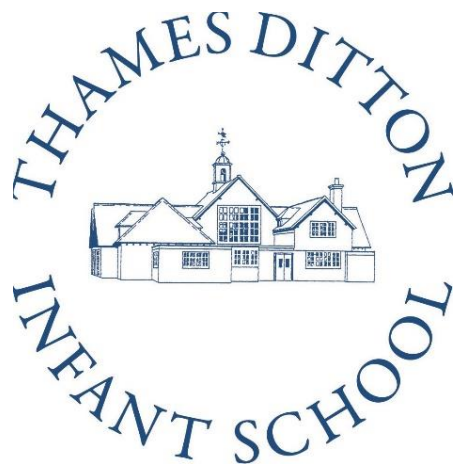




Allergy Safety Policy 2026

Policy owner	Emma Gregory Allergy Safety Lead (Safeguarding Team)
Approved by	Full Governing Body
Date approved	September 2026
Effective from	September 2026
Review frequency	At least annually and following a serious incident or near miss
Next review	September 2027

This policy should be read alongside the Supporting Pupils with Medical Conditions Policy, First Aid Policy, Attendance Policy, Safeguarding and Child Protection Policy, SEND Policy, Educational Visits Policy, Food/Catering arrangements and Data Protection Policy.

1. Statement of intent

Thames Ditton Infant School is committed to providing a safe, inclusive environment in which pupils with allergies can attend, learn and participate fully in school life. We recognise that allergy can range from mild symptoms to anaphylaxis, a potentially life-threatening emergency, and that effective allergy management depends on prevention, preparedness, rapid access to medication, trained staff and clear communication.

The school will take reasonable steps to identify and reduce allergy-related risks, while avoiding unnecessary restrictions or exclusion. Pupils with allergies will be treated with dignity and will not be disadvantaged because of their medical needs.

This policy has been developed to meet the school's statutory allergy-safety duties for 2026 and to reflect the Department for Education's July 2026 statutory guidance. The reforms are commonly referred to as Benedict's Law.

2. Legal and statutory framework

This policy has due regard to relevant legislation and statutory guidance, including:

- Children and Families Act 2014, section 100, as amended.
- Children's Wellbeing and Schools Act 2026, section 34, including the requirement for relevant schools to have an allergy safety policy, publish it, keep it under review and have regard to statutory guidance.
- DfE, Allergy safety in schools: statutory guidance (published 6 July 2026).
- DfE, Supporting pupils at school with medical conditions: statutory guidance.
- Human Medicines (Amendment) Regulations 2017 in relation to emergency adrenaline auto-injectors in schools.
- Equality Act 2010.
- Health and Safety at Work etc. Act 1974.
- Education Act 2002, including safeguarding and welfare duties.
- Children Act 1989.
- UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018, as amended.
- Statutory Framework for the Early Years Foundation Stage, where applicable.
- Keeping Children Safe in Education 2026.

The July 2026 statutory guidance states that further regulations are intended in relation to matters including named senior leadership responsibility, allergy awareness training and spare adrenaline devices. In advance of, and subject to, those regulations, Thames Ditton Infant School adopts the DfE's stated expectations in this policy as school requirements so that arrangements are aligned with the 2026 national framework.

3. Definitions

- **Allergy:** an abnormal immune-system reaction to a normally harmless substance, such as a food, insect sting, contact allergen or airborne allergen.
- **Allergen:** a substance capable of triggering an allergic reaction.
- **Anaphylaxis:** a serious, potentially fatal allergic reaction affecting airway, breathing and/or circulation.
- **Adrenaline auto-injector (AAI):** a device containing adrenaline for emergency treatment of anaphylaxis.
- **Individual Healthcare Plan (IHP):** a plan describing the support and arrangements required for an individual pupil with a medical condition or allergy.

- **Allergy Action Plan / Asthma Action Plan:** an individual clinical action plan issued or endorsed by an appropriate healthcare professional.
- **Near miss:** an event which could have resulted in an allergic reaction or serious harm but did not.

4. Leadership, governance and accountability

4.1 Governing body

- Ensure the school has, publishes and reviews this Allergy Safety Policy in accordance with statutory requirements.
- Ensure allergy-related risks are appropriately considered within the school's risk-management arrangements.
- Receive appropriate assurance that the policy is implemented effectively.
- Ensure that serious incidents and near misses inform review and improvement.

