Allergy and Anaphylaxis Policy

At St John's we are Loved by God - Learning with Jesus - Living by the Spirit.

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St John's CEVA Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Roles and responsibilities

2.1 The Governing Body

The governing board has ultimate responsibility to make arrangements to support pupils with allergies. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with allergies.

2.2 The Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all allergy plans, including in contingency and emergency situations

- Ensure that all staff who need to know are aware of a child's condition
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

2.3 Staff

All staff will:

- Complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Where a pupil does not have required medication available, a risk assessment will be undertaken and the school will work with parents to identify whether safe alternative arrangements can be made.
- The school's lead first aider will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the designated First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School office keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The School Business Manager ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

2.4 Parents

Parents will:

- inform reception staff/school office of any allergies on the child's entry to the school. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Be responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

2.5 Pupils

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Equal opportunities, Inclusion and Safeguarding

Our school is clear about the need to actively support pupils with allergies to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

4. Being notified that a child has a medical condition

When the school is notified that a pupil has an allergy, the process outlined below will be followed.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

5. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan. Pupils with an allergy plan may also have an Individual Health Care Plan (see Supporting Pupils with Medical conditions Policy).

6. Emergency Treatment and management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- Relevant staff member supporting the child will **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY,** a second member of staff will witness and record the incident and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **Office staff to be informed and immediately C**ALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Office staff to Call parent/carer as soon as possible.
- SLT to be made aware
- The lead first aider will then complete an Incident Log (see appendix 1)

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

7. Supply, storage and care of allergy medication

One anaphylaxis kit is kept within 5 minutes of pupils in the medical bay, not locked away and accessible to all staff. For pupils with specified allergies a second auto-injector is kept in their classroom.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the lead first aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

7.1 Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

7.2 Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by PHS. The sharps bin is kept in the medical bay.

7.4 'Spare adrenaline auto-injectors in school

St John's CEVA Primary School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in the medical bay clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The school holds 4 spare pens which are kept in the following location/s:-

-Medical bay

Kitt Medical automatically replace expiring auto injectors. The school office will regularly check and monitor this too.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

8. Staff Training

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Fiona Pipe (School Business Manager)

Heather Sheehan/Eve Burton (School SENDCo)

Antonella Wright (Lead First Aider)

All staff will complete Kitt Medical allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

School ensures that staff undertake a practical session using trainer devices.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. Aspens catering have their own allergen policy and protocols.

The school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the organisation website at https://st-johns.suffolk.sch.uk/parents/dinner-menus/

The office staff inform the Catering Manager of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs. The Catering provider requires a dietary form completed for all children with known allergies and will then advise what menu can be provided for them. This will be either Core Menu, Allergen Free Menu or a Bespoke Tailored Menu

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy Awareness and nut bans

School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education *however we are a 'Nut free' school.*

13. Risk Assessment

St John's CEVA Primary School will conduct individual risk assessments for pupils with allergies as required. We have a Whole School Allergy Management Risk Assessment which will be updated annually (See Appendix 2).

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year. The Governing Board and Headteacher will ensure that the school complies with its duties under the Children and Families Act 2014 and Equality Act 2010 in relation to pupils with allergies and medical conditions. The school will make reasonable adjustments, provide appropriate support, maintain suitable policies and procedures, and take all reasonable steps to safeguard pupils whilst enabling their full participation in education and school activities.

15. Admission Arrangements

Children with allergies are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission (see School Admissions Code 2012) or prevented from taking up a place in school because arrangements for their medical condition have not been made. The school will make all reasonable arrangements necessary to support pupils with allergies and medical conditions and will not refuse admission on the grounds of a medical condition alone.

16. Linked Policies

Due to the focus and purpose of this policy, there are also direct and intrinsic links to the following:

- Child Protection and Safeguarding Policy
- Accessibility Policy
- Aspens Allergy Policy
- Supporting Children with Medical Conditions Policy
- Health and Safety Policy
- Lettings Policy

		Date
Version	v.1.0	13.5.2026
Drafted by:	Mrs H Sheehan	13.5.2026
Reviewed by:	All Staff	July 2026
Approved by:	WGB	1.7.2026
Ratified by:	WGB	1.7.2026
Review Period:	1 year	
Date of Review		Summer 2027

Appendix 1

Allergy Incident Log

This log is to keep a record of ALL incidents relating to allergy e.g. drug box not in correct place, any type of allergic reaction, any 'near miss' event.

Note: This document will be reported to governors on a termly basis. Any anaphylactic reaction will be communicated to the Chair of Governors within 24 hours.

