prescribed an adrenaline device or inhaler must have rapid access to it throughout the session. It must not be left in a vehicle, locked away or stored at a distant base while the child is elsewhere in the woodland.

Where the child is able and it is appropriate and safe, they should be encouraged to carry their own medication / inhaler. Where this is not appropriate, an identified member of staff will carry or hold the medication / inhaler so that it remains immediately accessible.

Staff will follow the individual emergency plan and the instructions for the specific device prescribed. Staff will check, where applicable, that devices are present, accessible and within their expiry date.

If BEING Outdoors Forest School or a school provides spare/emergency adrenaline devices, these will be managed in accordance with the current legal and local arrangements, including any required medical authorisation, consent, storage, training and record keeping.

8. Recognising Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that can develop rapidly. Possible signs include swelling of the lips, mouth, throat or tongue; difficulty or noisy breathing; wheezing or persistent coughing; a tight throat or difficulty swallowing; hoarse voice; dizziness, confusion or collapse; pale, blue or grey skin; or a child becoming floppy or unusually unresponsive. A rash or skin symptoms may occur but are not always present.

Staff must take a suspected anaphylactic reaction seriously and must not wait for symptoms to become severe before seeking emergency help.

9. Emergency Procedure – Suspected Anaphylaxis

If anaphylaxis is suspected:

Give the person's prescribed adrenaline device without delay, following the device instructions and their emergency plan.

If a person develops suspected anaphylaxis unexpectedly, staff will administer the spare AAI and call 999 immediately, state 'suspected anaphylaxis' and follow procedure.

Call 999 and state: “suspected anaphylaxis”.

Give the exact location of the woodland or school site and explain the best emergency access point.

Keep the child or young person with the staff member and do not allow them to stand or walk. Keep them lying down with legs raised where appropriate; if breathing is difficult, allow them to sit up carefully as necessary.

If there is no improvement after 5 minutes, give a second adrenaline device if one is available and appropriate.

If the person becomes unresponsive and is not breathing normally, commence CPR and follow the emergency operator's instructions.

Send another adult to meet the ambulance where staffing arrangements allow.

Ensure the remaining children are supervised and moved to a safe location without leaving the affected child unattended.

Contact the parent/carers and, where applicable, the school or referring setting.

Record the incident, medication given and relevant times once the immediate emergency has been dealt with.

Emergency response must never be delayed while attempting to contact a parent/carers or complete paperwork.

10. Woodland Emergency Arrangements

Because private woodland sites may have limited vehicle access or mobile coverage, each active site must have a current emergency information sheet. This should identify:

- the full site/location description;
- the best emergency vehicle access point;
- the agreed ambulance meeting point;
- gate/access arrangements where applicable;
- a clear route from the nearest accessible road;
- landmarks that will help emergency services locate the group;
- grid reference and/or other reliable digital location information;
- current staff emergency contact arrangements;
- known mobile coverage limitations and backup communication arrangements.

Staff must know the emergency access arrangements before a session starts. Any change to the site, access route or meeting point must be communicated and reflected in the risk assessment/emergency information.

11. Forest School Provision in Schools

When delivering Forest School in a school, BEING Outdoors Forest School will liaise with the school before delivery to confirm:

- children with known allergies;
- relevant IHPs/allergy action plans;
- location and accessibility of prescribed medication;
- the school's arrangements for emergency/spare adrenaline devices, where applicable;
- named school contacts and emergency responsibilities;
- how 999 will be contacted;
- how parents/carers will be contacted;
- arrangements for incidents, recording and follow-up.

BEING Outdoors Forest School staff will follow the school's site-specific emergency arrangements while retaining responsibility for the safe delivery of their own activities. Any uncertainty about emergency responsibilities must be resolved before the session begins.

12. Alternative Education Provision

For Alternative Education Provision, allergy information will be obtained as part of the referral and admission process and reviewed regularly. Where a child or young person is referred by a school, local authority or other education provider, BEING Outdoors Forest School will seek relevant medical and allergy information needed for safe participation.

AEP staff will ensure that individual plans and emergency medication arrangements are understood by the adults supervising the young person. The nature of the provision, including time spent outdoors, practical activities, food preparation and contact with natural materials, will be reflected in individual and activity risk assessments.

BEING Outdoors will provide access to emergency/spare adrenaline devices and inhaler / spacer which will be stored in an insulated emergency orange medibag at the firecircle or near the children with allergies if needed.

13. Parents/Carers

- Provide accurate allergy information.
- Provide prescribed medication and replacement medication before expiry.
- Provide updated emergency plans.
- Notify BEING Outdoors CIC of changes to the child's condition or treatment.