4.2 Named Allergy Safety Lead

The Headteacher, or another named senior leader formally designated by the Headteacher, will act as the school's Allergy Safety Lead. The named lead will:

- drive implementation of this policy and coordinate its annual review;
- ensure systems are in place to identify pupils with known allergies;
- ensure appropriate IHPs and Action Plans are in place and accessible to relevant staff;
- oversee whole-school allergy awareness and emergency-response training;
- ensure arrangements for prescribed and spare emergency medication are robust;
- liaise with parents, healthcare professionals, catering providers and other relevant partners;
- ensure serious incidents and near misses are recorded, reviewed and acted upon.

4.3 All staff

All staff have a responsibility to understand and follow this policy, know how to obtain allergy information relevant to the pupils in their care, reduce avoidable exposure to known allergens and respond promptly to an allergic reaction or anaphylaxis.

5. Identifying pupils with allergies

The school will seek allergy information at admission, during transition and whenever a pupil's medical circumstances change. Parents must provide accurate, up-to-date information about known or suspected allergies, triggers, symptoms, prescribed medication and healthcare advice.

- Allergy information will be recorded on the school's medical/allergy register and relevant school information systems.
- Information will be checked and updated at least annually and when the school is notified of a change.
- Transition information will be obtained from previous settings where appropriate and lawful.
- A lack of confirmed diagnosis will not, by itself, be treated as evidence that a pupil has no allergy where concerns are under medical investigation.

6. Individual Healthcare Plans and Action Plans

A pupil should have an IHP where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements additional to or different from those made generally.

The IHP will be developed with parents and, where appropriate, the pupil and relevant healthcare professionals. It will set out the pupil's allergens, typical symptoms, risk-reduction arrangements, medication, emergency response, responsibilities and arrangements for trips, clubs and other activities.

Where an Allergy Action Plan and/or Asthma Action Plan has been issued by a healthcare professional, it will be attached to or clearly referenced within the IHP. The IHP will be reviewed whenever an updated Action Plan is received and at least annually.

7. Allergy awareness and staff 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 teaching and support staff, office and premises staff, midday supervisors, catering staff, breakfast/after-school club staff, regular volunteers, peripatetic staff, temporary staff and relevant agency/supply staff.

Training will include, as appropriate:

- what allergy is and the risks it can pose;
- common triggers and the difference between allergy, food intolerance and coeliac disease;
- recognising allergic reactions and anaphylaxis;
- the relationship between allergy and asthma;
- how to respond to an emergency and call 999;
- how to locate and administer prescribed and spare emergency medication, including AAI;
- how to use the AAI device types held by the school;
- how to use a pupil's Allergy or Asthma Action Plan;
- how to reduce exposure to known allergens;
- the impact of allergy on wellbeing and inclusion;
- how to report allergic reactions, serious incidents and near misses.

New staff will receive appropriate allergy-safety information as part of induction. The school will ensure that supply and cover staff have sufficient information and training to respond safely. First-aid training alone will not be treated as a substitute for allergy awareness and emergency-response training.

8. Minimising exposure to allergens

The school cannot guarantee an allergen-free environment. Instead, it will take proportionate, evidence-informed steps to reduce the risk of pupils coming into contact with their known allergens.

- Staff planning lessons, cooking, craft, science, music, sensory activities or activities involving animals will consider allergy risks in advance.
- Classroom and shared resources will be selected and managed with known allergies in mind.
- Reasonable measures will be taken to reduce exposure to airborne and contact allergens where a pupil has a known risk.
- Handwashing and appropriate cleaning routines will be used to reduce cross-contact where relevant.
- Pupils will not be required to handle or consume an identified allergen as part of a curriculum activity.
- Risk reduction will be individualised; blanket bans will not be relied upon as the sole safety measure.

9. Food and catering

The school will work with its catering provider to manage food-allergy risks and ensure allergen information is available in accordance with applicable food-information requirements.

- Parents must notify the school of diagnosed or suspected food allergies and provide relevant medical information.
- Catering staff will have access to the information necessary to provide safe meals while respecting confidentiality.
- Suitable procedures will be used to minimise cross-contact during preparation, serving and eating.
- Staff supervising meals will know how to access allergy information and emergency medication.
- Food brought into school for celebrations, clubs, curriculum activities or events will be managed in accordance with school arrangements and known pupil allergies.
- No pupil with an allergy will be unnecessarily excluded from lunch, celebrations or curriculum activities; reasonable alternatives will be considered.

10. Prescribed adrenaline auto-injectors

Pupils prescribed AAIs must have rapid access to their medication at all times. For infant-aged pupils, the school will agree safe and accessible storage arrangements with parents and record them in the pupil's IHP.

