



# Anaphylaxis Risk Management Checklist for Off-site Activities

Holy Family



<b>School Name:</b>		
<b>Primary/Secondary:</b> <i>(Please Circle)</i>	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
<b>Location/Address:</b>		

<b>Date of Review:</b>	<b>Time:</b>
<b>School contract person</b>	
<b>Name:</b> <i>(Who provided information collected)</i>	
<b>Position:</b>	
<b>Review given to:</b> [Name] <i>(if different from above)</i>	
<b>Position:</b>	
<b>Comments:</b>	

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

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

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"/>

## SECTION 2: Storage and Accessibility of adrenaline auto injectors

	Comments	
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 <a href="#">First Aid Plan for Anaphylaxis</a> 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

1.	Have all staff attended a twice-yearly briefing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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		

## SECTION 4: Training and Emergency Response

7.	Have all staff been briefed on:		
	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

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

	Comments
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<b>Approval Authority</b>	Director, Education Excellence
<b>Approval date</b>	22 April 2025
<b>Review by</b>	April 2029