

## EPIPEN TRAINING FOR SCHOOL PERSONNEL

### **Training Guidelines:**

School personnel dealing with students who require assistance with EpiPen during the school day shall receive formal training. Training will be provided by personnel such as, but not limited to registered nurses, physicians, pharmacists and/or dentist. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

**Purpose:** to assist student at the time of a life-threatening emergency

**Objectives:** Upon completion of the EpiPen training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. What authorization forms required to be completed for students with EpiPen under JCPS requirements and under KY law when a student can carry/self-administer own medication
2. Know the five rights (5 R's) of medication administration
3. Read medication label and how to correctly follow directions on medication label
4. Proper storage of prescription medication
5. Have a basic understanding of Anaphylaxis and its signs and symptoms
6. How to appropriately administer and EpiPen
7. Steps to follow after administering EpiPen
8. How to call EMS (9-911)

### **Evaluation process**

Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training



**Primary Care Provider Authorization: Epipen (Side Two)**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

**Primary Care Provider's Statement of Need**

As primary care provider of the above-name student, I do hereby acknowledge the necessity of specific emergency health procedures of this patient in the event he/she experiences the following health concern during the school day: (Identify health concern/diagnosis).

\_\_\_\_\_  
This patient's condition is such of a serious nature that there would not be sufficient time to remove him/her from school premises or to await the arrival of medical help. Therefore, prompt treatment should be given by trained school personnel who have been instructed in the use of: (Specify emergency procedure and/or device required).

\_\_\_\_\_  
Printed Name of MD, ARNP, or PA \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Signature of MD, ARNP, or PA \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Legal Guardian's Authorization and Consent**

I am fully aware and have been informed by the above named primary care provider that my child's condition is of such a serious nature that, if it occurs, there would not be sufficient time to remove him/her from the school premises or to await the arrival of medical help. I hereby give my authorization and consent to trained school personnel to give prompt treatment, as specified above, to my child.

\*Note to parent/guardian: Signing this form shall release \_\_\_\_\_ Public School District and staff from liability of any nature that might result from this plan of action. I hereby give my permission for the above information to be verified with the above health care provider.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_ Relationship \_\_\_\_\_

**Please complete both sides of this form**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EPIPEN RETURN DEMONSTRATION CHECKLIST

Explanation/Return Demonstration	Performs Independently	Performs with minimum verbal clues	Unable to perform
Verbalizes when to administer EpiPen (signs/symptoms of anaphylactic reaction)			
Verbalizes emergency procedure (get EpiPen, call 9-911, initiate CPR by certified staff In necessary)			
Verbalizes & follows five (5) rights			
Checks EpiPen for completion (especially health care provider signature) Authorization with prescription label & compare to prescription label			
Checks to make sure EpiPen has not expired			
Demonstrates how to properly remove EpiPen from container			
Demonstrates how to properly administer with demo EpiPen			
Verbalizes and demonstrates how to dispose of EpiPen properly			
Verbalizes what to do on fieldtrip(s) and how to maintain EpiPen when at school			

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Stamp/ Signature: \_\_\_\_\_

## HOW TO USE EPIPEN® AND EPIPEN JR.®

1. Pull off gray activation cap.
2. Hold black tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

