**Annual Risk Management Checklist - Asthma**

Note: Asthma Australia recommends schools complete an annual risk management checklist to monitor their asthma management compliance.

Note: Use the [Asthma Schools Health Check online tool](about:blank) for an overview of your current asthma management readiness.

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| --- | --- | --- | --- | --- | --- | --- |
| **School** | |  | | | | |
| **Date of review** | |  | | | | |
| **Who completed this checklist?** | | **Name** | |  | | |
| **Position** | |  | | |
| **Review provided to?** | | **Name** | |  | | |
| **Position** | |  | | |
| **Comments** | |  | | | | |
| **General Information** | | | | | | |
| Complete each section by answering/providing details and/or circling “Yes” or “No’ as appropriate | | | | | | |
| **1** | How many current students have been diagnosed with asthma, and have been prescribed a reliever medication? | | |  | | |
| **2** | How many of these students carry their reliever medication on their person? | | |  | | |
| **3** | Have any students ever had a mild asthma flare-up requiring first aid intervention at school? | | | Yes | | No |
| 1. If “Yes”, how many times? | | |  | | |
| **4** | Have any students ever had a severe asthma attack requiring medical intervention at school? | | | Yes | No | |
| 1. If “Yes”, how many students? | | |  | | |
| 1. If “Yes”, how many times? | | |  | | |
| **5** | Has a staff member been required to administer reliever medication to a student? | | | Yes | No | |
| 1. If “Yes”, how many times? | | |  | | |
| **6** | Has each incident been reported via your appropriate education sector mechanism? | | | Yes | No | |
| **Training** | | | | | | |
| **7** | Have all relevant staff with a duty of care for students completed an asthma management course within the past three years, for example: | | | Yes | No | |
| 1. Asthma First Aid for School (online) | | |
| 1. Support Others Live Well with Asthma (face-to-face)? | | |
| **8** | Have all relevant staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers, staff working with high risk children/teaching areas completed asthma management training within the past three years, for example: | | | Yes | No | |
| 1. Course in Asthma Awareness (10760NAT)? | | |
| **9** | Does your school conduct annual asthma management briefings for staff? | | | Yes | No | |
| 1. If “No”, why not? | | |  | | |
| **10** | Do all school staff attend the annual asthma management briefing? | | | Yes | No | |
| 1. If “No”, why not? | | |  | | |
| **Individual Asthma Risk Minimisation Plan** | | | | | | |
| **11** | Does every student who has been diagnosed with asthma and prescribed reliever medication have an Individual Asthma Risk Minimisation Plan and Asthma Action Plan completed by their doctor? | | | Yes | No | |
| **12** | Are all Individual Asthma Risk Minimisation Plans reviewed at least annually? | | | Yes | No | |
| **13** | Do the Individual Asthma Risk Minimisation Plans set out strategies to minimise risk of exposure to triggers for the following in-school and out of class settings? | | |  | | |
| 1. During classroom activities, including elective classes? | | | Yes | No | |
| 1. In canteens or during snack/lunch times? | | | Yes | No | |
| 1. Before and after school, in the school grounds and during breaks? | | | Yes | No | |
| 1. For special events, such as sports days, class parties and extra-curricular activities? | | | Yes | No | |
| 1. For excursions and camps? | | | Yes | No | |
| 1. Other | |  | Yes | No | |
| **14** | Do all students who carry a reliever medication on their person have a copy of their Asthma Action Plan kept at school (provided by parent/carer)? | | | Yes | No | |
| 1. Where are the plans kept? | | |  | | |
| **15** | Does the Asthma Action Plan include a recent photo of the student? | | | Yes | No | |
| **16** | Have the Individual Asthma Risk Minimisation Plans been reviewed prior to any off-site activities and where appropriate, reviewed in consultation with parent/carer? | | | Yes | No | |
| **Reliever Medication – Access and Storage** | | | | | | |
| **17** | Where are the student/s reliever medication stored? | | |  | | |
| **18** | Do all school staff know where the school’s Asthma Emergency Kits/similar for general use are stored? | | | Yes | No | |
| 1. Locations? | | |  | | |
| **19** | Is the storage location safe? | | | Yes | No | |
| **20** | Is the storage location unlocked and accessible to staff at all times? | | | Yes | No | |
| Comments | | | | | |
