

Sunrise School Division

Board Policy**Policy Number -**

Policy Title	Policy – Anaphylaxis/Life Threatening Allergies		
Date of Issue	November 27, 2003	Related Procedure	Request for Medication Administration
Revision Dates	June 2009	Related Forms	Unified Referral & Intake System Nursing Forms; Northeastman Health Association Operational Plan for provision of URIS Service Delivery
Review Date	As required	Originator	Board of Trustees

Section A	Information and Awareness
Section B	Avoidance
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Section D	Division of Responsibilities

Anaphylaxis - sometimes called "allergic shock" or "generalized allergic reaction", is a severe allergic reaction that can lead to rapid death, if untreated. Persons who experience anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Although peanuts may be the most common allergen causing anaphylaxis in school children, there are many others. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

Despite the best efforts of parents and schools, no individual or organization can guarantee an "allergy-free" environment. The only way to protect children who are known to be at risk of anaphylaxis is to avoid the allergen. It is a matter of life and death. Schools must have a clear plan for responding to an anaphylactic emergency. When an anaphylactic emergency occurs, the injection of epinephrine usually allows enough time to get the child to a hospital. Without epinephrine, death can occur within minutes. *Epinephrine will only be administered in schools through the use of an adrenaline auto-injector.*

A. Information and Awareness

1. Identification of students who may urgently require medication/treatment to the School Administration and Staff
 - It is the responsibility of parents/guardian whose children may urgently require medication/treatment to identify their children to the school administrator by completing the health information section of their School Registration form which includes a section for parental/legal guardian authorization for a Health Care Plan to be created.
 - Principal/Designate will collect the Health Care Information for each identified child and forward it to the URIS Clerk.
 - URIS Nurse accepts the URIS Group B Application and approves for support.
 - When URIS support is approved, the registered nurse shall review Group B Health Care Procedures for each identified student in order to develop and maintain a written Individual Health Care Plan (*IHCP*) and/or Emergency Response Plan (*ERP*) for each child requiring assistance by school personnel for Group B health care procedures. For children who are able to independently accomplish their own Group B health care procedure, the registered nurse will develop a child specific Emergency Response Plan (*ERP*). These plans are developed by the registered nurse in consultation with parents, school personnel and, if required, by the physician.
2. Identification of Students who may urgently require medication/treatment to Staff
 - All staff members shall be made aware that a child who may urgently require medication/treatment is attending their school, and the child shall be identified, either individually or at a staff meeting at the beginning of the school year.
 - All students identified as having a life threatening allergy shall have an "allergy alert" attached to their cumulative file. This "allergy alert" shall remain on the cumulative file throughout the student's attendance in Sunrise School Division.
 - The child's classroom teacher shall ensure that a copy of the Individual Health Care Plan (*IHCP*) and/or Emergency Response Plan (*ERP*) is kept in a binder where it will be clearly marked, accessible and readily available to teachers.

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- It is recommended that students wear a medic-alert bracelet which identifies specific medical information.
- Medications shall be clearly marked with the student's name.

3. In-service for Teachers and Other School Staff

- The Administrator shall ensure that group training is provided by a health care professional (i.e. registered nurse/doctor/pharmacist) and that this training occurs annually with school personnel, substitute teachers, bus drivers, lunch hour supervisors and volunteers, in schools where children with life threatening medical conditions are enrolled.
- All staff who may be in a position of responsibility for children with life threatening medical conditions shall receive child-specific training related to the medical condition which is provided by a registered nurse.
- Parents of the child with life threatening medical conditions shall ensure that the specific information about their child is made available to school personnel to be included in training sessions. Parents are encouraged to attend/participate in training sessions.

4. Sharing Information with Other Students and Parents

- In consultation with parents and student, the school may identify a student with life threatening medical conditions to classmates who are in direct contact with the child and enlist their understanding and support. This shall be done in a way that is appropriate to the student's age and maturity, without creating fear and anxiety.

5. Maintaining Open Communication between Parents and the School

- The school shall maintain open lines of communication with the parents of students with life threatening medical conditions.
- Parents shall be involved in establishing specific plans for their own children, and may be involved in training staff in emergency procedures.

B. Avoidance

The greatest risk of exposure to allergens is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping, or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and a reluctance to carry medication.

Avoidance of specific allergens is the cornerstone of management in preventing anaphylaxis. All of the following strategies shall be considered in the context of the student's age and maturity as well as the organization and physical layout of the school and the properties of the allergen(s). As students mature, they shall be expected to take increasing personal responsibility for avoidance of their specific allergen(s).

