Danbury Public Schools
Health Services
Anaphylaxis and Epinephrine Auto-injector Training Verification

Name and Title of Staff Person: _____ Date: _____
School _____

I have viewed the PowerPoint on Life Threatening Allergies and Epi-Pen Administration for Educators and I understand the following:

- ✓ The common causes of allergic, (anaphylaxis) emergencies.
- ✓ The warning signs of an allergic, (anaphylaxis) emergency.
- ✓ 911 is always called for anaphylaxis
- ✓ The safe handling of the epinephrine auto injector.
- ✓ The correct procedure for giving epinephrine by auto-injector.
- ✓ The proper disposal procedure of an epinephrine auto injector.

I understand that prior to being approved as a delegate for Epi-Pen Auto-Injector administration; I must meet with the school nurse to demonstrate the following competencies:

- ✓ Identify the 5 Rights of Medication Administration
- ✓ Verbalize knowledge of how to follow the student's emergency medication administration plan.
- ✓ Read the label on the epinephrine auto-injector, (Epi-Pen), for expiration date and correct dose.
- ✓ Describe the safe handling of the epinephrine auto injector.
- ✓ Demonstrate the correct procedure for giving epinephrine by auto-injector.
- ✓ Describe the proper disposal procedure of an epinephrine auto injector.

Staff Signature: _____

Competency Demonstration Date: _____

School Nurse Signature: _____