- AAIs will be readily accessible to trained staff and will not be stored in a way that causes avoidable delay.
- Arrangements will ensure that medication can reach the pupil promptly in classrooms, dining areas, playgrounds, the field, clubs and on educational visits.
- Parents remain responsible for supplying prescribed medication in date and informing the school of changes, while the school will maintain reasonable checking arrangements.
- Prescribed AAIs will accompany the pupil on off-site visits and when required by their IHP.

11. School spare adrenaline auto-injectors

The school will maintain spare AAIs for emergency use in accordance with current legislation, DfE/DHSC guidance and any regulations made under the 2026 allergy-safety provisions.

- Spare AAIs will be stored in clearly labelled emergency anaphylaxis kits and kept readily accessible, not locked away.
- The school will aim to ensure that no pupil is more than five minutes from access to adrenaline when on the school site.
- Spare devices will be stored in pairs so that a second dose is available if required.
- The school will determine appropriate device strengths and quantities with reference to current national guidance and the needs of pupils on roll.
- A designated member of staff will check stock and expiry dates regularly and arrange prompt replacement after use or before expiry.
- Used or expired devices will be disposed of safely in accordance with medicines/sharps procedures.
- Use of a spare AAI will be recorded and parents informed.

Spare AAIs are an additional safeguard and do not replace a pupil's individually prescribed devices.

12. Emergency response to anaphylaxis

Anaphylaxis is a medical emergency. Staff will follow the pupil's Action Plan where available and their allergy emergency training.

1. Call for help and bring the pupil's emergency medication to them; do not make the pupil walk to the medication.

2. Administer adrenaline without avoidable delay where anaphylaxis is suspected, in accordance with training and the relevant device instructions.
3. Dial 999 and state that anaphylaxis is suspected.
4. Inform the Headteacher/DSL or senior leader and contact the pupil's parents as soon as practicable.
5. Keep the pupil appropriately positioned and supervised while awaiting the ambulance; do not allow them to stand or walk unnecessarily.
6. If there is no improvement after five minutes, administer a further dose of adrenaline using a second device in accordance with current emergency guidance.
7. If the pupil is known to have asthma and food allergy and suddenly develops breathing difficulty, staff will consider anaphylaxis and follow emergency training.

Emergency treatment will not be delayed while waiting for parental permission. After any administration of adrenaline, the pupil must receive emergency medical assessment.

13. Educational visits, trips, clubs and extended provision

Pupils with allergies will be enabled to participate in educational visits, enrichment and extended-school activities as fully as possible.

- A specific allergy risk assessment will be completed for a pupil at risk of anaphylaxis when planning an off-site visit.
- The pupil's prescribed medication and Action Plan will travel with them.
- At least one accompanying adult will understand the pupil's needs and know how to respond in an emergency.
- Food, transport, venue, activity and access-to-emergency-services risks will be considered.
- Parents will not routinely be required to accompany their child as a condition of participation where appropriate school arrangements can reasonably be made.
- Breakfast and after-school provision will follow the same allergy-safety principles as the school day.

14. Wellbeing, inclusion and bullying

The school recognises that living with allergy can affect a child's confidence, anxiety and sense of inclusion. Staff will provide age-appropriate reassurance and support and will ensure pupils are not unnecessarily singled out or excluded.

Allergy-related bullying, teasing, deliberate exposure to an allergen, or misuse of a pupil's medication will be treated seriously under the school's Relationships and Behaviour Policy and, where appropriate, safeguarding procedures.

15. Information sharing, confidentiality and data protection

Health and allergy information is special category personal data. The school will hold, use and share such information lawfully, proportionately and securely where necessary to protect the pupil and provide appropriate support.

- Relevant staff will have timely access to the information they need to keep a pupil safe.
- Information will not be shared more widely than necessary.
- Parents will be informed about how allergy information is used and shared.
- Where photographs or visible identifiers are considered necessary for safety, this will be handled proportionately and in accordance with data-protection requirements.

- Emergency information must remain accessible to staff who need it, including during trips and extended provision.

16. Serious incidents and near misses

All significant allergic reactions, anaphylaxis events and allergy-related near misses will be recorded and reviewed. Parents will be informed of incidents involving their child.

The review will consider:

- what happened and the sequence of events;
- whether the pupil's IHP/Action Plan and this policy were followed;
- access to medication and the timeliness of the response;
- whether allergen-control measures were adequate;
- whether training, communication or supervision arrangements require improvement;
- whether the pupil's IHP, risk assessment or school policy requires amendment;
- the wellbeing and support needs of the pupil and staff involved.

