



Epi-Pen Use by CFRs / EMTs – Instructions

Background

In 1999, the New York State Public Health Law (NYS PHL) was amended to allow camps and EMS agencies to possess and administer epinephrine auto-injectors to patients experiencing anaphylactic shock secondary to an allergic reaction. The NYS Department of Health (NYSDOH) Bureau of EMS (BEMS) issued Policy 00-01 Re: Use of Epinephrine Auto Injectors by EMS Agencies in April of 2000, outlining the process by which BLS service would be allowed to participate in this program. The Westchester REMAC approved a regional protocol for Epinephrine Auto Injectors in 2002 to be used in conjunction with the NYS EMT/AEMT BLS Protocols.

In January 2010, the NYSDOH BEMS Policy 10-01 Re: Defibrillators and Epinephrine Requirements was issued outlining new requirements that every certified BLS ambulance is to carry epinephrine auto-injectors for adult and pediatric patients and be in compliance with Policy 00-01.

Reference Material

The following documents will assist your organization in meeting the requirements necessary to provide administration of Epi-Pens by Certified First Responders (CFR) and Emergency Medical Technicians (EMT):

- *NYS DOH Policy Statement 00-01: Use of Epinephrine Auto Injectors by EMS Agencies (with attachment)*
- *NYS DOH EMT/AEMT BLS Protocols M-3: Anaphylactic Reactions with Respiratory Distress and Hypoperfusion*
- *NYS DOH BEMS Epinephrine Auto-injector BLS Program Requirements*
- *NYS DOH Policy Statement 09-11: Storage and Safeguarding of Medications Administered By EMT-Bs*
- *Westchester REMAC BLS Special Procedure Protocol 2: Epi Auto-Injectors (with Appendix A)*

Training

While the NYS DOH EMT-B curriculum does cover the **assisted** administration of an Epi-Pen to a patient, an outline has been established by the NYSDOH Commissioner of Health to train personnel in **providing** the medication to patients who do not have a personal Epi-Pen available. Your agency's training material must follow this guideline and be approved by your Service Medical Director.

It is suggested that you also review materials from the NYSDOH EMT-B Curriculum, specifically modules *4-1: General Pharmacology* and *4-5: Allergies*, in the creation of any training program (available on the NYSDOH website). The Service Medical Director, or his or her designee, preferably an ALS provider, must complete the in-service.

It should be noted that paramedics working for a BLS service, while not in need of instruction to the drug and its actions on the body, they must be in-serviced in the protocols that allow for the provision of an Epi-Pen by a BLS provider. Significant protocol differences exist between ALS and BLS administration of the medication. EMS providers may not practice outside the level of care authorized for the agency even if certified at a higher level by the NYSDOH.



Epi-Pen Use by CFRs / EMTs – Instructions

Collaborative Agreement / Policies

Your agency must complete a separate collaborative agreement with your Service Medical Director allowing for the possession and use of the Epi-Pens by your trained BLS providers. Policies must be created to specifically address the operation of your program as per the state policy. Included in your policies should be the frequency in which training will be provided / required by your Service Medical Director for him or her to reauthorize all your providers to participate in the program, as well as when an updated list of these providers will be submitted to the Regional EMS Office.

Submitting a Registration / Application Package

To complete your application, your agency will need to submit:

- NYS Notice of Intent to Possess and Use Epinephrine Auto-injectors** (DOH - 4188) – Completed and signed by both the Service Medical Director and the Chief Executive Officer of the agency (i.e. Chief, Captain, President) – **MUST HAVE ORIGINAL SIGNATURES**
- Collaborative Agreement** (Westchester Regional Form) – Completed and signed by both the Service Medical Director and the Chief Executive Officer of the agency (i.e. Chief, Captain, President) – **MUST HAVE ORIGINAL SIGNATURES**
- Agency Policies and Procedures / Initial List of All Trained Providers** – Required attachments for the Collaborative Agreement.

The completed package should have a cover letter from the agency and be **MAILED** to:

Westchester REMAC
4 Dana Rd.
Valhalla, NY 10595
RE: EMS Epi-Pen

Processing

Upon receipt of your application, the Regional EMS Office will review it for completeness. If there are items missing, your agency's representative noticed on the Notice of Intent will be contacted for additional information / documentation. If complete, the Notice of Intent will be forwarded to the NYSDOH BEMS central office. The REMAC will receive notification of the filing at its next meeting and a letter will be issued to your agency advising you of its acceptance.

