

Allergy Safety Policy

2026 - 2027

Organisation	Bay Learning Academy CIC
Policy owner	Principal / Allergy Safety Lead
Named lead	Leila Goring, Principal
Oversight	Board of Directors
Applies from	1 September 2026
Review date	August 2027, or earlier following a trigger in section 20
Status	Bay operating policy adopting the September 2026 statutory allergy-safety standard as good practice

Bay's position: Bay Learning Academy CIC is a commissioned alternative provision CIC and is not itself a maintained school, pupil referral unit or academy. The statutory duty in section 100 of the Children and Families Act 2014 and the Department for Education's Allergy safety in schools guidance do not attach to Bay in exactly the same way. Bay nevertheless adopts the September 2026 standard as its operating benchmark and works with each commissioning school or local authority so that their duties can be discharged when a learner attends Bay.

1. Purpose and commitment

Bay Learning Academy CIC will provide an allergy-aware environment in which learners with allergies can participate safely, confidently and without avoidable exclusion. Allergies can affect learning, attendance, wellbeing and mental health. Anaphylaxis is a medical emergency and can occur without skin symptoms.

This policy establishes consistent arrangements to identify allergy risk, plan individual support, prevent exposure where reasonably practicable, secure rapid access to emergency medication, respond immediately to suspected anaphylaxis, and learn from incidents and near misses.

Core rule: If anaphylaxis is suspected, administer adrenaline without delay, call 999 and follow the learner's Allergy Action Plan. If in doubt, give adrenaline. Delay is more dangerous than an unnecessary dose.

2. Scope

This policy applies to all Bay learners, staff, agency and temporary workers, volunteers, visitors, contractors and activities under Bay's control, including arrival and departure, lessons, breaks, food preparation and service, hospitality or vocational activities, off-site learning, work-related activity and educational visits. The same safety arrangements are applied proportionately to post-16 learners and adults using Bay's services.

3. Legal and guidance framework

Bay will interpret and apply this policy in line with current law and official guidance, including:

- Department for Education, Allergy safety in schools: statutory guidance for governing bodies, proprietors and headteachers (effective September 2026).
- Department for Education, Supporting pupils at school with medical conditions, and section 100 of the Children and Families Act 2014, applied by Bay as good practice and in partnership with commissioning bodies.
- Human Medicines Regulations 2012 and subsequent amendments concerning the lawful supply and use of adrenaline auto-injectors (AAIs).
- Equality Act 2010, including the duty to make reasonable adjustments where an allergy amounts to a disability.
- Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999.
- Food Safety Act 1990, Food Information Regulations 2014 and current Food Standards Agency allergen-information guidance, including requirements for prepacked for direct sale food.
- UK General Data Protection Regulation and Data Protection Act 2018 for proportionate health-information sharing.

Where a commissioning school's individual arrangements set a higher safe standard, Bay will follow that standard unless it conflicts with law or clinical advice.

4. Definitions

4.1 Allergy and anaphylaxis

An allergy is an immune-system response to a substance that is normally harmless. Allergens may include foods, medicines, latex, insect venom, animals, pollen or other environmental substances. Anaphylaxis is a severe, rapidly developing systemic allergic reaction that may affect the airway, breathing or circulation and can be fatal.

4.2 Allergy Action Plan and individual healthcare plan

An Allergy Action Plan is a current clinical emergency plan completed or endorsed by an appropriate healthcare professional. An individual healthcare plan (IHP) is the agreed operational

plan for supporting the learner at Bay. The clinical plan may form part of the IHP but is not replaced by a generic Bay form.

4.3 Allergy-aware environment

Bay is allergy-aware rather than claiming to be “allergen-free” or “nut-free”. Absolute exclusion cannot be guaranteed. Controls are therefore risk-based, communicated and reviewed.

5. Governance and responsibilities

5.1 Board of Directors

- Approve this policy and receive assurance at least annually that it is implemented.
- Confirm that appropriate leadership, resources, training and monitoring arrangements are in place.
- Review serious allergy incidents and the actions arising from them, with personal information limited to what is necessary.

