

Romsey
PRIMARY SCHOOL AND NURSERY

Allergy Safety Policy

2026-27

INTRODUCTION

Romsey Primary School & Nursery is committed to ensuring that pupils and adults with allergies are safe, included and able to participate fully in school life. Allergy safety is a whole-school responsibility and forms part of our safeguarding, health and safety, inclusion and medical-conditions arrangements.

This standalone policy has been prepared with particular regard to the Department for Education statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026. It applies across the school day, wraparound provision, clubs, curriculum activities, trips, visitors and events.

LEADERSHIP AND GOVERNANCE

- Martyn Whitear, School Business Manager, is the named SLT Allergy Safety Lead. He is responsible for driving implementation of this policy, maintaining oversight of the allergy risk register, coordinating training and systems, acting as a point of contact for concerns and near misses, and leading post-incident learning.
- Abby Whatley is the Lead Governor for Allergy Safety. She provides governing-body oversight and challenge, working with the Allergy Safety Lead.
- The Governing Body is accountable for ensuring that the school has, publishes, implements, monitors and reviews an effective allergy safety policy and actively manages relevant risks.
- All staff share responsibility for allergy safety and must know how to access pupil-specific information, minimise foreseeable exposure to known allergens and respond promptly to allergic reactions.
- School contact details: Mercer Way, Romsey, SO51 7PH; 01794 512362; www.romseyprimary.co.uk.

IDENTIFICATION, RECORDS AND INFORMATION SHARING

- The school will actively seek information about known or suspected allergies on admission and whenever circumstances change, including known allergens, medication and any Allergy or Asthma Action Plan.
- An up-to-date allergy register/risk register will be maintained. Current photographs and known allergens may be displayed in staff-only locations where necessary for safety, including relevant food-service areas.
- Health information will be shared only with those who need it to keep the pupil safe and included, in line with data-protection requirements.
- For new starters, arrangements should be in place for the start of term. For mid-term admissions, every effort will be made to establish appropriate arrangements promptly and, where appropriate, within two weeks.

INDIVIDUAL HEALTHCARE PLANS (IHPS)

An IHP will be considered where an allergy has a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from those ordinarily available. A

formal diagnosis is not essential where allergy is suspected and specific arrangements are needed.

- IHPs will be co-produced with the pupil and parents/carers and will reflect the most recent healthcare advice.
- Any healthcare-professional Allergy Action Plan or Asthma Action Plan will be attached to, and referenced by, the IHP rather than rewritten.
- IHPs will cover known allergens, impact and risk, reasonable adjustments, medication and access, emergency response, visits/trips, relevant staff and review arrangements.
- IHPs will be reviewed at least annually and sooner after a serious incident, near miss, or relevant change in circumstances, medication or clinical advice.

ALLERGY AWARENESS AND EMERGENCY-RESPONSE TRAINING

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. First-aid training alone is not sufficient.

- Training will include recognising allergic reactions and anaphylaxis; acute asthma; accessing action plans; calling 999; locating and administering emergency medication; use of prescribed and spare adrenaline devices; risk reduction; wellbeing and allergy-related bullying; and incident/near-miss reporting.
- Induction and briefing arrangements will ensure new, supply and cover staff have the information they need before taking responsibility for pupils.
- Training records will be maintained and reviewed.

MINIMISING EXPOSURE TO KNOWN ALLERGENS

RPS will take reasonable, proportionate steps to reduce exposure while avoiding unnecessary exclusion or segregation. The school is allergy-aware rather than claiming to be “allergen-free” or “nut-free”.

- Staff planning lessons, clubs, celebrations and events will consider allergens in food, cooking, science, art/craft materials, packaging, animals and other resources, adapting activities so pupils can participate safely alongside peers.
- Food and drink intended for individual pupils with allergies will be clearly identifiable. Food sharing and swapping of utensils or containers will be discouraged.
- Appropriate handwashing and cleaning will reduce cross-contact. Staff handling or preparing food will follow the caterer’s allergen and cross-contact controls.
- Parents/carers should contact the school before sending food for sharing or celebrations so risks can be assessed and safe inclusion planned.

FOOD PROVISION AND MEALTIMES

- The school and catering provider will comply with applicable food-information and school-food requirements, including accurate information about the 14 regulated allergens.
- Leaders will work with caterers, pupils and families to agree reasonable adjustments for safe, inclusive meals. Individual arrangements will be recorded in an IHP where appropriate.

- Robust identification arrangements will be used at mealtimes. Pupils with food allergy will not be routinely segregated from peers at a separate table.
- Any short-notice menu change must continue to meet allergy-safety and allergen-information requirements.
- Packed lunches, curriculum food, wraparound provision and food at school events are within these arrangements.

MEDICATION AND PRESCRIBED ADRENALINE

- Pupils prescribed adrenaline devices will have rapid access to them at all times, including classrooms, lunch, playground, sports and trips.
- People at risk of anaphylaxis should have access to two prescribed adrenaline devices. Where age and circumstances allow, pupils will be encouraged to keep them with them; otherwise devices will be stored in an unlocked, readily accessible and clearly identified location.
- Adrenaline devices will be stored at room temperature, away from extremes of heat and direct sunlight, and never locked away.
- The school will record prescribed medication and check expiry/access arrangements in accordance with the pupil's IHP and medicines procedures.

