Hampton Primary School

Working Together, Achieving Together

Allergy and Anaphylaxis Policy

This policy was approved at a meeting of the Full Governing Body on 16th October 2026

Chair of Governors: Mr J Howes

Allergy Link Governor: Mr Q Vo

Headteacher: Ms Y Nunn

Signed..... Chair of Governors

Signed..... Headteacher

Review date: Autumn 2027

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1. Introduction

This policy sets out Hampton Primary School's arrangements for supporting pupils with allergies and for preventing, recognising and responding to allergic reactions, including anaphylaxis.

This policy has been developed in accordance with current statutory guidance regarding Allergy Safety in Schools and should be read in conjunction with:

- Medical and Intimate Care Policy
- First Aid Policy
- SEND Policy
- Health and Safety Policy
- Educational Visits Policy
- Safeguarding Policy
- GDPR and Data Protection Policy
- Privacy Notice

This policy forms part of the school's wider commitment to safeguarding, inclusion, equality of opportunity and supporting pupils with medical conditions.

2. Aims

The aims of this policy are to:

- Minimise the risk of allergic reactions occurring within school.
- Ensure pupils with allergies can participate fully in all aspects of school life.
- Ensure all staff understand their responsibilities regarding allergy management, including carrying an awareness of the specific children in school who are prescribed with Auto Adrenaline Injectors (AAIs).
- Ensure staff can recognise and respond effectively to allergic reactions and anaphylaxis.
- Ensure appropriate medication is available and accessible at all times.
- Ensure the school maintains spare emergency Adrenaline Auto-Injectors (AAIs).
- Ensure Individual Healthcare Plans (IHPs) are in place where required.
- Promote awareness and understanding of allergies across the school community.

3. Definition of Anaphylaxis

An allergy is an immune system response to a substance that is normally harmless.

Anaphylaxis is a severe and potentially life-threatening allergic reaction that requires immediate emergency treatment.

Common allergens include:

- Peanuts
- Tree nuts
- Milk
- Egg
- Sesame
- Fish
- Shellfish
- Insect stings
- Latex
- Medicines

Symptoms of anaphylaxis may include:

Airway

- Swelling of tongue or throat
- Difficulty swallowing
- Hoarse voice

Breathing

- Wheezing
- Persistent cough
- Shortness of breath
- Noisy breathing

Circulation

- Dizziness
- Collapse
- Pale, clammy skin
- Loss of consciousness

Immediate administration of adrenaline is the first-line treatment for anaphylaxis.

4. Roles and Responsibilities

Governing Body

The school's link governor for allergy management is Mr Quoc Vo.

The link governor for allergy management provides strategic oversight on behalf of the Governing Body by monitoring the school's allergy procedures, ensuring statutory guidance is followed, and seeking assurance that appropriate training, policies, and support are in place to safeguard pupils with allergies.

The Governing Body will:

- Ensure this policy is implemented effectively.
- Ensure appropriate arrangements are in place for pupils with allergies.
- Review this policy annually.
- Ensure sufficient resources are available for staff training and emergency medication.

Headteacher

The Headteacher is responsible for:

- Overall implementation of this policy.
- Ensuring adequate staff training.
- Ensuring emergency procedures are understood and followed.
- Ensuring allergy information is communicated appropriately.

Inclusion Lead and SENCO

The school's designated leads for allergy management are:

Mr D Walsh – Assistant Headteacher/Inclusion Lead

Mrs J Finch – SENCO

Supported by:

Mrs Guise – SEN & Welfare Assistant

Mrs R Sinclair – Support Staff Manager

Responsibilities include:

- Maintaining the allergy register.
- Coordinating Individual Healthcare Plans.
- Maintaining records.
- Organising training.
- Monitoring expiry dates of medication.
- Liaising with families and healthcare professionals.

This reflects the responsibilities already assigned within the Medical and Intimate Care Policy.

Parents and Carers

Parents and carers are responsible for providing the school with accurate and up-to-date information regarding their child's allergies, including relevant medical documentation, healthcare professional advice, Allergy Action Plans and details of any changes to medication or treatment.

Where a severe allergy or risk of anaphylaxis is identified, the school may request confirmation or supporting documentation from an appropriate healthcare professional.

5. Identification of Pupils with Allergies

Parents must notify the school if their child:

- Has a known allergy.
- Has been prescribed an Adrenaline Auto-Injector.
- Has attended hospital following an allergic reaction.
- Receives a new diagnosis.

