



PRINCIPAL

POST ANAPHYLAXIS INCIDENT CHECKLIST

School: _____

Student Name: _____

Date of Incident: _____

- ✓ Parents/guardians have been contacted to replace auto-injector.
- ✓ Access to the school's extra auto-injector is noted in an interim/updated Anaphylaxis Emergency Action Plan (until the replacement is provided).
- ✓ Contact the Superintendent, Deputy / Associate Superintendent, or Director.
- ✓ Review the student's individual action plan in consultation with the student's parents/guardians.
- ✓ Schedule a staff meeting as soon as possible to review the incident.
- ✓ Continue to update students and staff with information as appropriate.
- ✓ Review the school's anaphylaxis procedures to determine any potential issues requiring clarification or modification (eg. awareness, cleaning, etc). This will help the school to continue to meet its ongoing duty of care to students.

(Please file on completion)

Completed by: _____ (school admin)

Date: _____