SCHOOL SPARE ADRENALINE AUTO-INJECTORS (AAIS)

The school will stock spare AAIs of appropriate doses for emergency use. Spare AAIs supplement, and do not replace, a pupil's own prescribed adrenaline devices.

- For a primary school, the DfE guidance indicates that most schools will need one pair of 150 microgram spare AAIs for children under 6 and one pair of 300 microgram spare AAIs for individuals over 6, with additional provision where needed to ensure timely access across the site.
- Spare AAIs will be stored in pairs, clearly labelled, readily accessible and not locked away, so adrenaline can be brought to someone experiencing anaphylaxis within five minutes.
- A designated person will check spare AAIs regularly for the correct dose, integrity and expiry. Used or expired AAIs will be replaced and disposed of safely.
- In a life-threatening emergency, prior consent is not required before a spare AAI is used to save a life. Advance parental consent will be recorded where possible as good practice.

EMERGENCY RESPONSE TO ANAPHYLAXIS

Anaphylaxis is a medical emergency. Possible Airway/Breathing/Circulation signs include swelling of the throat or tongue, difficulty swallowing, sudden wheeze or breathing difficulty, persistent cough/noisy breathing, dizziness/faintness, confusion, pale clammy skin or loss of consciousness. Anaphylaxis can occur without a skin rash.

1. Keep the pupil/person where they are and bring help and adrenaline to them. Do not make someone with anaphylaxis stand or walk.
2. Lay them flat with legs raised. If breathing is difficult, they may need to sit up. Follow the individual Allergy Action Plan where available.

3. Give adrenaline immediately if anaphylaxis is suspected. If in doubt, treat for anaphylaxis. Use the person's prescribed device first if immediately available; otherwise use a school spare AAI.
4. Call 999 immediately and request an ambulance. Do not delay adrenaline while making the call.
5. If there is no improvement, give a further dose of adrenaline after 5 minutes using a second device.
6. Stay with the pupil/person and monitor continuously. Send someone to meet the ambulance. Contact parents/carers as soon as practicable without delaying treatment.

For a mild to moderate allergic reaction that does not involve Airway/Breathing/Circulation, follow the pupil's plan and medicines arrangements, contact the parent/emergency contact and ensure continuous supervision. The DfE guidance advises observation for at least 60 minutes because a mild reaction can progress to anaphylaxis. If symptoms progress or there is doubt, treat as anaphylaxis.

TRIPS, VISITS, CLUBS AND OFF-SITE ACTIVITIES

- Pupils with allergy will not be excluded from trips, clubs or enrichment solely because of allergy.
- A specific risk assessment will be completed for a pupil at risk of anaphylaxis taking part in an off-site visit, addressing known allergens, food, emergency medication, trained staff, travel and access to emergency medical care.
- The pupil's prescribed adrenaline devices must accompany them. The trip leader will consider whether spare school AAIs should also be taken, without leaving the school site inadequately supplied.

WELLBEING, INCLUSION AND ALLERGY-RELATED BULLYING

RPS will promote confidence, dignity and full participation for pupils with allergy. Allergy-related teasing, intimidation, threats, deliberate exposure or exclusion will be treated seriously through the school's Behaviour/Anti-Bullying arrangements and, where appropriate, safeguarding procedures.

- Pupils will not be routinely isolated at mealtimes or prevented from normal school activities because of allergy.
- Pupils will be listened to and involved in decisions about support in an age-appropriate way.
- Allergy-related absence and medical appointments will be handled sensitively, and pupils will not be disadvantaged by attendance rewards because of medically necessary absence.

SERIOUS INCIDENTS AND NEAR MISSES

All serious allergy incidents and near misses will be recorded and reviewed in a no-blame, learning-focused way. A serious incident is an event in which someone is harmed or placed at immediate and significant risk of harm. A near miss causes no harm but clearly had the potential to do so.

- Parents/carers can report delayed or subsequently identified incidents and near misses.

- The Allergy Safety Lead will review the IHP, risk controls, communication, training, medication access and this policy, implementing and communicating necessary changes.
- External reporting will be completed where legally required, including relevant food-safety, health and safety or safeguarding routes.

UNACCEPTABLE PRACTICE

RPS will not:

- prevent a pupil from readily accessing prescribed emergency medication;
- ignore the views of a pupil/parent or relevant healthcare advice;
- assume all pupils with allergy need identical support, or dismiss suspected allergy solely because diagnosis is pending;
- send an unwell pupil to the office or medical room without suitable supervision; during an allergic emergency, help and medication must come to the pupil;
- require a parent to attend school to administer medication because the school has failed to put suitable support in place;
- create unnecessary barriers to participation in lessons, lunch, clubs, visits or trips; or
- segregate pupils with allergy or otherwise discriminate against them because of their medical condition.

COMMUNICATION, MONITORING AND REVIEW

- This policy will be published on the school website, made available in hard copy on request and brought to the attention of pupils, parents/carers and people working at the school at least annually.
- The Allergy Safety Lead will monitor the allergy register, IHP completion/review, staff training, spare AAI availability/expiry, catering controls, incidents, near misses and learning from drills.
- The Governing Body will review this policy at least annually and sooner where legislation/guidance changes, school arrangements change, or an incident/near miss indicates a need.

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