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| **Competency Evaluation Tool for Epinephrine via Auto-Injector Device**  **‘Return-Demonstration’** |
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| **Name of Individual:** | | | | | | | |
| **Prescribed Auto-Injector Device:** | | | | | | | |
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| The Certified staff must observe the Trainer demonstrate a ‘mock’ Epinephrine administration, and then be observed by the Trainer, successfully completing a ‘mock’ return-demonstration of Epinephrine administration (via auto-injector ‘TRAINER’). | | | | | | | |
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|  | | **Pass (P), Fail (F), N/A** | **Comments** | | **Procedure for Return-Demonstration of Administration of**  **Epinephrine vía Auto-Injector Device:** | | |
|  | | | | | **The Certified staff:** | | |
| 1. | |  |  | | Follows all procedures for preparation of Epinephrine via auto-injector device for administration according to MAP Regulations, Policies, and Curriculum. | | |
| 2. | |  |  | | Informs individual what is being done. | | |
| 3. | |  |  | | Forms a fist around the Epinephrine via auto-injector device with the tip facing down and pulls off the safety cap (knows to NEVER put fingers over the tip). | | |
| 4. | |  |  | | Places the Epinephrine via auto-injector device at a 90-degree angle on the individual’s outer thigh (knows it may not be necessary to remove clothing since the auto-injector device may be designed to work through clothing). | | |
| 5. | |  |  | | Holds the individual’s leg firmly in place, if necessary, (e.g., if the individual is a young child) while administering the injection. | | |
| 6. | |  |  | | With a quick motion, pushes the Epinephrine via auto-injector device firmly against the outer thigh, holds in place, and slowly counts the required number of seconds (specific to the prescribed auto-injector device before removing needle). | | |
| 7. | |  |  | | Massages the injection site for the required number of seconds (if warranted for the prescribed auto-injector device). | | |
| 8. | |  |  | | Knows even though a small amount of liquid may remain inside the auto-injector device after use, the device may not be used again. | | |
| 9. | |  |  | | Knows to call 911 immediately for transportation to the emergency room. | | |
| 10. | |  |  | | Knows that after EMS personnel arrive, the individual is cared for, and all emergency procedures are followed per Service Provider Policy, the HCP is notified. | | |
| 11. | |  |  | | Knows how to properly dispose of the used auto-injector device. | | |
| 12. | |  |  | | Knows how to document the Epinephrine administration according to MAP Regulations, Policies, and Curriculum. | | |
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| Based on this Competency Evaluation Tool, I, as Trainer, have determined that the Certified Staff named below is competent to administer Epinephrine via auto-injector device to the **identified Individual**. | | | | | | | |
| Date: | | | |  | | Trainer’s Printed Name: |  |
| Certified Staff’s Printed Name: | | | |  | | Trainer’s Signature: |  |
| Certified Staff’s Signature: | | | |  | | Trainer’s Contact Information: |  |
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