Allergy Policy
2026 - 2027

‘Because Children Deserve Better’

Reviewed By:	Fiona Gallagher, Strategic Lead for SEND and Inclusion
Approved By:	Kathryn Parkinson, CEO
Responsible Person:	Kathryn Parkinson, CEO
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1. Aims

Pivot is committed to providing a **safe, inclusive and supportive environment** in which learners, staff and visitors with allergies are protected from avoidable harm and learners are able to participate fully in education and wider setting activities.

This policy sets out Pivot's arrangements to:

- reduce the risk of avoidable exposure to known allergens;
- identify and support learners with known allergies;
- ensure individual allergy and healthcare needs are understood and appropriately managed;
- recognise and respond promptly and effectively to allergic reactions and anaphylaxis;
- ensure appropriate emergency medication is accessible when required;
- provide staff with appropriate allergy awareness and emergency response training;
- promote the **wellbeing, dignity, inclusion and participation** of learners with allergies; and
- learn from allergy-related incidents and near misses to continuously improve practice.

The DfE's 2026 statutory guidance Allergy safety in schools - GOV.UK includes expectations around allergy safety policies, staff training, **Individual Healthcare Plans (IHPs),** and recording and learning from serious incidents and near misses.

2. Relationships with other Pivot policies

This policy sets out Pivot's arrangements for preventing and managing allergy-related risks and responding to allergic reactions and anaphylaxis.

It should be read alongside the Supporting Learners with Medical Conditions Policy and the Administration of Medicines Policy. The Administration of Medicines Policy governs the receipt, storage, administration, recording, return and disposal of prescribed and emergency medicines.

Where an allergy-related matter involves medication, both this policy and the Administration of Medicines Policy must be followed.

3. Definitions

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided.

Common food intolerances include lactose and gluten.

Coeliac disease is an autoimmune condition in which eating gluten causes the immune system to damage the small intestine. It is not a food allergy or food intolerance. Strict avoidance of gluten and measures to prevent cross-contact are required.

4. Roles and responsibilities

Senior Leadership – Associate Director of Compliance

Pivot have nominated a **named senior with responsibility for allergy safety, Sarah Howarth, Associate Director of Compliance**. The designated lead will provide strategic oversight of allergy safety arrangements and support the effective implementation of this policy across Pivot.

The named senior leader will:

- oversee implementation and monitoring of this policy;
- ensure appropriate allergy safety procedures and systems are in place;
- ensure staff receive appropriate allergy awareness and emergency response training;
- promote consistent practice across Pivot sites;
- ensure arrangements are in place to identify learners with known allergies
- monitor allergy-related incidents and near misses and ensure that learning is translated into improvements;
- contribute to or lead the annual review of this policy; and
- ensure identified actions have clear **responsibilities, timescales and monitoring arrangements**.

The DfE policy specifies that a named member of the senior leadership team should have responsibility for allergy safety, including implementation and review of the policy.

Site leadership

Headteachers and site leaders will ensure that agreed allergy safety arrangements are **implemented consistently within their provision**.

This includes ensuring that staff understand:

- learners' relevant allergy needs;
- the location of emergency medication;
- support the development and implementation of relevant Individual Healthcare Plans (IHPs);

- how to access individual Allergy or Asthma Action Plans and IHPs;
- how to recognise an allergic reaction or anaphylaxis;
- how to respond appropriately to an allergy-related emergency; and
- how to report incidents, concerns and near misses.

5. Allergy awareness and training

Pivot will make this policy readily accessible to staff, learners and parents/carers, including through the organisation's usual policy publication arrangements. Allergy awareness and emergency response training will form part of Pivot's annual training programme and induction arrangements.

Pivot will ensure that staff who supervise or work directly with learners while they are on site understand allergy risks and emergency procedures appropriate to their role. This includes permanent, temporary, supply and agency staff, regular volunteers and relevant catering or activity staff.

New staff will receive allergy safety information through induction, and managers will ensure that supply and cover staff receive essential site-specific information before taking responsibility for learners.

Allergy awareness

Allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a learner's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a learner requires individual healthcare support beyond school-level allergy safety arrangements.

6. Risk assessments, monitoring and reporting arrangements

Pivot recognises that living with allergy and the risk of anaphylaxis can affect a learner's wellbeing, confidence and participation. Staff will listen to the learner and parent/carer, avoid unnecessary restriction, provide appropriate reassurance and adjustments, and seek further pastoral or professional support when required.

Pivot will not tolerate bullying, harassment or deliberate exposure to an allergen. Allergy-related bullying will be addressed through Pivot's Behaviour and Safeguarding policies, with appropriate support provided to the learner and proportionate action taken to reduce further risk.

