# Massachusetts Department of Public Health

# Administration of Epinephrine Auto-Injectors Test of Competency Checklist

# To be completed at the time an individual authorized to administer an epinephrine auto-injector at a recreational camp is assessed for compliance with 105 CMR 430.160(I)(2).

## Staff Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | |  |  |
|  |  | | |  |  |
| Date of Assessment: |  |  |

Epinephrine Auto-Injector Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Checklist** | |
| **Steps to Follow:** | **Check** (**√**) |
| Demonstrate safe handling, proper storage, and proper disposal of epinephrine auto-injectors. |  |
| Demonstrate the ability to administer an epinephrine auto-injector properly. |  |
| Demonstrate an understanding of signs and symptoms of an allergic reaction. |  |
| Describe allergy management and exposure prevention for campers with a known allergy. |  |
| Describe the proper emergency action to be taken in response to cases of severe allergic reaction:   * steps to follow; * when to call 911; and * notification of parent/guardian and health care consultant. |  |
| Demonstrate the appropriate and correct record keeping regarding use of an epinephrine auto-injector. |  |
| Use resources appropriately, including the health care consultant, parent/guardian or emergency services. |  |
| Comments: | |

**Signatures:**

**Health Care Consultant**

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

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

Date

**Staff**

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

Date