

Risk Management Checklist for off-site activities

Our Lady of the Pines Catholic Primary School



School Name:

Primary / Secondary (Please Circle):

Primary

Secondary

Location / Address:

Date of Review:

Time:

School Contract Person: Name:

(Who provided information collected)

Position:

Review given to: Name: (if different from above)

Position:

Comments:

How many current students have been prescribed (and carry) an adrenaline auto injector?

2. Have any students ever had an allergic reaction while at school? Yes No

If Yes, how many times?

If Yes, how many students?

Have any students ever had an Anaphylactic Reaction at school? Yes No

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 No

If Yes, how many times?

SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

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

2. Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? Yes No

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

4. 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?

Does the *ASCIA Emergency Action Plan* for anaphylaxis have a recent photo of the student with them? Yes No

SECTION 2: Storage and Accessibility of adrenaline auto injectors

Where are the students adrenaline auto injectors stored?

2. Are the adrenaline auto injectors stored at room temperature?

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

4. Is a copy of each student's <i>ASCI</i> A Emergency Action Plan for anaphylaxis kept together with their adrenaline auto injector?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments

Are the adrenaline auto injectors and <i>ASCI</i> A Emergency Action Plans for anaphylaxis clearly labelled with students' names?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments

6. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis? Who?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments

Has the school signed up to EpiClub or Ana-alert (free reminder services)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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8. Do all staff know where the adrenaline auto injector and <i>ASCI</i> A Emergency Action Plan for anaphylaxis are stored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments

Is there an adrenaline auto injector for general use in the school's first aid kit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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"/>
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SECTION 3: Prevention Strategies

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"/>
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2. Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is there always a staff member on yard duty with current training in anaphylaxis emergency management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SECTION 4: Training and Emergency Response

1. Have all staff attended a twice-yearly briefing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>
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 <i>ASCIA Emergency Action Plan</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you checked how long it will take to get to the adrenaline auto injector and <i>ASCIA Emergency Action Plan</i> to a student from various areas of the school including:		
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 injector(s) 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?		
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:		
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 the adrenaline auto injector for general use is kept?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When the adrenaline auto injector for general use can 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/carers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>
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Comments

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"/>
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Comments

