Allergy and
Anaphylaxis Safety Protocol

Leadership: Safeguarding Children with Allergies

	
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Identification and Records

- Medical information is obtained from families by:
    - Admission form on entry
    - Asking for a meeting with the healthcare lead by emailing medical@beckfootthornton.org
    - Contacting reception on 01274 881082
- Medical information is communicated to staff by:
    - Information collected from families is uploaded to SIMS which feeds into Class Charts -
    - Class Charts is used to create inclusive seating plans by all teachers, and which identify any students who have individual needs e.g. medical condition.
    - The medical register (previously labelled) Asthma- Allergy Register can be found as a link on the All-Staff SharePoint.
    - This register provides details for staff of all children with a known allergy.
    - Once a cycle, the Healthcare Lead reminds staff of children on the medical register with an allergy or when there is a change to student's needs.
    - Individual Health Care Plans detail specific risks and appropriate response in the event of a reaction for children identified on the Allergy Register. These are written in conjunction with families.
    - The biometric system used in the canteen identifies allergens on the screen when individual staff or students pay for food. This informs staff of what can and cannot be served.
    - Information posters around the school remind staff of general key signs and symptoms that indicate anaphylaxis.
- The medical register which contains the allergy information can be found on the Beckfoot Thornton SharePoint home page from the quick access Medical Needs Folder, which is available for all staff.

- The Allergy Register is reviewed each cycle by the Healthcare lead and quality assured by the DSL.
- Individual Health Care Plans can be found electronically in the Medical Needs Folder on SharePoint, but where it is known emergency medication may need to be administered in school, class teachers have copies of Healthcare Plans in purple class teacher folders.
- Plans are supplied to all supply staff at the start and end of each day with pictures of the children, again 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 by:
    - PSCHE programme
    - Science curriculum – knowledge of allergens
    - Handwashing posters around school with step-by-step guides
- A 'no food sharing' culture is communicated to:
    - To staff via regular updates in staff meetings, as to why this is important to model the school values of enjoy by allowing all students to enjoy coming to school by checking any allergens before offering or sharing food.
    - Students through assemblies, morning meetings and messages on the screen in the canteen at break and lunch time.
    - Families by communicating in newsletters that it is good to share, but so that all students enjoy coming to school 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 the daily menu at each food service point.

Staff Training

All staff have received basic training about the signs and symptoms of anaphylaxis and administration of adrenaline auto-injector (AAI). The following staff have received more specific training from a health care professional:

- Science Technician
- PE teaching staff
- Food technician
- Members of the administration team
- First Aiders/Health Care lead

Emergency Arrangements

- In the event of an emergency staff should 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.
- The spare AAIs can be found in D3 Blue Cabinet, G9 First Aid Box and the medical room
- 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 a yellow box labelled 'AAI' in the medical room. There are also spares available in D3 Blue Cabinet, G9 First Aid Box and the medical room.
- Medication expiry dates are checked by the Healthcare Lead every month with families contacted if dates have expired. There is a central spreadsheet of when medication expiry dates are.
- For children who choose to carry their own AAI, families must take responsibility for medication being in date and there must also be a spare device that is kept in school.

Trips, Visits and Activities

- Allergy risk assessments for trips and visits are written by the Trip Leader in conjunction with the Medical Needs Lead and checked by the 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 Health Lead, or respective HOY in the Health Lead's absence and communicated to the trip leader.

Reporting and Recording

- All incidents are detailed on a child's the Healthcare Plan.
- 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 near miss'.
- In both the case of a near miss and an incident, school will contact families to inform.
- IHCPs are updated annually in conjunction with families by the Healthcare Lead, or earlier in the event of an incident.
- Each cycle data is analysed and evaluated by the SLT 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 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 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 pastoral team.