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| **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

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|  | **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the system for ensuring replacement of the individual’s Epinephrine via auto-injector device just prior to it becoming outdated.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.**

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| **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: |

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| 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: |

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