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| CHARLES D. BAKER  Governor  KARYN E. POLITO  Lieutenant Governor | The Commonwealth of Massachusetts  Executive Office of Health and Human Services Department of Public Health  Bureau of Health Professions Licensure  Drug Control Program  239 Causeway Street, Suite 500, Boston, MA 02114 | MARYLOU SUDDERS  Secretary  MONICA BHAREL, MD, MPH  Commissioner  Tel: 617-624-6000  www.mass.gov/dph |
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**Medication Administration Program (MAP)**

**Advisory Ruling**

**Epinephrine Administration via Auto-Injector Device   
MAP Sites- Competency Evaluation Tool**

MAP Certified staff must be trained in the use of epinephrine administration via pre-filled auto-injector device(s) annually for each individual, that they work with, at risk of anaphylactic shock, who may require epinephrine via pre-filled auto-injector.

Refer to MAP Policy 14-2 for the ‘Process for Initiating Epinephrine Administration via Auto-injector Device(s) Curriculum for MAP Certified Staff’.

The *Epinephrine Auto-Injector Training* must include a demonstration of the correct technique used to administer epinephrine via the pre-filled auto-injector device, including the specific auto-injector that has been prescribed for the individual.

The individual-specific training regarding the use of epinephrine via a pre-filled auto-injector device must include the use of a standardized Competency Evaluation Tool for Epinephrine Administration via Auto-injector Device.

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| Trainers conducting the specialized training should complete the current *Competency Evaluation Tool for Epinephrine Administration via Auto-Injector Device* (dated 7-03-18) for competency evaluation documentation. *required* |

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| **Competency Evaluation Tool for Epinephrine Administration via**  **Auto-Injector Device**  **(General Knowledge and Procedure for Return Demonstration)** |

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|  | | |  | Staff Name: |  |
|  | | |  | Individual’s Name: |  |
|  | | |  | Date: |  |
|  | | |  |  |  |
|  | **Pass (P), Fail (F), N/A** | **Comments** | | **General Knowledge** | |
| 1. |  |  | | Knows that only licensed personnel (nurses) and MAP Certified staff, who have successfully completed specialized training in medication administration of epinephrine via pre-filled auto-injector device training, may administer the epinephrine medication. | |
| 2. |  |  | | Knows that another competency evaluation including a return demonstration with 100% accuracy must be completed annually. | |
| 3. |  |  | | Knows that all MAP regulations and procedures for administration of epinephrine auto-injector must be followed when administering epinephrine via pre-filled auto‑injector device. | |
| 4. |  |  | | Knows what an auto-injector device is and knows why this individual has a Health Care Provider order for one. | |
| 5. |  |  | | Knows to compare the Health Care Provider order with the label and the medication sheet at the beginning of the shift. | |
| 6. |  |  | | Knows to check the epinephrine pre-filled auto-injector device expiration date at the beginning of the shift. | |
| 7. |  |  | | Knows the epinephrine solution should be clear and colorless. | |
| 8. |  |  | | Knows if the epinephrine solution is brown it is not to be used and another device obtained. | |
| 9. |  |  | | Knows what an anaphylactic reaction is. | |
| 10. |  |  | | Knows the symptoms of an anaphylactic reaction. | |
| 11. |  |  | | Knows what effect epinephrine has on the body. | |
| 12. |  |  | | Knows the most common effects of epinephrine felt by the individual after the injection. | |
| 13. |  |  | | Knows why 911 is immediately called following epinephrine administration and the importance of informing emergency personnel that epinephrine was administered. | |
| 14. |  |  | | Knows that epinephrine wears off in about 10 to 20 minutes after it is administered. | |
| 15. |  |  | | Knows the Health Care Provider must be notified. | |
| 16. |  |  | | States other emergency procedure guidelines per agency policy. | |
| 17. |  |  | | States what s/he would do if there were an accidental administration of epinephrine via pre-filled auto‑injector. | |
| 18. |  |  | | Knows storage requirements of the pre-filled epinephrine via auto-injector device; that it is locked, and kept at room temperature away from heat and sunlight. | |
| 19. |  |  | | Knows disposal requirements specific to the used auto-injector device(s). | |

Page 1 of 2

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| *required* |

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|  | **Pass (P), Fail (F), N/A** | **Comments** | **Procedure for Return Demonstration of Administration of Epinephrine via Auto-Injector Device:** |
| 1. |  |  | Follows all procedures for preparation of epinephrine auto-injector for administration according to MAP regulations and policies. |
| 2. |  |  | Informs individual what is being done. |
| 3. |  |  | Forms a fist around the pre-filled auto-injector with the tip facing down and pulls off the safety cap. (Knows to NEVER put fingers over the tip) |
| 4. |  |  | Places the pre-filled auto-injector device at a 90-degree angle on the outer thigh. (Knows it is not necessary to remove clothing since the auto-injector device is designed to work through clothing.). |
| 5. |  |  | Holds the individual’s leg firmly in place, if necessary, (e.g., if individual is a young child) while administering the injection. |
| 6. |  |  | With a quick motion, pushes the pre-filled auto-injector firmly against the outer thigh. (Holds in place and slowly counts the required number of seconds specific to the prescribed auto-injector before removing needle and massages the injection site for the required number of seconds, if warranted for the prescribed auto-injector. |
| 7. |  |  | Knows even though a small amount of liquid remains inside the auto-injector after use, the device cannot be used again. |
| 8. |  |  | Calls 911 immediately for transportation to emergency room. |
| 9. |  |  | After EMS personnel arrive and individual is cared for, notifies HCP, and follows all emergency procedures per the provider’s policy. |
| 10. |  |  | Properly disposes of the used auto-injector. |
| 11. |  |  | Documents administration according to MAP regulations and policies. |

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| Based on this Competency Evaluation Tool, I, as Trainer, have determined that the Certified Staff Person named below is competent to administer epinephrine via auto-injector device to the Individual named below. | | | |
| Staff Person’s Printed Name |  | Individual’s Printed Name |  |
| Staff Person’s Signature |  | Date |  |
| Trainer’s Printed Name |  | Trainer’s Phone Number |  |
| Trainer’s Signature |  | Date |  |
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