The school maintains a Medical and Allergy Register which is updated:

- Annually
- When a child joins the school
- When new information is received

Relevant information is shared with staff who require it to fulfil their duties safely.

6. Individual Healthcare Plans (IHPs)

An Individual Healthcare Plan will normally be developed for pupils:

- Prescribed an Adrenaline Auto-Injector.
- At risk of anaphylaxis.
- With significant allergies requiring ongoing management.

The plan will include:

- Known allergens.
- Signs and symptoms.
- Medication requirements.
- Storage arrangements.
- Emergency procedures.
- Contact details.
- Trip and activity considerations.

Plans will be agreed between:

- Parents/carers
- School staff
- Relevant healthcare professionals where appropriate

Plans will be reviewed annually or sooner if needs change.

7. Medication

Parents of pupils prescribed AAIs should provide:

- Two in-date AAIs.
- A healthcare plan/allergy action plan supplied by healthcare professionals (updated if/when medication is changed)
- Any additional medication prescribed by healthcare professionals.

Medication:

- Must be clearly labelled with the prescription and the child's full name included
- Must be readily accessible.
- Must never be locked away.
- Must accompany pupils on educational visits.

Older pupils may carry their own medication where agreed by parents and school staff.

The school will remind parents when medication is approaching expiry but responsibility for replacement remains with parents.

Medication will be stored in accordance with manufacturer guidance and individual healthcare plans. Adrenaline Auto-Injectors should be stored at room temperature between 15°C and 25°C, protected from direct sunlight and extreme temperatures.

Adrenaline Auto-Injectors should be replaced immediately if the solution appears cloudy, discoloured or contains visible particles.

Medication will normally be stored in the Medical Room in an unlocked but secure location inaccessible to pupils. Additional arrangements may be made within Little Hedgehogs Nursery or Foundation Stage classrooms where this is identified within a pupil's Individual Healthcare Plan.

Unused or expired medication will be returned to parents/carers for safe disposal or replacement.

8. Spare Adrenaline Auto-Injectors (AAIs)

Hampton Primary School maintains spare emergency AAIs in accordance with statutory guidance:

School Epi-pen Junior = 1 x 0.15mg expires 07/27 and 1 x 0.15mg expires 10/27

(for children weighing 7.5kg to 25/30kg typically up to & including Year 4 children – practical rule of thumb younger/smaller primary children)

School Epi-pen = 2 x 0.30mg expires 02/28

(for children weighing 25kg & above typically in Year 4 to Year 6 – practical rule of thumb older/larger primary children)

The school will:

- Maintain a minimum of one in-date spare AAI on site.
- Store spare AAIs in the Medical Room.
- Ensure spare AAIs are clearly labelled.
- Check expiry dates at least termly.
- Maintain a record of checks.

Spare AAIs may be administered:

- To a pupil already prescribed an AAI whose own medication is unavailable or ineffective (not exceeding prescribed dose).
- In an emergency where anaphylaxis is suspected and urgent treatment is required.

Parental consent will be obtained as part of the school's healthcare planning arrangements.

9. Emergency Procedures

If anaphylaxis is suspected:

Step 1

Stay with the child and do not leave them unattended.

Call for support from nearby colleagues and request AAI is brought to child (use walkie-talkie if available and no-one is in vicinity)

Step 2

Administer an AAI immediately to middle of outer thigh.

Record the time.

Step 3

Call 999.

State clearly:

"ANAPHYLAXIS."

Step 4

Lie the child flat with legs raised where possible.

If breathing is difficult, allow them to sit upright temporarily.

Step 5

Administer a second AAI after 5 minutes if symptoms continue or worsen.

Step 6

Contact parents/carers.

Step 7

Ensure the pupil is taken to hospital.

All pupils receiving adrenaline must be assessed by medical professionals even if symptoms improve.

In an emergency, staff should follow a pupil's Individual Healthcare Plan and Allergy Action Plan, which are kept with the pupil's medication. However, where anaphylaxis is suspected, treatment should never be delayed whilst locating documentation, medication or seeking further confirmation. Staff should be aware that anaphylaxis can occur in individuals with a known allergy as well as in those with no previous diagnosis. Prompt administration of adrenaline can be lifesaving.

