

Competency Evaluation Tool for 'Individual-Specific' Epinephrine via Auto-Injector Device

Name of Individual: _____

Individual-Specific Epinephrine via Auto-Injector Device Training Guidelines

The 'Individual-Specific' Training must be completed by a Qualified Trainer

	Training Components of Equipment and Procedure	Comments
At the conclusion of this training, the Certified staff:		
1.	Knows what the Epinephrine via auto-injector device is and knows why the individual has a Health Care Provider (HCP) Order and/or Protocol for one.	
2.	Knows the individual's specific allergen(s) requiring Epinephrine administration.	
3.	Knows how to reduce the risk of the individual having an allergen(s) exposure.	
4.	Knows the specific auto-injector device currently prescribed for the individual.	
5.	Knows how to recognize the signs and symptoms of the individual's allergic response.	
6.	Knows the individual's adverse effects of Epinephrine (if any).	
7.	Knows how the individual's Epinephrine HCP Order and/or Protocol changes are communicated to other staff.	
8.	Knows the Service Provider's emergency procedures to follow, including but not limited to, calling 911 and notification of the individual's HCP.	
9.	Knows the system for regularly checking the expiration date of the individual's Epinephrine.	
10.	Knows the system for ensuring replacement of the individual's Epinephrine via auto-injector device just prior to it becoming outdated.	
11.	Knows the disposal requirements specific to the auto-injector device(s) that are prescribed.	

This form may be used for multiple Certified staff.

1. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the identified individual.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____

Certified Staff's Signature: _____ Trainer's Signature: _____

Date: _____ Trainer's Contact Information: _____

2. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the identified individual.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____

Certified Staff's Signature: _____ Trainer's Signature: _____

Date: _____ Trainer's Contact Information: _____

3. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the identified individual.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____

Certified Staff's Signature: _____ Trainer's Signature: _____

Date: _____ Trainer's Contact Information: _____

4. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the **identified individual**.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____
 Certified Staff's Signature: _____ Trainer's Signature: _____
 Date: _____ Trainer's Contact Information: _____

5. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the **identified individual**.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____
 Certified Staff's Signature: _____ Trainer's Signature: _____
 Date: _____ Trainer's Contact Information: _____

6. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the **identified individual**.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____
 Certified Staff's Signature: _____ Trainer's Signature: _____
 Date: _____ Trainer's Contact Information: _____

7. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the **identified individual**.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____
 Certified Staff's Signature: _____ Trainer's Signature: _____
 Date: _____ Trainer's Contact Information: _____

8. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the **identified individual**.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____
 Certified Staff's Signature: _____ Trainer's Signature: _____
 Date: _____ Trainer's Contact Information: _____

9. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the **identified individual**.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____
 Certified Staff's Signature: _____ Trainer's Signature: _____
 Date: _____ Trainer's Contact Information: _____

10. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Epinephrine to the **identified individual**.

Certified Staff's Printed Name: _____ Trainer's Printed Name: _____
 Certified Staff's Signature: _____ Trainer's Signature: _____
 Date: _____ Trainer's Contact Information: _____