



**Isle of Man  
Government**

*Reiltys Ellan Vannin*



## **Department of Education, Sport and Culture**

*Rheynn Ynsee, Spoyrt as Cultoor*

Supported by the Department of Health and Social Care

# **Allergy and Anaphylaxis Management Policy for Schools in the Isle of Man**

1 March 2019

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	Department of Health and Social Care	
<b>Effective date:</b>		1 March 2019
<b>Review no later than:</b>		1 March 2020
<b>Distribution</b>	Senior Management, DESC all Schools, Staff and Students, Parents.  Public document	

<b>Version</b>	<b>Date</b>	<b>Change</b>
0.1	1/11/18	Draft document produced for distribution to Departments for sign off.
0.2	9/11/18	Final draft submitted to 'safeguarding'
0.3	16/11/18	Updated document following meeting on 15/11/18.
03(2)	12/12/18	Amendments made in line with suggestions from DHSC. Document sent to DESC Department meeting
0.4.	9/1/19	Revised suggestions regarding training incorporated into document.
1.0	6/2/19	Document approved at DESC Department meeting.

## Background

This policy and set of procedures is aimed at supporting those staff and volunteers in a school as they act in the best interests of a child and within their scope of capability.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings). Allergies can develop at any age and there may be a risk that if a pupil feels unwell this may be due to an allergic reaction, but it is a parent's responsibility to get in touch with their GP. Not all reactions are immediate but can develop after exposure to the allergen.

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure. Good communication is therefore important and parents/guardians have a responsibility to share with school such communications they have about their child's condition, such as communications / letters and plans from the Paediatrician, GP and Dietician. It should also be remembered that there is community use of buildings outside of school hours, which may have an impact in school hours.

Adrenaline given through an adrenaline auto injector (AAI), such as an EpiPen<sup>®</sup>, into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

## Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

## Individual Allergy and Anaphylaxis Health Care Plans

The Headteachers of our schools or their designate will ensure that an Individual Allergy and Anaphylaxis Health Care Plan (see [appendix 1](#) for further information) is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. This plan should also be informed by any communication / letter from a Paediatrician or GP and any communication from the Dietician and such information can be appended to the plan, negating the need for a specific GP signature on the plan itself, which could lead to undue delay. Individual Allergy and Anaphylaxis Action Plans should be shared between Primary and Secondary School as part of transition.

The Individual Allergy and Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and for Year 6 pupils, this should include transition days.

The student's Individual Allergy and Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable;
- if the student's condition changes;
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- work with the school to produce a suitable Action Plan with support from the child's medical practitioner with a current photo;
- inform the school if their child's medical condition changes, and where necessary work with the school to produce an updated Action Plan;

- Ensure that medicines are supplied in date and replace as appropriate.

It should be recognised that there may be occasions when a child has a reaction when there is not a diagnosis.

### **Communication**

The Headteacher or their designate will be responsible for making available information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Parents are encouraged to raise concerns or issues with relevant staff via the Headteacher or their designate.

Volunteers and supply staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

### **Staff training and emergency response**

Teachers and other school staff who have contact with the student at risk of anaphylaxis must undertake yearly training in anaphylaxis management, including how to respond in an emergency. There are also online courses available but these should not replace actual hands on training. Online refresher courses are to be taken on an annual basis by all staff. A suitable online course can be found at:

<https://www.anaphylaxis.org.uk/schools/schools-help/>

At other times while the student is under the care or supervision of the school, including trips out, break duty, camps and special event days, the Headteacher or their designate must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Trained staff within a school:

1 trained teacher per year group in both Primary and Secondary Schools

Over a period of five years the trained staffing level specified will be achieved, although this is not intended to limit the number of those other staff who wish to be trained or schools seeking to exceed this level.

For those schools where there are pupils with anaphylaxis, training will be provided to staff as soon as practicable after the student enrolls and before he/she starts at the school. Re-familiarisation training should be repeated on a yearly basis for those trained in more depth, if possible.

