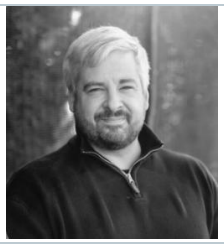
Allergy and Anaphylaxis Safety Protocol

Leadership: Safeguarding Children with Allergies

	
DSL and Senior Allergy Lead Jonnie Czternastek	**Healthcare Lead:** Julie Rabeche

Introduction

At Hazelbeck School, we want every student to feel that they belong and matter. Keeping children with allergies safe, included and able to take part fully in school life is an important part of that commitment. This protocol sets out our whole-school approach to reducing allergy risks, responding confidently in an emergency and ensuring that individual medical needs are understood and supported.

Our approach reflects Benedict's Law, current allergy safety expectations for schools and the principles of Keeping Children Safe in Education (KCSIE). Allergy safety is part of safeguarding: it is everyone's responsibility. Through strong awareness, thoughtful planning and a culture of care, we aim to ensure that every student with an allergy feels safe, known and fully included in life at Hazelbeck.

Identification and Records

- Medical information is obtained from families by:
    - Admission form on entry
    - Holding a meeting with the healthcare lead Julie Rabeche or a member of the Care Team and the School Nurse

- Medical information is communicated to staff by:
    - Registers/MIS system
    - Class lists
    - Seating Plans
    - Staff briefings
    - Individual Health Care Plans
    - Information posters around the school
    - The Allergy Register
- The Allergy Register can be found in Care Plan folders and in the emergency Epi Pen boxes
- The Allergy Register is reviewed as any updates are shared by the School Nursing Team, Medical Professionals or parents. The Allergy Audit is updated by a member of the Care Team or the DSL
- Individual Health Care Plans can be found in all care plan folders around school and with students who already have EpiPens, they are in a box, containing the care plan, consent/signing sheet, including a photo of the student

Prevention and Risk Reduction

- Allergy awareness is promoted in school by:
    - PSHE programme
    - Science curriculum – knowledge of allergens
    - Information posters around the school, which remind everyone in our community of the general key signs and symptoms which indicate anaphylaxis.
    - Handwashing posters around school with step-by-step guides to prevent the spread of allergens.
- A ‘no food sharing’ culture is communicated to:
    - Staff by the DSL in CPD sessions and Safeguarding briefings. Staff can refer to information on the Hazelbeck SharePoint New Allergy Information for staff folder (pinned to top of page)
    - Students by Cultural Calendar events, PSHE lessons, Food Technology lessons, Life Skills Lessons, Lunchtime and breakfast procedures and at special events.
    - Families by The Care Team and School Nurse on entry and the school website
- 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 in the school kitchen when making the meals

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 to administer AAIs to those with a recognised allergy if they have a reaction in school.

- Julie Rabeche

- Rachael Cook
- Aa'isha Begum
- Aneeda Begum
- Alisha Atter
- Adele Bulter
- Hester Davies
- Jo Harrison
- Sam Hird
- Deborah Johns
- Ruth Jones
- Kerri Lambert
- Beth Longbottom
- Suzanne Lovell
- Faiza Omer
- Agata Rawnsley
- Pam Reddihough
- Hayley Skirrow
- Jonathan Waterworth
- Sheaner Wright-Webster
- Tammy Whitaker
- Kelly Wright

Specialist training is renewed annual. Sessions are run by the Special School Nursing Service (SSNS)

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.
- 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.
- 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 Care Team Room on the ground floor and Life Skills Room on the first floor. There are spare AAI injectors that go out with trips alongside the first Aid kit.
- Medication expiry dates are check by a member of the care team as directed by Julie Rabeche every month

Trips, Visits and Activities

- Allergy risk assessments for trips and visits are written by the trip leader (member of school staff) and checked by Evolve Coordinator Jonathan Waterworth then by the Headteacher Lisa Little. A "going out form" is shared with the reception, the care Team and Headteacher when groups leave the building. This clearly indicates any AAIs that are taken on the trip
- Families will always be informed of and consulted about risk assessments prior to any trip or visit. This will be done by the trip leader

Reporting and Recording

- All incidents are recorded on CPOMS under medical incidents
- Near misses are recorded on CPOMS as medical incidents near miss
- IHCPs are updated annually in conjunction with families by the School Nurse and or Care team Lead by Care Team Coordinator Julie Rabeche.
- Each cycle a 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:
    - Demonstrating good hygiene practices
    - Adhering to the non-food sharing policy

    - Not bringing nut-based products on to the school site
- 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 a school Designated Safeguarding Leads (DSL Jonnie Czternastek, DDSLs Lisa Little, Kirstie Coughlan, Vicky Ullah, Saika Shaheen, Julie Rabeche)