5.2 Principal / Allergy Safety Lead

- Maintain this policy, the allergy register and oversight of all IHPs and Allergy Action Plans.
- Ensure relevant information is obtained before or immediately upon placement and shared with staff who need it.
- Arrange staff training, drills, medication checks, risk assessments and corrective action.
- Coordinate with parents or carers, learners, healthcare professionals, commissioning schools and local authorities.
- Confirm the lawful route for obtaining any Bay-held spare AAls and record the decision.
- Lead incident and near-miss reviews and report assurance to the Board.

5.3 All staff and volunteers

- Know which learners they support have an allergy, the relevant controls and where medication is located.
- Complete required training and act immediately in an emergency within their competence and training.
- Follow food, cleaning, activity and information-sharing controls and report hazards, symptoms, medication concerns and near misses promptly.
- Never assume another person has called 999 or administered adrenaline; confirm actions explicitly.

5.4 Parents, carers and learners

- Provide accurate, current information, a clinical Allergy Action Plan and prescribed medication in its original labelled packaging.
- Supply two in-date prescribed AAls where the learner is at risk of anaphylaxis, unless the prescriber has advised otherwise.
- Notify Bay immediately of changes in diagnosis, symptoms, medication, dosage or emergency contacts and replace used or expiring medication promptly.

- Work with Bay on the IHP and risk assessment; learners should take age-appropriate responsibility without being left solely responsible for safety.

6. Identification, admission and allergy register

Allergy information will be requested during referral, admission and induction and checked directly with the learner and parent or carer where appropriate. A placement will not be refused solely because of allergy. Where essential information or medication is missing, Bay will promptly agree safe interim arrangements with the commissioning body and family; a learner at known risk of anaphylaxis must not be placed in an avoidably unsafe situation.

The Allergy Safety Lead will maintain a secure allergy register showing, as a minimum, the learner's name and photograph, allergens, typical symptoms, risk of anaphylaxis, prescribed medication, storage arrangements, emergency contacts, IHP/plan review date and staff who need to know. The register will be checked at least termly and whenever information changes.

7. Individual healthcare plans and risk assessment

An IHP and current clinical Allergy Action Plan will be in place for every learner with a diagnosed allergy where support, emergency medication or material risk controls are required. Plans will be developed with the learner, parent or carer, relevant healthcare professional and commissioning body. They will be accessible to staff who need them while protected from unnecessary disclosure.

The IHP and supporting risk assessment will address:

- allergens, likely routes of exposure, usual and previous symptoms, including any history of anaphylaxis;
- prevention controls for Bay's site, food, curriculum, breaks, transport, external placements and visits;
- medication, dose, location, who may carry it, expiry dates and contingency if it is unavailable or fails;
- the learner's current clinical emergency instructions, including when a second AAI is required;
- reasonable adjustments, communication needs, emotional wellbeing and agreed confidentiality arrangements;
- emergency contacts, ambulance access, transfer of documents and medication, and post-incident arrangements;
- specific responsibilities of Bay, the commissioning body, family, learner and any external provider.

Plans will be reviewed at least annually and sooner after any reaction or near miss, a medication or diagnosis change, a significant activity or placement change, or concerns about effectiveness.

8. Information sharing and confidentiality

Allergy information is special-category health data. Bay will share the minimum necessary information with staff and others who need it to keep the learner safe. Emergency information must

remain rapidly accessible. The learner and parent or carer will be involved in deciding how information is displayed or shared, but consent will not be used to prevent necessary safeguarding or emergency disclosure. Temporary, agency, catering and visit staff will receive relevant information before taking responsibility for a learner.

9. Training and competence

All staff who may be present while learners are on site will receive allergy and anaphylaxis training at induction and refresher training at least annually. Temporary and agency staff will receive a safety briefing before unsupervised work. Training will be proportionate to role and will include:

- allergy awareness, prevention and the limitations of “allergen-free” claims;
- recognising mild reactions and anaphylaxis, including reactions without skin signs;
- the emergency procedure, calling 999, positioning, CPR/AED awareness and use of each AAI device likely to be encountered;
- the learner-specific IHP and Allergy Action Plan for staff with direct responsibility;
- food-allergen, cleaning, cross-contact, storage, visit and curriculum controls relevant to the staff member’s role;
- incident, near-miss and medication reporting requirements.