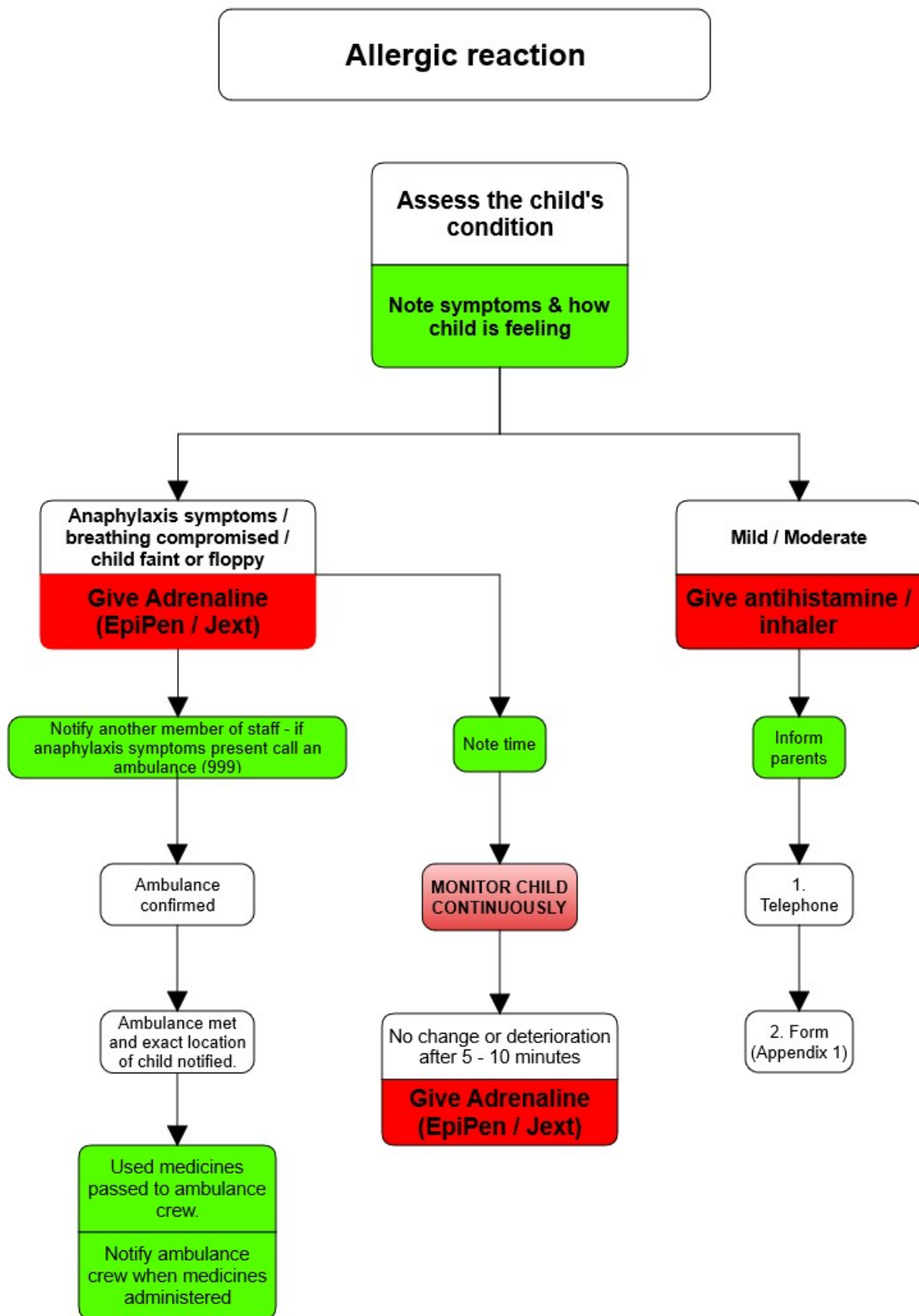
Training will include how to use an adrenaline auto injector (AAI) . Re-familiarisation training must be repeated on a five yearly basis so that staff are confident in using the adrenaline auto injector.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

The school's first aid procedures and student's Action Plan will be followed when responding to an anaphylactic reaction.