| **21** | Are the Asthma Emergency Kits easy to locate? | | | Yes | No | |
| Comments | | | | | |
| **22** | Is a copy of a student’s individual Asthma Action Plan kept together with the student’s reliever medication/device? | | | Yes | No | |
| **23** | Is the student’s reliever medication/device and Asthma Action Plan clearly labelled with the student’s name? | | | Yes | No | |
| **24** | Has a staff member been designated to check the reliever medication expiry dates on a regular basis? | | | Yes | No | |
| 1. Who? | | |  | | |
| **25** | Do all staff know where the reliever medication/device and Asthma Action Plans are stored? | | | Yes | No | |
| **26** | Is there a register or similar used to indicate that reliever medication/device has been removed for use at an off-site activity? | | | Yes | No | |
| **Prevention Strategies** | | | | | | |
| **27** | Has a risk assessment been completed to identify potential accidental exposure to triggers for all students who have been diagnosed with asthma? | | | Yes | No | |
| **28** | Have you implemented any of the prevention strategies noted in the Asthma Guidelines for Australian Schools? | | | Yes | No | |
| 1. If “No”, record why not | | |  | | |
| **29** | Are they always an appropriate number of staff who have completed an asthma course/asthma training on yard duty rosters? | | | Yes | No | |
| **School Management and Emergency Response** | | | | | | |
| **30** | Does the school have procedures for an emergency response to an asthma attack that is clearly documented and communicated to staff? | | | Yes | No | |
| **31** | Are staff aware of when their training needs to be renewed? | | | Yes | No | |
| **32** | Have you developed an emergency response for when a severe asthma attack occurs: | | |  | | |
|  | 1. In the classroom? | | | Yes | No | |
|  | 1. In the school yard? | | | Yes | No | |
|  | 1. In all buildings and on-site locations? | | | Yes | No | |
|  | 1. At camps/excursions? | | | Yes | No | |
|  | 1. During a special event/activity day? | | | Yes | No | |
| **33** | Does your plan include who will call the ambulance service? | | | Yes | No | |
| **34** | Is there a designated staff member tasked with collecting a student’s reliever medication/device and Asthma Action Plan? | | | Yes | No | |
| **35** | Have you checked how long it would take to provide reliever medication/device to a student in need from various locations around the school site? | | | Yes | No | |
| **36** | For off-site activities, is there a plan for who is responsible for ensuring reliever medication/device, Asthma Action Plans and/or Asthma Emergency Kits are collected, stored and available? | | | Yes | No | |
| 1. Who will do this for sports activities? | | |  | | |
| 1. Who will do this for excursions? | | |  | | |
| 1. Who will do this for camps? | | |  | | |
| **37** | Is there a process for post-incident support active? | | | Yes | No | |
| **38** | Have all staff who conduct classes that students with asthma may attend been, and any other staff as relevant, been identified and briefed on: | | |  | | |
|  | 1. The school’s Asthma Management Policy? | | | Yes | No | |
|  | 1. Causes, signs, symptoms and treatment of asthma? | | | Yes | No | |
|  | 1. Identities of students diagnosed with asthma, and who are prescribed a reliever medication/device, including its location? | | | Yes | No | |
|  | 1. How to use a puffer/spacer device? | | | Yes | No | |
|  | 1. The school’s general first aid and emergency response procedures for all on/off-site environments? | | | Yes | No | |
|  | 1. Where the reliever medication/device for an individual student is kept/carried on person? | | | Yes | No | |
| **Communication** | | | | | | |
| **39** | Is there a communication plan in place to assist with the provision of information about asthma and relevant polices/procedures to: | | |  | | |
| 1. Staff? | | | Yes | No | |
| 1. Students? | | | Yes | No | |
| 1. Parents? | | | Yes | No | |
| **40** | Is there are process/es for distributing this information? | | | Yes | No | |
| 1. What is it/are they? | | |  | | |
| **41** | How is this information kept current? | | |  | | |
| **42** | Are there strategies in place to increase student awareness of asthma among students for all on/off-site activities? | | | Yes | No | |
| 1. What is it/are they? | | |  | | |

Note: This sample Annual Risk Management Checklist – Asthma template may not cover all areas of need for your school – please amend/adjust/edit to suit your particular requirements.

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