

## Allergy Management Risk Assessment for Individual Participants

This form should be completed by the setting in liaison with the parents/guardian and the participant if appropriate. It should be shared with everyone who has contact with the participant. It should be read alongside the participant's Health Care Plan that has been produced the Allergy clinic. A whole organisation approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

<b>Child/Young person:</b> Click or tap here to enter text.	<b>Date of Birth:</b> Click or tap here to enter text.
<b>Setting/School:</b> Click or tap here to enter text.	<b>Lead member of staff:</b> Click or tap here to enter text.
<b>Allergies:</b> Click or tap here to enter text. Are reactions: <b>Ingestion</b> Click or tap here to enter text. <b>Direct contact:</b> Click or tap here to enter text. <b>Indirect contact:</b> Click or tap here to enter text.	
<b>G.P:</b> Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	<b>Clinic/Hospital:</b> Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
<b>Date:</b> Click or tap here to enter text.	<b>Review date:</b> Click or tap here to enter text.
<b>Who is responsible for providing support:</b> Click or tap here to enter text.	
<b>People involved in writing this plan:</b> Click or tap here to enter text.	
<b>Signatures:</b> Organisation lead: _____ Date: Click or tap here to enter text.  Young person: _____ Date: Click or tap here to enter text. <b>I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe,</b> <b>I give permission for my child's photograph to be displayed sensitively to keep my child safe,</b> <b>I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected.</b>	

Parents:

Date: Click or tap here to enter text.

Complete this risk assessment in discussion with the parent/guardian and participant if appropriate. Consider all situations that the participant may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.

Can the participant recognise a reaction for themselves?

What have been the symptoms of previous reactions?

Stomach hurting, rubbing eyes have tended to be initial signs  
Itching on any part of body with hives developing  
Swollen eyes, lips, tongue and itchy throat

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
<b>Examples of control measures and things to consider have been included to aid thinking. It is essential that these are changed/removed and your organisation procedures are included.</b>			
<b>Medication:</b>			
Storage: Location of participant's medication If the organisation uses a school, can the school's generic 'spare' AAI be accessed? If so, where are they stored?	For example: Medication is kept with the child, it is always accessible and never locked away. It is in an easily identifiable container with child's name and photograph on. It will never be more than 5 minutes away from the child. Adult has oversight of ensuring that it is always with the child and child encourage to self carry. 'Spare' AAI is located in the school's office on the shelf (it must never be locked away). It can be accessed in an emergency.		
<b>Food and drink:</b>			
Is food provided by the organisation or is it to be send in from home?	consider:		

<p>If provided by the organisation what needs to be considered? If sent in by home, are there any additional measures that need to happen?</p>	<p>seating, inclusion, mental health (isolation), hand washing of staff, other children, cleaning of tables with hot soapy water</p> <p>additional measures may include ensuring no food sharing</p>		
<p>Events involving food: Cake sales Parties Drinks</p>	<p>Consider: controls could be that the child is able to select their cake first, safe cakes are identified and kept separately, keep packaging with the cakes if shop bought so that the allergens can be identified, ensure people who are running the event are aware of the controls, encourage the child to ask 'is this safe for me'</p>		
<p>Celebrations: e.g. Birthdays, Religious festivals</p>	<p>Make sure children know to check with their adults before eating to make sure it is safe Staff should not use food based treats unless agreed with child's adult in advance and is the same for everyone to ensure inclusion</p>		
<p><b>Activities: Complete relevant sections</b></p>			
<p>Cooking</p>	<p>Liaise with parent/guardian, as soon as cooking is planned; don't leave it until the week or day before. Discuss ingredients and any recipe adaptations that are needed. Consider food preparation and how to avoid cross contamination, ensure that utensils are kept separate and washed to remove allergens in hot soapy water.</p>		
<p>Creative activities: e.g. junk modelling, pasta</p>	<p>Consider whether these could have contained the child's allergens and whether they should be used to prevent cross contamination reactions</p>		
<p>General activities:</p>	<p>Consider how the activity or experience can be adapted for everyone to ensure that the allergic child remains safe. For example, for a child allergic to egg, it would not be safe to use egg in forces experiments and only change the allergic child's egg, all children would need an alternative otherwise the allergen is everywhere in the room and the child is unsafe. Allergens are everywhere – check all resources even if you think they are unlikely, consider both food and non-food items.</p>		

<p>Sports activities: Indoor Outdoor Forest Schools</p>	<p>Consider: Where should the AAIs be located? Will they be within 5 minutes of the child or do they need to be with the child. Are there any additional risks in the forest school area? Trees with nuts, if so ensure that all children know to leave them in situ and have them cleared before each session. If cooking happens in forest school, see sections above for suggestions</p>		
<p>Free time activities: Playground Field</p>	<p>Consider: Where should the AAIs be located? Will they be within 5 minutes of the child or do they need to be with the child. What procedures need to be in place for eating and drinking during free time?</p>		
<b>Offsite activities:</b>			
<p>Visitors Day trips</p>	<p>Consider: activities to be undertaken: farm, science centre, food centre (cheese making) and pre-visit to determine risks followed by discussion with the provider and the parent/guardian who may have previous experience of visiting similar providers. Which staff are accompanying the trip and make sure they have appropriate knowledge and training and who would go if someone was absent on the day. N.B parents/guardians should not be expected to accompany the child Ensure medication is taken and that the child is in the group with the medication.</p>		
<p>Residential visits</p>	<p>As above plus discuss the menu with the provider at the earliest opportunity and then discuss with the parent/guardian. Liaise with the provider after this to ensure that any adaptations to the menu are made. Consider how serving the food will work to ensure that the child receives the right food. Ensure that there are no allergens in the bedroom and that the children sharing the room know what will make their friend poorly and what they need to do about it, should that happen.</p>		
<p><b>Other:</b></p>	<p>Anything not already covered.</p>		

**This must be completed for any activity that is medium with the aim of bringing the risk to LOW.**

**Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.**

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
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Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

Example