1. Establishing Safe Lunchroom and Eating Area Procedures

Students with life threatening allergies are dependent upon the school community to minimize the presence of substances to which the student is allergic.

- Strongly encourage students with life threatening allergies to eat only food prepared from home.
- Discourage the sharing of food, utensils and containers.
- Encourage the child with life threatening allergies to take the following precautions such as:
 - placing food on wax paper or a paper napkin rather than directly on the desk or table
 - taking only one item at a time from the lunch bag to prevent cross contamination.
- Establish a hand-washing routine before and after eating.
- Recommend that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for students with peanut allergies because of the adhesive nature of peanut butter.

2. Allergens Hidden in School Activities

Not all allergic reactions are a result of exposure at meal times.

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Children with life threatening allergies may be at risk if involved in garbage disposal, recycling, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.

- Teachers shall choose products which are safe for all children in the classroom.
- Teachers, particularly in the primary grades, shall be aware of the possible allergens present in curricular materials such as:
 - craft materials (playdough, egg cartons, etc.) pets and pet food
 - bean-bags, stuffed toys (peanut shells are sometimes used) counting aids (beans, peas)
 - toys, books and other items which may have become contaminated in the course of normal use
- Science projects, participation in Home Economics special seasonal activities (Easter eggs and garden projects).
- Allow the child with life threatening allergies to keep the same locker and desk all year in order to help prevent accidental contamination, as foods are often stored in lockers and desks.

3. Holidays and Special Celebrations

Food is often associated with special occasions and events. The following procedures will help to protect the child with life threatening allergies:

- Require the child with life threatening allergies to eat food brought from his or her own home.
- Focus on activities rather than food to celebrate special occasions.

4. Field Trips/Excursions

In addition to the usual school safety precautions applying to field trips, the following procedures shall be in place to protect the child with life threatening allergies:

- Require all staff and volunteers to be aware of the identity of the child with life threatening allergies, the allergens, symptoms and treatment.
- Ensure that a staff member with training in the use of the Auto-injector is assigned responsibility for the child with life threatening allergies. A copy of the Individual Health Care Plan (*IHCP*) and Emergency Response Plan (*ERP*) shall be carried by the person responsible for administration of the auto-injector.

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- If the risk factors are too great to control, the child with life threatening allergies may be unable to participate in the field trip. Parents shall be involved in this decision.
- Teachers/Administrators shall ensure that emergency response plans are in place when planning the trip.
- There shall be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during an excursion.

5. Anaphylaxis to Insect Venom

Avoidance is more difficult to achieve for this type of allergy, but certain precautions by the schools may be helpful:

- Request removal of insect nests from school property by calling the Maintenance Manager for northern schools at 268-6528.
- Allow students with life threatening allergies to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room if a bee or wasp enters.
- During wasp season (August to October approximately) students should refrain from bringing food and drinks outdoors.
- Ensure proper storage of garbage in well-covered containers.

C. Emergency Response Protocol

Even when precautions are taken, a student with life threatening allergies may come into contact with an allergen while at school. A separate emergency plan shall be developed for each child with life threatening allergies, in conjunction with the child's parents and registered nurse, and kept in a readily accessible location.

1. Emergency Plans

Epinephrine is the treatment for an anaphylactic reaction. There are no contradictions to the use of epinephrine for a life threatening allergic reaction. Epinephrine must be administered as early as possible after the onset of symptoms of severe allergic response.

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- The emergency plan includes the following:
 - communicate the emergency to a staff person who is trained in the use of the Auto-injector
 - administer the Auto-injector (NOTE: Although most children with life threatening allergies learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. (Adult supervision is required.)
 - call 911 and inform the emergency operator that a child is having an anaphylactic reaction
 - transport the child to hospital at once by ambulance
 - provide a copy of the Individual Health Care Plan (*IHCP*) and/or Emergency Response Plan (*ERP*) (as well as the used Auto-injector to the ambulance attendants)
 - telephone the parents of the child
 - implement Procedures of Routine Practices as appropriate.

*Note: *All hazardous materials should be stored in a special container and disposed of accordingly.*

2. Location of Auto-injectors

- Students shall carry their own auto-injectors on their person at all times with instructions for use.
- Where a question arises regarding the urgency of medication or the capability of a student, the registered nurse in consultation with parent/guardian, physician, and school personnel shall develop an appropriate plan.
- Parents have the option of supplying an extra auto-injector to be kept in the school office for emergency situations. An optional back up auto-injector shall be kept in a covered and secure area, but unlocked for quick access.

