# Annual Risk Management Checklist

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| School Name: |  | |
| Date of Review: |  | |
| Who completed this checklist? | Name: | |
| Position: | |
| Review given to: | Name | |
| Position | |
| Comments: |  | |
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| **General Information** | | |
| 1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector? | |  |
| 1. How many of these students carry their Adrenaline Autoinjector on their person? | |  |
| 1. Have any students ever had an allergic reaction requiring medical intervention at school? | | □ Yes □ No |
| * 1. If Yes, how many times? | |  |
| 1. Have any students ever had an Anaphylactic Reaction at school? | | □ Yes □ No |
| * 1. If Yes, how many students? | |  |
| * 1. If Yes, how many times | |  |
| 1. Has a staff member been required to administer an Adrenaline Autoinjector to a student? | | □ Yes □ No |
| * 1. If Yes, how many times? | |  |
| 1. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)? | | □ Yes □ No |
| **SECTION 1: Individual Anaphylaxis Management Plans** | | |
| 1. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner? | | □ Yes □ No |
| 1. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)? | | □ Yes □ No |
| 1. 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? | |  |
| * 1. During classroom activities, including elective classes | | □ Yes □ No |
| * 1. In canteens or during lunch or snack times | | □ Yes □ No |
| * 1. Before and after School, in the school yard and during breaks | | □ Yes □ No |
| * 1. For special events, such as sports days, class parties and extra-curricular activities | | □ Yes □ No |
| * 1. For excursions and camps | | □ Yes □ No |
| * 1. Other | | □ Yes □ No |
| 1. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)? | | □ Yes □ No |
| * 1. Where are they kept? | |  |
| 1. Does the ASCIA Action Plan include a recent photo of the student? | | □ Yes □ No |
| **SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors** | | |
| 1. Where are the student(s) Adrenaline Autoinjectors stored? | |  |
| 1. Do all School Staff know where the School’s Adrenaline Autoinjectors for General Use are stored? | | □ Yes □ No |
| 1. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)? | | □ Yes □ No |
| 1. Is the storage safe? | | □ Yes □ No |
| 1. Is the storage unlocked and accessible to School Staff at all times?   Comments: | | □ Yes □ No |
| 1. Are the Adrenaline Autoinjectors easy to find?   Comments: | | □ Yes □ No |
| 1. Is a copy of student’s Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student’s Adrenaline Autoinjector? | | □ Yes □ No |
| 1. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student’s names? | | □ Yes □ No |
| 1. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?   Who? …………………………………………………………………………………………… | | □ Yes □ No |
| 1. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired? | | □ Yes □ No |
| 1. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)? | | □ Yes □ No |
| 1. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored? | | □ Yes □ No |
| 1. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School’s first aid kit(s)? | | □ Yes □ No |
| 1. Where are these first aid kits located? | |  |
| 1. Is the Adrenaline Autoinjector for General Use clearly labelled as the ‘General Use’ Adrenaline Autoinjector? | | □ Yes □ No |
| 1. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc? | | □ Yes □ No |
| **SECTION 3: Prevention Strategies** | | |
| 1. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis? | | □ Yes □ No |
| 1. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why? | | □ Yes □ No |
| 1. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing? | | □ Yes □ No |
| 1. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior? | | □ Yes □ No |
| **SECTION 4: School Management and Emergency Response** | | |
| 1. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff? | | □ Yes □ No |
| 1. Do School Staff know when their training needs to be renewed? | | □ Yes □ No |
| 1. Have you developed Emergency Response Procedures for when an allergic reaction occurs? | | □ Yes □ No |
| * 1. In the class room? | | □ Yes □ No |
| * 1. In the school yard? | | □ Yes □ No |
| * 1. In all School buildings and sites, including gymnasiums and halls? | | □ Yes □ No |
| * 1. At school camps and excursions? | | □ Yes □ No |
| * 1. On special event days (such as sports days) conducted, organised or attended by the School? | | □ Yes □ No |
| 1. Does your plan include who will call the Ambulance? | | □ Yes □ No |
| 1. Is there a designated person who will be sent to collect the student’s Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)? | | □ Yes □ No |
| 1. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including: | | □ Yes □ No |
| * 1. The class room? | | □ Yes □ No |
| * 1. The school yard? | | □ Yes □ No |
| * 1. The sports field? | | □ Yes □ No |
| 1. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIAAction Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use? | | □ Yes □ No |
| 1. Who will make these arrangements during excursions?   ………………………………………………………………………………………………….. | |  |
| 1. Who will make these arrangements during camps?   ………………………………………………………………………………………………….. | |  |
| 1. Who will make these arrangements during sporting activities?   ………………………………………………………………………………………………….. | |  |
| 1. Is there a process for post incident support in place? | | □ Yes □ No |
| 1. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on: | |  |
| * 1. The School’s Anaphylaxis Management Policy? | | □ Yes □ No |
| * 1. The causes, symptoms and treatment of anaphylaxis? | | □ Yes □ No |
| * 1. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located? | | □ Yes □ No |
| * 1. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector? | | □ Yes □ No |
| * 1. The School’s general first aid and emergency response procedures for all in-school and out-of-school environments? | | □ Yes □ No |
| * 1. Where the Adrenaline Autoinjector(s) for General Use is kept? | | □ Yes □ No |
| * 1. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person? | | □ Yes □ No |
| **SECTION 4: Communication Plan** | | |
| 1. Is there a Communication Plan in place to provide information about anaphylaxis and the School’s policies? | |  |
| * 1. To School Staff? | | □ Yes □ No |
| * 1. To students? | | □ Yes □ No |
| * 1. To Parents? | | □ Yes □ No |
| * 1. To volunteers? | | □ Yes □ No |
| * 1. To casual relief staff? | | □ Yes □ No |
| 1. Is there a process for distributing this information to the relevant School Staff? | | □ Yes □ No |
| * 1. What is it? | |  |
| 1. How is this information kept up to date? | |  |
| 1. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments? | | □ Yes □ No |
| 1. What are they? | |  |