A log of staff training should be kept in school. (See [appendix 2](#) for an example).

To help staff assess the situation the following flowchart is intended to give some guidance:



## Notes for staff

### ALWAYS:

1. Assess the child's condition – Note symptoms and how they are feeling. **(IF IN DOUBT ADMINISTER THE AAI!)**. Notify another member of staff and if symptoms of anaphylaxis are present call an ambulance (999). Make sure person who calls ambulance confirms this has been carried out and someone is available to meet and tell the ambulance crew your exact location.
2. Decide if the reaction appears to be mild or moderate or severe. If mild or moderate – give antihistamine/ inhaler as prescribed but **MONITOR THE CHILD CONTINUOUSLY**. This is to make sure the symptoms do not progress to a 'biphasic' secondary reaction- see below for details\*. (If a mild reaction occurs the parents of the child should be informed of their allergic reaction by telephone with a follow up form including time of any medication given See the 'Follow up form – record sheet' in [Appendix 3](#))
3. **If there are any symptoms of Anaphylaxis or the breathing is compromised or the child appears faint or 'floppy' then Adrenaline (EpiPen / Jext / Emerade) should be given as a first priority.** An ambulance should have already been called). This should be administered into the muscle of the upper outer thigh (as shown in training) and the child should be monitored. NOTE THE TIME GIVEN. **MONITOR THE CHILD CONTINUOUSLY**. Another dose of Adrenaline may be necessary if the child's' condition has not improved or deteriorates within 5-10 minutes. **(IF IN DOUBT ADMINISTER THE AAI!)**.

Stay with the child, do not move the child (Let the child adopt the position they are most comfortable in). If they are feeling faint or floppy then encourage them to lie with legs raised and head turned to one side (in case of vomiting) or sitting still (if breathing difficulties). Keep calm and keep the child calm. If the child is stood up then they need to be laid down with legs raised or if they are experiencing breathing difficulties they can sit but with legs still elevated. After adrenaline appears to have worked the child may well wish to stand up again but should be stopped from doing this as it can cause collapse.

4. Wait for ambulance, when the ambulance arrives the adult in charge of the child having an anaphylactic reaction should tell the ambulance crew what has happened and give all used medications to the ambulance crew for safe disposal, stating times of given medication.

It is normal practice for anyone who has been given adrenaline to go to hospital for further monitoring therefore the accompanying adult should take any relevant medical information with them. Parents will be contacted by a member of the school staff after the ambulance has been called. Permission to use emergency medication will already have been obtained and given by signing the protocol. Following each allergic reaction the parents should be notified so they are able to continue to monitor the child's condition and make a GP appointment or follow up at the hospital if necessary.

Parents will replace any further necessary medications.

**\*This is because a secondary phase reaction could occur (after the initial reaction has been treated and resolved) these symptoms can be either mild symptoms or more serious symptoms and Parents/ Carers need to be aware of this possibility , ensuring they have adequate follow up medication and this is why monitoring in hospital is essential.**

**Remember if you are unsure about any of a child's symptoms then take them to hospital for a check-up.**

## Risk Minimisation

The school will conduct risk assessments addressing possible risks to the child in the school environment to include:

- Classroom;
- Canteen / dining areas;
- Playground / yard;
- After school clubs
- School excursions off-site
- School transport

Further details can be found in [appendix 4](#).

The key to the prevention of anaphylaxis is the identification of allergens and prevention of exposure to these allergens. For the student who has been diagnosed with a severe allergy, there is a range of practical prevention strategies that schools can implement to minimise exposure to known allergens.