14. Staff Training and Responsibilities

The person responsible for implementing this policy will ensure that staff working directly with children receive appropriate allergy awareness and emergency training. Training should cover:

- common allergy triggers and prevention;
- recognition of allergic reactions and anaphylaxis;
- emergency response and calling 999;
- the safe use of the types of adrenaline devices relevant to children attending;
- individual allergy/IHP arrangements;
- food allergy and cross-contamination;
- woodland-specific risks, including insect stings;
- site emergency access arrangements.

Staff must know which children are at increased risk and where their emergency medication is located. New or temporary staff must receive relevant information before supervising children with known allergies.

15. Recording, Reporting and Review of Incidents

Any allergic reaction, use of emergency medication, serious incident or significant near miss must be recorded in accordance with BEING Outdoors Forest School procedures and, where applicable, the school's procedures.

Following an incident, the responsible person will review:

- what happened and when;
- medication administered and times;
- how the emergency response worked;
- access to the site and emergency services;
- whether the child's individual plan remains appropriate;
- whether risk assessments or staff training need updating.

Parents/carers and the school/referring setting will be involved in follow-up as appropriate.

16. Confidentiality and Information Sharing

Allergy and medical information will be treated as confidential personal information and shared only with people who need the information to keep the child or young person safe. Relevant staff must have access to the information they need during sessions. Records will be stored and handled in accordance with BEING Outdoors Forest School's data protection arrangements.

17. Policy Review

This policy will be reviewed at least annually and sooner where there is a significant incident, change in legislation or guidance, change to the provision, or a significant change in the way emergency medication is managed.

The policy should be read alongside BEING Outdoors Forest School's safeguarding, first aid, medical conditions, medication, risk assessment, emergency and incident reporting procedures.

18. References and Guidance

This policy has been prepared with reference to current UK guidance, including the Department for Education's Allergy safety in schools statutory guidance (published July 2026), relevant guidance on emergency adrenaline devices, and current NHS guidance on anaphylaxis. The policy is intended to support safe practice for BEING Outdoors Forest School and does not replace an individual healthcare professional's advice or a child's prescribed emergency plan.

2. WOODLAND ANAPHYLAXIS EMERGENCY PROCEDURE

KEEP WITH THE FIRST-AID / EMERGENCY BAG (HAPPY BAG)



IF YOU SUSPECT ANAPHYLAXIS

1. GIVE ADRENALINE

Give the child's prescribed emergency adrenaline immediately. Do not wait for symptoms to get worse. Follow the instructions for the prescribed device.

2. CALL 999

Say: "SUSPECTED ANAPHYLAXIS." Give the exact woodland location, grid reference/digital location and emergency access point.

3. DO NOT LET THE CHILD STAND OR WALK

Bring help and medication to the child. Do not ask the child to walk to a vehicle, first-aid point or ambulance.

4. POSITION THE CHILD

Follow the child's individual emergency plan and current NHS guidance. Stay with the child.

5. SECOND DOSE

If there is no improvement after 5 minutes, give a second adrenaline device if available and appropriate.

6. GET HELP

One member of staff stays with the child. Another meets the ambulance. Another, where available, supervises the remaining children.

7. CONTACT PARENTS/CARERS

Contact the parent/carer as soon as practicable after emergency medical help has been called.

Woodland emergency details

Woodland name	
Exact location	
Grid reference	
Emergency access point	
Ambulance meeting point	
Parent/carer telephone	

REMEMBER

**ADRENALINE → 999 → DON'T WALK → SECOND DOSE AFTER 5 MINUTES →
AMBULANCE → PARENTS**



3. Individual Allergy & Anaphylaxis Action Plan

BEING Outdoors CIC

Child / young person

Name	
Date of birth	
Photograph (optional)	
Known allergy/allergies	
Known triggers	
Previous reactions	

Signs and symptoms

- ☐ Rash / hives
- ☐ Itching
- ☐ Swelling
- ☐ Swollen lips
- ☐ Swollen tongue
- ☐ Coughing
- ☐ Wheezing
- ☐ Difficulty breathing
- ☐ Difficulty swallowing
- ☐ Tight throat
- ☐ Hoarse voice
- ☐ Dizziness
- ☐ Collapse
- ☐ Other: _____

Emergency medication

Medication	
Device type	☐ Adrenaline auto-injector ☐ Adrenaline nasal device ☐ Other
Brand	
Dose	
Number of devices	
Expiry date(s)	
Usual storage/location	

Can the child/young person self-administer?

- ☐ Yes
- ☐ No
- ☐ With adult assistance

Additional information: _____

Emergency action

1. Give adrenaline immediately if anaphylaxis is suspected.
2. Call 999 and state “suspected anaphylaxis”.
3. Do not allow the child to stand or walk.
4. Stay with the child.
5. If there is no improvement after 5 minutes, give a second dose if available and appropriate.
6. Ensure emergency services are directed to the child.

