



Anaphylaxis Risk Management Checklist for Off-site Activities [school name]

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| School Name: | | |
| Primary/Secondary: (Please Circle) | Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> |
| 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? | Insert number | |
| 2. | Have any students ever had an allergic reaction while at school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If Yes, how many times? | | |
| | If Yes, how many students? | | |
| 3. | Have any students ever had an anaphylactic reaction at school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If Yes, how many students? | | |
| | If Yes, how many times | | |
| 4. | Has a staff member been required to administer an adrenaline auto injector to a student? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If Yes, how many times? | | |

SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

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| 1. | Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have in place an individual Anaphylaxis Management Plan signed by a medical practitioner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Are all Individual Anaphylaxis Management Plans (IAMP) reviewed regularly with parents or carers at least annually? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| | In canteens or during lunch or snack times | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Before and after school, in the school yard and during breaks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | For special events, such as sports days, class parties and extra-curricular activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | For excursions and camps | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Other | | |
| 4. | Do all students who carry an adrenaline auto injector have a copy of their <i>ASCIA Action Plan</i> for anaphylaxis, provided by the parent/guardian/carer, kept at school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Where are the Plans kept? | | |
| 5. | Does the <i>ASCIA Action Plan</i> for Anaphylaxis for anaphylaxis have a recent photo of the student? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Do students with an <i>ASCIA Action Plan</i> going on overseas or domestic school travel/excursion have an <i>ASCIA Travel Plan</i> completed by a medical practitioner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 2: Storage and Accessibility of adrenaline auto injectors

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| 1. | Where are the students' adrenaline auto injectors stored? | | |
| 2. | Are the adrenaline auto injectors stored at room temperature? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Is the storage safe (out of reach of students and not refrigerated)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Is the storage always unlocked and accessible to staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Comments | | |
| | Are the adrenaline auto injectors easy to find? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Comments | | |

| SECTION 2: Storage and Accessibility of adrenaline auto injectors | | | |
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| 4. | Is a copy of each student's <i>ASCIA Action Plan</i> for anaphylaxis kept together with their adrenaline auto injector? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | | |
| 5. | Are the adrenaline auto injectors and <i>ASCIA Action Plans</i> for anaphylaxis clearly labelled with students' names? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | | |
| 6. | Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Who? | | | |
| Comments | | | |
| 7. | Has the school signed up to EpiClub or Ana-alert (free reminder services)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Do all staff know where the adrenaline auto injector and <i>ASCIA Action Plan</i> for anaphylaxis are stored? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | | |
| 9. | Is there an adrenaline auto injector for general use in the school's first aid kit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, where is it located? | | | |
| 10. | Is this device clearly labelled as the General Use adrenaline auto injector? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Is there an emergency response sheet and First Aid Plan for Anaphylaxis stored near the general use autoinjectors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| SECTION 3: Prevention Strategies | | | |
|----------------------------------|--|------------------------------|-----------------------------|
| 1. | Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Have you implemented any of the prevention strategies outlined in the Guidelines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Is there always a staff member on yard duty with current training in anaphylaxis emergency management? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| SECTION 4: Training and Emergency Response | | | |
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| 1. | Have all staff attended a twice-yearly briefing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 4: Training and Emergency Response

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| 2. | Have you developed an Emergency Response Plan for when an allergic reaction occurs? | | |
| | In the classroom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | In the school yard? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | At school camps and excursions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | For international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | On special event days, such as sports days? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Does your plan include who will call the Ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Is there a designated person who will be sent to collect the student's adrenaline auto injector and ASCIA Action Plan? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Have you checked how long it will take to get to the adrenaline auto injector and <i>ASCIA Action Plan</i> to a student from various areas of the school including: | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | The classroom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The schoolyard? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The sports field? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto injectors are correctly stored and available for use? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Who will do this on excursions? | | |
| | Who will do this on camps? | | |
| | Who will do this on sporting activities? | | |
| | Who will do this on international travel? | | |
| 6. | Is there a process for post incident support in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Comments | | |
| 7. | Have all staff been briefed on: | | |

SECTION 4: Training and Emergency Response

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| | The school's Anaphylaxis Management Policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The causes, symptoms and treatment of anaphylaxis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The identities of students who carry an adrenaline auto injector and where their medication is located? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The school's first aid and emergency response procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Where is the adrenaline auto injector for general use kept? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | When can the adrenaline auto injector for general use be administered? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 5: Communicating with Staff, students and parents/carers

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| 1. | Is there a communication plan in place to provide information about anaphylaxis and the school's policies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | To staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | To students? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | To parents/guardians/carers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| | Comments | | |
| 3. | Do all staff know which students suffer from anaphylaxis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Comments | | |
| 4. | How is this information kept up to date? | | |
| | Comments | | |
| 5. | Are there strategies in place to increase awareness about severe allergies among students? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 4: Training and Emergency Response

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| | Comments |
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| Approval Authority | Director, Education Excellence |
| Approval date | 22 April 2025 |
| Review by | April 2029 |