# Ashton Hayes Primary School Whole School Allergy Management Risk Assessment

The school should have an allergy policy which is monitored. Clear communication and procedures should be regularly communicated to all staff. Annual training is recommended when allergic students are on roll or when a student with an allergy joins the school.

Training is available from: https://www.anaphylaxis.org.uk/allergywise/

| What are the hazards for each activity? | What are you already doing to control the risks? | Probability | Impact |
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| **Medication:** | | | |
| Storage:<br>Location of each student's medication<br>Location of generic 'spare' AAI<br>Consider:<br>• is there consistency of container throughout the school to make it easily identifiable?<br>• Is the student able to self carry their own medication?<br>• Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication?<br>• Is the students and back up medication always accessible regardless of the time of day? | Each pupil has an up-to-date Allergy Action Plan/IHP and two in-date AAIs where prescribed.<br>Medication is supplied in a clearly labelled, consistent emergency box containing the plan, AAIs and any prescribed antihistamine/inhaler.<br>Primary boxes are stored in an unlocked, clearly identified location in the pupil's classroom. A school spare AAI is held centrally in the school staff room.<br>Medication accompanies the pupil to PE, Forest School, wraparound care, clubs, trips and evacuation points. Staff know that medication must be accessible immediately and should reach the pupil well within five minutes.<br>Named staff check expiry dates and contents at least termly; parents are contacted in advance to replace items. A handover/check system applies when pupils move between activities or off site. | Rare | Critical |
| **Training:** | | | |

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| Check that the course has medical input/review<br>Training should be updated annually<br>Ideally all staff would be trained. If this is decided against, a rationale based on risk assessment should be produced.<br>Consider:<br>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.<br><br>Course must include:<br>• Signs and symptoms of allergy & anaphylaxis<br>• Emergency response<br>• Administration of adrenaline auto-injectors<br>• Prevention of reactions<br>Ideally would include:<br>• Types of allergen: food and non-food<br>• Curriculum<br>• Trips & visits including sports<br>• Reporting and recording<br><br>AllergyWise® for Schools is a low cost, CPD certified course that is clinically reviewed and assured to be up to date. | All employed staff, regular supply staff, lunchtime staff and wraparound staff receive annual allergy/anaphylaxis training, including signs and symptoms, prevention, emergency response and practical AAI administration.<br><br>New staff are briefed before working unsupervised. Refresher information and trainer devices are available, and competence is checked through scenarios/drills.<br><br>At least one trained adult is available wherever an allergic pupil is present, including break, lunch, clubs, PE, Forest School and visits. Training records are retained and reviewed annually or when a pupil's needs change.<br><br>Pupil-specific plans are shared on a need-to-know basis, with confidentiality maintained. | Rare | Critical |
| **Food and drink:** | | | |

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| Catering:<br>• What systems are in place to ensure that the student eats 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?<br>• What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff?<br>• Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website.<br>• 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.<br>• Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart<br>Consider:<br>wrap round care<br>break times<br>lunch times | Parents provide current medical and dietary information before admission and whenever needs change. The school maintains a confidential allergy register with pupil photographs, allergens, symptoms and emergency arrangements.<br><br>Catering staff receive the relevant information and use an up-to-date allergen matrix. Special meals are clearly identified and served directly to the named pupil; substitutions are not made without checking allergen information and informing school/parents.<br><br>Cross-contact controls include handwashing with soap and water, cleaned tables/equipment, separate utensils where required, supervised seating/serving arrangements and no food sharing.<br><br>Lunchtime and wraparound staff know affected pupils, where medication is kept, how to summon help and how to record/report reactions or near misses. Menu changes are communicated promptly. | Rare | Critical |

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| <u>Events involving food:</u><br>Cake sales<br>Parties<br>Other PTA events<br>Drinks<br><br>• How can these be made inclusive?<br>• What are the risks if the allergens are present during the events? Is handwashing possible?<br>• What information has to be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here: https://www.fooddocs.com/food-safety-templates/food-allergen-chart<br>• Are allergens displayed, where appropriate to the event? | All food-related events are planned in advance and reviewed against the allergy register/IHPs.<br><br>Organisers/PTFA are told that only clearly labelled, shop-bought items or food with a reliable ingredient/allergen list may be served unless specifically agreed.<br><br>Parents of affected pupils are consulted and a safe, equivalent alternative is provided. Food is not shared, serving utensils are separated and ingredients/allergens are displayed where practicable.<br><br>Handwashing and surface cleaning take place before and after eating. High-risk foods may be excluded from a particular event/class following individual risk assessment; the school does not describe itself as universally "allergen free".<br><br>Emergency medication and a trained adult remain immediately available. | Rare | Critical |
| <u>Celebrations:</u><br>• Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations.<br>• 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. | Non-food rewards and celebrations are encouraged. Parents are asked not to send birthday cakes/sweets for distribution unless this has been agreed in advance.<br><br>Where food is included, the class teacher checks the allergy register, consults parents where needed, ensures a safe alternative and supervises to prevent sharing/cross-contact.<br><br>Children are taught to be supportive and inclusive without identifying or stigmatising an allergic pupil. | Rare | Critical |
| **Curriculum activities:** | | | |