When considering appropriate prevention strategies, schools should take into account factors such as the allergen involved, the age of the student and the severity of the allergy (based on information provided by the student's parent/guardian from the student's medical practitioner). It is particularly important to have procedures in place for informing casual relief staff of the student at risk of anaphylaxis and the steps required for prevention and emergency response. A designated staff member should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about the student at risk of anaphylaxis and the school's procedures and prevention strategies - 'Allergy aware' versus 'nut-free'.

Given the number of foods to which the student may be allergic, it is not possible to remove all allergens. It is better for school communities to become aware of the risks associated with anaphylaxis and to implement practical, age-appropriate strategies to minimise exposure to known allergens.

In communicating the school's strategies to the school community, it is important that schools do not promote that they either 'ban nuts' or are 'nut-free' – being 'allergy aware' is a more appropriate term. Minimising the allergen is one of several strategies that can be implemented to reduce the risk.

Promoting a school as 'nut-free' is not recommended for the following reasons:

- it is impractical to implement and enforce;
- there is no evidence of effectiveness;
- it does not encourage the development of strategies for avoidance in the wider school community;
- it may encourage complacency about risk minimisation strategies (for teachers, students and parents/guardians) if a food is banned.

Whilst schools are advised not to claim to be 'nut-free', minimising exposure to particular foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from the school canteen, but does not include removing products that 'may contain traces' of peanuts or tree nuts.

Schools may also choose to request that parents/guardians of classmates of a young student do not include nut spreads in sandwiches or products containing nuts in the lunchbox.

References:

<http://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>



## **Children’s Allergy and Anaphylaxis Protocols for Schools**

This protocol is to be used by anyone caring for a child who may be at risk of **allergic symptoms** or **Anaphylaxis**.

The protocol is to ensure that everyone caring for the child is aware of their allergies, symptoms and to promote better understanding of the child’s needs and medical requirements. This should help to allow for better management of symptoms and recognition of how to deal with emergency situations if they arise. It should also allow for effective communication between parents, schools and medical professionals which should help both the allergic child and anyone involved in their care.

This document will be updated regularly, as well as being read through by those caring for children at risk, to ensure familiarity and up to date appropriate care. An annual review will be undertaken and updating carried out when necessary.

Documents relating to allergies and anaphylaxis will be kept in the school office and on the school web-site.

Schools will work in partnership with parents in regard to a child’s allergies and anaphylaxis generally. This will be in meetings with parents, whether a pupil’s form teacher or the Headteacher in a formal meeting working through any forms that may need to be completed.

As a child transitions from a Primary school to Secondary school it is important that good communication exists between the two schools and parents. There should be an opportunity for a parent to talk with staff, such as the Catering Manager or Head of Year in school, before a young person starts the school to discuss allergies.



## Individual Allergies and Anaphylaxis Health Care Plan

This plan should be read, checked and signed by the parents/carers, the Head Teacher and the child's class/form teacher. The plan must be based on the [RCPC/BSACI](#) approved anaphylaxis action plan provided by the GP or Paediatrician and should incorporate any related relevant advice obtained in the clinical letter from the GP/Paediatrician and/or Dietician.

Copies should be kept in accessible places to ensure that everybody who is responsible for the child is aware of the allergic triggers and has good knowledge of how to deal with the child should symptoms occur. Copies should be given to the parents, GP and School.

**Medication** - The Medication often prescribed for a child at risk of anaphylaxis is Epinephrine. (Commonly known as Adrenaline) This may be injectable epinephrine (EpiPen / Jext / Emerade).

It is important that the parent explains what medication his or her child has been prescribed, what symptoms may occur and when and how to use the emergency pack. ALL staff will need to know where the medication is stored. This should be out of reach of children, for younger children, but readily accessible. It should be clearly labelled with the child's name and instructions for use.

Responsibility for ensuring the medication is "In Date" rests with the parent.

