

# Pony Partnerships CIC



## Allergy Safety Policy 2026-2027

**Name of Organisation:** Pony Partnerships CIC

**Venue/Address:** All venues

**Date of Review:** 1 September 2026

**Date of Next Review:** 31 August 2027

**Author:** Danielle Mills

### 1. Policy Statement

Pony Partnerships CIC is committed to providing a safe, inclusive and supportive environment for people with allergies.

Pony Partnerships will take reasonable and proportionate steps to:

- identify known allergy risks;
- reduce the risk of exposure to known allergens;
- establish clear emergency arrangements;
- support people with allergies to participate as safely and fully as possible.

Pony Partnerships cannot guarantee an allergen-free environment.

### 2. Purpose

This policy explains how Pony Partnerships will:

- identify and plan for known allergy needs;
- reduce allergy risks where reasonably practicable;
- respond to allergic reactions and suspected anaphylaxis;
- record incidents and near misses and learn from them;
- support safe and inclusive participation.

Detailed operational requirements are contained in our Standard Operating Procedures.

### 3. Scope

This policy applies to all Pony Partnerships services, activities and venues.

### 4. Legal and Regulatory Context

Section 34 of the Children's Wellbeing and Schools Act 2026 amended section 100 of the Children and Families Act 2014 by introducing allergy-safety policy requirements for local-authority-maintained schools, academies and pupil referral units.

The Department for Education's statutory *Allergy Safety in Schools* guidance applies directly to those

settings. Pony Partnerships CIC is not a school, academy or pupil referral unit and is not directly subject to those school-specific duties.

Pony Partnerships adopts relevant principles from the guidance proportionately as recognised good practice and for commissioner assurance.

Where provision is commissioned by a school, local authority or other organisation, the commissioner retains its own statutory responsibilities. Written placement arrangements will clarify the practical responsibilities of each party but do not transfer statutory accountability to Pony Partnerships CIC.

This policy has also been developed in relation to relevant health and safety, equality, food safety, data protection, safeguarding and duty-of-care requirements.

## 5. Responsibilities

- Board of Directors: responsible for ensuring that appropriate allergy-safety arrangements are in place and reviewed.
- CEO/Manager: responsible for implementing this policy and maintaining the associated procedures, training and records. Provides oversight where allergy arrangements affect clinical or therapeutic provision.
- Allergy Safety Lead: is the CEO/Manager or another competent person formally named in the Staff Responsibilities Register. The role includes:
  - coordinating allergy records;
  - supporting staff awareness;
  - overseeing relevant training;
  - reviewing incidents and near misses;
  - reviewing this policy and linked procedures.
- Session Lead: responsible for checking relevant allergy information and emergency arrangements before a session begins.
- Staff, Associates and Volunteers: must:
  - follow this policy and SOP 6A;
  - check relevant information before activities involving known risks;
  - act promptly in an emergency;
  - report allergy incidents and near misses;
  - work within their training and competence.
- Parents, carers, adult participants and Commissioners: responsible for providing accurate and current allergy and medical information, including relevant clinical plans and prescribed medication arrangements. The person named in the agreed arrangements must ensure that the participant's prescribed emergency medication accompanies them and is handed over or retained as agreed.

## 6. Identifying and Planning for Allergy Needs

Pony Partnerships will obtain relevant allergy and medical information before a participant begins attending, wherever reasonably practicable.

For commissioned learners, the commissioner must provide relevant and current information before the placement begins. This may include:

- an Individual Healthcare Plan;
- a healthcare-professional-issued Allergy Action Plan;
- a healthcare-professional-issued Asthma Action Plan;
- prescribed medication information;
- medication consent or administration arrangements;

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- emergency contacts;
- relevant risk assessments and reasonable adjustments.

For other participants, information will be obtained from the participant, parent or carer.

Where emergency allergy or asthma medication has been prescribed, Pony Partnerships will request a current healthcare-professional-issued Action Plan.

Pony Partnerships will not create, amend or replace clinical Allergy or Asthma Action Plans. The supplied clinical plan remains the authoritative source of clinical instructions.

Where local arrangements are needed, Pony Partnerships may complete:

- a Clinical Action Plan Receipt and Internal Implementation Record;
- an Allergy Risk Assessment;
- another relevant local record.

These records explain how the supplied plan will be applied within Pony Partnerships' equine, outdoor and nature-based environment. They do not replace the clinical plan.

Allergy information and arrangements must be reviewed:

- when the participant's needs change;
- when an updated clinical plan is received;
- following an incident or near miss;
- before a new activity, venue or off-site visit where risk may change.

## 7. Reducing Allergy Risk

Pony Partnerships will take reasonable and proportionate steps to reduce known allergy risks.

