Bishop Chadwick
Catholic Education Trust

Allergy and Anaphylaxis Policy

Policy Owner	**Chief Standards Officer**
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Date Agreed by Directors	**18 May 2026**
Next Review Date	**May 2027**

St. Godric's Catholic Primary School, Thornley

Review Frequency	Annually
Date approved by governors	
Date of next review	
Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Medical Diets Policy

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:
Julie Hill – Executive Head Teacher
Helen Walker – Deputy Headteacher

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1. Introduction

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 St. Godric's Catholic 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. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ School Nurse/SENCO/First Aider *(delete or substitute as appropriate)* 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 (BSACI plans preferred) to school. 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 school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

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Staff Responsibilities

- **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.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Class Teacher/Tutor/Pastoral team
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

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. Pupils with allergies should have an Individual Healthcare Plan.The information on this plan must cover:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

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.

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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).**

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- 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 re-occur 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.

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 SLT will check medication kept at school 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

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given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a **GP Surgery** The sharps bin is kept in the **Staff Toilet** room.

6. 'Spare' adrenaline auto-injectors in school

St. Godric's Catholic Primary School 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 **on top of Medication cabinet in the staff room.** clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

St. Godric's Catholic Primary School holds **4 spare pens (2x Dosage 0.3mg Junior Pupil and 2 x 0.15mg Infant Pupil** pare pens which are kept in the following location/s:-

On top of Medication cabinet in the staff room.

SLT is responsible for checking 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

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Julie Hill – Executive Head Teacher
Helen Walker – Deputy Headteacher

All staff will complete AllergyWise® allergy and anaphylaxis training[2] 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

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St. Godric's Catholic Primary School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and safeguarding

St. Godric's Catholic Primary School 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. Catering

All food businesses (including school 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 school's menu is available for parents to view via the trust website. Any questions from parents/carers should be directed to your school cook/chef.

The School Office Team will inform the Cook/Chef of pupils with food allergies. Please see link to the Medical Diet Policy Medical_Diets_Policy.docx

Parents/carers are encouraged to meet with the school Cook/Chef to discuss their child's needs, who will then communicate with the Central Catering Team to discuss next steps.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the school Cook/Chef.
- In Secondary schools, the pupils should be encouraged to also check with catering staff, before purchasing food and selecting their lunch choice.
- Where food is provided by the school, Catering staff and Lunchtime staff or anyone assisting in the dining room should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the school Cook/Chef.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies

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of particular children and their age.

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. The school will ensure that the P.E. teacher/s 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 school 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 school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

St. Godric's Catholic Primary School supports the approach advocated by Anaphylaxis UK towards 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. Risk Assessment

St. Godric's Catholic Primary School will conduct a detailed individual risk assessment for all new joining pupils and staff with allergies and any pupils newly

diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

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

Footnotes:

1 It is strongly recommended that all staff complete allergy and anaphylaxis training to ensure that any member of staff can react quickly and accurately

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when a child has a reaction. When the training is limited to one or only a few members of staff, children with allergies are left in a potentially life-threatening situation if that member of staff is absence or deployed elsewhere.

2 AllergyWise® training is produced by Anaphylaxis UK, the only charity in the UK supporting those with severe allergies. The training is medically reviewed by leading allergy specialists.

NB staff had already completed training with **High Speed Training** – Allergy and Anaphylaxis Training for Schools.

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APPENDIX A

Whole School Allergy Management Risk Assessment

The school should have 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 school.

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

Policy is free to download: https://www.anaphylaxis.org.uk/wp-content/uploads/2023/03/Model-Policy-for-allergy-at-school-v2-060323.pdf

If this is required in an editable format, please download from the best practice resource section: https://www.anaphylaxis.org.uk/education/safer-schools-programme/

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	In child's classroom	**Low**	
Location of generic 'spare' AAI	In Staff room	**Low**	
Consider: • is there consistency of container throughout the school to make it easily identifiable?	Yes		
• Is the student able to self carry their own medication?	No	**Low**	
• Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication?	Yes	**Low**	
• Is the students and back up medication always accessible regardless of the time of day?	Yes	**Low**	
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:	Yes –all staff have completed allergy and anaphylaxis training Yes	**Low**	

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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	Poster displayed in school kitchen which has a photograph of the child and the child's allergies listed. In house catering, cook and kitchen staff liase with supervisory staff Allergen Information available from school kitchen Pupil would be informed if they needed to change their choice of lunch	Low	

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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	Kitchen / Catering teamStaff are aware of children with allergies and hav	Low	
<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?	Children with allergies are always taken into consideration and alternatives provided Foods are kept separate, handwashing always available Stakeholders are all made aware we are a nut free school. Any other allergens would be communicated when necessary. Yes - Where possible	Low	
<u>Celebrations:</u> • 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			

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discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.			
Curriculum activities:			
<u>Cooking:</u> • 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?	Alternatives would always be sourced and provided Yes where possible to eliminate cross contamination Yes and allergy teaching is included Yes	Low Low Low Low	
<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.	Where junk modelling is used we ask for packets that may have contained nuts not to come in. All items are washed and left before use	Low Low	
<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?	Musical instruments not shared where possible and sterilised after use by pupils	Low	

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<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.	Science curriculum reviewed and no allergens used	Low	
<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?	Emergency medication is always accessible. It would always be with the pupil in under 5 minutes Yes Yes	Low	
<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?	Emergency medication is always accessible. It would always be with the pupil in under 5 minutes	Low	

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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.	None in school	Low	
Visitors & supply staff:			
Consider: • Has the visitor been made aware of the school's policy?	All visitors directed to policies when coming into school for the first time	Low	
• 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?	None currently	Low	
• 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?	Any visitor working with the pupil is made aware of all actions to be taken	Low	
Offsite activities:			
Day trips: Consider: • Is there a specific allergy section on the visit/experience risk assessment?	A separate pupil Risk Assessment would be created if an event was classed as a risk	Low	
• Is there an allergy trained member of staff accompanying the visit?	Yes	Low	
• Storage of AAIs	Always taken on visits and kept with the staff member of the pupils group.	Low	

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• Availability of emergency services and nearest hospital	This would be considered upon booking the event	Low	
• Is there a good phone signal? If not, how will communication work? How will emergency services be called?	This will be considered and alternative arrangements made for contact if needed	Low	
• 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.	This will be considered for every visit and parents / venues would be notified	Low	
• Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity.	This would be considered upon booking the event	Low	
<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?	Always an allergy trained member of staff accompanying visit –individual Risk assessments for any children going on the visit who have an allergy which state the safest places for storage of AAIs and the place informed	Low	
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**

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

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