

**Food Allergy Plan**

**EPI PEN COMPETENCY SKILL CHECK LIST**

Staff Name: \_\_\_\_\_

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 reactions
- \_\_\_\_\_ Describes general and student-specific warning signs if allergic response
- \_\_\_\_\_ Demonstrates how to activate the school's plan for responding to emergencies
- \_\_\_\_\_ Identifies student for whom the Epi Pen is prescribed
- \_\_\_\_\_ Interprets accurately the Individual Emergency Action Plan
- \_\_\_\_\_ Follows the directions on the Individual Emergency Action Plan
- \_\_\_\_\_ Reads the label on the Epi Pen injector, assuring the correct dosage
- \_\_\_\_\_ Demonstrates the safe handling of Epi Pen auto injector
- \_\_\_\_\_ Demonstrates the correct procedure for giving epi pen by auto-injector
- \_\_\_\_\_ Describes how to access emergency medical services, school nurse, student's parents (or other persons), student's physician

Comments:

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date