Training attendance, content, provider, completion date, competence checks and renewal date will be recorded. Practical AAI demonstration devices and scenario drills will be used. The Allergy Safety Lead will address gaps promptly. Staff must act in an emergency; they must not wait for a named first aider or parent if delay would put the learner at risk.

10. Medication and adrenaline auto-injectors

10.1 Prescribed medication

- Medication must be in date, appropriately prescribed, clearly labelled and stored in accordance with the manufacturer’s instructions.
- A learner assessed as competent may carry their own AAIs, but Bay will agree an accessible backup arrangement. Staff must never rely solely on a learner being able to self-administer during anaphylaxis.
- AAIs must be immediately accessible and must not be locked away. They will be protected from extreme temperatures and direct sunlight.
- Bay will check prescribed emergency medication on receipt and at least monthly, and before off-site activities. Parents or carers remain responsible for replacement, but Bay will notify them in good time and escalate unresolved risk to the commissioning body.

10.2 Bay-held spare AAIs

Bay will seek to maintain spare AAIs where this is lawful, clinically appropriate and obtainable. Because Bay is not itself a school, the Allergy Safety Lead will verify the lawful procurement route before purchase; this may require a lawful prescription or an arrangement with the commissioning school. Bay will not assume that the non-prescription supply arrangements available to schools automatically apply to the CIC.

Where spare AAls are held, they will be stored in pairs in a clearly signed, readily accessible location; be of strengths appropriate to the identified learner population; be checked at least monthly and after use; and be recorded in a stock register. Where lawful spare stock cannot be secured, the learner-specific plan must provide an effective alternative, normally including two prescribed AAls accompanying the learner and a confirmed contingency with the commissioning body.

A spare AAI will be used only in accordance with current law, official guidance, the manufacturer's instructions and the learner's Allergy Action Plan/IHP. Written parental consent and clinical confirmation will be recorded where required. No consent process will delay emergency first aid or a 999 call.

11. Prevention and day-to-day controls

11.1 Food, drink and catering

- Obtain reliable ingredient and allergen information for food supplied, sold, ordered or used in teaching; never guess or rely on appearance.
- Apply current Food Standards Agency requirements, including full ingredient and emphasised allergen labelling for food prepacked for direct sale.
- Prevent cross-contact through handwashing, cleaned equipment and surfaces, separate storage/preparation where required, and controlled serving utensils.
- Do not permit food sharing where an identified allergy risk exists. Learners must not swap food, drink, utensils or containers.
- Check substitutions, recipe changes, deliveries and packaging every time; previously safe products may change.
- Do not use food as a reward or sanction. Food-based celebrations, snacks and external catering require advance allergy checks.

11.2 Curriculum and vocational activity

Risk assessments will consider food and non-food allergens in science, art, craft, gardening, animals, cleaning products, latex, hospitality, tourism and food-preparation activities. A learner will not be excluded by default; Bay will first consider ingredient substitution, adjusted methods, additional supervision, PPE where clinically suitable, or an equivalent activity.

11.3 Environment and hygiene

- Promote handwashing with soap and water before and after eating; alcohol hand gel does not reliably remove food allergens.
- Clean food-contact surfaces and shared equipment using an effective method after eating or allergen use.
- Control waste, spills and contaminated materials promptly and prevent allergenic food from being left unattended.
- Display the ERYC secondary allergy-safety poster or equivalent age-appropriate prompts in relevant learning and food areas without publicly identifying individual learners.

12. Educational visits, transport and off-site activity

Allergy needs must be considered at the planning stage, not after booking. The visit lead will review the IHP and risk assessment, check food and venue arrangements, establish mobile telephone and ambulance access, ensure trained staff and two prescribed AAIs accompany the learner where indicated, and confirm responsibility at handovers. Medication must stay with the learner or responsible adult and remain accessible, including during transport. Overseas or remote visits require additional medical-access and language planning. A learner will not be excluded solely because of allergy where reasonable adjustments can make participation safe.