School staff may administer prescribed medication, including antihistamines, inhalers and Adrenaline Auto-Injectors, where parental consent and appropriate medical documentation are in place.

Where an Adrenaline Auto-Injector has been administered, staff will provide emergency services with all relevant medical information, including the used injector device.

Medical experts advise that the risk associated with administering adrenaline unnecessarily is generally far lower than the risk of failing to administer adrenaline during a genuine anaphylactic emergency. Where anaphylaxis is suspected, staff should administer the Adrenaline Auto-Injector immediately and without delay.

10. Staff Training

All school staff will receive allergy awareness and anaphylaxis training.

Training will include:

- Common allergens.
- Recognising allergic reactions.
- Recognising anaphylaxis.
- Use of Adrenaline Auto-Injectors.
- Emergency procedures.
- Use of spare AAIs.
- Allergy prevention measures.

Training will be provided:

- Annually.
- During induction for new staff.
- When specific pupil needs arise.

The school already recognises the need for Epipen and medical condition training within its First Aid and Medical policies.

11. Catering and Food Safety

The school will work closely with catering providers to ensure allergy risks are reduced.

Measures include:

- Maintaining accurate allergy information.
- Sharing relevant pupil information with catering staff.
- Identifying pupils with severe food allergies.
- Following food allergen legislation.
- Reducing risks of contamination.
- Providing parents with information about ingredients when required or requested.

Food given during celebrations, events or curriculum activities must be risk assessed and approved by staff. Parents are encouraged to discuss specific dietary needs with the school.

12. Educational Visits and Off-Site Activities

Pupils with allergies will be supported to participate fully in educational visits and enrichment activities.

Prior to visits:

- Risk assessments will be completed.
- Relevant staff will be identified.
- Medication will be checked.
- Emergency arrangements will be confirmed.
- Staff provided with a copy of risk assessment prior to visit.

A trained member of staff will accompany the visit and carry emergency medication where required. This reflects existing procedures used for pupils with medical conditions.

13. Inclusion

Hampton Primary School is committed to ensuring pupils with allergies are not disadvantaged because of their medical condition. Reasonable adjustments will be made where necessary to ensure:

- Equal access to learning.
- Participation in trips.
- Participation in clubs.
- Access to school meals.
- Inclusion within physical activities.

This approach reflects the school's SEND and Equality Act responsibilities.

14. Allergy Awareness

Hampton Primary School adopts a whole-school allergy awareness approach. The school does not operate as a guaranteed allergen-free environment and recognises that no school can completely eliminate the risk of exposure to allergens.

Instead, the school will:

- Promote awareness and understanding of allergies amongst pupils, staff, parents and visitors.
- Provide allergy awareness and anaphylaxis training for staff and ensure relevant information is shared with those responsible for pupils with allergies.
- Encourage good hygiene practices, including regular hand washing before and after eating.
- Encourage the cleaning of tables and eating areas to reduce the risk of allergen contamination.
- Risk assess classroom activities, educational visits, celebrations, food tasting activities and special events where allergens may be present.
- Liaise with catering providers regarding pupils with food allergies and dietary requirements.
- Encourage parents/carers to notify the school promptly of any allergy diagnosis, changes in medical advice, medication, or healthcare plans.

- Promote an inclusive approach that enables pupils with allergies to participate safely in all aspects of school life.
- Follow Individual Healthcare Plans, Allergy Action Plans and medical advice provided by healthcare professionals.

The school may implement additional allergen management measures where required following an individual risk assessment and advice from healthcare professionals.

This approach is consistent with guidance from Anaphylaxis UK and the national model policy.

Staff with Allergies

The school recognises that severe allergies and anaphylaxis may affect members of staff as well as pupils. Staff who have been prescribed an Adrenaline Auto-Injector are encouraged to inform the school of their condition, the location of their medication and any emergency procedures that may need to be followed. Any information shared will be managed in accordance with data protection requirements and only shared with appropriate colleagues on a need-to-know basis.

15. Record Keeping

The school will maintain:

- Medical and Allergy Register.
- Individual Healthcare Plans.
- Staff training records.
- Medication check records.
- Spare AAI monitoring records.
- Incident reports.
- Records of allergic reactions and near misses.

Where appropriate incidents will be recorded and reported in accordance with the school's First Aid Policy and RIDDOR requirements.

16. Monitoring Arrangements

This policy will be reviewed annually by:

Mr D Walsh (Assistant Headteacher/Inclusion Lead)

Mrs J Finch (Early Years SENCO)

The policy will be approved by the Governing Body.

