



PRINCIPAL

POST ANAPHYLAXIS INCIDENT CHECKLIST

School: _____

Student Name: _____

Date of Incident: _____

- The adrenaline auto-injector must be replaced by the parent as soon as possible
- In the meantime, ensure that there access to the school's auto-injector and it is noted in the interim Individual Anaphylaxis Plan should another anaphylactic reaction occur prior to the replacement adrenaline auot-injector being provided.
- Contact the Deputy Superintendent or Associate Superintendent and District Resource Counsellor
- Incident Investigation Completed and sent to the Deputy/Associate Superintendent.
- Review the student's individual Anaphylaxis Management Plan in consultation with the student's parents. Contact has been made with the parents and date set to meet is _____.
- Schedule a staff meeting as soon as possible to review the incident
- Continue to update students and staff with information as appropriate
- The school's Anaphylaxis Management Policy should be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy. This will help the school to continue to meet its ongoing duty of care to students. Policy has reviewed. If modifications are required email them to the Superintendent for review.

(Please file on completion)

Completed by: _____

Date: _____

Emailed to Deputy or Associate Superintendent: _____