Pivot will take proportionate, risk-based steps to minimise avoidable exposure to known allergens for learners, staff and visitors. Individual arrangements will be informed by healthcare advice, the learner's Individual Healthcare Plan (IHP) and/or Allergy Action Plan, and discussion with the learner and parent/carer.

This should include:

- Measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where children and young people have known allergy to airborne or contact allergens, how the school will put reasonable measures in place to manage the risk of the learner being exposed to such allergens.
- An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.
- Pivot will maintain clear arrangements for identifying learners with known allergies, recording known allergens and relevant medication, and ensuring appropriate staff can access essential information when required.
- Where food is provided, Pivot will work with relevant catering arrangements to manage allergen information and reduce cross-contact risks.
- Learners requiring individual arrangements will have an IHP and/or Allergy Action Plan where appropriate.

Gathering information

Pivot will gather allergy and medical information at admission and when circumstances change, using information from the learner, parent/carer, previous education setting and healthcare professionals where appropriate. Parents/carers and learners will be asked to inform Pivot promptly of changes to diagnosis, medication, triggers, emergency arrangements or healthcare advice.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in school
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, for supporting the **learner** with their medical condition or allergy, including in emergency situations.

At Pivot, learners who require specific allergy support will have those arrangements documented through an Individual Healthcare Plan (IHP), with an Allergy Action Plan attached or referenced where one has been provided by a healthcare professional.

The plan will identify triggers, preventative measures, medication, reasonable adjustments, emergency actions and relevant staff responsibilities.

Reasonable adjustments

- At Pivot, reasonable adjustments will be planned with the learner and parent/carer and informed by relevant healthcare advice.
- Adjustments will seek to reduce allergy risk while enabling the learner to participate as fully as possible in education, enrichment, social activities, visits and wider school life
- Adjustments will be communicated to relevant staff on a need-to-know basis and reviewed when needs or circumstances change.
- This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation).
- Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it.
- Whenever an updated Action Plan becomes available, the learner’s Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline

- Prescribed adrenaline auto-injectors must be readily accessible to the learner at all times, including during lessons, social times, off-site learning and educational visits.
- The location and carrying arrangements will be recorded in the learner’s Individual Healthcare Plan and Allergy Action Plan. The arrangements must not create an avoidable delay in administering adrenaline in an emergency.
- Parents/carers remain responsible for providing prescribed medication as agreed and informing Pivot of changes.
- Pivot will maintain records of medication held on site, associated Action Plans and routine expiry checks in line with its medicine’s procedures.

7. School-wide arrangements

Spare adrenaline auto-injectors

Pivot will maintain appropriate arrangements for the purchase, storage, accessibility, checking, use and replacement of **spare adrenaline auto-injectors (AAIs)** for emergency use.

Each Pivot site will have clear procedures setting out:

- where spare AAIs are located;
- who is responsible for checking and maintaining emergency anaphylaxis equipment;
- how staff access spare AAIs in an emergency;
- how expiry dates are monitored;
- how used or expired AAIs are replaced promptly;
- how used AAIs are handled and disposed of safely, recognising that they contain a needle;
- how the use of a spare AAI is recorded and reported; and
- how arrangements are reviewed following an emergency, serious incident or near miss.

Spare AAIs will be **readily accessible in an emergency and will not be locked away**. Their location will be clearly communicated to all relevant staff.

Pivot will ensure that emergency arrangements enable an AAI to be brought to a learner experiencing anaphylaxis **within five minutes**.

Spare AAIs will be **stored in pairs**, ensuring that a second device is immediately available if required. This is particularly important because current government emergency guidance states that if there is no improvement after five minutes, a further dose of adrenaline should be given using another auto-injector, where available.

Multi-building and multi-site provision

Where a Pivot site operates across several buildings, units or learning areas, the Headteacher will assess the number and location of emergency anaphylaxis kits required to ensure timely access.

This may include locating emergency kits close to:

- teaching and classroom areas;
- dining and food preparation areas;
- intervention or therapeutic spaces;
- practical or vocational areas; and

- other areas where learners regularly access provision.

Where Pivot operates across more than one physical site, appropriate spare AAIs will be available at **each site**, taking account of the learners attending and the dosage requirements identified within their individual healthcare arrangements.

Storage and identification

Each site will determine the appropriate number and location of prescribed and spare adrenaline auto-injectors through a site-specific risk assessment. The assessment will take account of:

- the learners attending and their prescribed dosage requirements
- the size, layout and use of the premises
- separate buildings, units or learning areas
- dining, food-preparation, practical and vocational areas
- off-site and community-based provision
- the need to bring an auto-injector to the learner without delay

Spare adrenaline auto-injectors will be clearly identified, stored in accordance with the manufacturer's instructions and readily accessible. They must not be locked away or kept in a location that could delay emergency treatment.

