**Allergy Management Risk Assessment for Individual children**

This form should be completed by the setting in liaison with the parents/guardian. It should be shared with everyone who has contact with the child. It should be read alongside the child’s Health Care Plan that has been produced the Allergy clinic. A whole setting 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.

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| **Child:** Click or tap here to enter text. | **Date of Birth:** Click or tap here to enter text.  |
| **Setting**: Click or tap here to enter text. | **Key Worker**: Click or tap here to enter text.  |
| **Allergies**: Click or tap here to enter text.Are reactions: **Ingestion** Click or tap here to enter text. **Direct contact**: Click or tap here to enter text. **Indirect contact**: Click or tap here to enter text. |
| **G.P:**Name: Click or tap here to enter text.Phone number: Click or tap here to enter text. | **Clinic/Hospital:** Name: Click or tap here to enter text.Phone number: Click or tap here to enter text. |
| **Date:** Click or tap here to enter text. | **Review date:** Click or tap here to enter text. |
| **Who is responsible for providing support in the setting**: Click or tap here to enter text. |
| **People involved in writing this plan:** Click or tap here to enter text. |
| **Signatures:**Setting Manager: Date: Click or tap here to enter text.**I give permission for this risk assessment to be shared with anyone who needs this information to keep my child safe,****I give permission for my child’s photograph to be displayed sensitively to keep my child safe,****Maintained Nurseries only: I give permission for the setting’s ‘spare’ AAI to be used on my child in an emergency where anaphylaxis is suspected.**Parents: Date: Click or tap here to enter text. |

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| Complete this risk assessment in discussion with the parent/guardian and medical professional if available. Consider all situations that the child 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 child recognise a reaction for themselves? |
| What have been the symptoms of previous reactions? |
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| **What are the hazards for each activity?** | **What are you already doing to control the risks?** | **Probability** | **Impact** |
| **Medication:** |
| Storage:Location of child’s medication |  |  |  |
| **Food and drink:** |
| Snack time including drinks |  |  |  |
| Lunch time:Hot mealsSandwichesDrinks  |  |  |  |
| Events involving food:PartiesCultural experiences |  |  |  |
| Celebrations: e.g. Birthdays, Easter |  |  |  |
| **Learning activities:** |
| Cooking: |  |  |  |
| Expressive arts and design:Creative activities: e.g. junk modelling, pasta, playdough |  |  |  |
| Music: instrument sharing (cross contamination issue) |  |  |  |
| Understanding the world activities:  |  |  |  |
| Physical development:IndoorOutdoorForest Schools |  |  |  |
| **Offsite activities:** |  |  |  |
| Curriculum visitorsDay trips |  |  |  |
| **Other:** |  |  |  |
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| **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** |
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| **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  |

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| **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  |

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| **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 | We occur in most circumstances |
| certain | It is expected to occur, inevitable |