**Massachusetts Department of Public Health**

Administering Medication for Diabetes Care at Medical Specialty Camps

Test of Competency Checklist

To be completed at the time the individual authorized to administer medication for diabetes care at a medical specialty camp under 105 CMR 430.159(F) is assessed by the camp’s Health Care Consultant for compliance with 105 CMR 430.160(I)(4).

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| **Staff Information** |

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| Name: |  |  |
|  |  |  |
| Date of Assessment: |  |  |
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| **Checklist** |
| **Steps to Follow:** | **Check** (**√**) |
| Demonstrates safe handling and proper storage of insulin, needles, auto-injectors, and pumps. |  |
| Describe diabetes management for campers. |  |
| Demonstrates ability to administer insulin properly via **all** relevant methods. |  |
| Demonstrates an understanding of signs and symptoms of high or low blood sugar. |  |
| Describes proper emergency action to be taken in response to cases of severely high or low blood sugar, insulin administration errors, or insulin refusals including:* steps to follow;
* administration of emergency medication, like glucagon;
* when to call 911; and
* notification of parents/guardian and health care consultant.
 |  |
| Demonstrates appropriate and correct record keeping regarding use of insulin auto-injectors and pumps in medication log. |  |
| Use resources appropriately, including the health care consultant, parent/guardian or emergency services. |  |
| Demonstrates proper disposal of medical waste in accordance with 105 CMR 480.00: Minimum requirements for the management of medical or biological waste. |  |
| Comments: |

**Signatures:**

**Health Care Consultant**

Name and Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Staff**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date