Date of Incident	Type of Incident 1- Near Miss 2- Allergic reaction 3- Other	Description Include details e.g. Adult reporting, location, cause of reaction (allergen and type of contact, if known	Pupil affected	Action Taken e.g. feedback to staff, parents informed / sent home / monitored / ambulance call	Learning Points

Appendix 2

Whole School Allergy Management Risk Assessment

This Risk Assessment should be read alongside the school's allergy and anaphylaxis policy.

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of each student's medication Location of generic 'spare' AAI Consider: • Ineffective storage • Back up medication not accessible • Is the students and back up medication always accessible regardless of the time of day?	• All pupils have an up-to-date Allergy Action Plan stored with their medication • Medication is stored in clearly labelled containers with the pupil's name • For all pupils, anaphylaxis kits are stored within 5 minutes of the child, not locked away and accessible to all staff • Four Spare AAIs are available, clearly labelled and accessible to all staff • The school office maintains a register of pupils with AAIs and records any use of medication	**Unlikely**	**Critical**
Training:			
All staff trained Training should be updated annually Consider: Will there always be a member of staff available to administer an AAI throughout the school day who is not further than 5 minutes away from the student at any given point.	• All staff complete annual anaphylaxis training and induction training for new staff • Training includes recognising symptoms, prevention strategies and administering AAIs • Sufficient trained staff are available at all times to respond to an emergency • Staff are aware of pupils with allergies and their specific needs • Practical training using trainer devices is provided	**Unlikely**	**Critical**

Course must include: • Signs and symptoms of allergy & anaphylaxis • Emergency response • Administration of adrenaline auto-injectors • Prevention of reactions Ideally would include: • Types of allergen: food and non-food • Curriculum • Trips & visits including sports • Reporting and recording			
Food and drink:			
<u>Catering:</u> • All students eat safely • Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do they know how to report near misses and what to do should a reaction occur? • Poor liaison with catering staff • Allergen menu not up to date • Make sure that any unexpected changes to the menu and allergens are communicated urgently to student/parent/guardian so that a different choice can be made. • allergen matrix not up to date	• Allergens are clearly identified on menus and published on the school website • The school office informs catering staff of all pupils with allergies • Parents are encouraged to liaise directly with catering staff regarding individual needs • Catering staff are trained in allergen awareness and prevention of cross-contamination • Food is not given to pupils without parental awareness and consent • □□ Individual pupil-specific menus are agreed between parents and catering staff and shared with school and kitchen teams • Catering staff are trained in allergen management, including safe storage, preparation and prevention of cross-contamination • Kitchen staff have procedures for identifying allergens in new or substitute ingredients and communicating changes	**Possible**	**Critical**

	• Regular communication takes place between school and catering provider to monitor allergen safety arrangements **Lunchtime arrangements:** • Pupils with allergies are clearly identified and known to kitchen and supervising staff • Modified meals are labelled with pupil names and kept separate from other meals • Pupils requiring special diets are supervised at the point of service • Staff check allergen safety before adding sauces or additional food items • Pupils may be identified using agreed methods • Children are reminded not to share food or swap items • Staff supervise dining areas and are aware of pupils' allergies • Allergen information is accessible to staff during lunchtime		
<u>Events involving food:</u> Cake sales Parties Other PTA events Drinks • Allergens present during the events? • Information not shared regarding food events • Allergens not displayed	• Parents are informed in advance of events involving food • Food is not given without parental engagement or permission • All activities involving food are risk assessed for allergen exposure • A whole-school approach to allergy awareness is promoted	**Possible**	**Critical**

<u>Celebrations:</u> • Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations. • Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.	• Parents are consulted prior to any food-based celebrations • Inclusive alternatives are considered for all pupils • Food/ sweets provided by parents for birthdays are given to the children at the end of the day and parents decide if they are able to eat the treat • PTA Christmas treat bags are provided and PTA are given updated information regarding allergen requirements for each class – Ingredient labels are left on all packaged goods to ensure compliance	**Possible**	**Major**
Curriculum activities:			
<u>Cooking:</u> • Recipes unsafe and free of allergens • Students not made aware of allergies in class • Lack of information about cross-contamination	• Activities are risk assessed and adapted to remove allergens where necessary • Cross-contamination controls are in place (cleaning of surfaces and equipment)	**Possible**	**Major**
<u>Creative activities: e.g. junk modelling, pasta</u> • When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that communication is sent to parent/carers to specify what they are unable to bring in and monitor this when the packaging comes into school.	• Materials are checked to ensure they do not contain allergens • Parents are informed about safe materials to bring into school • Reused containers are cleaned thoroughly to remove allergens	**Possible**	**Moderate**

