

### Annual Anaphylaxis Risk Management Checklist

### To be completed at the start of each year by principal or delegate.

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| **School name** |  | | | |
| **Date of review** |  | | | |
| **Completed by** | Name | Position | | |
| **Review given to** | Name | Position | | |
| **Comments** |  | | | |
| **General information** | | | | |
| How many current students have been diagnosed as being at risk of anaphylaxis and have been prescribed an adrenaline autoinjector? | | |  | |
| How many of these students carry their adrenaline autoinjector with them? | | |  | |
| Have any students ever had an allergic reaction requiring medical intervention at school?   * If yes, how many times? | | | Yes | No |
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| Have any students every had an anaphylactic reaction at school?   * If yes, how many students? * If yes, how many times? | | | Yes | No |
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|  |  |
| Has a staff member been required to administer an adrenaline autoinjector to a student?   * If yes, how many times? | | | Yes | No |
| Have all school staff who conduct classes with students at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:   * online training (ASCIA e training) in the last two years? * an accredited face to face training course in the last three years? | | | Yes | No |
| Does your school conduct twice yearly briefings annually? (Requirement of registration) | | | Yes | No |
| Do all staff participate in twice yearly briefings? (Requirement of registration) | | | Yes | No |
| If you are intending to use the ASCIA Anaphylaxis e-training course: | | |  |  |
| * has your school trained a minimum of two staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors? | | | Yes | No |
| * are your staff being assessed within 30 days of completion of the ASCIA e-training course to demonstrate their competency in using an autoinjector? | | | Yes | No |
| **Individual Anaphylaxis Management Plans** | | | | |
| Does every student diagnosed as at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action plan for anaphylaxis and signed by a prescribed medical practitioner? | | | Yes | No |
| Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? | | | Yes | No |
| Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings? | | | Yes | No |
| * During classroom activities, including elective classes | | | Yes | No |
| * In canteen or during lunch or food breaks | | | Yes | No |
| * Before or after school and during breaks in the school yard | | | Yes | No |
| * For special events, such as sports days and extracurricular activities | | | Yes | No |
| * For excursions and camps | | | Yes | No |
| * Other | | |  |  |
| Do all students who carry an adrenaline autoinjector with them have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)? | | | Yes | No |
| Where are the Action Plans kept? | | |  | |
| Does the ASCIA plan include a recent photo of the student? | | | Yes | No |
| Are individual Anaphylaxis Management Plans reviewed prior to any off-site activities and in consultation with parents? | | | Yes | No |
| **Storage and accessibility of adrenaline autoinjectors** | | | | |
| Where are the student(s) adrenaline autoinjectors stored? | | |  |  |
| Do all staff know where the school’s autoinjectors for general use are stored? | | | Yes | No |
| Are the autoinjectors stored at room temperature (not refrigerated) and out of direct light? | | | Yes | No |
| Is the storage safe? | | | Yes | No |
| Is the storage unlocked and accessible to school staff at all times?  Comment | | | Yes | No |
| Are the autoinjectors easy to locate?  Comment | | | Yes | No |
| Is a copy of the student’s Individual Anaphylaxis Management Plan kept with their autoinjector? | | | Yes | No |
| Are the autoinjectors and Individual Anaphylaxis Management Plans clearly labelled with the students’ names? | | | Yes | No |
| Has someone been designated to check the autoinjector expiry dates on a regular basis?  Who? | | | Yes | No |
| Are there autoinjectors which are currently in the possession of the school which have expired? | | | Yes | No |
| Has the school signed up to EpiClub (optional free reminder services)? | | | Yes | No |
| Do all school staff know where the autoinjectors, ASCIA action plans for Anaphylaxis and the individual Anaphylaxis Management Plans are stored? | | | Yes | No |
| Has the school purchased autoinjectors for general use and have they been placed in the school’s first aid kits? | | | Yes | No |
| Where are these first aid kits located? List | | |  | |
| Do all staff know where they are located? | | | Yes | No |
| Is the autoinjector for general use clearly labelled as the General use autoinjector(s)? | | | Yes | No |
| Is there a register for signing autoinjectors in and out when taken for excursions, camps, etc? | | | Yes | No |
| **Risk management** | | | | |
| Have you completed a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed at risk of anaphylaxis? | | | Yes | No |
| Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? | | | Yes | No |
| Are there always sufficient school staff members on yard duty who have current Anaphylaxis management training? | | | Yes | No |
| **School management and emergency response** | | | | |
| Does the school have procedures for emergency responses to anaphylactic reactions?  Are they clearly documented and communicated to staff? | | | Yes  Yes | No  No |
| Do school staff know when their training needs to be renewed? | | | Yes | No |
| Have you developed emergency response procedures for when an allergic reaction occurs: | | |  |  |
| * in the classroom? | | | Yes | No |
| * in the school yard? | | | Yes | No |
| * in all school buildings including gyms, halls, etc? | | | Yes | No |
| * at school camps and on excursions? | | | Yes | No |
| * on special event days, such as sports carnivals, conducted, organised or attended by the school? | | | Yes | No |
| Does your plan include who will call the ambulance? | | | Yes | No |
| Is there a designated person who will be sent to collect the student’s adrenaline autoinjector and individual ASCIA plan for anaphylaxis? | | | Yes | No |
| Have you checked how long it takes to get an individual’s adrenaline autoinjector and individual ASCIA Action Plan for anaphylaxis to the student experiencing an anaphylactic reaction in various school locations including: | | |  |  |
| * the classroom? | | | Yes | No |
| * the school yard? | | | Yes | No |
| * sports field? | | | Yes | No |
| * canteen? | | | Yes | No |
| On excursions or other off-site events, is there a plan for who is responsible for ensuring the adrenaline autoinjectors and Individual Anaphylaxis Management Plans, including ASCIA Action Plans, and the adrenaline autoinjector(s) for general use are correctly stored and available for use? | | | Yes | No |
| Who will make these arrangements during excursions? | | |  | |
| Who will make these arrangements during school camps? | | |  | |
| Who will make these arrangements during sporting activities? | | |  | |
| Is there a process in place for post-incident support? | | | Yes | No |
| Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last two years on: | | |  |  |
| * the school’s anaphylaxis management policy? | | | Yes | No |
| * the causes, symptoms and treatment of anaphylaxis? | | | Yes | No |
| * the identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located? | | | Yes | No |
| * how to use an adrenaline autoinjector, including hands on practices with a trainer adrenaline autoinjector? | | | Yes | No |
| * the school’s general first aid and emergency response procedures for all  in-school and off-site environments? | | | Yes | No |
| * where the adrenaline autoinjectors for general use are kept? | | | Yes | No |
| * where the adrenaline autoinjectors for individual students are located including if they carry on their person? | | | Yes | No |

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| **Communication Plan** | | |
| Is there a communication plan in place to provide information about anaphylaxis and the school’s policies: |  |  |
| * to school staff? | Yes | No |
| * to students? | Yes | No |
| * to parents? | Yes | No |
| * to volunteers? | Yes | No |
| * to casual relief staff? | Yes | No |
| Is there a process for distribution this information to the relevant staff? | Yes | No |
| What is the process? | | |
| How will this information be kept up to date? | | |
| Are there strategies in place to increase awareness about severe allergies among students for all in- school and off-site activities?  What are the strategies? | Yes | No |