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| <u>Cooking:</u><br>• Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used?<br>• Has the allergic student got their own set of cooking materials?<br>• Are allergies included in the food technology curriculum so that all students have awareness of the impact of allergies to the health of the allergic person.<br>• Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded?<br>• Are all students taught about cross contamination and the impact of this? | Cooking activities are checked at planning stage against pupil allergies. Recipes are adapted or replaced so that the activity is safe and inclusive; a pupil is not expected simply to sit out.<br><br>Only products with clear ingredient labels are used. Staff check "may contain" information against the pupil's plan and parental/medical advice.<br><br>Work areas, hands, utensils and equipment are cleaned before and after use. Separate equipment/ingredients are provided where needed and food is not shared or tasted without staff approval.<br><br>Pupils are taught about allergens, label checking and cross-contact. Medication and a trained adult are immediately available. | Rare | Critical |
| <u>Creative activities: e.g. junk modelling, pasta</u><br>• 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. | Teachers check packaging and materials before use and do not bring containers that have held a pupil's known allergen into the relevant learning space where this creates a risk.<br><br>Requests for recyclable/junk-modelling materials specify prohibited packaging. Items are checked on arrival; washable containers are cleaned thoroughly with hot soapy water.<br><br>Alternative materials are provided so all pupils can participate. Hands and surfaces are washed/cleaned after activities. | Rare | Critical |

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| • Plastic containers should be washed in hot soapy water to remove allergens. | | | |
| <u>Music: instrument sharing (cross contamination issue)</u><br>• Do instruments have to be shared?<br>• Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic student have their own blowing instrument that they don't need to share? | Wind/blowing instruments and mouthpieces are allocated individually wherever possible and are not shared during a session.<br><br>Where sharing is unavoidable, equipment is cleaned/disinfected in accordance with manufacturer guidance between users. Pupils with relevant allergies have their own labelled instrument/mouthpiece.<br><br>Hands are washed before use and instruments are stored to prevent contamination. | Rare | Critical |
| <u>Science activities:</u><br>• Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the allergic student. How can that lesson be made inclusive and safe?<br>• Consider the impact of cross contamination and whether this could cause a reaction for the allergic student. | Science plans are reviewed for food, latex, animal, plant and chemical allergens. Safer alternatives are used wherever possible.<br><br>Any essential activity involving a known allergen has a pupil-specific risk assessment, parental consultation where appropriate, controlled handling, suitable PPE, handwashing and thorough cleaning.<br><br>No tasting or direct skin exposure occurs unless specifically planned and safe. Medication and a trained adult are readily available. | Rare | Critical |
| <u>PE:</u><br>Consider:<br>Indoor<br>Outdoor<br>Forest Schools | The teacher/coach checks medical needs before each session. The pupil's emergency box accompanies the group to the hall, playground, field, pool, Forest School or away fixture and is held by a named adult in an accessible, clearly identifiable place.<br><br>At least one trained adult is present. Staff consider exercise-induced symptoms and co-existing asthma, follow the IHP and stop activity promptly if symptoms develop. | Rare | Critical |

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| • Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins?<br>• Is there an allergy trained member of staff present during after school clubs?<br>• Is there an allergy trained member of staff accompanying away sporting events? | Food is not consumed during PE unless planned. Hands/equipment are cleaned when cross-contact is possible. External coaches receive a pupil-specific briefing and know how to call 999. | | |
| <u>Break time:</u><br>Consider:<br>Playground<br>Field<br><br>• Where emergency medication is kept during breaktimes and how quickly it can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins?<br>• Is there an allergy trained member of staff present during break times? | Emergency medication is taken to the playground/field or kept at an agreed point that can be reached immediately (staffroom/classroom -accessed via the Year 6 classroom door); the supervising team know the exact location and named adult responsible<br>.<br>At least one allergy-trained adult is on duty. Radios/phones or an agreed emergency signal are used to summon support without leaving the pupil alone.<br><br>Pupils wash hands after eating; food is not shared and eating areas are cleaned. Duty staff know the emergency procedure and report any reaction or near miss. | Rare | Critical |
| **School animals:** | | | |

