



How to Use an Auto Injector

How to use EpiPen and EpiPen Jr (Epinephrine) Auto-Injectors:



1 Hold firmly with orange tip pointing downward.
Remove blue safety release.



2 Swing and push orange tip firmly into mid-outer thigh until you hear a 'click.'
Hold on thigh for 10 seconds.

How to use Twinject Auto-Injectors:

Step 1 – Make sure that the medicine is ready!

Examine your Twinject 0.3mg or Twinject 0.15mg regularly. It may not work if the medicine looks cloudy (has particles), pinkish, or more than slightly yellow, or if the expiration date has passed.

Step 2 – First Dose



1 – Pull off **GREEN** end cap marked [1] to see a **RED** tip. Never put thumb, finger or hand over the red tip.



2 – Pull off **GREEN** end cap marked [2].



3 – Place **RED** tip against mid thigh (injection can go through clothing).

4 – Press down hard until the needle enters thigh through skin – hold while slowly counting to 10.

5 – Remove auto-injector and check **RED** tip; if needle is exposed, dosage has been received. If not, repeats steps 3 and 4.

6 – Prepare for second dose.

CALL 911 or the closest emergency department as soon as you administer the first dose.

Step 3 – Prepare for Second Dose



1 – Unscrew and remove **RED** tip. Beware of the exposed needle.



2 – Holding **BLUE** hub at needle base, remove syringe from barrel.



3 – Slide **YELLOW** collar off plunger.

4 – **PAUSE HERE.** If the symptoms have not improved within 10 minutes of the first injection, proceed with steps 5 and 6.



5 – Put needle into thigh (upper leg).

6 – Push plunger down all the way.

Do not forget to give the used Twinject to a Healthcare Worker for proper disposal.

Do not throw it away in the trash.

After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. For more information, go to EpiPen.ca



Individual Anaphylaxis Plan



Child's Name: _____

This child has a potentially life threatening allergy (anaphylaxis) to:

- Checkboxes for Peanut, Insect Stings, Latex, Medication, Legumes, Tree Nuts, Egg, Milk, Other.

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked, bulk food or products with a "may contain" warning.

Epinephrine Auto-Injector #1 [] Yes [] No Expiry Date: ____/____/____
Epinephrine Auto-Injector #2 [] Yes [] No Expiry Date: ____/____/____

Dosage: [] Epi Pen ____mg [] Twinject ____mg

*An Administration of Drugs & Medications Permission Form needs to be filled in for all medications (ie: epi-pen, antihistamine, inhaler)

Antihistamine [] Yes [] No Expiry Date: ____/____/____

Antihistamine Dosage: ____mg

Location of Auto-Injector / Antihistamine: _____

Child Self Carries Auto-Injector: [] Yes [] No

[] Asthmatic: Child is at greater risk. If child is having a reaction and has difficulty breathing, give Epinephrine Auto-Injector BEFORE Asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- Checkboxes for Skin, Respiratory (breathing), Gastrointestinal (stomach), Cardiovascular (heart) symptoms.

Act quickly. The first signs of a reaction can be mild, but symptoms worsen very quickly.

- 1. Administer Epinephrine Auto-Injector (eg. EpiPen, Twinject) and Antihistamine ([] Antihistamine Not applicable) at the first sign of a reaction.
2. Call 911. Tell them that someone is having a life-threatening allergic reaction.
3. Call parents/emergency contacts
4. Give a second dose as early as 5 minutes IF the reaction continues or worsens. [] 2nd dose Not applicable
5. Go to the nearest hospital even if symptoms are mild or have stopped.
6. The child's Individual Emergency Plan and administered Auto Injector to accompany child to hospital and is given to medical personnel or child's parent for disposal

Monitoring and Avoidance Strategies:

[] I would like to attach additional information to my child's Individual Anaphylaxis Plan.

Parent/Guardian Signature Date OR Physician's Signature Date



YMCA OF HAMILTON/BURLINGTON/BRANTFORD

Anaphylaxis Parental Statement

I, _____, acknowledge that the YMCA Site Supervisor has been trained to administer an Auto-Injector for _____. I authorize _____ the YMCA Site Supervisor to train all educators, volunteers and placement students to administer an Auto-Injector at time of an anaphylactic reaction as described on the Individual Emergency Plan.

Parent / Guardian Name Parent / Guardian Signature Date

YMCA Supervisor/Designate Name YMCA Supervisor/Designate Signature Date

Emergency Contact Information:

Table with 5 columns: Name, Relationship, Home Phone, Work Phone, Cell Phone

The above signed patient, parent or guardian authorizes YMCA to administer Epinephrine to the above named in the event of an anaphylactic reaction. This protocol has been recommended by patients' physician.

Changes to the original plan will be edited in the original plan and signed and dated below

Changes to Original Plan:

Table with 3 columns: Date of Change, Print Parent/Guardian's Name, Parent/Guardian's Signature



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Educator Sign Off

* FOR STAFF USE ONLY *

The policies and procedures listed below will be reviewed prior to employment and at least annually.

All educator, students, and volunteers will review the individual plan for each child before they begin employment/ participation/ placement and at least annually thereafter. As well, all educator, students and volunteers will review the Individual Anaphylaxis Emergency Plan of any new children prior to them starting the program.

*I have read and understand the Individual Anaphylaxis Emergency Plan for the following child located at:

Centre: _____ Child's Name: _____

_____ Educator Signature	_____ Print Educator's Name	_____ Reviewing Supervisor's Initials	_____ Date
_____ Educator Signature	_____ Print Educator's Name	_____ Reviewing Supervisor's Initials	_____ Date
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_____ Educator Signature	_____ Print Educator's Name	_____ Reviewing Supervisor's Initials	_____ Date

*Attach to the back side of the Individual Anaphylaxis Emergency Plan