

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](#).

Department name:

Date:

Name of the individual responsible for the request:

Job title of the individual responsible for the request:

Risk of Allergen Exposure

1. Describe the work or activities being conducted (e.g. beekeeper, grounds, field work)
2. Describe the environment in which the work/activities are being conducted
3. Identify the individuals who may be exposed to potential allergens which may result in anaphylaxis (employees, students, volunteers, visitors, etc.)
4. Identify potential allergen types (insects, food, medication, etc.)
5. Likelihood of exposure to allergens: Low Moderate High
6. Please briefly describe any previous incidents involving allergen exposures or near misses (do not include names or other protected health information)

Response Risk

1. Mechanism for calling Emergency Medical Services (EMS)
2. Anticipated response times for EMS to arrive on scene
3. Identify any challenges that EMS may face when responding (remote location, rough terrain, etc.)

Epinephrine Auto-Injector Program Requirements

<input type="checkbox"/>	Complete risk assessment questionnaire above with EH&S professional
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<input type="checkbox"/>	Obtain approval for participation from EH&S
<input type="checkbox"/>	Complete CPR/First Aid training
<input type="checkbox"/>	Obtain CPR/First Aid certification card
<input type="checkbox"/>	Complete approved epinephrine auto injector training
<input type="checkbox"/>	Obtain certification card from EMSA (Emergency Medical Services Authority)
<input type="checkbox"/>	Complete the Epinephrine Auto-Injector Emergency Action Plan
<input type="checkbox"/>	<p>Submit completed documentation and request for epinephrine prescription to Medical Director for review and approval</p> <ol style="list-style-type: none"> 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

EH&S safety professional reviewing request

- Outcome of review:
- Approved (Date)
- Denied (Date / Reason)
- Pending (Reason)