**ANAPHYLAXIS RISK MANAGEMENT CHECKLIST**

School Name: ____________________________

Primary / Secondary (Please Circle) Primary ○ Secondary ○

Location / Address: ____________________________

Date of Review: ____________________________ Time: ____________________________

School Contact Person: Name: ____________________________
(Who provided information collected)

Position: ____________________________

Review given to: Name: ____________________________
(If different from above)

Position: ____________________________

Comments: ____________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

1. How many current students are diagnosed with anaphylaxis? ____________________________

2. Have any students ever had an allergic reaction while at school? YES ○ NO ○
   
   If Yes, how many times? ____________________________

3. Have any students had an Anaphylactic Reaction at school? YES ○ NO ○
   
   If Yes, how many times? ____________________________

4. Has a staff member been required to administer an EpiPen® to a student? YES ○ NO ○
   
   If yes, how many times? ____________________________
## ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

### SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)?  
   - YES ☐  
   - NO ☐

2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?  
   - YES ☐  
   - NO ☐

3. Do they 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 excursions, sport days, class parties and extra curricular activities?  
     - YES ☐  
     - NO ☐
   - For excursions and camps  
     - YES ☐  
     - NO ☐
   - Other

4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?  
   - YES ☐  
   - NO ☐

5. Where are they kept?

6. Do the anaphylaxis action plans have a recent photo of the student with them?  
   - YES ☐  
   - NO ☐

Comments

## ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

### SECTION 2: Storage and Accessibility of the EpiPen®

1. Where are the students EpiPen’s® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)?
   - YES 
   - NO

   Is the storage unlocked and accessible to staff at all times?
   - YES 
   - NO

   Comments

4. Is the EpiPen® easy to find?
   - YES 
   - NO

   Comments

5. Are EpiPen’s® and Action Plans clearly labelled with students’ names?
   - YES 
   - NO

   Comments

6. Has someone been designated to check the EpiPen’s® expiry dates on regular basis?
   - YES 
   - NO

   WHO?

   Comments

7. Has the school signed up to EpiClub (a free reminder service)?
   - YES 
   - NO

8. Do all staff know where the EpiPens® and Action Plans are Stored?
   - YES 
   - NO

   Comments

9. Is there a spare EpiPen®?
   - YES 
   - NO

   If Yes, what Type?
ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

SECTION 2: Storage and Accessibility of the EpiPen® continued

10. Where is it stored?

11. Is it clearly labelled as the ‘backup EpiPen®’?  YES ☐ NO ☐

SECTION 3: Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis?  YES ☐ NO ☐

2. Has the school implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?  YES ☐ NO ☐

3. Which ones?

4. Others:

5. Is there always a trained staff member on yard duty?  YES ☐ NO ☐

6. How many staff have completed training?

SECTION 4: Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained?  YES ☐ NO ☐

2. When does their training need to be renewed?

3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school’s first aid and emergency response procedures?  YES ☐ NO ☐

4. Have you planned how the alarm will be raised if an allergic reaction occurs?
   - In the class room?  YES ☐ NO ☐
   - How?
   - In the school yard?  YES ☐ NO ☐
   - How?
   - At school camps and excursions?  YES ☐ NO ☐
   - How?
**ANAPHYLAXIS RISK MANAGEMENT CHECKLIST**

**SECTION 4: Training and Emergency Response continued**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>On special event days, such as sports days?</td>
<td></td>
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<tr>
<td>How?</td>
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<tr>
<td>5. Does your plan include who will call the Ambulance?</td>
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<td>How?</td>
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<tr>
<td>6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan?</td>
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<tr>
<td>Who will this be when in the classroom?</td>
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<tr>
<td>Who will this be when in the school yard?</td>
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<tr>
<td>Who will this be at sporting activities?</td>
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<tr>
<td>7. Have you checked how long it will take to get to the EpiPen® and Action Plan to a student from various areas of the school?</td>
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<tr>
<td>How long?</td>
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<td>When in the classroom?</td>
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<td>How long?</td>
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<td>When in the school yard?</td>
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<tr>
<td>How long?</td>
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<tr>
<td>When at sports fields?</td>
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<td>How long?</td>
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<tr>
<td>8. On excursions or other out of school event is there a plan for who will look after the EpiPen® and Action Plan?</td>
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<tr>
<td>Who will do this on excursions?</td>
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<tr>
<td>Who will do this on camps?</td>
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</tbody>
</table>
## ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

### SECTION 4: Training and Emergency Response continued

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Who will do this on sporting activities?</td>
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<tr>
<td>9. Is there a process for post incident support in place?</td>
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<tr>
<td>10. Have all staff been briefed on</td>
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<tr>
<td>- the school’s Anaphylaxis Management Policy?</td>
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<tr>
<td>- the causes, symptoms and treatments of anaphylaxis?</td>
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<td>- the identities of students diagnosed at risk of anaphylaxis and where their medication is located?</td>
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<td>- how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device</td>
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<tr>
<td>- the school’s first aid and emergency response procedures</td>
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### SECTION 5: Communicating with staff, students and parents/ carers

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Is there a communication plan in place to provide information about anaphylaxis and the school’s policies to staff, students and parents/carers?</td>
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<tr>
<td>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?</td>
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<td>Comments</td>
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<tr>
<td>3. Do all staff know which students suffer from anaphylaxis?</td>
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<td>Comments</td>
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</table>
SECTION 5: Communicating with staff, students and parents/ carers continued

How is this information kept up to date?


4. Are there strategies in place to increase awareness about severe allergies among students? YES ○ NO ○

Comments


# ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

<table>
<thead>
<tr>
<th>Task/s that need to be completed</th>
<th>Action required</th>
<th>Staff member responsible</th>
<th>Date to be completed</th>
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<tbody>
<tr>
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Anaphylaxis Management Review Action Plan
This table is to be completed if there are outstanding risks/tasks identified after completing the initial Management Review Guide.
Anaphylaxis Management Review Guide