Spare AAIs will:

- be stored in pairs;
- be protected from inappropriate temperatures or conditions in accordance with the manufacturer's instructions;
- be clearly identified as **emergency/spare AAIs** to prevent confusion with medication prescribed to an individual learner; and
- have expiry dates routinely checked and recorded by the designated member of staff.

The location of emergency medication will be known to staff and included within relevant staff induction and allergy awareness training.

8. Emergency anaphylaxis kit

Each Pivot site will maintain a clearly identified **emergency anaphylaxis kit** in an accessible location.

The kit will contain, as appropriate:

- a pair of spare AAIs of the required dosage;
- clear emergency instructions;
- information necessary to support staff in responding safely to an anaphylactic emergency; and

- appropriate records for checking the contents and expiry dates of the equipment.

Where Pivot maintains emergency salbutamol inhalers and spacers, these will be managed in accordance with the relevant arrangements for emergency asthma medication.

All staff must know **where emergency kits are located and how to summon assistance immediately**.

Checking, replacement and disposal

A designated member of staff at each Pivot site will be responsible for ensuring that emergency medication and equipment are routinely checked.

Checks will include:

- the presence of the required AAIs;
- the correct dosage(s);
- expiry dates;
- the condition of the devices and packaging;
- the availability of any associated emergency equipment and instructions; and
- confirmation that the kit remains clearly identified and accessible.

Used, damaged or expired AAIs will be **replaced promptly**. Used AAIs must be handled and disposed of safely through the appropriate clinical/sharps waste arrangements.

Any use of an emergency AAI will be recorded and reviewed in accordance with Pivot's procedures for medication, medical emergencies and serious incidents. The July 2026 statutory guidance specifically includes requirements concerning recording and learning from serious incidents and near misses.

The receipt, stock control, expiry checking, replacement, recording and disposal of adrenaline auto-injectors will be managed in accordance with the Administration of Medicines Policy and Pivot's approved operational records.

9. Educational visits, off-site activities and trips

A learner's allergy and risk of anaphylaxis must not unnecessarily prevent them from participating in educational visits, trips, enrichment activities or off-site learning

Pivot will plan visits and off-site activities so that learners with allergies can participate safely.

Risk assessments will consider known allergens, food and catering, travel, access to prescribed medication, emergency arrangements, staff awareness and access to emergency services.

A learner at risk of anaphylaxis will have rapid access to their prescribed adrenaline device(s), and an appropriately informed member of staff will accompany the activity.

Before an educational visit, the visit lead will ensure that:

- the learner's allergy needs, Individual Healthcare Plan and emergency arrangements have been considered within the visit risk assessment;
- the learner's prescribed AAIs accompany them, where applicable;
- appropriately trained staff are available;
- staff know how to recognise and respond to an allergic reaction or anaphylaxis;
- emergency medication remains readily accessible to the responsible adult and is **not stored somewhere that could delay access**, such as inaccessible luggage;
- food, environmental and activity-related allergen risks have been considered;
- appropriate communication has taken place with parents/carers and, where necessary, the venue or activity provider; and
- arrangements are in place for obtaining emergency medical assistance.

Where anaphylaxis is suspected, staff must administer adrenaline without delay in accordance with the learner's emergency instructions and applicable emergency guidance, call 999 and state that anaphylaxis is suspected.

Emergency action must not be delayed while staff locate documentation, contact a senior leader or seek parental or carer consent. Parents or carers must be informed as soon as reasonably practicable once the immediate emergency response is underway.

10. Serious incidents and near misses

Pivot will ensure that all **serious allergy-related incidents and near misses are recorded, reported, reviewed and responded to appropriately**. The purpose of this process is to identify learning, reduce future risk and ensure that appropriate preventative actions are implemented.

An allergy-related incident or near miss may include:

- a learner being exposed, or potentially exposed, to a known allergen;
- an allergic reaction or suspected anaphylaxis;
- the administration of emergency medication;
- prescribed or emergency medication being unavailable, inaccessible or out of date when required;
- incorrect food, medication or information being provided;
- a failure to follow a learner's Individual Healthcare Plan (IHP) or agreed allergy management arrangements; or
- any circumstance where a learner could have been placed at increased risk because allergy safety procedures were not followed.

The DfE's 2026 statutory guidance specifically requires schools within scope to have arrangements for recording and learning lessons from serious incidents and near misses.

Pivot recognises that the effects of exposure to an allergen may not always become apparent while the learner is on site. Learners, parents/carers, healthcare professionals and other relevant individuals will therefore be encouraged to report concerns or incidents that become apparent after the learner has left the setting.

Following a serious incident or significant near miss, Pivot will:

- ensure the learner receives appropriate immediate support;
- inform parents/carers as soon as is reasonably practicable;
- complete the relevant incident and medication records;
- notify appropriate senior leaders;
- consider whether external reporting or professional advice is required;
- review the learner's IHP, risk assessment and allergy management arrangements where appropriate;
- identify any learning or required changes to practice;
- communicate relevant actions to staff; and
- monitor agreed actions to ensure they have been implemented.