### Allergic Reactions

- These reactions can be **mild, moderate** or **severe** and in some cases life threatening – this is known as **Anaphylaxis**. Prompt treatment is necessary and follow up by medical staff may be required.
- It is essential **each child follows their own individual protocol** and that this is updated if any changes occur.
- It is important that strict attention is paid to any allergic triggers which could cause an allergic reaction and risk of coming into contact with these allergic triggers is minimised. (These are detailed below in precautionary measures).
- Emergency medication must be accessible at all times and a plan of action should be drawn up to ensure everyone knows what to do in such an event to ensure safety of the child.
- It is important that children with allergies are treated sympathetically but also that they are able to be included in as many activities with precautionary measures in place which do not place the child at risk. Therefore allowing them to take part in school and out of school activities and feel they can be included in a supportive environment.

**Symptoms of allergic reactions:**

**Ear/Nose/Throat Symptoms:** runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

**Eye Symptoms:** watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

**Digestion:** swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

**Skin:** Urticaria –wheals or hives-bumpy, itchy raised areas and or rashes. Eczema – cracked, dry, weepy or broken skin. Red cheeks.  
Angiodema –painful swelling of the deep layers of the skin.

**Symptoms of Severe Reaction/ Anaphylaxis:** These could include any of the above together with:

**Difficulty in swallowing or speaking.**

**Difficulty in breathing – severe asthma**

**Swelling of the throat and mouth**

**Hives anywhere on the body or generalized flushing of the skin Abdominal cramps, nausea and vomiting**

**Sudden feeling of weakness (drop in blood pressure) Alterations in heart rate (fast Pulse)**

**Sense of Impending doom (anxiety/panic)**

**Collapse and unconsciousness**

**If you are in any doubt about the severity of any symptoms always seek urgent medical attention (Call 999 for an ambulance and state Anaphylaxis. The first line treatment of anaphylaxis is Adrenaline (epinephrine) given by injection).**

**Allergy Action Plan – To be displayed prominently.**



# Allergy Action Plan



**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Photo

**Emergency contact details:**

1) \_\_\_\_\_  
 2) \_\_\_\_\_

Child's Weight: \_\_\_\_\_ Kg

**PARENTAL CONSENT:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: \_\_\_\_\_  
 \_\_\_\_\_  
 (PRINT NAME) Date: \_\_\_\_\_

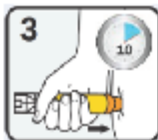
**How to give EpiPen®**



Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 09/2017

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (If vomited, can repeat dose)

**Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)**

Anaphylaxis may occur *without* skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

**If ANY ONE (or more) of these signs are present:**

1. Lie child flat: (If breathing is difficult, allow child to sit)
  2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
  3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**After giving Adrenaline:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2<sup>nd</sup> adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Additional instructions:**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_

(Allergy Action Plans for those prescribed Jext or Emerade can be downloaded from: <https://www.bsaci.org/Default.aspx?PageID=13325790&A=SearchResult&SearchID=2879574&ObjectID=13325790&ObjectType=1>)

For the pupil record of medication kept in school, along with the allergic symptoms, the following three pages could be discussed with parents and kept with the child's medication:

**<< insert name >> needs /carries emergency medication**

Name of medication	Details of use	Needs (N) and / or carries (C)	Dosage	Frequency of use:	Expiry date

All medication should be clearly labelled in the original container as dispensed by the pharmacist, expiry dates and instructions for use should be clearly stated.

**Note: - 2 Adrenaline Auto Injectors should be kept on the premises at all times.**

**<< insert name >> uses an inhaler? [Yes / No]**

**<< insert name >> uses an EpiPen / Jext / Emerade (delete as appropriate)?**

**This is kept in [Please state where it is kept]**

**<< insert name >> Carries an emergency kit on them? [Yes / No]**

**Name of designated trained staff member/area child should report to if feeling unwell:**

Designated trained individuals:	Contact details:
(Primary)	
(Backup person)	

**Consent & Agreement signed by Parents**

**I agree to the staff taking responsibility and administrating medication in the event of an allergic reaction taking place. I give permission for information relating to my child's allergies to be made available to canteen staff, school ancillaries, volunteer staff and establishments when going on school visits or extended school visits.**

Parent's/carers signature	Date
Head teacher/designated staff signature	Date

Please attach a copy of hospital / doctor's letter(s) detailing information (see Allergy Action Plan).