13. Emergency response to suspected anaphylaxis

Any one or more airway, breathing or circulation problems after possible allergen exposure must be treated as anaphylaxis. Sudden collapse or rapid deterioration may occur without a rash. Follow the learner's clinical Allergy Action Plan and take these actions immediately:

1. Stay with the learner, call for help and obtain the learner's AAIs and the Bay spare kit if available.
2. Lay the learner flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not let them stand, walk or move suddenly. If unconscious and breathing, use the recovery position; if not breathing normally, start CPR and use an AED if available.
3. Administer an AAI immediately into the outer thigh through clothing if necessary. If in doubt, give adrenaline. Record the time.
4. Call 999 immediately after the first dose and say "anaphylaxis". Give Bay's exact location, access instructions, the learner's age, suspected allergen, symptoms and time adrenaline was given.
5. If symptoms do not improve or return, give the second AAI after five minutes, or at the interval stated in the current clinical plan or emergency operator's instruction. Use the second device even if an ambulance is expected.
6. Keep the learner under continuous adult supervision, monitor airway and breathing, keep them warm, and do not give food or drink. Send an adult to meet the ambulance.
7. Contact the parent or carer after emergency treatment and the 999 call are underway. Do not delay adrenaline or wait for a parent, named first aider or senior leader.
8. Send the learner's Allergy Action Plan/IHP, all used and unused AAIs and relevant information with the ambulance. A responsible adult will accompany the learner where required and safe staffing can be maintained.

After any adrenaline dose: The learner must be assessed in hospital, even if symptoms improve. Used devices must be handed to ambulance staff or disposed of safely in accordance with their instructions.

14. Mild or moderate allergic reactions

For localised itching, hives, swelling, abdominal symptoms or other mild/moderate symptoms, follow the learner's Allergy Action Plan, administer prescribed medication only as authorised, observe continuously and be ready to treat anaphylaxis. Do not send the learner away alone. If symptoms progress, involve airway/breathing/circulation, or there is uncertainty, administer adrenaline and call 999. Antihistamine must never replace adrenaline for anaphylaxis.

15. Inclusion, equality and wellbeing

Bay will make reasonable adjustments and involve the learner in decisions affecting them. Allergy-related teasing, intimidation, deliberate exposure, food tampering or pressure to eat is a safeguarding and behaviour concern and will be addressed under the Behaviour, Anti-Bullying and Safeguarding policies. The learner will be offered appropriate support following a reaction, near miss or anxiety about allergy. Staff will avoid unnecessary restriction, stigma or public disclosure.

16. Unacceptable practices

Bay staff must not:

- delay adrenaline, a 999 call or CPR while seeking permission, a particular member of staff or further certainty;
- send a symptomatic learner to collect their own medication or move them unaccompanied;
- lock away emergency medication or store it where it cannot be reached rapidly;
- rely on antihistamine, inhalers or "watch and wait" where anaphylaxis is suspected;
- assume a food is safe without current ingredient/allergen information, or remove an allergen from a finished food and treat it as safe;
- exclude a learner, place sole responsibility on them, or disclose their health information more widely than necessary;
- claim Bay is completely allergen-free or guarantee that exposure cannot occur.

17. Incidents, near misses and learning

Every allergic reaction requiring emergency treatment, AAI use, 999 call or hospital attendance, and every significant near miss, will be recorded promptly and reported to the Principal. The Allergy Safety Lead will secure relevant evidence, notify the family and commissioning body, and complete a proportionate review. The review will consider exposure source, adherence to plans, medication access, timing of actions, training, communication, food controls and reasonable adjustments. Actions will have named owners and deadlines and will be checked for completion.

Serious incidents will be escalated to the Board and to external bodies where legally or contractually required. Records will be retained in line with Bay's retention schedule, insurance requirements and data-protection obligations. Learning will be shared without unnecessary personal data.

18. Records and assurance

The following records will be maintained and quality-checked by the Allergy Safety Lead:

- allergy register and learner IHPs/clinical Allergy Action Plans;
- training attendance, competence and renewal records;
- prescribed and spare AAI stock, expiry and monthly check logs;
- site, curriculum, food and visit risk assessments;
- incident and near-miss reports, reviews and action tracking;
- communications with families, healthcare professionals and commissioning bodies where relevant.

