

AUTO-ADRENALINE INJECTOR FORM



ABOUT THE CHILD

| | | | | | | | | |
|------------|-------------------------------------|----------------------|-------------------------------------|-------|-------------------------------------|-------------------|-------------------------------------|--------------|
| Full Name: | <input checked="" type="checkbox"/> | Female | <input checked="" type="checkbox"/> | Male | <input checked="" type="checkbox"/> | Prefer not to say | | |
| Age: | Group No: | DOB: ___ / ___ / ___ | <input checked="" type="checkbox"/> | Child | <input checked="" type="checkbox"/> | Staff | <input checked="" type="checkbox"/> | Other: _____ |

ABOUT THE PARENT / CARER

| | |
|------------|-----------|
| Full Name: | Relation: |
|------------|-----------|

TYPE OF AUTO-ADRENALINE INJECTOR

INSTRUCTIONS

| | | |
|-------------------------------------|---------|--|
| <input checked="" type="checkbox"/> | Epi-pen | See relevant instructions on the back, if instructions differ please include details here: |
| <input checked="" type="checkbox"/> | Jext | |
| <input checked="" type="checkbox"/> | Emerade | |

ALLERGY

| | | | | | | | |
|-------------------------------------|-------------|-------------------------------------|-----------|-------------------------------------|---------|-------------------------------------|--------------|
| <input checked="" type="checkbox"/> | Nuts | <input checked="" type="checkbox"/> | Tree Nuts | <input checked="" type="checkbox"/> | Mustard | <input checked="" type="checkbox"/> | Sulphites |
| <input checked="" type="checkbox"/> | Sesame | <input checked="" type="checkbox"/> | Peanuts | <input checked="" type="checkbox"/> | Eggs | <input checked="" type="checkbox"/> | Lupin |
| <input checked="" type="checkbox"/> | Fish | <input checked="" type="checkbox"/> | Celery | <input checked="" type="checkbox"/> | Milk | <input checked="" type="checkbox"/> | Molluscs |
| <input checked="" type="checkbox"/> | Crustaceans | <input checked="" type="checkbox"/> | Gluten | <input checked="" type="checkbox"/> | Rye | <input checked="" type="checkbox"/> | Other: _____ |

LAST KNOWN REACTION

| | | | | | | |
|--------|------------|--------------------|-----|-------------------------------------|----|-------------------------------------|
| Date : | Severity : | Auto-Injector Used | Yes | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|--------|------------|--------------------|-----|-------------------------------------|----|-------------------------------------|

CHECK

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| Is the medication properly labelled? | Yes | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Is the name on the medication the same as that of the child stated above? | Yes | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Is the medication in date? | Yes | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> |

ACTIV CAMPS POLICY

We request two epi-pens to ensure the safest and fastest administration of first aid treatment should a reaction occur in our care. This is also advised by The UK's Medicines and Healthcare Products Regulatory Agency stating "In some cases, a single injection is not sufficient to achieve a response for a number of reasons, including severity of attack as well as the possibility that a dose has not been effectively administered; a second injection may therefore be needed."

Auto-adrenaline Injector 1 - Held in the site's secure centralised first aid box.

Auto-adrenaline Injector 2 - Held by your child's Activity Instructor and move around Camp with your child all day.

| | |
|--|-------------------------------------|
| I have read and understood the Activ Camp policy for auto-adrenaline injectors | <input checked="" type="checkbox"/> |
| I understand the risks of only supplying 1 auto-adrenaline injector | <input checked="" type="checkbox"/> |

SIGNATURES

| | |
|-----------------------------|------------------------|
| Signed (Lead First Aider): | Date: ___ / ___ / 2021 |
| Signed (Parent / Guardian): | Date: ___ / ___ / 2021 |

NOTES:

- Medication will never be given without prior written request of parent/carer, and each medication must have its own form.
- New forms do not need to be completed every day as a completed form is valid for the season only (ie Easter, Summer, October). Parents/Guardians are responsible for collecting medication at the end of each day and handing back to Activ Camps if child returns to camp the same week/season.
- A new form must be completed if any information on this form changes (ie. type of medication, dosage, etc.).
- Where the administration of prescription medicine requires technical/medical knowledge, individual training will be provided for staff from the parent/carer and/or a qualified health practitioner. The training will be specific to the individual child.
- If, for any reason, a child refuses to take their medication, staff will not attempt to force them to do so. If and when such a situation occurs, the Site Manager and the child's parent/guardian will be notified, and the incident recorded.

Instructions for EpiPen

1. Take the epinephrine auto-injector out of its package.
2. Remove the blue safety cap.
3. Hold the auto-injector in your fist. The needle comes out of the orange end, so be careful not to hold your hand over the end.
4. Push the end with the needle firmly against the side of the child's thigh, about halfway between the hip and knee. Inject the medicine into the fleshy outer portion of the thigh. Do not inject into a vein or the buttocks.
5. You can give the injection through clothes or on bare skin.
6. Hold the auto-injector in place until all the medicine is injected—usually no more than 3 seconds.
7. Remove the needle by pulling the pen straight out. A protective shield will cover the needle as soon as it is removed from the thigh. Put the injector back into its safety tube. Give it to paramedics when they arrive.
8. Massage the area after the injection.

Instructions for Jext

1. Grasp the Jext injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
2. Pull off the yellow cap with your other hand.
3. Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh.
4. Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.
5. Massage the injection area for 10 seconds. Seek immediate medical help.

Instructions for Emerade

1. Remove the needle shield.
2. Press against the thigh, hold for 5 seconds.
3. Massage the injection area for 10 seconds. Seek immediate medical help.