Allergic symptoms can be different for individuals, however symptoms can be:

<p><b>Mild symptoms which may require antihistamines or inhalers</b></p> <p><b>(Antihistamines can take approximately 15 minutes to work. An inhaler may be necessary).</b></p>	<p><b>(for example rash, headache, vomiting, itchy tongue &amp; swelling )</b></p> <p><b>Your Childs' particular symptoms:</b></p>
<p><b>Moderate to severe, which may require inhalers and Adrenaline.</b></p> <p><b>(An immediate administration of adrenaline into the upper outer thigh as shown in the training session may be required and /or an inhaler may be necessary)</b></p>	<p><b>( for example difficulty in breathing, facial swelling, cough and choking, wheezing, pallor, blue lips, collapse fainting, unconsciousness- this is known as ANAPHYLAXIS and is an extreme emergency)</b></p> <p><b>Your child's particular symptoms:</b></p>

It is very important that anyone caring for << insert name >> is aware of these symptoms and uses the appropriate agreed protocol to deal with these symptoms or if in any doubt seeks urgent medical advice as soon as possible. **(Please telephone an ambulance in cases of severe allergic reactions as these are medical emergencies).**

Following any symptoms please administer prescribed medication for << insert name >> as outlined above.

## Precautionary Measures

1) << insert name >> should avoid all products containing [*insert names of items causing difficulties*]. His/her teachers will try to avoid any accidental exposure during the school day. << insert name >> needs reminding by their parents that they must not swap or share any food items with other children. A suitable allergen free packed lunch will be provided by the parents, additional snacks or 'treats' for special occasions, if appropriate, will be supplied to the teacher by the parents in a suitable labelled container.

2) << insert name >> carries a AAI / has an AAI on them / has an AAI in [state where it is to be found] (*Cross out / insert information as appropriate*)

If the AAI needs to be retrieved from [*state where it is to be found eg school office*] because << insert name >> are experiencing [*describe symptoms requiring the use of the AAI*], then this should be carried out immediately. The AAI should be used as soon as possible after being retrieved.

For those pupils who carry an AAI, it must be taken to all lessons and any off site activities. Prior discussion for any trips or offsite activities will include safe storage and handling of medications and ensuring this protocol accompanies the child at any times they are off site.

3) Class mates will be made aware of allergies and their triggers at certain times i.e. circle time or during PHSE lessons/ cookery/ science and in general conversations. The 'No sharing' rule will be emphasized during these times.

### Be aware of the following:

Information should be given by the Head Teacher or their designate about << insert name >>'s allergy and all staff should be informed.

- Staff have a responsibility to check on their class registers for pupils with allergies and who carries an AAI, as well as knowing where the AAI is if not carried by or on the pupil.
- Staff should at all times try to avoid as far as possible any triggers. All reactions should be reported to the parents via the responsible staff member.
- School lessons-such as cookery/science (staff and need to be aware of potential triggers and minimise the risk of exposure) and off site/ trips and visits – make sure your child takes medication and the teachers/ staff are aware-send letter before trips/ activities.
- Make sure Games and PE teachers are aware and advise them of any special requirements (i.e. asthma inhalers EpiPens etc.).
- Provide safe 'treats' for your child, if appropriate, so they are included at school in various occasions. For art and craft lessons make sure suitable materials are being used. Ask for information about activities each term so you can plan ahead.
- Advise your child regularly of the 'NO SHARING' policy.
- Encourage your child to report to a designated member of staff if they are not feeling well.
- A written record of medications/treatments given should be kept by staff and as far as possible a copy given/ sent to the parent.
- Advice should be obtained regarding transport arrangements i.e. school buses and escorts/carrying of medication/health care plans. (For further information please see 'Managing Medicines in Schools and Early Years Settings' DFES publication. ISBN 1- 84478-459-2).

**Appendix 2 - Staff Training Log – Allergies / Anaphylaxis: [Insert name]**

(Fill in for each member of staff and put on file)

<b>Date of training</b>	<b>Training provided by:</b>	<b>Updated training due:</b>



**Appendix 3 - Follow up form - Record sheet**

To be filled out if any symptoms of allergy occur.

This is to be sent to parents via child/email, or given to the parents when child is collected.

<b>Name of child:</b>	
<b>Age of child:</b>	
<b>Allergy:</b>	
<b>Date of allergic reaction:</b>	
<b>Time:</b>	
<b>Symptoms:</b>	
<b>Treatment given &amp; Time:</b>	
<b>Given by (signature)</b>	
<b>Monitoring of symptoms:</b>	
<b>Parents contacted Yes / No</b>	
<b>Special note to parents:</b>	
<b>Signed:</b>	<b>Dated:</b>

✂.....(Please cut off and return if appropriate)

<b>Child's name:</b>	
<b>Parental comments:</b>	
<b>Signed:</b>	<b>Dated:</b>

## Appendix 4 - Risk minimisation strategies

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. Schools can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

<b>Setting</b>	<b>Considerations</b>
Classroom	<ul style="list-style-type: none"> <li>• Display a copy of the student's Action Plan in the classroom if appropriate or in a readily accessible private location (e.g. SIMS).</li> <li>• Liaise with parents/guardians about food related activities ahead of time.</li> <li>• Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Snack boxes should be clearly labelled. Snacks for the other students in the class should be consistent with the school's allergen minimisation strategies (see Risk Minimisation).</li> <li>• Never give food from outside sources to a student who is at risk of anaphylaxis.</li> <li>• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</li> <li>• Supply teachers should be provided with a copy of the student's Action Plan.</li> <li>• Do not have food in carpeted areas due to the risk of spills and not being able to effectively clean up.</li> </ul>
Canteens	<ul style="list-style-type: none"> <li>• If schools use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. The Department is responsible for receiving assurance that all staff from this provider have received such training.</li> <li>• With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in Action Plans. With permission from parents/guardians, some schools have the student's name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff.</li> <li>• For those young people requiring specialised dietary requirements a form is available from the DESC. A copy of this can be found at <a href="#">appendix 5</a>.</li> <li>• Liaise with parents/guardians about food for the student.</li> <li>• Food banning is not recommended (see Risk Minimisation), however some school communities may choose not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies.</li> <li>• Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts.</li> <li>• Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.</li> <li>• Ensure tables and surfaces are wiped clean regularly. Double wiping should be used as appropriate.</li> <li>• Training of catering staff rests with DESC for both Primary and Secondary Schools and is included as part of CPD / training annually.</li> <li>• Appropriate documentation should be completed, such as food dishes and their allergen content (See <a href="#">appendix 6</a> or downloadable at <a href="https://www.gov.im/media/1346409/allergen-chart.pdf">https://www.gov.im/media/1346409/allergen-chart.pdf</a>)</li> </ul>
Playground	<ul style="list-style-type: none"> <li>• Students with anaphylactic responses to insects should wear shoes at all</li> </ul>

	<p>times.</p> <ul style="list-style-type: none"> <li>• Keep outdoor bins covered.</li> <li>• The student should keep open drinks (e.g. drinks in cans) covered while outdoors.</li> <li>• Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. breaks and lunch times).</li> <li>• The adrenaline auto injector should be easily accessible from the yard.</li> <li>• It is advised that schools develop a communication strategy for the yard in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.</li> </ul>
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> <li>• For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.</li> <li>• Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies (see Risk Minimisation).</li> <li>• Party balloons should not be used if a student is allergic to latex.</li> <li>• Latex swimming caps should not be used by a student who is allergic to latex.</li> <li>• Staff must know where the Adrenaline Auto Injector (AAI) is located and how to access if it required.</li> <li>• Staff should consider carefully using food in activities or games, including rewards, whether it is appropriate.</li> <li>• For sporting events, it will probably be appropriate to take the student's AAI to the event. If the weather is warm, the AAI should be stored in such a way as to protect it from the heat.</li> </ul>
Off-site school settings – field trips, excursions	<ul style="list-style-type: none"> <li>• The student's AAI, Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.</li> <li>• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.</li> <li>• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li> <li>• The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).</li> <li>• Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.</li> <li>• Consider the potential exposure to allergens when consuming food on buses, or around the pupil at risk.</li> <li>• Wipe around areas where food may have been consumed or is to be consumed.</li> </ul>
Off-site school settings – camps and remote settings	<ul style="list-style-type: none"> <li>• When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.</li> <li>• Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies.</li> <li>• Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.</li> <li>• Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree</li> </ul>

nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.

- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.
- The student's AAI and Action Plan and a mobile phone must be taken on camp.
- Consideration should be made of the coverage of mobile phone signals and if possible appropriate steps put in place to mitigate a risk around this e.g. Tetra radio.
- A team of staff who have been trained in the recognition of anaphylaxis and the use of the AAI should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.
- The AAI should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own AAI.
- The student with allergies to insect venoms should always wear closed shoes when outdoors.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins, or around the pupil generally.
- Wipe around areas where food may have been consumed or is to be consumed.
- If using a centre, provide a contact number for a person there.

Appendix 5 – Specialised Dietary Requirement Form – School Meals Request Form.



Department of Education Sport & Culture  
Specialised Dietary Requirements  
School Meals Request Form

Please complete in **BLOCK CAPITALS** and in **Black ink**.

**Please note:** This form **must** be authorised by a Health Professional and a copy will be sent to Head Teacher.

**Childs Details**

<b>Childs Name:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Post Code:</b>

**Parent/Guardian Details**

<b>Contact Name:</b>
<b>Contact Address:</b>
<b>Post Code:</b>
<b>Contact Phone Number:</b>

In making this request for a medical diet, I acknowledge that whilst employees of the Department of Education Sport and Culture will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items and avoidance of cross contamination within a school meals kitchen environment.

<b>Signed Parent/Guardian</b>	<b>Date:</b>
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**School Details**

<b>Name of School:</b>
<b>School Address:</b>
<b>Post Code:</b>

**Dietary Details**

<b>Details of Special Dietary Requirements:</b>		
<b>Diet Sheet Attached?</b>	<b>Yes:</b>	<b>No:</b>















If **No**, please give further details/action points below. If **Yes**, use this space to add further comments.

Name of Dietician or Contact Health Professional:
Signature:
Address:
<b>Post Code:</b>
Telephone Number:

Please return this form to: Isle of Man Government, Department of Education Sport and Culture, School Meals Catering Manager, Hamilton House, Peel Road, Douglas, IM1 5EZ.

## Appendix 6 – Dishes and their allergen content

DISHES AND THEIR ALLERGEN CONTENT - [INSERT THE NAME OF YOUR FOOD BUSINESS HERE]

DISHES	 Celery	 Cereals containing gluten	 Crustaceans	 Eggs	 Fish	 Lupin	 Milk	 Mollusc	 Mustard	 Nuts	 Peanuts	 Sesame seeds	 Soya	 Sulphur Dioxide
Tuna Salad [example]	✓			✓	✓		✓		✓					

Review date:

Reviewed by:



You can find this template, including more information at [www.food.gov.uk/allergy](http://www.food.gov.uk/allergy)

(Please note that it is a legal requirement (Food Information Regulations 2014) to complete this form and it must be kept in the service area).