• Plastic containers should be washed in hot soapy water to remove allergens.			
<u>Music: instrument sharing (cross contamination issue)</u> • Instruments shared •	• Children have one instrument each individually allocated • Instruments sterilised	**Possible**	**Moderate**
<u>Science activities:</u> • Allergens used in Science • Consider the impact of cross contamination and whether this could cause a reaction for the allergic student.	• Activities are risk assessed and adapted to remove allergens where necessary	**Unlikely**	**Moderate**
<u>PE:</u> Consider: Outdoor • Medication not accessible • Is there an allergy trained member of staff present during after school clubs? • Is there an allergy trained member of staff accompanying away sporting events?	Emergency medication is available within 5 minutes at all times • Trained staff are present during PE lessons and extracurricular activities • Staff are aware of pupils' medical needs	**Unlikely**	**Critical**
<u>Break time:</u> Consider: Playground Field • Medication not accessible • Pupil not visible	• Emergency medication is easily accessible during break times • Adequately trained staff supervise all areas • Children are asked to bring in healthy fruit based snacks for breaktime • Nut free school	**Unlikely**	**Critical**

• Is there an allergy trained member of staff present during break times? • Snacks at Break time			
School animals:			
Consider: Animals coming into school as part of an experience day	• Risk assessments carried out where animals are present • Allergen exposure considered and managed appropriately • Allergen-free spaces identified where required	**Possible**	**Moderate**
Visitors & supply staff:			
Consider: • Unaware of school policy • If there is an allergy free zone that has been created due to a student's individual risk assessment, how has this been communicated to the visitor/supply staff? • Visitor having no access to medical needs information	• Visitors and supply staff are made aware of the school's allergy policy where relevant • Key information is shared to maintain a safe environment • Staff ensure allergens are not introduced unnecessarily	**Possible**	**Major**
Offsite activities:	•		
<u>Day trips:</u> Consider: • Allergy nor specified on RA • Is there an allergy trained member of staff accompanying the visit? • Availability of emergency services and nearest hospital	• Medication is taken on all trips and checked prior to departure • A trained member of staff accompanies all visits • Activities are risk assessed to ensure inclusion and safety • Venues are informed of allergies in advance • Parent helpers made aware of any children with allergies • Local emergency hospital telephone numbers near venues are checked and staff have access to these.	**Possible**	**Critical**

• Poor Phone signal • Is food being taken or served? It may be necessary to request that other students do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations. • Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity. <u>Residential visits including D of E:</u> Consider: • Storage of AAIs for each activity being undertaken & overnight • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can students eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment?	• For overnight stays, medical forms are completed. Parents meet with staff and have a chance to talk to catering staff regarding child's allergy management • For Residentials, parents are able to view planned menus and advise of any issues • School will liaise directly with venues regarding food allergies		

• Is there an allergy trained member of staff accompanying the visit? • Do other students need to understand signs, symptoms of allergy, how to call for help and administer an AAI?			
Other:			
Allergy Information Management • School not informed correctly	• Allergy information collected at admission and reviewed regularly with parents • Allergy information is shared with relevant staff, catering teams and third parties • Allergy and Health Care Plans are in place for pupils with severe allergies and shared with appropriate staff [• A designated allergy lead oversees systems, records and communication • Procedures exist for reporting and investigating incidents and near misses	**Unlikely**	**Critical**
Wrap Around Care **What are the hazards for each activity?** • Food brought from home / snacks during breakfast or after school club • Cross-contamination from shared surfaces, toys or equipment • Reduced staffing or different staff unfamiliar with pupils' allergies	• Wrap around care staff are informed of all pupils with allergies and have access to up-to-date Allergy Action Plans • All staff working in wrap around provision complete annual anaphylaxis training in line with school policy • Emergency medication (AAIs) is accessible within 5 minutes at all times and transferred appropriately between school day and wrap around provision • Clear handover systems are in place between teaching staff and wrap around care staff to communicate any changes or concerns	**Possible**	**Critical**

• Medication not immediately accessible outside normal classroom locations • Lack of communication between school day staff and wrap around care staff	• Snacks provided by the school follow the same allergen controls as main school catering, with allergen information available • Parents are informed of acceptable foods and allergens to avoid when bringing food into wrap around provision • Children are supervised during eating and reminded not to share food • Cleaning routines are in place to reduce the risk of cross-contamination on surfaces and equipment • A trained member of staff is always present during wrap around care sessions to respond to allergic reactions • All incidents and near misses are recorded and reported in line with school policy		
Staff with Allergies • Lack of information • School fruit allergens	• All staff aware of allergies and plan accordingly • Nut free school		

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
Catering Risks	Ensure allergen matrix is updated and shared with staff	Office / Catering Manager	Termly	

Events involving Food	Send allergy Reminders	Office	When needed	
Offsite visits	Include allergy Management in all RA	Teachers	When needed	
Staff Training	Maintain Training log through KITT	Designated Staff	Annually	
Medication checks	Named first aider to do regular checks	Lead first aider	Termly	
Visitors	Informed of allergy Plans	When needed		

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**
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