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| **RISK ASSESSMENT FOR:** | Allergies | |  |
| **Establishment:**  Bilingual Day Nursery | **Assessment by:**  **Rachel Barsby-Robinson** | **Date: 14/01/19** |

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| **Hazard / Risk** | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* | | **Risk Level (L/M/H/VH)** |
| **In Place** | **Adequate** |  |
|  | Staff, children and visitors |  |  | Yes | Yes |  |
| **Objects or Equipment to Consider** | | | | | |  |
| **Food at mealtimes** | Staff, children and visitors | Allergic reaction to something that they digest. | Overseeing when food is served to check the correct children, staff and visitors get the correct food that they will not have a reaction too. Making sure plates are properly washed. | Y | Y | M |
| **Bee sting** | Staff, children and visitors | Reaction to the sting | Cold compress and observing their reaction. Ring parents to inform them and any changes in their normal behaviour ring 999 for an ambulance if it is serious. | Y | Y | M |
| **Nettle sting** | Staff, children and visitors | Reaction to the sting | Cold compress and observing their reaction. Ring parents to inform them and any changes in their normal behaviour ring 999 for an ambulance if it is serious. | Y | Y | M |
| **Insect bite** | Staff, children and visitors | Reaction to the bite | Cold compress and observing their reaction. Ring parents to inform them and any changes in their normal behaviour ring 999 for an ambulance if it is serious. | Y | Y | M |
| **Preparing food** | Staff, children and visitors | Allergic reaction to something that they digest. | Checking packaging when preparing food. No cross contamination during food pre, washing hand between touching food someone could be allergic too. | Y | Y | M |
| **Drinks** | Staff, children and visitors | Allergic reaction to something that they digest/ touch. | Overseeing when drinks are out, especially milk, and check the correct children, staff and visitors are aloud it. Making sure cups are washed properly. | Y | Y | M |
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| **Additional Control Measures**  *(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).* | **Action by Whom**  *(list the name of the person/people who have been designated to conduct actions)* | **Action by When**  *(set timescales for the completion of the actions – remember to prioritise them)* | **Action Completed**  *(record the actual date of completion for each action listed)* | **Residual Risk Rating** |
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| **DATE OF REVIEW:**  *Record actual date of**review*  04/05/2020 | **COMMENTS:**  *Record any comments reviewer wishes to make. Including recommendations for future reviews.* | | | |
| **DATE OF**  **REVIEW:** | **COMMENTS:** | | | |
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| **RESIDUAL RISK RATING** | **ACTION REQUIRED** |
| **VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring** | **The activity must not take place at all.**  You must identify further controls to reduce the risk rating. |
| **HIGH (H) Possibility of fatality/serious injury occurring** | You must identify further controls to reduce the risk rating.  Seek further advice, e.g. from your H&S Team |
| **MEDIUM (M) Possibility of significant injury or over 3 day absence occurring** | If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely. |
| **LOW (L) Possibility of minor injury only** | No further action required. |