



**STRONGER PROTECTIONS FOR
CHILDREN WITH ALLERGIES
(DFE, MARCH 2026)**



HELEN HOGAN:
SAFEGUARDING
MATTERS

For implementation ahead of September 2026

Summary

The DfE have published new statutory requirements relating to allergy management in schools, replacing previous non-statutory advice and forming part of the wider reforms to support pupils with medical conditions.

These changes have significant safeguarding implications, particularly around risk management, staff competence, emergency response, and inclusion.

Summary of Key Changes (Statutory from Sept 2026)

The DfE has announced the following mandatory requirements for all schools in England:

Stock “spare” adrenaline auto-injectors (AAIs) for emergency use.

Provide compulsory allergy awareness training for all staff, including:

- Recognising symptoms
- Emergency response
- Correct use of adrenaline devices

Have a comprehensive medical conditions policy, including:

- Clear allergy management arrangements
- Individual Healthcare Plans (IHPs) for relevant pupils
- Improved incident recording and lessons-learned processes
- Standardised practice across schools, supported by a new suite of recommended resources.

Safeguarding Implications for DSLs

These changes impact directly with safeguarding duties under KCSIE, health and safety, and duty of care.

Risk Management

- Allergy mismanagement is now explicitly recognised as a preventable risk that can lead to serious harm or death.
- DSLs must ensure allergy risks are reflected in whole-school safeguarding culture, risk assessments, and supervision arrangements.

Staff competence and safer systems

Training is now compulsory for all staff. DSLs should monitor compliance and ensure induction processes include allergy management.

Record-keeping and learning

The new requirement for improved incident recording aligns with safeguarding expectations for analysis, patterns, and learning.

Inclusion and attendance

With 500,000 learning days lost last year due to allergy-related issues, the reforms aim to reduce absence and ensure children with allergies are fully included in school life.

Therefore, Schools Must Have in Place

An Allergy Policy (or updated Medical Conditions Policy)

The Policy must include:

- roles and responsibilities
- emergency procedures
- storage and accessibility of AAIs
- communication with parents
- arrangements for trips, clubs, and off-site activities
- procedures for food, lunchtime, and catering checks
- review cycles and monitoring

Individual Healthcare Plans (IHPs)

IHPs must:

- be personalised and co-produced with parents and health professionals
- include allergy triggers, symptoms, and emergency actions
- specify AAI locations and expiry monitoring
- include arrangements for school trips and transitions
- be reviewed at least annually or after any incident

Staff Training

Training must cover:

- recognising early and late signs of anaphylaxis
- administering AAIs confidently
- emergency drills and communication protocols
- post-incident reporting and debriefing

Schools are encouraged to run scenario drills, which have been shown to significantly improve staff confidence.

Stocked AAls

- Schools must purchase and maintain spare AAls.
- Government is exploring support from businesses to offset costs.

Wider Medical Conditions

The new guidance also strengthens expectations around other long-term conditions:

- **Epilepsy:** IHPs must include seizure types and emergency actions.
- **Diabetes:** Schools must support use of continuous glucose monitors and insulin pumps, including those managed via mobile apps.

This reinforces the need for DSLs to ensure holistic oversight of all medical needs as part of safeguarding.

Recommended DSL Actions

Immediate

Review the DfE announcement and share with SLT and Governors.

Audit current allergy management practice, including:

- number of pupils with allergies
- quality of existing IHPs
- staff training coverage
- availability and storage of AAls
- Identify gaps and urgent risks.

Medium Term

Begin drafting or updating the school's Medical Conditions Policy.

Schedule whole-staff allergy training.

Establish a system for monitoring AAI expiry dates and stock levels.

Review catering and lunchtime procedures.

Longer Term

Embed allergy management into:

- induction processes
- trip risk assessments

- supervision planning
- safeguarding training cycles
- Prepare for September 2026 implementation deadline
- Ensure Governors receive a formal update and approve policy changes

Key Messages for Staff

Allergies can be life-threatening and require immediate, confident action.

Every staff member must know:

- how to recognise symptoms
- where AAls are stored
- how to administer them
- Early intervention saves lives - hesitation is a risk.
- Inclusion matters: children with allergies must be able to participate fully in school life.

Communication with Parents

DSLs should ensure parents receive clear information about:

- the school's updated allergy policy
- how IHPs will be developed
- expectations for providing up-to-date medical information
- reassurance about staff training and emergency preparedness

Consultation

The DfE consultation on the new guidance is open for 8 weeks. Schools, parents, and professionals are encouraged to respond.

[Stronger protections for children with allergies in school - GOV.UK](#)

At HH:SM we will be producing a generic Medical Conditions Policy inclusive of allergies ahead of September 2026.