Epinephrine Auto-Injector Risk Assessment

This document is intended to support requests for epinephrine auto-injectors in first aid kits for UC faculty or staff trained as "Lay Rescuers" as allowed by California law [AB 1386](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB1386).

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| --- | --- | --- | --- | --- |
| Department name: | Click here to enter text. | | Date: | Click here to enter text. |
| Name of the individual responsible for the request: | | Click here to enter text. | | |
| Job title of the individual responsible for the request: | | Click here to enter text. | | |

**Risk of Allergen Exposure**

1. Describe the work or activities being conducted (e.g. beekeeper, grounds, field work)

Click here to enter text.

1. Describe the environment in which the work/activities are being conducted

Click here to enter text.

1. Identify the individuals who may be exposed to potential allergens which may result in anaphylaxis (employees, students, volunteers, visitors, etc.)

Click here to enter text.

1. Identify potential allergen types (insects, food, medication, etc.)

Click here to enter text.

1. Likelihood of exposure to allergens: Low Moderate High
2. Please briefly describe any previous incidents involving allergen exposures or near misses (do not include names or other protected health information)

Click here to enter text.

**Response Risk**

1. Mechanism for calling Emergency Medical Services

Click here to enter text.

1. Anticipated response times for EMS to arrive on scene

Click here to enter text.

1. Identify any challenges that EMS may face when responding (remote location, rough terrain, etc.)

Click here to enter text.

Epinephrine Auto-Injector Program Requirements

|  |  |
| --- | --- |
|  | Complete risk assessment questionnaire above with EH&S professional |
|  | Obtain approval for participation from EH&S |
|  | Complete CPR/First Aid training |
|  | Obtain CPR/First Aid certification card |
|  | Complete approved epinephrine auto injector training |
|  | Obtain certification card from EMSA (Emergency Medical Services Authority) |
|  | Complete the Epinephrine Auto-Injector Emergency Action Plan |
|  | Submit completed documentation and request for epinephrine prescription to Medical Director for review and approval   1. Completed Risk Assessment with EH&S approval 2. CPR / First Aid Certification Card 3. EMSA Certification Card 4. Completed Epinephrine Auto-Injector Emergency Action Plan |

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| EH&S safety professional reviewing request | | Click here to enter text. |
| Outcome of review: | Approved (Date) Click here to enter text. | |
|  | Denied (Date / Reason) Click here to enter text. | |
|  | Pending (Reason) Click here to enter text. | |
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