Where an incident or near miss identifies a weakness in existing procedures, **immediate action will be taken rather than waiting for the next scheduled policy review**.

All incidents will be managed in accordance with Pivot's **Administration of Medicines Policy, Safeguarding and Child Protection Policy and Health and Safety procedures**, as applicable.

11. Safeguarding, confidentiality and information sharing

Effective information sharing is essential to keeping learners with allergies safe. Pivot will ensure that relevant staff have access to the information they **need to know** to understand a learner's allergy, recognise potential risks and respond appropriately in an emergency.

Information may include:

- the learner's known allergens and triggers;
- signs and symptoms associated with their allergic reactions;
- emergency response arrangements;
- prescribed medication and its location;
- relevant information contained within the learner's IHP; and
- reasonable adjustments or preventative measures required to keep the learner safe.

A learner's health information is **special category personal data** and will therefore be handled sensitively, securely and in accordance with Pivot's Data Protection Policy and applicable data protection requirements.

Information will only be shared with those who require it for a legitimate purpose, including where it is necessary to protect the learner's **health, safety and wellbeing**.

Pivot will balance the need to keep the learner safe with their right to **privacy, dignity and confidentiality**. Information will not be shared more widely than necessary, and staff should avoid practices that unnecessarily single out or stigmatise a learner because of their allergy. Where appropriate, learners will be supported to understand how information about their allergy is used and shared, taking account of their **age, maturity, communication needs and capacity to participate in decisions**.

Awareness of the Allergy Safety Policy

Pivot will promote a **whole-setting approach to allergy awareness and safety**.

To support this:

- Pivot's Allergy Safety Policy will be made readily accessible to learners, parents/carers, staff and other relevant members of the setting community.
- The policy will be published on Pivot's website and made available in another accessible format on request.
- All relevant staff will be made aware of the policy and their responsibilities within it.
- Staff will receive **allergy awareness and emergency response training at least annually**, with appropriate arrangements for the induction of new, temporary, supply and cover staff. The DfE's policy template states that allergy awareness training should take place at least annually and should cover recognition of allergic reactions and anaphylaxis, emergency response and the location and administration of emergency medication.
- The location of emergency medication and procedures for accessing it will be communicated clearly to staff.
- Learners will receive **age and developmentally appropriate allergy awareness education**, including through PSHE and the wider curriculum where appropriate.
- Allergy awareness will promote an inclusive culture in which learners understand the importance of supporting peers with allergies without stigma, teasing or unnecessary exclusion.
- Where a learner is prescribed an adrenaline auto-injector, it may be appropriate for peers or friends to understand **how to recognise that help may be needed and how to alert a member of staff immediately**.
- Any wider sharing of an individual learner's allergy information will be considered carefully and, where appropriate, discussed with the learner and their parent/carer.
- Peer awareness **does not replace the responsibility of trained staff to respond appropriately to an allergy-related emergency**.

The Children's Wellbeing and Schools Act 2026 requires schools within scope to make their allergy safety policy generally known within the school and to parents, bring it to the attention

of learners, parents and people working at the school at least annually, and publish it on the school's website.

12. Policy monitoring and review

Pivot's Allergy Safety Policy will be **reviewed at least annually** and sooner where required.

An earlier review will take place following:

- a serious allergy-related incident or significant near miss;
- identification of a weakness or gap in existing procedures;
- significant changes to the needs of learners within the setting;
- changes to staffing, premises, catering arrangements or provision that may affect allergy safety;
- changes to legislation, statutory guidance or recognised clinical guidance; or
- recommendations arising from internal monitoring, audit or external review.

Findings from incidents, near misses, audits and policy reviews will be used to support **continuous improvement in allergy safety across Pivot**.

Links with other policies

This policy is linked to our:

- Attendance Policy
- Assessment Policy
- Behaviour policy
- SEND & Inclusion Policy
- Data protection policy and privacy notices
- Home-school agreement
- ICT and internet acceptable use policy
- Online safety policy
- Equality Policy and Accessibility Plans
- Safeguarding and Child Protection Policies
- Parent and Carers Complaints Policy
- Administration of Medicines Policy
- Supporting Learners with Medical Conditions Policy
- First Aid Policy & Procedures
- Educational Visits Policy

13. Appendix 1: Allergy addendum to the Individual Healthcare Plan

This addendum records the learner's allergy-specific arrangements and must be used with Pivot's approved Individual Healthcare Plan. Where a healthcare professional has issued an Allergy Action Plan, that plan must be attached and must remain the principal source of clinical emergency instructions.

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the learner has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the learner is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the learner if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person's learning.
Indicate how the allergy may impact on the learner's emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response:
Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where "spare" adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date:</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>