Appendices

1. Individual Healthcare Plan Template
2. Allergy Action Plan Checklist
3. Emergency Anaphylaxis Procedures Flow Chart
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5. Staff Allergy and Anaphylaxis Training Record
6. Educational Visit Allergy Checklist
7. Medical Risk Assessment Template (Anaphylaxis)
8. Educational Visit Medical Risk Assessment Template (Anaphylaxis)
9. Record of Allergic Reaction/Near Miss Report Form

Appendix 1

HAMPTON PRIMARY SCHOOL

HEALTHCARE PLAN (for pupils with medical conditions at school)

Pupils Name	
Date of birth: male □ female □	
Class: LSA:	
Member of staff responsible for Home-school communication:	
Pupil's address : Post code	

Family contact (1) **Name:**	**Phone (day)** **Mobile**
Relationship with child:	
Family contact (2) **Name:**	**Phone (day)** **Mobile**
Relationship with child	

GP: Dr	Phone:

Specialist contact:	Phone

MEDICAL CONDITION INFORMATION

Medical condition: Signs and symptons of condition
Medication (as described on the container) At Home: In school: Separate protocol:
What to do
WHAT TO DO IN AN EMERGENCY

Self-administration: can the pupil administer the medication themselves?

□ yes □ no □ yes, with supervision by

Staff members name:

Is there any other follow-up care necessary?

Who should be notified?

□ Parents □ specialist □ GP

Members of staff trained to administer medications for this pupils

Any other information

Parental agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Parent/Carer _____ Date _____

Headteacher/Inclusion Manager _____ Date _____

Health Professional: _____ Date _____

Review Date:

Appendix 2

HAMPTON PRIMARY SCHOOL

ALLERGY ACTION PLAN CHECKLIST

Pupil Name: _____

Class: _____

Date Plan Received: _____

Review Date: _____

Type of Allergy:

_____

_____

Documentation

Requirement	Yes	No	Date Completed
Current Allergy Action Plan received from parent/carer	□	□	
Action Plan completed by healthcare professional	□	□	
Plan signed by parent/carer where required	□	□	
Copy added to pupil file	□	□	
Copy added to medical records	□	□	
Medical & Allergy Register updated	□	□	

Individual Healthcare Plan

Requirement	Yes	No	Date Completed
Individual Healthcare Plan in place	□	□	
Emergency procedures recorded	□	□	
Relevant staff informed	□	□	

Educational visit requirements identified □ □

Medication Checks

Requirement	Yes	No	Date Completed
Two prescribed AAIs supplied	□	□	
Medication clearly labelled	□	□	
Medication in date	□	□	
Medication location recorded	□	□	
Spare school AAI consent obtained	□	□	

Staff Awareness

Requirement	Yes	No	Date Completed
Class teacher informed	□	□	
Support staff informed	□	□	
Lunchtime staff informed	□	□	
Office staff informed	□	□	
First aid staff informed	□	□	
Catering team informed (if applicable)	□	□	

Additional Controls Required

□ Allergen awareness around classroom activities

□ Additional lunchtime arrangements

□ Additional supervision required

□ Risk assessment completed

□ Educational visits risk assessment required

□ Other:

Annual Review

Review Area	Completed
Allergy Action Plan reviewed	☐
Medication checked and replaced if necessary	☐
Healthcare Plan reviewed	☐
Staff awareness confirmed	☐
Risk assessments reviewed	☐

Reviewed By: _____ **Role:** _____

Date: _____

Appendix 3

Emergency Anaphylaxis Flow Chart

HAMPTON PRIMARY SCHOOL

EMERGENCY RESPONSE TO ANAPHYLAXIS

RECOGNISE THE SIGNS OF ANAPHYLAXIS

Airway

□ Swollen tongue

□ Swollen throat

□ Difficulty swallowing

□ Hoarse voice

Breathing

□ Wheezing

□ Persistent cough

□ Difficulty breathing

□ Noisy breathing

Circulation

□ Dizziness

□ Pale or clammy skin

□ Collapse

□ Loss of consciousness

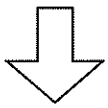
If in doubt, treat as anaphylaxis and administer adrenaline immediately.

EMERGENCY ACTION

STEP 1

CALL FOR HELP

- Stay with the child.
- Do not leave them unattended.
- Send another adult to seek assistance and collect the pupil's medication.

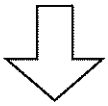


STEP 2

ADMINISTER ADRENALINE

- Use the pupil's prescribed Adrenaline Auto-Injector (AAI) immediately.
- If unavailable, use the school's spare AAI.
- Note the time the injection is given.

Adrenaline should be administered into the outer thigh.



STEP 3

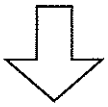
CALL 999

State clearly:

"CHILD SUFFERING ANAPHYLAXIS."

Inform the operator:

- Child's age.
- Symptoms observed.
- Time adrenaline was administered.
- Location within school.



STEP 4

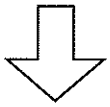
POSITION THE CHILD CORRECTLY

Lay the child flat and raise their legs.

If breathing is difficult:

- Allow them to sit upright temporarily.

Do not allow the child to stand or walk around.



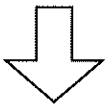
STEP 5

MONITOR THE CHILD

If symptoms continue or worsen:

Administer a second AAI after 5 minutes.

Record the time administered.



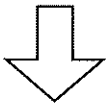
STEP 6

CONTACT PARENTS/CARERS

Notify parents/carers immediately.

Inform:

- Headteacher
- Inclusion Lead/SENCO
- First Aid Lead



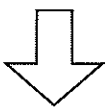
STEP 7

HOSPITAL ASSESSMENT

All children receiving adrenaline must be assessed at hospital.

A member of staff should remain with the child until:

- Parent/carer arrives; or
- Responsibility is transferred to medical staff.



AFTER THE INCIDENT

□ Complete accident/incident records.

□ Record medication administered.

□ Record time(s) of AAI administration.

□ Replace used medication.

□ Review risk assessment and healthcare plan.

□ Debrief staff involved.

IMPORTANT

IF IN DOUBT, GIVE THE ADRENALINE AND CALL 999

Prompt treatment can save lives.

Appendix 4

Pupil and Spare Medication Monitoring Log

HAMPTON PRIMARY SCHOOL

Termly Monitoring Record

EPI-PENS HELD WITH EXPIRY DATES – [Date Checked]

Child's Name/SPARE	Device Type	Year	Class	Epi-Pen Expiry date	Comments/Other Medication - see Individual Healthcare plan

Checked expiry dates [Date/Initials of staff check]

School Epi-pen Junior = 1 x 0.15mg expires 07/27 and 1 x 0.15mg expires 10/27

(for children weighing 7.5kg to 25/30kg typically up to & including Year 4 children – practical rule of thumb younger/smaller primary children)

School Epi-pen = 2 x 0.30mg expires 02/28

(for children weighing 25kg & above typically in Year 4 to Year 6 – practical rule of thumb older/larger primary children)

Staff should refer to allergy action plan if available for correct dose, or their allergy training and the school's emergency procedure in an emergency, giving the adrenaline will raise blood pressure, cause a fast heart rate, body to shake, anxiety & mild headaches due to the sudden increase in adrenaline but symptoms will fade within a few hours.

Medical experts note that using a device by mistake is much safer than delaying use during a real allergic emergency.

Appendix 5

Staff Training

All staff receive annual Anaphylaxis Awareness and Emergency Response training to ensure they understand the signs and symptoms of anaphylaxis and are able to respond promptly and appropriately in the event of a severe allergic reaction.

Training includes:

- Understanding allergies and anaphylaxis.
- Recognising the signs and symptoms of an allergic reaction and anaphylactic shock.
- Emergency procedures and seeking medical assistance.
- The location and use of adrenaline auto-injectors (AAIs), such as EpiPens.
- Awareness of individual healthcare plans for pupils with severe allergies.
- The roles and responsibilities of staff in preventing and managing allergic reactions.

New members of staff receive appropriate information and training as part of their induction process. Refresher training is completed annually, or more frequently where necessary.

Records of all staff training are maintained and monitored through the **National College** online training platform. The school keeps evidence of completed training courses and certificates to demonstrate compliance with its duty of care and to ensure staff remain up to date with current guidance and procedures for managing anaphylaxis.

Appendix 6

Educational Visit Allergy Checklist

HAMPTON PRIMARY SCHOOL

ALLERGY SAFETY CHECKLIST FOR EDUCATIONAL VISITS, SPORTING ACTIVITIES AND RESIDENTIAL VISITS

Visit: _____ Location: _____

Date of Visit: _____ Visit Leader: _____

Pupil(s) with Allergy/Anaphylaxis Needs:

_____

_____

_____

Prior to Visit

Documentation

Check	Completed
Individual Healthcare Plan reviewed	☐
Allergy Action Plan reviewed	☐
Medical and Allergy Register checked	☐
Emergency contact details confirmed	☐
Relevant staff informed of allergy needs	☐
Risk assessment completed/updated	☐

Medication

Check	Completed	Notes
Two in-date AAIs available (where prescribed)	☐	

Medication clearly labelled	☐
Medication checked and in date	☐
Antihistamine available if prescribed	☐
Medication location agreed	☐
Designated member of staff identified to carry medication (if appropriate)	☐

Venue and Activity Arrangements

Check	Completed	Notes
Venue informed of allergy requirements where appropriate	☐	
Food arrangements reviewed	☐	
Catering provider informed of dietary requirements	☐	
Allergen risks identified	☐	
Alternative arrangements planned if required	☐	
Access to emergency services confirmed	☐	

During the Visit

Check	Completed	Notes
Medication to accompany the pupil at all times	☐	
Trained member of staff present	☐	
Staff aware of emergency procedures	☐	
Pupil supervised appropriately during meals/snacks	☐	
Handwashing arrangements available where appropriate	☐	

Allergy risks monitored throughout the visit □

Emergency Procedure Reminder

If anaphylaxis is suspected:

□ Administer AAI immediately.

□ Call 999 and state "ANAPHYLAXIS."

□ Record the time of administration.

□ Administer second AAI after 5 minutes if symptoms continue or worsen.

□ Contact parents/carers.

□ Accompany pupil to hospital if required (i.e in absence of parent/carer).

□ Complete school incident reporting procedures on return.

Additional Control Measures

_____

_____

_____

_____

_____

Visit Leader Declaration

I confirm that allergy and medical needs have been considered as part of this visit planning process and that appropriate control measures are in place.

Visit Leader: _____ Signature: _____

Date: _____

Approval

Educational Visits Co-ordinator/SLT: _____

Signature: _____

Date: _____

Appendix 7 - Risk assessment – Medical (Anaphylaxis)

1-4	ACCEPTABLE	5-9	ADEQUATE	10-16	TIMED ACTION REQUIRED	17-25	UNACCEPTABLE

Likelihood (L)	1	Very Unlikely
	2	Unlikely
	3	Likely
	4	Very Likely
	5	Certain

Consequence (C)	1	No Injury
	2	Minor Injury
	3	Moderate Injury
	4	Major Injury
	5	Fatal

Risk Grade (L x C)

1. Name of pupil:	
2. Age of pupil:	
3. Risk assessment completed by:	Signed:

.	**Date:**
4. Authorised by:	**Signed:** **Date:**
5. Parent and child agreement:	**Signed:** **Date:**
6. Review/end date:	
7. Reasons for risk assessment:	

Identification of risk	
8. What risks does the pupil's medical condition pose?	

9. Who is affected by the risk?	
Assessment of risk	
10. In which situations does the risk usually occur?	
11. How likely is the risk to arise?	
12. If the risk arises, who is likely to be injured or hurt?	
13. What kinds of injuries or harm are likely to occur?	
14. How serious are the adverse outcomes?	

Existing Controls			
TYPE OF ACTION	**OPTIONS**	**BENEFITS**	**DRAWBACKS**
Proactive interventions to prevent risk (Controls that aim to minimise the chance of a anaphylaxis-related incident occurring)			

Early interventions to prevent risk (Controls used when early signs of a problem appear, aiming to stop the risk progressing)			

Reactive interventions to manage risk *(Controls used when an anaphylaxis incident occurs to keep the pupil safe and manage the situation)*			

Risk Reduction – Final Risk Rating				
Risks	**Recommended Controls**	**L**	**C**	**L x C**

*'Timed Action Required' typically refers to ensuring controls are fully implemented, training is up-to-date, and monitoring systems are consistent.

Appendix 8 - Educational Visit Risk assessment – Medical (Anaphylaxis)

1-4	ACCEPTABLE	5-9	ADEQUATE	10-16	TIMED ACTION REQUIRED	17-25	UNACCEPTABLE

Likelihood (L)		
	1	Very Unlikely
	2	Unlikely
	3	Likely
	4	Very Likely
	5	Certain

Consequence (C)		
	1	No Injury
	2	Minor Injury
	3	Moderate Injury
	4	Major Injury
	5	Fatal

Risk Grade (L x C)

1. Name of pupil:	
2. Age of pupil:	
3. Risk assessment completed by:	Signed:

.	**Date:**
4. Authorised by:	**Signed:** **Date:**
5. Parent and child agreement:	**Signed:** **Date:**
6. Educational Visit/Trip date:	
7. Reasons for risk assessment:	
8. Educational Visit Information **Include the following:** **Visit/Trip:** **Location:** **Date:** **Visit Leader:** **Supporting Staff:** **Individual Healthcare Plan**	

Reviewed Date **Allergy Action Plan Reviewed Date**	

Identification of risk	
9. What risks does the educational visit pose?	
10. Who is affected by the risk?	
Assessment of risk	

11. In which situations does the risk usually occur?	
12. How likely is the risk to arise?	
13. What kinds of injuries or harm are likely to occur?	
14. How serious are the adverse outcomes?	

Existing Controls			
TYPE OF ACTION	**OPTIONS**	**BENEFITS**	**DRAWBACKS**
Visit Planning Controls: (Controls that aim to minimise risks before the visit takes place.)			

Medication Controls (Controls that ensure required medication is available and can be administered promptly if needed.)			
Food Safety Controls (Controls that reduce the likelihood of allergen exposure during eating, drinking and food-related activities.)			

Emergency Response Controls (Controls used when an allergic reaction or anaphylaxis occurs to keep the pupil safe and manage the situation.)			

Risk Reduction – Final Risk Rating				
Risks	**Recommended Controls**	**L**	**C**	**L x C**

*'Timed Action Required' typically refers to ensuring controls are fully implemented, training is up-to-date, and monitoring systems are consistent.

Pre-Visit Anaphylaxis Checklist

□ Individual Healthcare Plan reviewed

□ Allergy Action Plan reviewed

□ Parent consultation completed

□ Medication checked and in date

□ Two AAIs available

□ Spare school AAI available

□ Medication labelled

□ Designated trained staff identified

□ Venue informed of allergy

□ Food arrangements checked

□ Emergency contact details available

□ Mobile phone available

□ Emergency procedures shared with staff

□ Risk assessment signed by Visit Leader

Appendix 9

Record of Allergic Reaction / Near Miss Report Form

HAMPTON PRIMARY SCHOOL

Incident Details

Date: _____ Time: _____

Location: _____ Pupil Name: _____

Class: _____ Member of Staff Completing Form: _____

Type of Incident

□ Near Miss (allergen exposure avoided) □ Suspected Mild Allergic Reaction

□ Confirmed Mild Allergic Reaction □ Suspected Anaphylaxis □ Confirmed Anaphylaxis

---

Description of Incident

Please provide details of what happened:

Suspected Allergen

□ Peanut □ Tree Nut □ Milk □ Egg □ Sesame □ Fish □ Insect Sting □ Medication □ Unknown □ Other

---

Symptoms Observed

□ Itching □ Rash/Hives □ Swelling of lips/face □ Vomiting □ Stomach pain □ Persistent cough

□ Wheezing □ Difficulty breathing □ Hoarse voice □ Dizziness □ Collapse □ Loss of consciousness

□ Other

_____

_____

Action Taken

□ Healthcare Plan followed □ Allergy Action Plan followed □ Antihistamine administered

□ Inhaler administered □ Personal AAI administered □ School spare AAI administered

□ Second AAI administered □ 999 called □ Parent/carer contacted □ Ambulance attended

□ Hospital attendance required

_____

Medication Details

Medication administered:

_____

Time administered:

_____

Administered by:

_____

_____

Outcome

_____

_____

_____

_____

Follow-Up Actions

□ Parents informed □ Headteacher informed □ Inclusion Lead/SENCO informed

□ Healthcare Plan reviewed □ Risk Assessment reviewed □ Medication replaced

□ Additional staff training required □ Catering team informed □ Educational Visits information updated

□ Other

_____

_____

Investigation and Future Prevention

Could this incident have been prevented?

□ Yes □ No □ Partially

If yes, how?

_____

_____

_____

_____

Review Completed By

Name: _____ Role: _____

Signature: _____ Date: _____