YMCA OF HAMILTON/BURLINGTON/BRANTFORD

How to Use an Auto Injector

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



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



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 of **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.

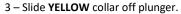
- 5 Remove auto-injector and check **RED** tip; if needle is exposed, dosage has been received. If not, repeats steps 3 and 4.
- 6 Prepare for second dose.

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.





4 – <u>PAUSE HERE</u>. 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

YMCA OF HAMILTON/BURLINGTON/BRANTFORD Individual Anaphylaxis Plan

	Child's Name:				
	This child has a potentially life threatening allergy (anaphylaxis) to:				
	☐ Peanut	☐ Tree Nuts			
	☐ Insect Stings	☐ Egg			
	☐ Latex	☐ Milk			
	☐ Medication	☐ Other:			
	☐ Legumes				
	Food: The key to preventing an anaphylactic emergency is absolute				
Place child's photo here	Place child's photo here avoidance of the allergen. People with food allergies sho or eat unmarked, bulk food or products with a "may cont				
l last simula process	Epinephrine Auto-Injector #1		varriing. /		
	Epinephrine Auto-Injector #2	• •			
	Dosage: ☐ Epi Penr		ed in for all		
	*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 / A	ntihistamine:			
	Child Self Carries Auto-Inject	or: ☐ Yes	□No		
	☐ Asthmatic: Child is at grea	iter risk. If child is having a reaction	on and has		
		ephrine Auto-Injector <u>BEFORE</u> As	thma		
	medication.				
A person having an anaphylac	tic reaction might have ANY of t	hese signs and symptoms:			
☐ Skin: Hives, swelling, itching, warmth, redne ☐ Respiratory (breathing): Wheezing, shortnes ☐ Gastrointestinal (stomach): Nausea, pain/cra ☐ Cardiovascular (heart): Pale blue coloured skings.	is of breath, throat, tightness, co amps, vomiting, diarrhea kin, weak pulse, passing out, dizz	y, light headed			
Act quickly. The first signs of a	reaction can be mild, but symp	toms worsen very quickly.			
1. Administer Epinephrine Auto-Injector (e	g. EpiPen, Twinject) and Antihist	tamine (Antihistamine Not app	olicable) at the		
first sign of a reaction.					
2. Call 911 . Tell them that someone is having	ng a life-threatening allergic reac	tion.			
3. Call parents/emergency contacts4. Give a second dose as early as 5 minutes	IF the reaction continues or wor	sens	a		
5. Go to the nearest hospital even if symptom		sens. Le 2 dose Not applicable	5		
6. The child's Individual Emergency Plan ar		accompany child to hospital and	l is given to		
medical personnel or child's parent for o					
Monitoring and Avoidance Strategies:					
\square I would like to attach additional information to my	child's Individual Anaphylaxis Pl	an.			
Parent/Guardian Signature	Date OR Physicia	an's Signature	Date		
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YMCA OF HAMILTON/BURLINGTON/BRANTFORD

Anaphylaxis Parental Statement

l,	, nave t	rained		to	
(Parent/Guardian)	(YMCA Supervisor/Designate)			-	
administer an Auto-Injector for				. I authorize	
	(Child's Legal Name)				
	to train all educator, volu	inteers and			
	placement students at				
to administer an Auto-Injector at tim	e of an anaphylactic reac	tion as described on the	Individual Emergency	Plan.	
Parent / Guardian Name	Parent / Guardian Signature		Date		
raienty Guardian Name	raient / Guarui	raient/ Guardian Signature		bate	
YMCA Supervisor/Designate Name	YMCA Superviso Signature	YMCA Supervisor/Designate		Date	
	F	Contact Information			
		Contact Information:			
Name	Relationship	Home Phone	Work Phone	Cell Phone	
The above signed patient, parent or guardian of This protocol has been recommended by patie		Epinephrine to the above name	ed in the event of an anaphy	vlactic reaction.	
hanges to the original plan will	be edited in the orig	ginal plan and signed	and dated below		
	Changes to	Original Plan:			
Date of Change:	Print Parent/Gu	ardian's Name:	Parent/Guard	lian's Signature:	