**Wrap around care & holiday clubs Allergy Management Risk Assessment**

The provider should have an allergy policy which is monitored. Clear communication and procedures should be regularly communicated to all staff. Annual training is recommended.

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

Policy can be developed by adapting the DfE approved guidance which is free to download: <https://www.anaphylaxis.org.uk/wp-content/uploads/2023/03/Model-Policy-for-allergy-at-school-v2-060323.pdf>

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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 each participant’s medicationLocation of generic ‘spare’ AAI and establish whether WAC & HC can access itConsider: * is the medication it easily identifiable?
* Is the participant able to self carry their own medication?
* Is the medication always within 5 mins of where the participants are?
* Is the participants medication always accessible regardless of the time of day?
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| **Training:** |  |  |  |
| Check that the course has medical input/reviewTraining should be updated annuallyIdeally all staff would be trained. If this is decided against, a rationale based on risk assessment should be produced.Consider:Will there always be a member of staff available to administer an AAI throughout the session day who is not further than 5 minutes away from the participant at any given point.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
* Activities
* Trips & visits including sports
* Reporting and recording

[AllergyWise® for Wrap around care & holiday clubs](https://www.anaphylaxis.org.uk/allergywise/) is a low cost, CPD certified course that is clinically reviewed and assured to be up to date. |  |  |  |
| **Food and drink:** |
| Catering:* What systems are in place to ensure that the participant eats safely? Do all 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?
* If food and snacks are provided ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on the website.
* Make sure that any unexpected changes to the menu and allergens are communicated urgently to staff to ensure that the participant stays safe from accidental exposure.
* 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>
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| Events involving food:PartiesDrinks * How can these be made inclusive?
* What are the risks if the allergens are present during the events? Is handwashing possible?
* 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>
* Are allergens displayed, where appropriate to the event?
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| Celebrations: * Consider discouraging cake and sweets for children as treats both for birthdays and celebrations.
* Where food is used, consider the impact for the participants with allergies and discuss with parent/carer/participant at the earliest opportunity to plan for a safe and inclusive event.
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| **Activities:** |
| Cooking:* Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used?
* Has the allergic participant got their own set of cooking materials?
* Are allergies included in the food technology curriculum so that all participants have awareness of the impact of allergies to the health of the allergic person.
* Are all participants made aware of the impact of their actions on an allergic person should the specific allergens not be excluded?
* Are all participants taught about cross contamination and the impact of this?
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| Creative activities: e.g. junk modelling, pasta* When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be used where a participant has a peanut allergy. When participants 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.
* Plastic containers should be washed in hot soapy water to remove allergens.
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| General activities:* Review the session plans 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 participant. How can that lesson be made inclusive and safe?
* Consider the impact of cross contamination and whether this could cause a reaction for the allergic participant.
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| Sports activities and Forest Schools:* Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the building and is needed, how quickly can it be found? Is it easily identifiable and can it be with the participant within 5 mins?
* Is there an allergy trained member of staff present during after all sessions?
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| Free time/outdoor periods:* Where emergency medication is kept during a free time/outdoor period and how quickly it can be accessed. If it is left in the room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the participant within 5 mins?
* Is there an allergy trained member of staff present during each session?
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| **School animals:** |  |  |  |
| Consider:If you meet in a school, does the school have a therapy dog and is it in the area that you use? There could be dander and hair left in the area if it isn’t cleaned before you meet. How will this impact participant?We have [Dogs in School guidance](https://www.anaphylaxis.org.uk/wp-content/uploads/2024/07/Dogs-in-School-allergy-guidance-final-copy-PDF.pdf?x87757) that will assist with this section. |  |  |  |
| **Visitors & occasional staff:** |  |  |  |
| Consider:* Has the visitor/occasional staff been made aware of the WAC or Holiday club’s allergy policy?
* If there is an allergy free zone that has been created due to a participant’s individual risk assessment, how has this been communicated to the visitor/occasional staff & volunteers?
* Does the visitor/occasional staff or volunteer need to know about the participant’s allergy? Will they be using the participant’s allergen? Do they need to know they have to have eliminated cross contamination from themselves through handwashing after eating?
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| **Trips:** |  |  |  |
| Consider:* Is there a specific allergy section on the visit/experience risk assessment?
* Is there an allergy trained member of staff accompanying the visit?
* Storage of AAIs
* 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?
* Is food being taken or served? It may be necessary to request that other participants 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 participant; inform venues and agree control measures, aim for inclusivity.
* Do other participants need to understand signs, symptoms of allergy, how to call for help and administer an AAI?
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| **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 | Will occur in most circumstances |
| certain | It is expected to occur, inevitable |