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| Consider:<br>Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in?<br>We have Dogs in School guidance that will assist with this section. | Any school or visiting animal is subject to a separate risk assessment. Pupil allergies are checked before visits or regular access is agreed.<br><br>Contact is supervised and optional; allergen-free routes/areas and alternative activities are available. Animals do not enter food preparation/eating areas.<br><br>Hands are washed after contact, surfaces are cleaned and medication remains accessible. Parents are consulted where an animal allergy is recorded. | Rare | Critical |
| **Visitors & supply staff:** | | | |
| Consider:<br>• Has the visitor been made aware of the school's policy?<br>• 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?<br>• Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they need to know they have to have eliminated cross contamination from themselves through handwashing after eating? | Supply staff, visitors, contractors, coaches and volunteers receive a concise safeguarding/medical briefing before responsibility for pupils. This includes relevant allergies, prevention measures, emergency procedure and medication location.<br><br>Class information and pupil-specific plans are accessible on a need-to-know basis. A trained school employee remains available unless the visitor has verified training and responsibility has been explicitly agreed.<br><br>Visitors follow food restrictions, handwashing and allergen-controlled area arrangements. External providers confirm ingredients/materials before activities. | Rare | Critical |
| **Offsite activities:** | | | |
| Day trips:<br>Consider:<br>• Is there a specific allergy section on the visit/experience risk assessment? | Every visit risk assessment includes a specific allergy section and is cross-checked against IHPs.<br><br>Parents and the venue/provider are consulted in advance about food, activities, cross-contact controls and emergency arrangements. | Rare | Critical |

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| • Is there an allergy trained member of staff accompanying the visit?<br>• Storage of AAIs<br>• Availability of emergency services and nearest hospital<br>• Is there a good phone signal? If not, how will communication work? How will emergency services be called?<br>• 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.<br>• Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity.<br><br><u>Residential visits including D of E:</u><br>Consider:<br>• Storage of AAIs for each activity being undertaken & overnight<br>• Availability of emergency services and nearest hospital<br>• Is there a good phone signal? If not, how will communication work? How will emergency services be called?<br>• What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure | A trained adult is specifically responsible for the emergency box; two in-date AAIs are taken where prescribed, remain with the group/pupil and are checked at departure, each transition and return.<br><br>Leaders identify mobile coverage, exact location/address, access for emergency services and nearest emergency department. A charged phone and emergency contacts are carried.<br><br>Packed lunches/venue meals are checked, food sharing is prohibited and any trip-specific allergen restriction is communicated. High-risk activities are adapted or replaced so the pupil can participate safely.<br><br>For residentials, the same controls apply at all times, including overnight: safe menu agreed in writing, no unapproved food in bedrooms, medication accessible during every activity, staff handovers documented and contingency food carried. | | |

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| safety? Will the allergic person have sufficient to eat? Does any food need to be taken?<br>• Can students eat food in rooms?<br>• Is there a specific allergy section on the visit/experience risk assessment?<br>• Is there an allergy trained member of staff accompanying the visit?<br>• Do other students need to understand signs, symptoms of allergy, how to call for help and administer an AAI? | | | |
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| **Other:** | Admissions/transition: allergy information, plans and medication are obtained before the pupil starts or moves class. Staff meet parents and the pupil where appropriate.<br><br>Emergency response: administer AAI without delay when anaphylaxis is suspected, call 999 stating "anaphylaxis", follow positioning guidance, give a second AAI after five minutes if symptoms persist and a second device is available, contact parents, and ensure hospital assessment.<br><br>All reactions, medication administration and near misses are recorded, reported to the headteacher and reviewed promptly. Control measures/IHPs are amended and relevant learning is shared.<br><br>Whole-school policy and this assessment are reviewed at least annually and whenever a pupil joins, medical advice changes or an incident occurs. | Rare | Critical |
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| **This must be completed for any activity that is medium with the aim of bringing the risk to LOW.**<br><br>**Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.** | | | | |
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| **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** |
| Medication storage/availability | Confirm exact storage points, standard emergency-bag format and arrangements for playground, Forest School, wraparound and evacuation; record them in this assessment. | Headteacher / medical lead | Before term starts | Yes |
| Training | Complete annual whole-staff allergy/anaphylaxis and practical AAI training; brief new/supply/wraparound staff and retain records. | Headteacher / training lead | Before pupils attend | Yes |
| Catering | Obtain current allergen matrix and written confirmation of meal identification, substitutions and cross-contact controls from the catering provider. | SBM / catering lead | Before term starts | |
| Individual plans | Secure current Allergy Action Plans/IHPs, parental consent for the spare AAI, pupil photographs and two in-date devices where prescribed. | Office / medical lead | Before pupil starts | In process |
| Trips and clubs | Add an allergy checklist to visitors, club and external-provider risk assessments, including named medication carrier and emergency access. | EVC / club leaders | Before next activity | |
| Monitoring | Introduce termly medication expiry checks and an incident/near-miss review log; review this assessment annually and after any change or event. | Medical lead / headteacher | Termly and ongoing | Yes |

| **Consequence** | | **Minor** | **Moderate** | **Major** | **Critical** | **Catastrophic** |
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| **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 |

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| | **Certain** | Medium | Medium | High | Extreme | Extreme |

| **Consequence** | **Minor** | **Moderate** | **Major** | **Critical** | **Catastrophic** |
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| 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 |