3. Review Process

School emergency response and general health care procedures for each student with life threatening allergies shall be reviewed annually at the beginning of September with staff and parents. High schools need to provide information to staff before each semester. In the event of an emergency response, an immediate evaluation of the procedure shall be undertaken.

D. Division of Responsibilities

Ensuring the safety of children with life threatening allergies in a school setting depends upon the understanding and support of the entire school community. To minimize risk of exposure, and to ensure rapid response to emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

1. Responsibilities of the **Parents/Legal Guardians** of a Child with Life Threatening Allergies

- Inform the school of their child's allergies.
- Provide the school with physician's instructions for administering medication by completing the Health Care Information section of the School Registration form.
- Sign the Authorization for the development of a Health Care Plan
- Provide the child with a clearly labelled current (up-to-date) Adrenaline auto-injector(s) and keep current.
- Provide support to school and teachers as required.
- If possible and appropriate, supply information for school publications including:
 - items to avoid that may contain allergens
 - resources
- Provide safe foods for special occasions.
- Teach their child:
 - to recognize the first symptoms of an anaphylactic reaction
 - to communicate clearly when he or she feels a reaction starting to carry his/her own auto-injector.
 - not to share snacks, lunches or drinks
 - to understand the importance of hand-washing
 - to cope with teasing and being left out to report bullying and threats to an adult in authority
 - to take as much responsibility as possible for his/her own safety.
- Consider a medic alert bracelet for their child.

2. Responsibilities of the **Supervisor of Transportation**

- To ensure that all bus drivers are trained on the use of an adrenaline auto-injector.

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- To ensure that a child with life threatening allergies has an individual transportation plan which includes the process for dealing with a potential anaphylactic reaction on a school bus.

3. Responsibilities of the **Administrator**

- Assist with the development and implementation of policies and procedures for reducing risk in classrooms and common areas.
- Work as closely as possible with the parents of a child with life threatening allergies.
 - Inform students about the nature of anaphylaxis at a student assembly.
- Ensure that the parents have completed Authorization for the development of a Health Care Plan.
- Notify the staff of the child with life threatening allergies, their allergens and the avoidance and treatment strategies.
- Post allergy-alert information including a photo-poster that identifies each student in the staff room and/or office
- Maintain up-to-date emergency contacts and telephone numbers (suggestions: red/orange sticker)
 - Cumulative file is to contain the most current phone numbers.
 - Establish a current list of public health nursing personnel for the school.
- Ensure that the "allergy alert" is attached to the cumulative file
- Ensure that all staff and, where appropriate, lunch hour supervisors, bus drivers, and volunteers have received training related to life threatening allergies.
- Notify parents that training has been completed.
- Ensure that all substitute teachers are informed of the presence of a child with life threatening allergies and that appropriate support/response is available should an emergency occur.
- Discuss with parent/child the option of informing other parents that a child with life threatening allergies has direct contact with their child and ask for their support and cooperation.
- Establish safe procedures for field trips and extra-curricular activities.
- Develop a school plan for reducing risk in classrooms and common areas.
- Consult members of the Student Support Services Team at each school, for dealing with issues involving bullying and threats.

3. Responsibilities of the **URIS Nurse**

- Request and compile all Group B URIS Application and Authorization for the Release of Medical Information form from all schools.

- Train and monitor personnel involved with child with life threatening allergies, develop Individual Health Care Plan (*IHCP*) and/or Emergency Response Plan (*ERP*) on an annual basis.

4. Responsibilities of the **Classroom Teacher**

- Leave information in an organized, prominent and accessible format for substitute teachers.
- With permission of parent/legal guardian, display a photo-poster in the staffroom and office and in substitute's binder in the classroom.
- Discuss anaphylaxis with the class, in age-appropriate terms.
- Encourage students not to share lunches or trade snacks.
- Choose products which are safe for all children in the class.
- Encourage children with life threatening allergies to eat only what he/she brings from home.
- Reinforce hand washing before and after eating.
- Where appropriate, facilitate communication with other parents.
- Follow the Sunrise School Division Anaphylaxis Policy for reducing risk of exposure to allergens.
- Consult with members of the Student Support Services Team at each school regarding issues of bullying and threats
- Ensure that auto-injectors are taken on field trips and emergency response plans are in place when planning the trip.
- Consult with parents when planning activities such as field trips, art and home economics projects in order that alternate plans can be developed if necessary.

5. Responsibilities of the **Registered Nurse**

- Review URIS Group B Application forms which identify children with life threatening allergies after URIS approval has been received.
- Consult with and provide information to parents, students, school personnel and Supervisor of Transportation.
- Develop an Individual Health Care Plan (*IHCP*) and/or an Emergency Response Plan (*ERP*) for the child with known risk of anaphylaxis.
- Provide child specific training and ongoing monitoring to personnel involved with children with known risk of anaphylaxis.

