



Post-Incident Anaphylaxis Management

Service Name: _____

Date of Incident: _____

Completed by: _____

Role: _____

1. Immediate Post-Incident Actions

Replacement of Used Adrenaline Injector

- Used adrenaline injector identified and safely disposed of
- Parents/guardians notified immediately
- Replacement adrenaline injector requested
- Replacement adrenaline injector received

Date requested: _____

Date received: _____

2. Interim Plan (While Awaiting Replacement Injector)

- Interim risk minimisation plan developed
- Additional emergency procedures implemented (if required)
- All relevant staff informed of interim arrangements
- Interim plan documented and accessible

Details of Interim Plan:

3. Debrief and Review

Debriefing Session

- Debrief held with involved staff
- Incident response discussed
- Areas for improvement identified
- Accident, injury, illness form completed

Date of debrief: _____

Risk Minimisation Review

- Existing risk minimisation strategies reviewed
- Additional strategies identified (if required)

New/Updated Strategies:

Individualised Anaphylaxis Care Plan

- Child's anaphylaxis care plan reviewed
- Care plan updated (if required)
- Updated plan communicated to staff and family

4. Emergency Response Plan Review

- Emergency response plan reviewed
- Changes required identified
- Updates implemented and communicated to staff

Summary of Review:

5. Post-Incident Wellbeing Support

Access to Counselling and Support

- Staff offered access to post-incident counselling/support
- Children supported through age-appropriate wellbeing strategies
- Families informed of available support options (if applicable)

Details of Support Provided:

6. Sign-Off

Name:

Role:

Date:

Signature:
