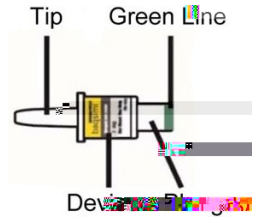


Skills Checklist Training Certification Auto-Injector Glucagon Administration for the Unlicensed School Personnel

Bring this document to the Health Professional (HAP), who must be an RN, NP, Physician, or PA, to complete skills training, demonstration of competency and acknowledgment of the duties performed in a hypoglycemic emergency.

Staff Member's Name _____



Skills Checklist/Training Certification: Nasal Glucagon Administration for the Unlicensed School Personnel

Bring this document to the Health Professional (HP), who must be an RN, NP, Physician, or PA, to complete skills training, demonstration of competency, and acknowledgment of the duties performed in a hypoglycemic emergency.

Staff Member's Name: _____

School Name: _____

This document certifies that the above-named school staff member is being trained to provide emergency medical assistance to students diagnosed with diabetes who are experiencing severe hypoglycemia and requiring glucagon administration.

This training certification is valid for one school year, and this document should be retained for the school year in which it is valid.

Without assistance or prompts, Staff Member must complete a return demonstration of the specific device trained to administer. heW nBT

Nasal Glucagon Administration Skills Checklist		
1. Knowledge	Date	HP Initials
List symptoms of hyperglycemia (high blood sugar)		
List symptoms of hypoglycemia (low blood sugar)		
State the purpose of glucagon		
List the side effects of glucagon		
State the steps for the "recovery position"		
2. Nasal - Before Any Administration	Date	HP Initials
Staff Member is able to list the steps below:		
Identify treatment needs based on symptoms		
Call for help, call the nurse (if available),		

Dispose of the used device per the manufacturer's instruction		
---	--	--

I, certify that the above-named staff member has successfully completed:

1. The *Annual Emergency Glucagon Administration Training for The Unlicensed School Personnel*; and
2. The hands-on skills checklist portion of the required training.

The above-named staff member is competent to respond and administer nasal glucagon appropriately in the event of a hypoglycemic emergency.

Signature of Licensed Health Professional/Credentials

Date

Printed Name of Licensed Health Professional

Initials

I certify that I have received the training outlined above, and I am able to respond appropriately in the event of a hypoglycemic emergency.

Signature of Staff Member

Date

Without assistance or prompts, Staff Member must complete a returnit afoi. 0 T 0 2 0 4 1 . 8 0 2 . 9 3 T d e t t c 0 2 1 4 6 T d 8 . 8 2 f . 0 . 6 1 3 p 6 1 3 p 2

help, call the nurse (if available), ask someone to call Emergency Medical Services (EMS)		
Remove treatment formulation from packaging		
3. Gvoke™ PFS – Xeris Pharmaceuticals	Date	HP Initials
Staff Member is able to list & demonstrate the steps for administration:		
Choose injection site (lower abdomen, outer thigh, outer upper arm)		

Hold the red protective case upright and remove the gray cap		
Remove medication from the case, Do not drop		
Pull the gray cover straight off the needle		
Pinch the skin and insert the needle at a 45-degree angle		
Release pinched skin and slowly push the plunger to give the injection		
Carefully remove the needle from the injection site		
5. Prefilled Syringe - After Any Administration	Date	HP Initials
Staff Member is able to list the steps below:		
Stay until EMS arrive		
Encourage to eat, if able to swallow		
If unconscious put on side in the recovery position to prevent choking		
After 15 minutes, if unresponsive & EMS unavailable, give 2nd dose (if prescribed).		
Dispose of the used device per the manufacturer's instruction		

I, certify that the above-named staff member has successfully completed:

1. The *Annual Emergency Glucagon Administration Training for The Unlicensed School Personnel*; and
2. The hands-on skills checklist portion of the required training.

The above-named staff member is competent to respond and administer glucagon prefilled syringe appropriately in the event of a hypoglycemic emergency.

Signature of Licensed Health Professional/Credentials

Date

Printed Name of Licensed Health Professional

Initials

I certify that I have received the training outlined above, and I am able to respond appropriately in the event of a

Remove the cap from the vial to expose the rubber stopper		
Pull needle cover straight off syringe		
Push needle fully into the center of the rubber stopper		