

**RISK ASSESSMENT FINDINGS**

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| **Department/Service** |  |
| **Date** |  |
| **Assessor** |  |
| **Approved By** |  |
| **Review Date** |  |

**Relevant Legislation:**

The Management of Health and Safety at Work Regulations 1999

**RISK ASSESSMENT RECORD**

**ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: Anaphylaxis management – Allergic reaction to:**

**DATE:**

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| --- | --- | --- | --- | --- |
| **KEY (People at risk)** | **Likelihood (L)** | **Severity (S)** | **Risk Calculation** | **Risk Rating** |
| E = Employee YP = Young PersonsP = Public C = ContractorsV = VisitorsEM = Expectant Mothers | 1. Very Low (rare/very unlikely)2. Low (unlikely)3. Medium (could occur/possible)4. High (likely to occur/probable)5. Very High (near certain to occur)  | 1. Insignificant (nuisance/discomfort)2. Minor (no lost time)3. Moderate (time loss)4. Significant (serious/incapacity to work)5. Major (Death) |  Likelihood x Severity=Rating | **1- 6** **LOW RISK** Monitor * 1. **MEDIUM RISK** Monitor, review & reduce risk where possible

**14-25** **HIGH RISK** Further Action Required |

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| **1.Hazards Identified and potential harm it could cause** | **2. People****At Risk** | **3.Controls in Place** | **4.Risk Rating** | **5. Further Action Required/ Recommendations** | **6.Target Date for Completion** |
| **L** | **S** | **Score** | **Risk** |

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| Anaphylaxis triggered by a severe allergy to:Possible symptoms include:Swelling of face and neckBlotchy skin eruptionsRespiratory distress - similar to a severe asthma attack and raised heart rate could lead to unconsciousnessPossibility of respiratory/cardiac failure in extreme casesReaction triggered by ingestion / touch etc. |  | * How can contact with potential allergen / trigger be avoided/ reduced:
* Has a care plan been put together to deal with a possible reaction?
* All pupils have been educated in the importance of good hand/ mouth hygiene.
* Staff are trained to use prescribed medication/Epi-pen etc. (kept on site/location?).
* All staff trained in first aid – certificates renewed / valid for 3 years.
* Consult appropriate medical professionals for further advice / information and also relevant training.
* How often will the care plan/ risk assessment be reviewed and by who?
* Other departments / professionals who need to be involved in reviews:
* Other considerations:
 |  |  |  |  | Ensure re training for staff occurs re Epi-pen every 12 monthsReview date:Re training date: |  |
| Hayfever:  |  | * Ensure classroom is properly ventilated – having clean air around you is extremely important. However, if you have hayfever sufferers in the office, keep the windows closed in the early morning and late afternoon, as this is when the pollen count is highest
* Ensure surfaces are regularly cleared and cleaned, so that it is not harbouring any dust or allergens that will make symptoms worse
* If there are plants in the classroom, ensure they are regularly watered and the top soil removed to ensure mould isn’t harboured
* Hang coats and jackets in a separate closet or away from the main working area, as these can harbour dust and pet hair
 |  |  |  |  | Individual Health Care Plan |  |
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