Woodland information

Normal session area	
Nearest vehicle access	
Emergency meeting point	
Grid reference / digital location	

Parent / carer

Name / relationship	
Telephone 1	
Telephone 2	
Additional information	

Agreement and review

Parent/carers signature: _____ Date: _____

BEING Outdoors CIC representative: _____ Date: _____

Review date: _____

4. Staff Allergy & Anaphylaxis Checklist

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Before each session

Children

- ☐ Check attendance/register.
- ☐ Identify children with known allergies.
- ☐ Check individual allergy plans.
- ☐ Check emergency medication is present and accessible.
- ☐ Check medication expiry dates.
- ☐ Confirm staff know which children are at risk.

Woodland

- ☐ Confirm today's exact location.
- ☐ Confirm emergency vehicle access and ambulance meeting point.
- ☐ Check mobile phone is working.
- ☐ Ensure staff know the emergency access route.
- ☐ Check first-aid equipment is available.
- ☐ Consider insect activity/nests.
- ☐ Consider food/cooking activities.
- ☐ Consider known plant/natural-material risks.

During the session

- ☐ Emergency medication remains immediately accessible.
- ☐ Children do not share food.
- ☐ Staff monitor relevant allergy risks.
- ☐ Children at risk of anaphylaxis remain appropriately supervised.

- ☐ Staff know where children are within the woodland.

If anaphylaxis is suspected

- ☐ GIVE ADRENALINE.
- ☐ CALL 999.
- ☐ SAY "SUSPECTED ANAPHYLAXIS".
- ☐ Give exact woodland location.
- ☐ DO NOT ALLOW CHILD TO STAND OR WALK.
- ☐ Stay with child.
- ☐ Give second dose after 5 minutes if no improvement and available/appropriate.
- ☐ Send staff member to meet ambulance.
- ☐ Supervise remaining children.
- ☐ Contact parent/carer.
- ☐ Record incident afterwards.

After an incident

- ☐ Complete accident/medical incident record.
- ☐ Record medication administered and times.
- ☐ Record time 999 was called.
- ☐ Review risk assessment.
- ☐ Review individual allergy plan.
- ☐ Consider whether staff training needs updating.
- ☐ Discuss lessons learned with relevant staff.

Staff member completing checklist: _____

Date: _____



5. Woodland Emergency Information Sheet

BEING Outdoors CIC

Woodland details

Setting name	BEING Outdoors CIC
Woodland name	
Full location description	
Grid reference	
What3words / digital location	

Ambulance access

Nearest vehicle access point	
Gate / access code (if applicable)	
Best ambulance meeting point	
Directions from main road	

Important landmarks

☐ Gate ☐ Track ☐ Car park ☐ Building ☐ Field ☐ Sign ☐ Other

Details: _____

Emergency contacts

Forest School Manager	_____
Telephone	_____
Deputy	_____
Telephone	_____

Emergency procedure

Give adrenaline immediately if anaphylaxis is suspected.

Call 999 and state “suspected anaphylaxis”.

Give the exact location.

Do not allow the child to stand or walk.

Stay with the child.

Give a second dose after 5 minutes if there is no improvement and a second device is available/appropriate.

Send someone to meet the ambulance.

Contact parents/carers.

Group management

Staff staying with child	_____
Staff meeting ambulance	_____
Staff supervising group	_____
Backup arrangements	_____

Mobile phone / communications

Main emergency phone	_____
Backup phone	_____
Mobile coverage	☐ Good ☐ Variable ☐ Poor

Location check

- ☐ Beginning of each new term/session block
- ☐ Following any change to woodland access arrangements
- ☐ Following an emergency incident
- ☐ At policy review

Checked by: _____ Date: _____

Important reference

For emergency treatment, staff should follow the child's individual emergency plan, the instructions supplied with their prescribed device and current NHS emergency advice. In suspected anaphylaxis, give adrenaline without delay and call 999.

Reference and guidance note

This pack has been drafted for BEING Outdoors CIC's private woodland sites, school Forest School sites for after-school clubs, and Alternative Education Provision for children and young people aged 5–16. It is designed to complement, not replace, individual medical advice, prescribed emergency plans, staff training, risk assessments and current UK guidance.

- NHS – Anaphylaxis: emergency signs and treatment guidance.
- Department for Education – Allergy safety in schools (2026), including principles that may be useful for other settings.
- Current manufacturer instructions for the specific adrenaline device prescribed to each child.

This policy should be checked against current guidance whenever it is reviewed and following any significant incident.