# Allergy and Anaphylaxis Safety Protocol

## Leadership: Safeguarding Children with Allergies

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| **Designated Safeguarding Lead:** Katherine Scrivener | **Senior Allergy Lead:** Chris Gilmour | **Healthcare Lead:** Matthew French | **Medical Administrator:** Karen Walsh |

## Identification and Records

- Medical information is obtained from families by:
    - Admission form on entry: a triage system is in place to make early contact with families prior to admission to discuss allergies and known medication
    - Families can also request a meeting with the Senior Allergy Lead via the school office email – office@beckfootnessfield.org
    - Contacting reception (01535 665628)
    - Completing a "contact us" form on the website
- Medical information is communicated to staff by:
    - Information gained from families is uploaded to SIMS
    - Staff briefings
    - Individual Health Action Plans detail specifics risks and appropriate response in the event of a reaction for children identified on the Allergy Register. These are written in conjunction with families.
    - Information posters around the school
    - The Allergy Register provides details for staff to all children with a known allergy.
    - Once a cycle, the Allergy Lead reminds staff of the children on the Allergy Register.

    - Once the school has been notified of child with an allergy this information is shared with Mellors (the trust catering partner). Menus are sent to the family with options that would be suitable for each child. A meeting is then held with the catering manager to discuss the options available. Pictures of the children and their allergies are also visible in the kitchen. This process is repeated yearly.
    - Parent Pay (the system for teachers to log lunches) alerts teachers to dietary requirements for individual children, including allergens.

- The Allergy Register can be found within the Heathcare Lead file on *SharePoint; Ness Staff – documents.*
- The Allergy Register is reviewed each cycle by the Allergy Lead and quality assured by the DSL.
- Individual Health Care Plans can be found on SharePoint: *Ness Staff – documents – Healthcare Lead – Health Action Plans.*
- Plans are supplied to all supply staff at the start and end of each day with pictures of the children, in a folder, which is handed back to reception at the end of each day.

## Prevention and Risk Reduction

- Allergy awareness is promoted in school through:
    - PSHE programme – allergy awareness has recently been added to the safety curriculum for all year groups.
    - Science curriculum – knowledge of allergens is taught across all key stages as part of the human body topic
    - First Aid training in Year 6 covers the use of and need for AAIs.
- A 'no food sharing' culture is communicated to:
    - Staff via regular updates in staff meetings, as to why this is important to model the school value of kindness by checking any allergens before offering or sharing food.
    - Students through assemblies and within curriculum lessons as mentioned above.
    - Families by communicating in newsletters that is it good to share, but to be kind we must be aware of allergies.
- Risk assessments are written for:
    - Food technology lessons
    - Science practical or art/DT lessons where allergens may be present
- Mellors, the trust catering partners, display allergen information on their menus that are shared with parents weekly.

## Staff Training

All staff have received basic training about the signs and symptoms of anaphylaxis and administration of adrenaline auto-injector (AAI).

# Emergency Arrangements

- Under Regulation 238 of the Human Medicines Regulations 2012, anyone—including school staff—can administer adrenaline in an emergency to save a life, even without formal medical training.
- This life-saving exemption ensures that nobody is denied emergency treatment in a situation that could not have been anticipated.

## Administering an AAI

- If a child is showing any one of the signs of anaphylaxis, you must act quickly.
- Lay the child down flat wherever possible. Next, administer the AAI without delay.
- For an **EpiPen**, remove it from its protective case (if it has been provided in one) and follow these steps. Remember: blue to the sky, orange to the thigh.
    1. Pull off the blue safety cap and form a fist around the EpiPen.
    2. Hold the child's leg still and hold the orange tip approximately 10 cm from their outer thigh.
    3. Jab firmly into the outer thigh until you hear a click and hold it in place for 3 seconds.
    4. Remove the EpiPen. As you do, the orange tip will extend to cover the needle.
- For a **Jext AAI**, remove it from its protective case (if it has been provided in one) and follow these steps.
    1. Form a fist around the Jext and pull off the blue safety cap.
    2. Place the black end against the outer thigh.
    3. Push down hard until you hear a click and hold it in place for 10 seconds.
    4. Remove the Jext. As you do, the black tip will extend to cover the needle.
    5. Massage the injection site for 10 seconds.
- After administering the adrenaline, raise the child's legs where possible. If the child has difficulty breathing, you can support them to sit up at short intervals instead.
- Always call 999 immediately after using the AAI and state "anaphylaxis" when explaining the situation. Stay with the child until the ambulance arrives and do your best to keep them calm.
- Each child should have two AAIs. If there is no improvement after 5 minutes, you can administer the second AAI into the outer thigh of the opposite leg if possible.
- Remember: quick and proper use of AAIs can save lives.

# Storage and Medication Management

- AAIs (including spares) are stored in a cool, dry place at room temperature, away from sunlight, where they are easy to access in the leadership office. For children who have their own AAI these are stored within a medical bag in their classroom to allow for quick access. Families must take responsibility for medication being in date and there must also be a spare device that is kept in school.
- Medication expiry dates are checked by the Allergy Lead every month with families contacted if dates have expired.

## Trips, Visits and Activities

- Allergy risk assessments for trips and visits are written by class teacher and checked by the Senior Allergy Lead and by the EVAC & Headteacher before the trip is authorised.
- Families will always be informed of and consulted about risk assessments prior to any trip or visit. This will be done by the class teacher.

## Reporting and Recording

- All incidents are detailed on the child's Healthcare Plan and CPOMs
- 30% of all incidents are from unknown allergies. If a child does not have a Healthcare Plan, incidents will be recorded on CPOMs.
- Any incidents involving staff will be recorded on an incident report form.
- Near misses are recorded on CPOMS under the category of "medical"
- In both cases of a near miss and an incident, school will contact families to inform.
- IHCPs are updated annually in conjunction with families by the Senior Allergy Lead, or earlier in the event of an incident.
- Each cycle data is analysed and evaluated by the Senior Allergy Lead and discussed with the Headteacher as part of the cyclical safeguarding review.

## Inclusion, Safeguarding and Well-being

- Staff promote allergy awareness through the taught and untaught curriculum by:
    - Modelling all of the practices discussed above.
    - Ensuring all students can access the taught and untaught curriculum and are not discriminated against because of an allergy.
    - Promoting a culture of No Outsiders, where all belong, through awareness of individual needs
- If bullying related to allergies occurs, our anti-bullying protocol is used to ensure a graduated response.
- Any allergy 'bothering' or bullying will be shared with families by the child's teacher.