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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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