19. Related Bay policies

This policy should be read with Bay's First Aid; Medications; Risk Assessment and Health and Safety; School Outings; SEND; Equality; Behaviour; Anti-Bullying; Safeguarding and Child Protection; Data Protection and Communication; Learner Induction; and Admissions policies.

20. Monitoring and review

The Principal will review implementation at least annually and report assurance to the Board. The policy, plans or controls will be reviewed sooner following:

- an allergic reaction, AAI administration, hospital attendance or significant near miss;
- new or revised law, statutory guidance, Food Standards Agency advice or local-authority expectations;
- a change in Bay's legal status, provision, premises, catering, curriculum or learner profile;
- a diagnosis, medication, clinical plan or commissioning arrangement change;
- a training, audit, complaint or inspection finding indicating that controls are ineffective.

A change log will be retained with the approved version. Staff will be informed of material changes and retrained where necessary.

Appendix 1 — Emergency anaphylaxis prompt

Suspect anaphylaxis: Airway swelling/hoarse voice; breathing difficulty/wheeze; dizziness, collapse or shock — with or without rash. Give adrenaline first.

- Lay flat with legs raised; if breathing is difficult, sit with legs extended. Never allow standing or walking.
- Give the first AAI immediately in the outer thigh. Note the time.
- Call 999: say “anaphylaxis”, give the location and confirm adrenaline has been administered.
- Give the second AAI after five minutes if not improving or symptoms return, subject to the current clinical plan/operator advice.
- Monitor continuously; CPR/AED if not breathing normally. Contact family after emergency action is underway.
- Send the plan and all AAI with the ambulance. Hospital assessment is required after adrenaline.

Appendix 2 — IHP and Allergy Action Plan checklist

- Learner details, photograph, emergency contacts and commissioning contact.
- Clinical diagnosis, allergens, routes of exposure, usual symptoms and previous severe reactions.
- Current healthcare-professional Allergy Action Plan and date.
- Medication name, dose, device, storage/carry arrangements, expiry and two-device contingency.
- Site, food, curriculum, break, transport, external placement and visit controls.
- Emergency actions, ambulance access, family contact and post-incident arrangements.
- Reasonable adjustments, wellbeing, communication and agreed information sharing.
- Named responsibilities, staff briefing/training and review triggers.
- Signatures/agreement of Bay, learner/parent or carer, and commissioning body; clinical endorsement where required.

Appendix 3 — Monthly emergency medication check

Learner / stock	Device & dose	Expiry / condition	Location & access	Date / checker / action



Check packaging and viewing window, temperature/storage, accessibility, expiry date, quantity, correct strength and replacement action. Repeat after every use and before off-site activity.

Appendix 4 — Incident and near-miss review prompts

- What happened, where, when and who was present?
- Known or suspected allergen and likely exposure route?
- Symptoms and exact timeline of recognition, medication, 999 call and second dose?
- Was the current plan available, understood and followed?
- Were two in-date AAls rapidly accessible and did equipment function?
- Did food, cleaning, curriculum, visit, handover or information controls fail?
- What immediate support, family/commissioner notification and external reporting occurred?
- What actions, owners, deadlines and policy/IHP/training changes are required?
- How and when will completion and effectiveness be checked?

Appendix 5 — The 14 regulated food allergens

The regulated allergens are: celery; cereals containing gluten (including wheat, rye, barley and oats); crustaceans; eggs; fish; lupin; milk; molluscs; mustard; peanuts; sesame; soybeans; sulphur dioxide and sulphites above the legal threshold; and tree nuts specified in food-information law. Staff must use current Food Standards Agency guidance and product information; this list does not cover every possible allergy.

Appendix 6 — Key official sources

- Department for Education: Allergy safety in schools — <https://www.gov.uk/government/publications/allergy-safety-in-schools>
- Department for Education: Supporting pupils at school with medical conditions — <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools — <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>
- Food Standards Agency: Food allergy and intolerance — <https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance>

Links and legal references must be checked at each formal review because official guidance may be updated.