



# Risk Management Checklist for off-site activities

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| School Name: |  |  |
| Primary / Secondary (Please Circle): | Primary | Secondary |
| Location / Address: |  |  |

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| --- | --- |
| Date of Review: | Time: |
| School Contract Person: Name:  (Who provided information collected) |  |
| Position: |  |
| Review given to: Name: (if different from above) |  |
| Position: |  |
| Comments: |  |

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| 1. How many current students have been prescribed (and carry) an adrenaline auto injector? |  |  |
| 1. Have any students ever had an allergic reaction while at school?   If Yes, how many times? | Yes | No |
| If Yes, how many students? | | |
| 1. Have any students ever had an Anaphylactic Reaction at school?   If Yes, how many students? | Yes | No |
| If Yes, how many times |  |  |
| 1. Has a staff member been required to administer an adrenaline auto injector to a student?   If Yes, how many times? | Yes | No |

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| **SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans** | | |
| 1. Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have an individual Anaphylaxis Management Plan signed by a medical practitioner in place (see Chapter 6 and Appendix 1, *Anaphylaxis Guidelines for Victorian Schools*)? | Yes | No |
| 1. Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? | Yes | No |
| 1. Do the Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings? | | |
| During classroom activities, including elective classes | Yes | No |
| In canteens or during lunch or snack times | Yes | No |
| Before and after school, in the school yard and during breaks | Yes | No |
| For special events, such as sports days, class parties and extra-curricular activities | Yes | No |
| For excursions and camps | Yes | No |
| Other | | |
| 1. Do all students who carry an adrenaline auto injector have a copy of their *ASCIA Emergency Action Plan* for anaphylaxis kept at school (provided by the parent)? | Yes | No |
| Where are they kept? | | |
| 1. Does the *ASCIA Emergency Action Plan* for anaphylaxis have a recent photo of the student with them? | Yes | No |

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| **SECTION 2: Storage and Accessibility of adrenaline auto injectors** | | |
| 1. Where are the students adrenaline auto injectors stored? | | |
| 1. Are the adrenaline auto injectors stored at room temperature? | | |
| 1. Is the storage safe (out of reach of students and not refrigerated)? | Yes | No |
| Is the storage unlocked and accessible to staff at all times? | Yes | No |
| Comments | | |
| Are the adrenaline auto injectors easy to find? | Yes  | No |
| Comments | | |
| 1. Is a copy of each student’s *ASCIA Emergency Action Plan* for anaphylaxis kept together with their adrenaline auto injector? | Yes | No |
| Comments | | |
| 1. Are the adrenaline auto injectors and *ASCIA Emergency Action Plans* for anaphylaxis clearly labelled with students’ names? | Yes | No |
| Comments | | |
| 1. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis?   Who? | Yes | No |
| Comments | | |
| 1. Has the school signed up to EpiClub or Ana-alert (free reminder services)? | Yes | No |
| 1. Do all staff know where the adrenaline auto injector and *ASCIA Emergency Action Plan* for anaphylaxis are stored? | Yes | No |
| Comments | | |
| 1. Is there an adrenaline auto injector for general use in the school’s first aid kit? | Yes | No |
| If Yes, where is it located? |  |  |
| 1. Is this device clearly labelled as the ‘General Use’ adrenaline auto injector? | Yes | No |

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| **SECTION 3: Prevention Strategies** | | |
| 1. Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis? | Yes | No |
| 1. Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? | Yes | No |
| 1. Is there always a staff member on yard duty with current training in anaphylaxis emergency management? | Yes | No |

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| **SECTION 4: Training and Emergency Response** | | |
| 1. Have all staff attended a twice-yearly briefing? | Yes | No |
| 1. Have you developed an Emergency Response Plan for when an allergic reaction occurs? |  |  |
| In the classroom? | Yes | No |
| In the school yard? | Yes | No |
| At school camps and excursions? | Yes | No |
| On special event days, such as sports days? | Yes | No |
| 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 auto injector and *ASCIA Emergency Action Plan*? | Yes | No |
| 1. Have you checked how long it will take to get to the adrenaline auto injector and *ASCIA Emergency Action Plan* to a student from various areas of the school including: | Yes | No |
| The classroom? | Yes | No |
| The schoolyard? | Yes | No |
| 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 auto injector(s) are correctly stored and available for use? | Yes | No |
| Who will do this on excursions? | | |
| Who will do this on camps? | | |
| Who will do this on sporting activities? | | |
| 1. Is there a process for post incident support in place? | Yes | No |
| Comments | | |
| 1. Have all staff been briefed on: |  |  |
| The school’s Anaphylaxis Management Policy? | Yes | No |
| The causes, symptoms and treatment of anaphylaxis? | Yes | No |
| The identities of students who carry an adrenaline auto injector and where their medication is located? | Yes | No |
| How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device? | Yes | No |
| The school’s first aid and emergency response procedures? | Yes | No |
| Where the adrenaline auto injector for general use is kept? | Yes | No |
| When the adrenaline auto injector for general use can be administered? | Yes | No |

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| **SECTION 5: Communicating with Staff, students and parents/carers** | | |
| 1. Is there a communication plan in place to provide information about anaphylaxis and the school’s policies? | Yes | No |
| To staff? | Yes | No |
| To students? | Yes | No |
| To parents/carers? | Yes | No |
| 1. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response? | Yes | No |
| Comments | | |
| 1. Do all staff know which students suffer from anaphylaxis? | Yes | No |
| Comments | | |
| 1. How is this information kept up to date? |  |  |
| Comments | | |
| 1. Are there strategies in place to increase awareness about severe allergies among students? | Yes | No |
| Comments | | |