[*Agency Name*]

EPINEPHRINE AUTO-INJECTOR PROGRAM
Collaborative Agreement
Protocol, Policies and Procedures

AGREEMENT made this ____day of _____[year], between [*Name of Agency*], hereinafter referred to as "Agency", and [*Name of Medical Director*], hereinafter referred to as "Medical Director".

AUTHORIZATION

In 1999, Governor Pataki signed the Epinephrine Auto-Injector Device Law (Chapter 578 of the Laws of 1999), which permits the possession and use of epinephrine auto-injectors by non-certified and non-licensed personnel, as well as health care providers certified at a level that would not normally allow for administration of medication. These providers include Emergency Medical Technicians (EMTs) and Certified First Responders (CFRs).

The Epinephrine Auto-injector program for the [*Agency Name*] is authorized by the agency medical director, [*Medical Director Name*], according to the requirements and guidelines promulgated by the New York State Department of Health, Bureau of Emergency Medical Services.

STATEMENT OF PURPOSE

The intent of this program is to make available rapid, potentially life-saving intervention for those who suffer a severe allergic reaction/anaphylaxis and may not have access to advanced emergency medical care in the short

time frame necessary to avoid undue morbidity and mortality.

In order to implement this program, the Agency has fulfilled the following requirements:

1. Identified a physician to serve as the emergency health care provider. That physician is the Agency's medical director.
2. Developed, signed, and implemented a agreement between the service and the emergency health care provider, including this protocol, policies and procedures for the use of the auto-injectors.
3. Trained CFRs, EMTs and AEMT-Intermediates as per these policies and procedures, and will maintain a record of this training including dates, refresher dates and curriculum followed.
4. Provided written notice to the local EMS system dispatch center that an auto-injector will be available through the service.
5. Filed a Notice of Intent with the local Regional EMS Council (REMSCO) and attached a copy of the agreement with the emergency health care provider (agency medical director).
6. Agreed to notify and file a new agreement with the REMSCO when there is a change in the agreement and/or emergency health care provider.

SCOPE

This protocol covers all CFRs and EMT-Bs who are members of the Agency who have been trained in the use of the Epinephrine auto-injector.

ACQUISITION OF AUTO-INJECTORS

The Captain of the Agency or his/her designate is responsible for obtaining a prescription for the EpiPen® from

the agency medical director and arranging to fill the prescription/s through the [Name of Pharmacy].

NUMBER OF AUTO-INJECTORS

The Agency will possess [*Number*] EpiPens and [*Number*] EpiPen, Jrs. [*number*] of each loading will be carried in the ambulance and [*Number*] back-up pen of each loading will be stored in [*Agency location*] in a locked supply cabinet. [*Or the Agency can opt to re-supply directly from the pharmacy*]

TRAINING

Training will consist of the Adirondack-Appalachian Regional EMS (AAREMS) training program, which is based on the curriculum of the New York State Department of Health, and approved by the Agency medical director.

In addition to the AAREMS program, each CFR and EMT will be trained in the actual technique of using the auto-injector by using EpiPen® trainers.

All CFRs, EMT-Bs, and AEMT-Intermediates who are accepted into active membership of the Agency will be trained, as part of their orientation, in these protocols, policies and procedures.

Refresher training for all trained personnel will take place yearly and will consist of a review of these protocols, policies and procedures, and the use of the epinephrine auto-injector.

The instructor for this training will be an EMS-certified person who is knowledgeable in the physiology and care of severe allergic reactions, in general pharmacology, in these

policies and procedures, and in the use of the EpiPen®. The agency medical director will approve the trainer.

SECURITY

In the ambulance vehicle, the auto-injectors will be kept in a separate box, which is secured by a breakaway lock. When the seal is broken for use, inspection, or replacement, any used or expired contents will be replaced and another breakaway lock placed on the box. The breakaway seal will be dated and inscribed with the initials of the CFR or EMT replacing the lock.

FOLLOW-UP PROCEDURES AFTER USE OF THE EPINEPHRINE AUTO-INJECTOR

Following clinical use of the Epinephrine auto-injector, the Agency will send a copy of the patient's PCR to the agency medical director for review and comment.

The Agency Captain, or his/her designee, will be responsible for immediately obtaining another prescription for the type of EpiPen® used, having the prescription filled by the [*Name*] Pharmacy, and replacing the EpiPen® in supply.

The EMT/CFR who uses the auto-injector is responsible for immediately, upon return to the Agency base, replacing the type of EpiPen® used with the replacement EpiPen from supply, replacing, dating and initialing the breakaway lock on the box, and notifying the Captain or his/her designee that the EpiPen® was used.

