

CANTON PUBLIC SCHOOLS *HEALTH SERVICES*

EPINEPHRINE COMPETENCY SKILL CHECK LIST

Please return to your school nurse for competency verification

Name and Title of Staff Person: _____

I HAVE WATCHED THE ALLERGIES, ANAPHYLAXIS AND EPINEPHRINE
ADMINISTRATION POWERPOOINT PRESENTATION _____

The following competencies have been demonstrated by staff person:

States the responsibilities of the school nurse for training and supervision _____

Identifies common causes of allergic emergencies _____

Describes general and student-specific warning signs of allergic emergency _____

Demonstrates how to activate the school's plan for responding to emergencies _____

Identifies student for whom the epinephrine is prescribed _____

Interprets accurately the emergency medication administration plan _____

Follows the directions on the medication administration plan _____

Reads the label on the epinephrine auto-injector, assuring the correct dosage _____

Demonstrates safe handling of epinephrine auto-injector _____

Demonstrate the correct procedure for giving epinephrine by auto-injector _____

Describes how to access emergency medical services, school nurse, student's
parents/guardians (or other persons), student's physician _____

Comments:

Signatures:

School Nurse

Date of Initial Check/ Date of Recheck

Staff Person

Date of Initial Check/ Date of Recheck