Please direct any questions regarding this program to the Regional EMS Office by calling (914) 231-1616 or emailing wremsco@wremsco.org.

**NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

**Notice of Intent to Possess and Use
Epinephrine Auto Injector**

Name of Entity	Agency Code #	Business Phone
Mailing Address		Fax No.
City :	State:	
Zip:		
Primary County of Operation:		

Type:	Ambulance Service	BLSFR Service	Overnight Camp	Summer Day Camp
	Traveling Summer Day Camp	Other _____		

If a camp check all that apply:	Camp Premises or Infirmary	Off-Site Trips/Events
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Name of Emergency Health Care Provider (MD or Hospital)	Business Phone No.

If a Hospital Provide Name of Contact:	Fax No.

Address	
City:	State: Zip:

Number of Trained Providers to Use Auto Injector in EMS service or camp:
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Minimum Number of Injectors to be Maintained On-Site: _____
Maximum Number of Injectors to be Maintained On-Site: _____

Authorizations:

Print Name of Service CEO or Camp Director	Date	Print EHC Provider (name)	Date
Signature		Signature	



**Westchester Regional Emergency Medical Advisory Committee
EPINEPHRINE AUTO-INJECTOR COLLABORATIVE AGREEMENT
(EMS)**

**Between an EMS Agency Epinephrine Auto-Injector Provider and Emergency Health Care Provider for the
Provision of Epinephrine Auto-Injector Administration in New York State**

The following agreement stands between the _____
(Participating EMS Agency) and _____, (Physician / Hospital)
Emergency Health Care Provider (EHCP), authorizing the use of Epinephrine Auto-Injectors Devices for the
treatment of anaphylaxis, by Certified First Responder (CFR) and Emergency Medical Technician-Basic (EMT-
B) providers of said agency who have received training required by the Commissioner of the New York State
Department of Health and supervised by said EHCP. The following conditions must be observed by all
participating members of the agency:

1. The agency and its trained providers shall possess and administer Epinephrine auto-injectors according to the current NYS BLS Protocols for treatment of anaphylaxis, Westchester REMAC EMT-B Special Procedures, and NYS DOH Policy Statement 00-01 Re: Use of Epinephrine Auto Injectors by EMS Agencies, or any future superseding policy..
2. The agency shall acquire, store, account, and dispose of used auto-injectors according to the written policies developed in conjunction with the EHCP. **(SEE ATTACHED.)**
3. The agency is responsible for the purchase of Epinephrine auto-injector devices, and the maintenance of an adequate stock so that Epinephrine auto-injectors are available at all times.
4. Providers of the agency are responsible to store Epinephrine auto-injector devices in accordance with NYS DOH Policy Statement 00-15 Re: Storage and safe guarding of medications administered by EMT-B's, or any future superseding policy.
5. Providers are responsible to inspect the Epinephrine auto-injector devices for expiration date and replace the units as necessary.
6. Use of an Epinephrine auto-injector is limited to providers who have attended a course of instruction based upon the curriculum outlined by the NYS DOH on the diagnosis of anaphylaxis and the proper use of an Epinephrine auto-injector device by the EHCP or approved designee. **(SEE ATTACHED.)**
7. Use of an Epinephrine auto-injector device is limited to the treatment of anaphylaxis where patients exhibit respiratory distress and/or cardiovascular compromise.
8. Patients receiving Epinephrine must be closely monitored and transported to the nearest hospital.
9. Use of an Epinephrine auto-injector shall be properly documented on a NYSDOH Patient Care Report (PCR), or other NYSDOH approved form. A copy of the PCR must be forwarded to the EHCP as soon as possible.
10. The agency shall participate in any Quality Improvement (QI) projects requested by the NYSDOH BEMS, the State Emergency Medical Advisory Committee (SEMAC) and/or the Westchester REMAC.
11. Prior to the implementation of an Epinephrine Auto-injector program, the agency shall first file with the WREMSCO a Notice of Intent to Possess and Use Epinephrine Auto Injectors (DOH-4188), this collaborative agreement, and any aforementioned attachments.

The responsibilities of the EHCP shall include, but not be limited to the following:

1. Provide the agency with the appropriate initial instruction and continuing education in the assessment of anaphylaxis and the proper use of an Epinephrine auto-injector device.
2. Provide the agency with the authorization to purchase Epinephrine auto-injector devices.
3. Review all uses of Epinephrine auto-injector devices and provide appropriate quality assurance feedback.

Signature of EMS Agency Executive Officer

Date

Signature of EHCP (MD or Hospital Designee)

Date

WREMSCO/EPI/EMS CA/2007




New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates:

No. 00 - 01

Date: 4/10/00

Re:

**Use of
Epinephrine
Auto Injectors By EMS
Agencies**

Page 1 of 2

BACKGROUND

The purpose of this policy is to explain the provisions of Chapter 578 of the Laws of 1999 authorizing the use of an epinephrine auto injector device by certain individuals in ambulance and advanced life support services and childrens' overnight, summer day or traveling camps. This change in the law is designed to encourage greater acquisition and use of epinephrine auto injectors in communities across the state in an effort to reduce the number of deaths associated with anaphylaxis from increased sensitivity to insects and certain food substances.

AUTHORIZATION

To be authorized to possess and use an epinephrine auto injector under this statute an individual or organization as defined above needs to make specific notification of intent to the local Regional Emergency Medical Services Council (REMSCO) and the Department of Health (DOH). *There are no approvals or certifications required.*

To be authorized to possess and use an epinephrine auto injector:

- Identify a physician or hospital knowledgeable and experienced in emergency cardiac care to serve as "emergency health care provider (EHCP)" and participate in a collaborative agreement. (This may be the EMS service's medical director)
- Complete a training course approved by the Commissioner of Health (Attachment 1).
- Develop with the EHCP, a written collaborative agreement which shall include at least the following:
 - written practice protocols for the use of the epinephrine auto injector;
 - written policies and procedures for the training of authorized users;
 - notice to the EHCP of the use of the epinephrine auto injector;
 - documentation of the use of the epinephrine auto injector;
 - written policy and procedure for acquisition, storage, accounting, and proper disposal of used auto-injectors.
- Provide written notice to 911 and/or the community equivalent ambulance dispatch entity of

the availability of epinephrine auto injectors at the organization's location.

- File with the REMSCO serving the area a copy of the "Notice of Intent to Possess and use an Epinephrine Auto Injector (DOH-4188) along with a signed copy of the Collaborative Agreement.
- File a new Collaborative Agreement with the REMSCO if the EHCP changes or with a change in content of the agreement.

REMSCO Actions

REMSCOs must develop a procedure for the following:

- insuring that a copy of the organization's "Notice of Intent ... (DOH-4188)" is forwarded to the Bureau of EMS.
- maintaining a copy of the "Notice of Intent... (DOH-4188) and the Collaborative Agreement.

There are no approvals or certifications required by the REMSCO.

Authorized:

Edward G. Wronski

Director

Anaphylactic Reactions With Respiratory Distress or Hypoperfusion

Note:

**Request Advanced Life Support if available.
Do not delay transport to the appropriate hospital.**

- I. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary.
- II. Administer high concentration oxygen.

Note:

In pediatric patients, maintain a calm approach to both parent and child. Allow the child to assume and maintain a position of comfort or to be held by the parent/guardian, preferably in an upright position.

- III. Determine that the patient has a diagnosed history of anaphylaxis, severe allergic reactions, **and/or** a recent exposure to an allergen or inciting agent.
- IV. If cardiac and respiratory status is normal, transport the patient while performing frequent ongoing assessments.
- V. If **either** cardiac or respiratory status are abnormal, proceed as follows:
 - A. If the patient is having severe respiratory distress **or** hypoperfusion **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 is expired, and the EMS agency carries an epinephrine auto injector, **administer** the epinephrine as authorized by the agency's medical director.
 - B. If the patient has not been prescribed an epinephrine auto injector, begin transport and contact Medical Control for authorization to administer epinephrine if available.
- VI. Contact Medical Control for authorization for a second administration of the epinephrine auto injector, if needed.
- VII. Refer immediately to any other appropriate protocol.
- VIII. If cardiac arrest occurs, perform CPR according to AHA/ARC/NSC standards and refer to the Cardiac Arrest Protocol.

Anaphylactic Reactions, continued

- IX. Transport immediately.
- X. Ongoing assessment. Obtain and record the patient's initial vital signs, repeat enroute as often as the situation indicates. **Be alert for changes in the patient's level of consciousness.**
- XI. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR).
- XII. If epinephrine has already been administered, continue to reassess respiratory effort and vital signs, transport immediately.

NEW YORK STATE DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES

EPINEPHRINE AUTO-INJECTOR PROGRAM

BLS PROGRAM REQUIREMENTS

PROGRAM REQUIREMENTS

PROGRAM PARTICIPANTS

- A licensed health care provider;
- A camper, if he/she has proof of his/her own prescription; and
- Children's camp employees designated by the camp director and the camp's emergency health care provider and who has passed a training program approved by the New York State Department of Health on the use of the auto-injector.

BLS PROGRAM PARTICIPATION

Basic Life Support (BLS) prehospital services may participate in this program if the following requirements are met:

- Identify a physician or hospital to serve as the BLS service's emergency health care provider;
- Develop, sign and implement an agreement between the BLS service and the emergency health care provider; this must include written practice protocols and policies for use of the auto-injector;
- Train CFRs/ EMT-Bs as outlined in the agreement, and maintain a record of those trained with training dates, training refresher dates, and curriculum followed;
- Provide written notice to the local Emergency Medical Services (EMS) System dispatch center that an auto-injector will be available through the BLS service;
- File a Notice of Intent with the local Regional EMS Council (REMSCO) and attach a copy of the agreement with the emergency health care provider; and
- Notify and file a new agreement with REMSCO when there is a change in the agreement and/or emergency health care provider.

PRACTICE PROTOCOLS AND POLICIES

The Practice Protocols and Policies must include the following:

- The curriculum used to train authorized individuals ; the curriculum must be approved by the Commissioner of Health;
- Designation of individual(s) by the emergency health care provider who will conduct the training of authorized staff;
- Designation of staff to be trained to use, acquire and dispose of the auto-injector;
- Use of the auto-injector for pediatric and adult patients;
- Use of the auto-injector for cases with known history of allergy and for those individuals presenting with no known history of allergy;
- A plan of action when an auto-injector is used, including notification as requested by the emergency health care provider and/or medical control, and disposal of the auto-injector in accordance with OSHA regulation 29CFR 1910.1030; and
- A procedure for obtaining, storing and accounting for the medication. It is the responsibility of the emergency health care provider to purchase and distribute the auto-injector for the prehospital care providers.




New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT
Supersedes/Updates: 00-15

No. 09-11

Date: December 28, 2009

**Re: Storage and Safe
Guarding of Medications
Administered by EMT-Bs.**

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Purpose

The medications approved for use by Emergency Medical Technician - Basics (EMT-B) are considered to be lifesaving measures. As such, care should be taken to allow for immediate access, while safe guarding the medications when not caring for a patient. This policy is developed to address concerns regarding the storage and safe-guarding of medications that may be administered in accordance with state and regional BLS protocols by EMT-Bs.

Policy

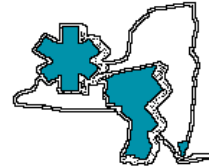
Prior to implementing prehospital medication administration, each agency must receive approval from their Regional Emergency Medical Advisory Committee (REMAC). All EMS agencies carrying medications for use by EMT-Bs, prior to placing them in service, must develop policies and procedures that include, but may not be limited to the following items; inventory control, storage, expiration and replacement of these items and the process for provider education.

In an effort to assist agencies in maintaining control of the medications that may be administered by EMT-Bs, the following should be the minimum requirements implemented by each service providing this level of care.

- The medications must be stored in an environment that protects them from extreme temperature changes and light. According to most medication manufacturer's guidelines, medications must be stored at temperatures that range from 59 degrees to 77 degrees¹.
- All medications must be secured in a container or location capable of being secured with a lock or numbered tear-away-type inventory control tag when not being used for patient care.
- The medication must be placed in either a closed ambulance compartment or inside a bag or box that is taken to the patient's side.
- It is strongly recommended that BLS medications not be placed in the same locked cabinet with medications, syringes or needles used by Advanced Life Support Providers.
- The EMS agency must provide safe disposal for medical waste/sharps on EMS vehicles.

¹ New Jersey – Drug Adulteration Study, October, 1995

Westchester Regional



BASIC LIFE SUPPORT SPECIAL PROCEDURE PROTOCOLS



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WESTCHESTER REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE
BASIC LIFE SUPPORT
SPECIAL PROTOCOLS AND PROCEDURES

INTRODUCTION

It is understood that the current New York State Basic Life Support Protocols issued by the New York State Department of Health are always to be initiated in conjunction with, and as an integral part of the Westchester Regional EMS Basic Life Support Special Procedure Protocols. The Basic Life Support Special Procedure Protocols contain advanced procedures that may be initiated under standing orders as described herein.

Only agencies and providers who have completed the required training and received authorization from the Westchester Regional Medical Advisory Committee and /or the New York State Department of Health may provide the care outlined in these protocols.



SPECIAL BLS PROCEDURE PROTOCOL 2

EPINEPHRINE AUTO-INJECTORS

For use by Certified First Responders (CFR) and EMT-Basics (EMT-B) whose agencies have been authorized to possess and use Epinephrine auto-injectors by the New York State Department of Health and the Westchester Regional EMS Council.

CRITERIA:

- Respiratory distress (wheezing, stridor, use of respiratory accessory muscles).
 - Tongue, oropharynx, or uvular swelling.
 - Urticaria, pruritus, flushing.
 - BP < 90 systolic, or other signs of inadequate perfusion.
 - Auscultation of abnormal breath sounds (wheezing, stridor), or markedly decreased movement of air.
1. Routine medical care. Assess for signs, symptoms, and hemodynamic status.
 2. Assure airway patency and administer high flow oxygen.

NOTE: FOR SEVERE RESPIRATORY DISTRESS REQUEST ADVANCED LIFE SUPPORT IF AVAILABLE. DO NOT DELAY TRANSPORT TO THE HOSPITAL.
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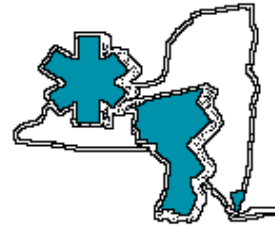
3. If symptoms of inadequate perfusion, airway swelling or respiratory distress are present;
 - A. If the patient has his/her own anaphylactic emergency kit, the EMT-B may assist the patient to administer the kit's epinephrine auto-injector;
 - OR**
 - B. If the BLS agency has been authorized to possess an Epinephrine auto-injector, **AND** the EMT-B has been trained in the criteria and method of administration of an Epinephrine auto-injector, the EMT-B may administer the device's content.

NOTE: MEDICAL CONTROL MUST BE CONTACTED IF PATIENT HAS NOT HAD AN EPINEPHRINE AUTO-INJECTOR PREVIOUSLY PRESCRIBED BEFORE BLS MAY ADMINISTER.

4. Timely transport. **If Epinephrine has been given, and ALS is available, ALS must transport with the patient.**



APPENDIX A



RESPIRATORY ASSESSMENT SCALES



Modified Borg Scale Of Perceived Exertion

SCALE	SEVERITY
0	No Breathlessness At All
0.5	Very Very Slight (Just Noticeable)
1	Very Slight
2	Slight Breathlessness
3	Moderate
4	Some What Severe
5	Severe Breathlessness
6	**
7	Very Severe Breathlessness
8	**
9	Very Very Severe (Almost Maximum)
10	Maximum



RESPIRATORY ASSESSMENT SCALES

AVERAGE PEAK FLOW VALUES

PREDICTED AVERAGE PEAK EXPIRATORY FLOW: NORMAL MALES

		H E I G H T				
		60"	65"	70"	75"	80"
A G E	20	554	602	649	693	740
	25	543	590	636	679	725
	30	532	577	622	664	710
	35	521	565	609	651	695
	40	509	552	596	636	680
	45	498	540	583	622	665
	50	486	527	569	607	649
	55	475	515	556	593	634
	60	463	502	542	578	618
	65	452	490	529	564	603
70	440	477	515	550	587	

PREDICTED AVERAGE PEAK EXPIRATORY FLOW: NORMAL FEMALES

		H E I G H T				
		55"	60"	65"	70"	75"
A G E	20	390	423	460	496	529
	25	385	418	454	490	523
	30	380	413	448	483	516
	35	375	408	442	476	509
	40	370	402	436	470	502
	45	365	397	430	464	495
	50	360	391	424	457	488
	55	355	386	418	451	482
	60	350	380	412	445	475
	65	345	375	406	439	468
70	340	369	400	432	461	