The Allergy Safety Lead will ensure lessons are acted upon. A serious incident or significant near miss may trigger an immediate policy review rather than waiting for the annual review.

17. Allergy safety drills

The school may undertake simulated allergy/anaphylaxis drills as good practice to test emergency arrangements. Any drill involving pupils will be planned sensitively, particularly where a pupil is at risk of anaphylaxis, so that it does not adversely affect their wellbeing. Outcomes will be recorded and used to improve practice.

18. Unacceptable practice

The school considers the following unacceptable:

- preventing a pupil from easily accessing required emergency medication;
- ignoring the views of the pupil, parents or relevant healthcare professionals;
- assuming all pupils with allergies require identical arrangements;
- assuming that a pupil has no allergy because diagnosis is not yet confirmed;
- sending a pupil home unnecessarily because of their allergy;
- excluding a pupil from meals, lessons, clubs, trips or other school activities without a clear, evidence-based and proportionate reason;
- requiring a parent to attend school or accompany a trip as a routine substitute for reasonable school arrangements;
- relying solely on an allergen ban rather than maintaining robust emergency arrangements.

19. Parents and carers

Parents and carers are expected to work in partnership with the school by:

- providing accurate and current information about their child's allergy and medical advice;
- supplying prescribed medication and Action Plans where applicable;
- ensuring prescribed medication supplied to school is in date and replacing it when required;
- informing the school promptly of changes in diagnosis, treatment, medication or risk;

- participating in the development and review of the pupil's IHP.

20. Pupils

Given the age range at Thames Ditton Infant School, adults retain primary responsibility for allergy safety. Pupils will nevertheless be supported, in an age-appropriate way, to understand their allergy, recognise when they feel unwell, tell an adult promptly, avoid known allergens where possible and gradually develop safe self-management skills.

21. Visitors, contractors and lettings

Where relevant, visitors, volunteers and organisations using the school site will be made aware of allergy-safety arrangements proportionate to their role and contact with pupils. Contractors with no pupil-facing role are not expected to undertake whole-school allergy training, but must comply with site safety instructions.

22. Complaints

Concerns about the implementation of this policy should normally be raised promptly with the school so that they can be addressed. Formal complaints will be managed in accordance with the school's Complaints Policy. Safeguarding concerns will be managed under safeguarding procedures.

23. Monitoring, publication and review

This policy will be published on the school website and made available in hard copy on request. All staff will be made aware of it through induction and annual allergy awareness training.

The governing body will review the policy at least annually. It will also be reviewed sooner where there is a serious incident, significant near miss, change in legislation or statutory guidance, or evidence that school arrangements require improvement.

Appendix 1: School allergy-safety implementation checklist

- ☐ Named senior Allergy Safety Lead confirmed.
- ☐ Allergy register updated and checked.
- ☐ IHPs and Allergy/Asthma Action Plans in place for pupils who require them.
- ☐ Annual allergy awareness and emergency-response training completed by all relevant staff.
- ☐ New, supply and cover staff induction arrangements established.
- ☐ Prescribed AAIs accessible and expiry checks recorded.
- ☐ Spare AAIs held in pairs, accessible, clearly labelled and within the school's five-minute access arrangements.
- ☐ Catering provider has current allergy information and suitable allergen-management procedures.
- ☐ Educational visit risk-assessment process includes allergy safety.
- ☐ Incident and near-miss reporting arrangements understood by staff.
- ☐ Policy published on school website and communicated to parents and staff.

☐ Annual governing body review scheduled.

Appendix 2: Emergency anaphylaxis prompt

SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY.

- **Bring the adrenaline to the pupil;** do not make the pupil walk to it.
- **Give adrenaline promptly** in accordance with training and the Action Plan/device instructions.
- **Call 999 and say 'anaphylaxis'.**
- **Keep the pupil supervised** and appropriately positioned.
- **Give a second dose after 5 minutes if there is no improvement,** in accordance with current emergency guidance.
- **Contact parents** as soon as practicable.
- **Record the incident** and review arrangements afterwards.

This prompt supports, but does not replace, staff training, the pupil's individual Action Plan or current emergency medical guidance.

Appendix 3: Key national references

- Department for Education (2026), Allergy safety in schools: statutory guidance.
- Department for Education (2026), Allergy safety policy – template.
- Children and Families Act 2014, section 100, as amended.
- Children's Wellbeing and Schools Act 2026, section 34.
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools.