Exceed Learning Partnership
• EVERY CHILD • EVERY CHANCE • EVERY DAY •

Allergy and Anaphylaxis Policy

Author/Owner	**Head of Safeguarding**
Version	**1**
Approved By	**Chief Executive Officer**
Date Policy Reviewed	**June 2026**
Next Review Date	**September 2027**
Academy personalisation required (in highlighted fields)	

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1. Introduction

This policy has been written using the BSACI, Allergy UK and Anaphylaxis UK model policy.

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 Bentley High Street 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

Parent / carer Responsibilities

- On entry to the academy, it is the parent/carer's responsibility to inform staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to the main office. 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.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the academy up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

The Principal is responsible and accountable for Allergens in the academy and will name either the Academy Business Manager (or designated local lead) to support the implementation of this policy.

Head of School: M Davey
Academy Business Manager or First Aid at Work Lead name: V Wood and A Robinson

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) 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, have medication required for the trip. Pupils unable to produce their required medication will not be able to attend the excursion.
- The Principal and the Academy Business Manager / First Aid at Work Lead 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 Principal and the Academy Business Manager / First Aid at Work Leadensure that medication kept at school on a termly basis is checked and send a reminder to parents if medication is approaching expiry.
- The Principal and the Academy Business Manager / First Aid at Work Lead ensures the academy 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 Principal and the Academy Business Manager / First Aid at Work Lead ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- 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. 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.

4. 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.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** 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.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container. The colour or design of the bag to be listed in their individual Risk Assessment.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

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 Principal and the Academy Business Manager / First Aid at Work Lead will ensure that medication kept at school is checked 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.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

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

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. The sharps bin is kept in the main office.

6. Spare adrenaline auto-injectors in the academy

The academy 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 main office clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The Principal and the Academy Business Manager / First Aid at Work Lead is responsible for ensuring a check of the spare medication is in date on a monthly basis and to replace as needed.

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

7. Staff training

All staff will complete allergy and anaphylaxis awareness 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

8. Inclusion and safeguarding

The academy is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Record keeping

All food businesses (including academy 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.

The academy menu is available for parents to view termly in advance with all ingredients listed and allergens highlighted on the academy website at https://www.bentleyhighstreet.co.uk/dinner-menu

The Principal and the Academy Business Manager / First Aid at Work Lead will ensure that the Catering Manager is informed of pupils with food allergies.

Primary only: Photographs and names of all children with known food allergies, including details of their allergy and how to respond in an emergency, are provided to the Catering Manager and their team. This is

accessible by midday-supervisors. Pupils will also wear a purple wrist band to support identification of a child with known food allergies.

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 or other venues. The academy will ensure that the teachers on the trip 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 academy 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 academy will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

The academy 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.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Monitoring arrangements

The academy will conduct a detailed individual risk assessment for all pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

A risk assessment templates can be found in the risk assessment section. The responsibility for the completion of these is Principal and the Academy Business Manager.

13. Useful links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

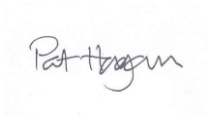
Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Policy Agreed: June 2026

Signed Chief Executive Officer 

Signed: Chair of Directors:



Policy to be reviewed in September 2027

Appendix 1: Allergy management risk assessment for individual students

Allergy Management Risk Assessment for Individual Students

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

Child/Young person: Click or tap here to enter text.	**Date of Birth:** Click or tap here to enter text.
Academy: Click or tap here to enter text.	**Key Worker/Teacher**: 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 school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: On behalf of the academy (Name, signature and designation): Date: Click or tap here to enter text. Young person: 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/young person safe,** **I give permission for my child's photograph to be displayed sensitively to keep my child safe,** **I give permission for the school'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.	

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student 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 student recognise a reaction for themselves?			
What have been the symptoms of previous reactions?			
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 Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales Parties Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			

Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			
Science activities:			
PE: Indoor Outdoor Forest Schools			
Playtime: Playground Field			
Offsite activities:			
Curriculum visitors Day trips			
Residential visits			
Other:			

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

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

Appendix 2: Whole school allergy management risk assessement

Whole Academy Allergy Management Risk Assessment

The academy has 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 academy.

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: ● is there consistency of container throughout the school to make it easily identifiable? ● Is the student able to self carry their own medication? ● Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? ● Is the students and back up medication always accessible regardless of the time of day?			
Training:			
Check that the course has medical input/review Training should be updated annually Ideally 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 school day who is not further than 5 minutes away from the student 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 ● Curriculum ● Trips & visits including sports ● Reporting and recording AllergyWise® for Schools 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 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?			

• What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • 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. • 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 Consider: wrap round care break times lunch times			
<u>Events involving food:</u> Cake sales Parties Other PTA events Drinks • 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?			
Celebrations: • 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.			
Curriculum 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 student got their own set of cooking materials? • 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.			

• Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? • Are all students taught about cross contamination and the impact of this?			
<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. • Plastic containers should be washed in hot soapy water to remove allergens.			
<u>Music: instrument sharing (cross contamination issue)</u> • Do instruments have to be shared? • 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?			
<u>Science activities:</u> • 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? ● Consider the impact of cross contamination and whether this could cause a reaction for the allergic student.			
<u>PE:</u> Consider: Indoor Outdoor Forest Schools ● 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? ● 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?			
<u>Break time:</u> Consider: Playground Field			

• 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? • Is there an allergy trained member of staff present during break times?			
School animals:			
Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? We have Dogs in School guidance that will assist with this section.			
Visitors & supply staff:			
Consider: • Has the visitor been made aware of the school's 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? • 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?			
Offsite activities:			
<u>Day trips:</u> 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 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? • 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:			

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**

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