

How to use EpiPen® and EpiPen® Jr Auto-injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:

1



- Hold firmly with **orange** tip pointing downward.
- Remove **blue** safety cap by pulling straight up. Do not bend or twist.

2



- Hold **orange** tip firmly against mid-outer thigh (with or without clothing), press firmly until you hear a 'click'.
- Hold on thigh for 10 seconds.
- Call 911 and transport to the hospital.



Built-in needle protection

- When the EpiPen® Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



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Trusted for over 25 years.

SEIZURE CARE

Activity in the brain is controlled by electrical impulses. If these electrical signals are not sent in the right order or at the proper rate, seizures can occur. Some things that can cause seizures are a high fever, a head injury, or poisoning.

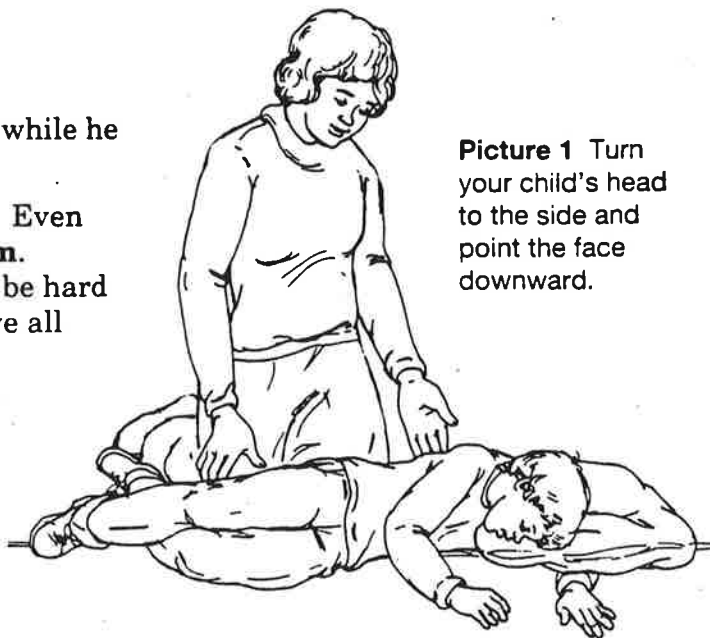
WHAT HAPPENS DURING A SEIZURE

Seizures can cause sudden, uncontrolled movements that involve the whole body or only certain parts, such as the face, arms, or legs. The eyes may move rapidly from side to side, may roll to one side, or may roll back making it difficult to see the colored part of the eye. During a seizure, your child may have irregular breathing, which can cause his or her lips to become blue. Your child may accidentally urinate or have a bowel movement during the seizure. When the seizure is over, your child may want to go to sleep.

WHAT TO DO DURING A SEIZURE

It is very important to protect your child from injury while he is having a seizure. Here are some tips to help you:

1. **Stay with your child until the seizure stops.** Even though you may feel frightened, **try to stay calm.**
2. Use a clock or watch to time the seizure. (It may be hard to remember to do this at the time, but because we all have a different sense of time, it is the only sure way to know exactly how long the seizure lasted.)
3. If your child is sitting or standing, gently **ease him to the floor.**
4. If possible, **place your child on his side.** Turn his head to the side with his face downward so that secretions can drain out of the mouth to prevent choking. Place something soft under his head.
5. Loosen tight clothing.
6. If your child wears glasses, remove them.
7. **Move the tables, chairs, or other hard objects away** so that he cannot hurt himself. (If objects cannot be removed, gently slide your child away from them.)



Picture 1 Turn your child's head to the side and point the face downward.

WHAT NOT TO DO

- **Do not** try to open the child's mouth or place anything between the teeth. This could injure his gums or break his teeth.
- **Do not** try to stop or restrain the child's movements.
- **Do not** put your fingers into the child's mouth. He might accidentally bite them.



Wellington Protocol for Care of Children Who Fall

Do **NOT** move a child who:

- | | |
|---|--|
| • falls more than 5 feet. | >Call the nurse, trainer, or 911 |
| • does not get up after fall of any distance. | >Call the nurse, trainer, or 911 |
| • says he/she can't move. | >Call the nurse, trainer, or 911 |
| • has pain in head, neck, or back. | >Call the nurse, trainer, or 911 |
| • has a deformity of an extremity. | >Call the nurse, trainer, or 911 |
| • is unconscious, not responding. | >Call 911 immediately, then call the nurse |
| • is not breathing. | >Start rescue breathing, call 911, then call the nurse |
| • has severe bleeding despite pressure. | >Call 911 immediately, then call the nurse |
| • has a seizure after a head injury. | >Call 911 immediately, then call the nurse |
| • has a seizure, without prior history. | >Call 911 immediately, then call the nurse |



Signs that a head injury may be serious:

- Severe headache
- Dizziness
- Confusion
- Irritability
- Drowsiness
- Nausea and/or vomiting
- Pupils are different sizes; visual disturbance
- Loss of muscle coordination
- Irregular breathing
- Seizures
- Bleeding or discharge from the ear



First aid for minor injuries:

Cuts, scrapes, broken skin

Floor / rug burn

Hard blow over a bony prominence

Blow to the head

Bruise

Neosporin + bandaid

Neosporin + bandaid

Ice

Ice + must be seen by the nurse

Ice



To stop a nosebleed:

Have student pinch both nostrils, as if going underwater, and send student to the nurse.

First aid supplies are in the kit by the recess door.

Teacher's Checklist for Managing Food Allergies:

- Know how to recognize the symptoms of an allergic reaction and what to do if a reaction occurs.
 - Be sure to notify substitute teachers and aides about students' food allergies.
 - Avoid using food in your lesson plans, such as math lessons and art projects.
 - Don't use food as an incentive or reward.
 - Minimize the use of food in class parties or celebrations.
 - Develop a plan for communicating with parents about issues that might affect their child's food allergies.
 - Consider food allergies when planning for field trips, and be sure to include the school nurse and parents early in the planning process.
 - Check the ingredient labels on pet food, if your classroom has a pet.
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Managing Blood & Body Fluids in the Classroom

Problem	Direct child to trash can	Self-pinch the nose, as if swimming	Send child to nurse	Accompany child to nurse	Summon the nurse	Cover body fluid with chair/towel	Call Day Porter for clean up
Vomit	✓			✓ take trash can along		✓	✓
Nosebleed		✓	✓			✓	✓
Lost tooth			✓				
Bleeding wound/ head wound			✓ small amount of blood not from head		✓ large amount of blood or from the head	✓ if surfaces are soiled	✓ if surfaces are soiled
Urine in pants			✓				
Urine on chair/floor			✓			✓	✓
Stool in pants			✓				
Mud or water on clothes			✓				

Teachers should not touch blood or body fluids. Consider blood and body fluids as infectious, regardless of the size of the spill or the source individual.

Only day porter or maintenance staff should clean spills of blood or body fluids. They have gloves and disinfectant.

Day Porter 402-8552 cell ⇨ Call first for spills

Phone numbers:

Danielle Goldfarb RN 324-1661 office and mobile 614-230-3497

The nurse has:

Large trash bags for vomiting students who are going home

Plastic bags for lost teeth

Bandages in all sizes

Safety pins

Clean pants, shirts, underwear and socks only for those who cannot continue in their own clothes, because they are so wet or soiled (not Macy's-sizes and styles are limited)