7. Responsibilities of the **Student** with Life threatening Allergy

- Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake as developmentally appropriate.
- Eat foods brought from home.
- Wash hands before and after eating.
- Learn to recognize symptoms of an anaphylactic reaction as developmentally appropriate.
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
- Keep an auto-injector on his/her person at all times (fanny pack).
- Know how to use the auto-injector as developmentally appropriate.

8. Responsibilities of **All Parents**

- Support requests from school to eliminate allergens from packed lunches and snacks and, if appropriate, participate in parent information sessions.
- Encourage children to respect the needs of children with life threatening allergies and Sunrise School Division Anaphylaxis Policy.
- Inform the teacher prior to distribution of food products to any children in the school.

9. Responsibilities of **All Children in the Class**

- Avoid sharing food, especially with children with known risk of anaphylaxis,
- Follow school rules about keeping allergens out of the classroom and washing hands.
- Refrain from bullying or teasing a child with a known risk of anaphylaxis.

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APPENDIX OF FORMS

1. Sunrise School Division Health Care Information Registration Insert
2. Unified Referral & Intake System (URIS) Group B Application
3. Anaphylaxis Health Care Plan
4. Handwashing Protocol
5. Procedures of Routine Practice



SUNRISE SCHOOL DIVISION

HEALTH CARE INFORMATION

STUDENT'S NAME: _____

SCHOOL: _____

This form is to be used when a student registers and may be used if a student requires a U.R.I.S.* Application

- 1. a) Does your child have any allergies? _____ If yes, please list specific allergies.

- b) Does your child have an Epi-Pen for allergies? _____ **Please note:** If yes, your child must wear the Epi-Pen at all times.
- 2. Does your child take medication for asthma (including inhalers)? _____ If yes, how often? _____
- 3. Will your child need to take medication at school? _____ If yes, please explain what it is and how often?

- 4. Does your child take medication at home? _____ If yes, what it is and how often?

- 5. Does your child have seizures? _____ If yes, when was the last seizure? _____
- 6. Does your child have any other health concerns we need to be aware of? (e.g. diabetes, migraines, heart condition, etc.)

If your child has health care issues, which require a Health Care Plan, your child's school will request your authorization.
 I agree that a Health Care Plan can be created for _____.

Parent/Legal Guardian Signature: _____ Date: _____

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Please note the actual two page double-sided form should be downloaded separately – this is ONLY a sample of the information for your reference.

Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act (PHIA)*, the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community program information (to be completed by the community program)

Type of community program (please √) <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program	Name of community program:		
	Contact person:		
	Phone:	Fax:	
	Email:		
	Address (location where service is to be delivered):		
	Street:		
	City/Town:	POSTAL CODE:	

Section II - Child information

Last Name	First Name	Birthdate

month (print) **D D Y Y Y Y**

Also Known As

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Please check (√) all health care conditions for which the child requires an intervention during attendance at the community program.

<input type="checkbox"/>	Life-threatening allergy (and child is prescribed an EpiPen)	
	Does the child bring an EpiPen to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Asthma (administration of medication by inhalation)	
	Does the child bring asthma medication (puffer) to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Can the child take the asthma medication (puffer) on his/her own?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Seizure disorder	
	What type of seizure(s) does the child have?	
	Does the child require administration of rescue medication (e.g., sublingual lorazepam)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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<input type="checkbox"/> Diabetes What type of diabetes does the child have? Type 2	<input type="checkbox"/> Type 1 <input type="checkbox"/>
Does the child require blood glucose monitoring at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require assistance with blood glucose monitoring?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child have low blood sugar emergencies that require a response?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Cardiac condition where the child requires a specialized emergency response at the community program. What type of cardiac condition has the child been diagnosed with?	
<input type="checkbox"/> Bleeding Disorder (e.g., von Willebrand disease, hemophilia) What type of bleeding disorder has the child been diagnosed with?	
<input type="checkbox"/> Steroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease) What type of steroid dependence has the child been diagnosed with?	
<input type="checkbox"/> Osteogenesis Imperfecta (brittle bone disease)	
<input type="checkbox"/> Gastrostomy Feeding Care Does the child require gastrostomy tube feeding at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require administration of medication via the gastrostomy tube at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Ostomy Care Does the child require the ostomy pouch to be emptied at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require the established appliance to be changed at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require assistance with ostomy care at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Clean Intermittent Catheterization (IMC) Does the child require assistance with IMC at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Pre-set Oxygen Does the child require pre-set oxygen at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child bring oxygen equipment to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Suctioning (oral and/or nasal) Does the child require oral and/or nasal suctioning at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child bring suctioning equipment to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section III - Authorization for the Release of Medical Information

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I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

_____.

(child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

Parent/Legal guardian signature

Date

Mailing Address

Postal Code

Phone number

Please note the actual two page double-sided form should be downloaded separately – this is ONLY a sample of the information for your reference.

