**Anaphylaxis incident reporting template for Schools**

|  |  |  |
| --- | --- | --- |
| **Student’s name:** | | **Student’s date of birth:** |
| **Date of allergic reaction:** | | **Time of allergic reaction**: |
| **Name/s and position/s of staff member/s who provided first aid** |  | |
| **Symptoms observed** (tick all symptoms that were observed) | Swelling of lips, face, eyes  Tingling mouth  Hives or welts  Abdominal pain, vomiting  Difficult/noisy breathing  Swelling of tongue  Swelling/tightness in throat  Wheeze or persistent cough  Difficulty talking or hoarse voice  Persistent dizziness or collapse  Pale and floppy  Other (please specify): | |
| **Where was the student when the allergic reaction occurred?** |  | |
| **Where was the student treated?** |  | |
| **What is the likely cause of the allergic reaction?** |  | |
| **Was the student exposed to a known allergen?**  **If yes, what allergen?**  **If yes, how did this occur?** | Yes  No  Not sure  Please specify:  Please specify: | |
| **Does the student have an ASCIA Action Plan?** | ASCIA Action Plan for Anaphylaxis (red)  ASCIA Action Plan for Allergic Reactions (green)  ASCIA Action Plan for Drug (medication) Allergies  No  Not sure | |
| **Was the student’s ASCIA Action Plan followed?** | Yes  No (If no, please select the reason):  Student did not have an ASCIA Action Plan  ASCIA First Aid Plan for Anaphylaxis was followed  Other (please specify | |
| **During the allergic reaction, was the student positioned to either be laying flat or sitting with their legs outstretched?** | Yes  No (please specify): | |
| **Was the student’s prescribed adrenaline injector given?**  **If not, why?** | Yes  No  Student does not have a prescribed adrenaline injector  Expired  Misfired  Not close by  Other (please specify): | |
| **Was a general use (not prescribed to a student) adrenaline injector used?**  **If so, why?** | Yes  No  Student has not been diagnosed with an allergy  Student has not been prescribed an adrenaline injector but has an ASCIA Action Plan for Allergic Reactions (green)  Second dose needed  Student’s prescribed device was expired  Student’s prescribed device misfired  General use device was closer to hand than prescribed device  Other (please specify): | |
| **How long after observing the first symptom of anaphylaxis was the adrenaline injector given?** | Less than 5 minutes  Between 5-10 minutes  Between 10- 20 minutes  No adrenaline injector was given  Other (please specify): | |
| **What other medications were given by school staff?** | Antihistamine (e.g. Claratyne®, Zyrtec®)  Asthma reliever (e.g. Ventolin®)  Additional adrenaline doses  Other (please specify): | |
| **Was an ambulance called?** | Yes  No (please specify): | |
| **How was the student transported to the ambulance?** | Walked  Carried  Stretchered  Other (please specify): | |
| **Was the student transported to hospital?**  **If yes:**  **Was the student’s ASCIA Action Plan taken with the student?**  **Was the student’s prescribed adrenaline injector taken with the student?** | Yes  No (please specify):  Yes  No  Yes  No | |
| **Was the parent/emergency contact called?** | Yes  No (please specify): | |
| **Please provide any other information in relation to this incident** |  | |

Full name of the person completing this record:

Signature:

Position:

Date:

Has this record been made available to the parent/family and doctor of the child?

Date provided to family:

Date provided to doctor: