

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: _____

Checklist	
Steps to Follow:	Check (v)
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: <ul style="list-style-type: none">• 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.	
<u>Comments:</u>	

Signatures:

Health Care Consultant

Name and Title: _____

Signature: _____

Date

Staff

Signature: _____

Date