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Student:
Date:
School:

Address:

	DOB: MHSC: PHIN:
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Parent Information

#1	Home #: Work #:
#2	Home #: Work #:

Alternate Emergency Contact:

#1	Phone #:
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Physician:

Dr:	Phone #:
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Health Care Needs (Diagnosis)

ANAPHYLAXIS reaction to:

IHCP developed by: _____ **Date:** _____
Edna Aytona-Austman, R.N. (U.R.I.S. Nurse) Phone #: 268-6518

Received by: _____ **Date:** _____
(Principal's Signature)

Parent/Guardian: _____ **Date:** _____
(Signature)

ANAPHYLAXIS HEALTH CARE PLAN

Life threatening allergy to:

Child's "usual" reaction to allergen:

Type of auto injector and size:

- EpiPen® size: **Regular 0.3 mg** _____ **Junior 0.15 mg** _____
- Twinject size: **Adult 0.3 mg** _____ **Child 0.15 mg** _____

PLEASE NOTE:

Only the first injection of the Twin-ject will be taught at the community level. The second injection is considered a Group A procedure and cannot be taught at the community level.

Auto-injector location:

(It is recommended that the auto-injector be located with the child, not in a locked location).

- fanny pack**
- other: _____

- location of backup Epi-Pen: _____

Medic Alert worn:

- Yes
- No

ANAPHYLAXIS EMERGENCY RESPONSE PLAN

Child's Name:	Birth date:
<p>IF YOU SEE THIS: </p> <p><i>If ANY combination of the following signs occurs and there is reason to suspect anaphylaxis</i></p> <p>Throat tightness or closing Change in voice Difficulty swallowing Difficulty breathing Coughing Wheezing Change in skin color Dizziness Runny nose Red watery eyes Hives Itching Swelling Vomiting Diarrhea Stomach cramps Sense of doom Change in behavior Fainting or loss of consciousness</p>	<p>DO THIS:</p> <ol style="list-style-type: none"> 1. Give adrenaline auto-injector. 2. Activate 911/EMS. 3. Contact the child's parent/guardian. 4. If signs of anaphylaxis persist or recur, give second dose (if available) every 10-15 minutes. 5. Stay with the child. Provide relevant information to EMS personnel. <ul style="list-style-type: none"> • Signs of anaphylaxis seen • When signs were first observed (time) • When auto-injector was given • Where auto-injector was given • Effect of auto-injector on child

Auto-injector:

- ✓ **To be carried on person at all times**
- ✓ **Store in protective chamber at room temperature**
- ✓ **Avoid extreme heat, cold and sunlight**
- ✓ **Parent/Guardian to replace prior to expiration date.**



Handwashing for Staff

1. Use soap and warm **running** water.
2. Wet your hands and add soap.
3. Rub your hands vigorously for 5 to 10 seconds.
4. Wash all surfaces, including the backs of hands and between fingers.
5. Rinse your hands well under **running** water for 5 to 10 seconds.
6. Dry your hands well with a towel. Turn off the taps with a single-use towel.
7. Dispose of the cloth or paper towel.
8. Apply hand lotion, as needed.

Washing your hands is the single most effective way of reducing the spread of infection.



Procedures of Routine Practice

(formerly Universal Precautions)

Barrier Methods

- Wear disposables gloves when you encounter blood or blood-stained body fluid, especially if you have open cuts or chapped hands.
- Wash your hands with soap and water for 30 seconds after contact with blood or body fluids containing blood.
- Cover cuts or scratches with a bandage until they are healed.
- Use disposable absorbent material like paper towels to stop bleeding.
- Wash your hands as soon as you remove your gloves and never reuse them.

Cleaning and Disinfecting

- Immediately clean up blood spills using disposables, absorbent material. Wear disposables gloves.
- Wash with hot soapy water and disinfect with a solution of one part bleach to 9 parts water (1:9).

Disposal

- Discard blood-stained material in a sealed plastic bag and place in a lined, covered garbage container.
- Put blood-stained clothes in a sealed plastic bag. Machine wash separately in hot soapy water.
- Wash hands thoroughly afterwards.