This may include:

- checking allergy information before food or drink is offered;
- checking ingredients and cross-contact risks;
- preventing unplanned food sharing;
- considering allergy risks in cooking, craft, animal-care and outdoor activities;
- adapting activities involving hay, straw, dust, pollen, mould, animal dander, animal feed, bedding or insect stings;
- considering allergy, asthma and respiratory risks within COSHH assessments;
- using appropriate handwashing and hygiene arrangements;
- sharing necessary information with relevant staff;
- completing individual or activity risk assessments;
- checking arrangements before off-site activities.

Animal welfare must not be compromised to meet allergy arrangements.

Where safe participation and animal welfare cannot both be maintained, the activity must be adapted, paused or reviewed.

## 8. Emergency Response

Suspected anaphylaxis is a medical emergency.

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Staff must immediately follow:

- the participant's current healthcare-professional-issued Action Plan;
- SOP 6A – Allergy and Anaphylaxis Procedure;
- prescribed device instructions;
- their training.

Where prescribed emergency adrenaline is available, it must be administered immediately or the participant must be supported to self-administer it.

Staff must call 999 and state: *"This is suspected anaphylaxis."*

Emergency action must not be delayed while staff attempt to contact parents, carers, commissioners or senior staff.

The detailed emergency sequence, including positioning, monitoring and administration of a second prescribed dose after five minutes where required, is contained in SOP 6A.

## 9. Non-Patient-Specific Spare Adrenaline Devices

Pony Partnerships is not eligible to obtain non-patient-specific spare adrenaline auto-injectors through the school-specific arrangements.

Pony Partnerships therefore does not purchase, stock, hold or rely on school "spare" adrenaline devices. The school arrangements allowing emergency auto-injectors to be obtained without an individual prescription are specifically for eligible schools.

A participant who has been prescribed emergency adrenaline must attend with the type and number of their own prescribed devices required by their current clinical plan.

Their prescribed medication must remain:

- in date;
- clearly labelled;
- undamaged;
- immediately accessible.

A commissioner or school-held spare device must not be treated as a substitute for the participant's prescribed medication within Pony Partnerships' arrangements.

## 10. Incidents, Near Misses, and Learning

All allergy-related incidents and near misses must be recorded and reviewed.

This includes:

- allergic reactions;
- suspected anaphylaxis;
- accidental exposure to a known allergen;
- unsafe food sharing;
- missing medication;
- out-of-date or damaged medication;
- inaccessible medication;
- unclear allergy information;

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- staff being unaware of agreed arrangements;
- emergency procedures not being followed.

The review must consider whether changes are needed to:

- individual plans;
- local implementation records;
- risk assessments;
- activities;
- training;
- procedures;
- commissioner arrangements.

Safeguarding, health and safety, food safety, COSHH, animal welfare, privacy and commissioning implications must also be considered where relevant.

## 11. Training and Awareness

Staff, associates, volunteers and others with participant-facing responsibilities will receive allergy awareness and emergency-response information appropriate to their role.

For those working directly with participants, allergy awareness will:

- form part of induction;
- be refreshed at least annually;
- be refreshed sooner where a participant's needs, an incident or a change in provision requires it.

The DfE's current allergy-policy template also recommends annual allergy-awareness and emergency-response training for relevant school staff. Pony Partnerships adopts this frequency as good practice.

People who may need to support the administration of prescribed emergency adrenaline must receive practical instruction appropriate to the device used by current participants.

Training does not authorise a person to act beyond their competence.

## 12. Safeguarding, Inclusion, and Data Protection

Participants with allergies must not be unnecessarily excluded, singled out or prevented from participating where safe and reasonable adjustments can be made.

Allergy-related bullying, teasing, deliberate exposure to allergens and unsafe food sharing will be treated seriously and managed under the appropriate behaviour, safeguarding or complaints procedure.

A medical or allergy incident does not automatically require a safeguarding referral.

A safeguarding concern may arise where there is:

- repeated absence of essential medication;
- repeated failure to provide relevant medical information;
- deliberate exposure to allergens;
- bullying or coercion;
- avoidable exposure to a known risk;
- repeated failure to follow agreed arrangements.

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Concerns must be discussed promptly with the DSL or DDSL.

Allergy and medical information will be handled confidentially and shared only where necessary to support:

- safety;
- inclusion;
- medical care;
- safeguarding;
- emergency response;
- lawful commissioner arrangements.

### 13. Monitoring and Review

This policy will be reviewed annually, or sooner where:

- legislation or guidance changes;
- a significant incident or near miss occurs;
- commissioned provision requirements change;
- a participant's needs identify wider procedural learning;
- staff feedback identifies that clarification is needed;
- the Board requests a review.

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