TRANSITION OF CARE WHERE A PATIENT HAS BEEN **TREATED BY A "FIRST RESPONDER" (NOT CFR)**

When arriving on the scene of a patient experiencing an anaphylactic reaction, if a "first responder" who has administered epinephrine by auto-injector is treating the patient, the EMS provider should immediately confirm the patient's status. The EMS provider should pay close attention to the patient's airway, respiratory distress, and any signs or symptoms of hypoperfusion (shock). The patient should be treated appropriately, ALS requested, if available, and the patient prepared for immediate transport.

In addition, the EMS provider should attempt to gather the following information:

1. Determine the substance the patient was exposed to
2. How long ago the exposure occurred
3. The initial symptoms the patient reported
4. The time and dosage of the epinephrine administered
5. The name of the individual who administered it, and
6. The patient's response to the treatment.

Medical control must be contacted prior to administering a second epinephrine injection.

[Agency Name]

PROTOCOL FOR USE OF THE EPINEPHRINE AUTO-INJECTOR

ANAPHYLACTIC REACTION WITH RESPIRATORY DISTRESS OR SHOCK

Note: Request Advanced Life Support. Do not delay transport to the hospital.

Anaphylaxis can be a potentially life threatening situation most often associated with a history of exposure to an inciting agent/allergen (bee sting or other insect venom, medications/drugs, or foods such as peanuts, seafood, etc.) It is characterized by physical reactions ranging from mild skin rashes to catastrophic multisystem failure and/or death.

The presence of respiratory distress (upper airway obstruction, lower airway disease/severe bronchospasm) and/or cardiovascular collapse/hypotensive shock characterize the clinical findings that authorize and require treatment according to this protocol.

1. Determine that the patient's history includes a history of anaphylaxis, severe allergic reaction, and/or recent exposure to an allergen or inciting agent.
2. Administer high concentration oxygen.
3. Assess the cardiac and respiratory status of the patient.

   A. If both the cardiac and respiratory status of the patient are normal, transport the patient, reassessing the patient's condition frequently during the transport.

   B. If either the cardiac or respiratory status of the patient is abnormal, proceed as follows:

      1) If the patient is having severe respiratory distress or shock and has been prescribed an epinephrine auto-injector, assist the patient in administering the epinephrine. If the patient's auto-injector is not available or expired, and the EMS agency carries an epinephrine auto-injector, administer the epinephrine auto-injector.

      2) If the patient has not been prescribed an epinephrine auto-injector, begin transport and contact medical control for authorization to administer the epinephrine auto-injector.

NOTE:
For patients under 9 years of age or weighing less than 30 kg (66 lbs), the pediatric auto-injector (0.15 mg) should be used.

NOTE:

In the event that you are unable to make contact with medical control (radio failure, no communications) and the patient is under 35 years of age, you may administer the epinephrine auto injector if indicated. The circumstances of the incident should be documented on the PCR and reported to Medical Control and the agency medical director as soon as possible.

3) Contact medical control for authorization for a second administration of the epinephrine auto-injector, if needed.
4) Refer immediately to the appropriate Respiratory Arrest, Respiratory Distress, Obstructed Airway, or Shock protocol.

4. If cardiac arrest occurs, perform CPR according to AHA/ARC standards
5. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report.

IN WITNESS HEREOF, the parties hereto have duly executed this AGREEMENT as of the day and year written above.

For the Agency:

CEO _____Title _____ Date _____

For the Emergency Healthcare Provider:

CEO _____Title _____ Date _____

[Agency Name]

ANAPHYLAXIS – EPIPEN PROTOCOL

1. **Administer high concentration oxygen. If ventilation is compromised, assist with pocket mask or BVM. Call for ALS intercept.**

2. **Determine patient history.**
   - **Prior history of anaphylaxis or severe allergic reaction?**
   - **Does s/he have prescribed EpiPen?**
   - **What allergen was s/he exposed to? (e.g. Bee sting, peanuts, seafood)**

3. **Assess vital signs, cardiac and respiratory status.**
   - **If both normal, transport and monitor.**

   - **IF PATIENT HAS ALLERGIC REACTION WITH SEVERE REPIRATORY DISTRESS AND/OR SHOCK:**

…and s/he has previously prescribed EpiPen, assist patient with EpiPen administration (either theirs or agency EpiPen)

…and if patient has NOT been prescribed an EpiPen, call medical control immediately, give patient work-up, and ask for authorization to administer EpiPen.

If patient is under 9 years of age or weighs less than 30Kg (66 pounds), use EpiPen Jr. (0.15 mg)

After administration of EpiPen monitor vital signs, cardiac and respiratory status and document.

- **If patient condition improves, continue to monitor and document.**

- **If patient condition does not improve or worsens, call medical control for permission to administer second EpiPen. Meet ALS ASAP!**