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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: |       |
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|  | **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). |

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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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