ANNUAL RISK MANAGEMENT CHECKLIST

**Note:** This checklist must be completed at the beginning of each school year and a copy of the completed checklist retained at the school.

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| **School Name:** |  | | |
| **School Location:** |  | | |
| **Date of Review:** |  | | |
| **Who Completed This Checklist?** | Name: |  | |
| Position: |  | |
| **Review provided to:** | Name |  | |
| Position |  | |
| **Comments and/or action required:** | | | |
| **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 to the DOSCEL Emergency Management Officer for lodgements of report on IRIS (Incident Reporting Information System)? | | | Yes  No |
| **SECTION 1: TRAINING** | | | |
| 1. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:  * online training (ASCIA anaphylaxis e-training) within the last 2 years, or * accredited face to face training (22300VIC or 10313NAT) within the last 3 years? | | | Yes  No |
| 1. Does your school conduct twice yearly briefings annually?   If no, please explain why not, as this is a requirement for school registration: | | | Yes  No |
| 1. Do all school staff participate in a twice yearly anaphylaxis briefing?   If no, please explain why not, as this is a requirement for school registration: | | | Yes  No |
| 1. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:    1. Has your school trained a minimum of two school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)? | | | Yes  No |
| * 1. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools? | | | Yes  No |
| **SECTION 2: 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 which includes an ASCIA Action Plan for Anaphylaxis 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 camps and excursions | | | 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 for Anaphylaxis kept at the school (provided by the parent, guardian or carer)? | | | Yes  No |
| * 1. Where are the Action Plans kept? | | | |
| 1. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student? | | | Yes  No |
| 1. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps, excursions or special events), and in consultation with the student’s parent(s), guardian(s) or carer(s)? | | | Yes  No |
| **SECTION 3: STORAGE AND ACCESSIBILITY OF ADRENALINE AUTOINJECTORS** | | | |
| 1. Where are the student(s) adrenaline autoinjectors stored? | | | |
| 1. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight? | | | 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 ASCIA Action Plan for Anaphylaxis kept together with the student’s adrenaline autoinjector? | | | Yes  No |
| 1. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student’s name? | | | Yes  No |
| 1. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?   Name of person: | | | Yes  No |
| 1. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired? | | | Yes  No |
| 1. Has the school signed up to [EpiClub](https://www.epiclub.com.au/) (optional free reminder services)? | | | Yes  No |
| 1. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis 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. Do staff know where the first aid kits are located? | | | Yes  No |
| 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 offsite school activities, including camps or excursions? | | | Yes  No |
| **SECTION 4: RISK MINIMISATION 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 risk minimisation strategies in the Department of Education and Training (DET) [Anaphylaxis Guidelines](https://www.education.vic.gov.au/Documents/school/principals/health/Anaphylaxis_Guidelines_FINAL.pdf)? If yes, list these in the space provided below:     If no, please explain why not as this is a requirement for school registration: | | | Yes  No |
| 1. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training? | | | Yes  No |
| **SECTION 5: 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 ASCIA Action Plan for Anaphylaxis?   If yes, who is the person(s) when in the classroom(s), school yard, sports field, school canteen? | | | Yes  No |
| 1. Have you checked how long it takes to get an individual’s adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction 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. The school canteen? | | | Yes  No |
| 1. On camps and excursions or other offsite school activities, is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action 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 and other offsite school activities? | | | |
| 1. Is there a process for post-incident support in place? | | | 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: | | | |
| * 1. DOSCEL’s Anaphylaxis Management Policy? | | | Yes  No |
| * 1. The causes, symptoms and treatment of anaphylaxis? | | | Yes  No |
| * 1. The identities of students at risk of anaphylaxis, 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 practice 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 6: COMMUNICATION PLAN** | | | |
| 1. Is there a Communication Plan in place to provide information about anaphylaxis and DOSCEL and school policies to: | | |  |
| * 1. School staff? | | | Yes  No |
| * 1. Students? | | | Yes  No |
| * 1. Parents, guardians and carers? | | | Yes  No |
| * 1. Volunteers? | | | Yes  No |
| * 1. Emergency and casual relief staff? | | | Yes  No |
| 1. Is there a process for distributing this information to the relevant school staff? | | | Yes  No |
| * 1. What is the process? | | | |
| 1. How will this information be 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? | | | |