

WESTCHESTER REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

POLICY STATEMENT

Supercedes/Updates: New

No. 03 - 01

Date: 17 March 2003

Re: Mark I Kits

Pages: 6

Use of “Mark I kits” (AtroPen® Auto-Injector & Pralidoxime Chloride Injector)

PURPOSE:

To provide advanced life support (ALS) 911 EMS agencies with regional guidelines on the appropriate possession and use of “Mark I kits”.¹

BACKGROUND:

In 2002, The State Emergency Medical Advisory Committee (SEMAC) and State Emergency Medical Services Council (SEMSCO) established guidelines in regards to the use of “Mark I kits” by pre-hospital providers. Subsequently the New York State Department of Health Bureau of Emergency Medical Services (NYSDOH BEMS) issued policy statement No. 02-08, superceded by updated Policy No. 03-05, presenting the basic guidelines by which “Mark I kits” could be employed in pre-hospital operations.

This Westchester Regional Emergency Medical Advisory Committee (WREMAC) policy statement will:

- clarify the key provisions found in the NYS DOH policy
- explain the regional authorization process for ALS agency possession and use of “Mark I kits”
- outline minimum required ALS provider training
- emphasize the need for decontamination of patients exposed to a nerve agent by trained personnel equipped with the proper personal protective equipment (PPE)
- give basic guidelines for the administration of a “Mark I kit”
- discuss the proper documentation and reporting of the use of a “Mark I kit”

CLARIFICATION OF KEY NYS DOH POLICY PROVISIONS:

¹ A “Mark I kit” contains antidotes to be used in instances of exposure to a nerve or organophosphate agent. The “Mark I kit” consists of two auto-injectors containing Atropine Sulfate and Pralidoxime Chloride.

According to NYS DOH policy No. 03-05, the use of the “Mark I kits” by MUST adhere to five (5) outlined provisions:

- 1. An EMS agency must be participating in an MMRS or Municipal Response Plan for WMD incidents.** The City of Yonkers is the only municipality in our Region participating as an MMRS. Participation within a Municipal Response Plan must make specific reference to WMD incidents involving potential nerve agent exposures. Inclusion in a general MCI or disaster plan IS NOT sufficient. The aforementioned plan must be generated, approved, and operated by a municipality such as a village, town, city, or Westchester County. Response Plans created by commercial entities are NOT sufficient. If your agency covers multiple municipalities, “Mark I kits” may only be used in the municipalities that have implemented an appropriate Response Plan as described above.
- 2. The decision to utilize the “Mark I” antidote must be done under the authority of medical control.** Use of the “Mark I kits” will be used under the offline medical control provided in WREMAC policy and protocol.
- 3. An EMS provider must be trained, at a minimum, to the WMD awareness level. The awareness program should be a national training program or modeled after one of the training programs developed by the Department of Defense (DOD), Department of Justice (DOJ) or Federal Emergency Management Agency (FEMA).** All ALS providers who may use a Mark I auto-injector must be trained to at least the level described above. The training program previously released by the Hudson Valley and Westchester Regional EMS Councils only covers the use of Mark I auto-injectors and therefore DOES NOT comply with the above requirement. Any WMD Awareness program completed within the past two (2) years meeting the state recommendations DOES comply with the above requirement. Documentation regarding completed training may be requested by the WREMAC.
- 4. The “Mark I kit” is not to be used for self-administration or prophylaxis.** A “Mark I kit” is only to be used on patients or individuals who have been exposed and exhibit signs and symptoms (i.e. SLUDGEM).² Contrary to the current WREMAC Special Procedure Protocol, they are NOT to be self-administered. An EMS provider who have been exposed to a nerve agent and is experiencing signs and symptoms is no longer a rescuer, but a patient.
- 5. Use of the “Mark I kit” is to be based on signs and symptoms of the patient. The suspicion or identified presence of a nerve agent is not sufficient reason to administer these medications.** The “Mark I kits” are only to be used on symptomatic patients. Prophylactic administration of “Mark I kit” medications is NOT authorized.

² Acronym for parasympathetic nervous system response to an organophosphate or nerve agent exposure: **s**alivation, **l**acrimation, **u**rination, **d**efecation, **g**astro-intestinal aggravation, **e**mesis, **m**uscular twitching. Response symptoms are proportional to the degree of exposure.

AUTHORIZATION:

A Westchester Regional 911 ALS agency wishing to possess and utilize “Mark I kits” in their operations, must submit:

1. A completed WREMAC application to provide “Mark I kits”
2. A signed collaborative agreement with the agency Medical Director which shall at a minimum include:
 - agency participation in an MMRS, local municipal or the Westchester County Emergency Management Office (WC OEM) response plan
 - adherence to any NYS DOH or WREMAC policies, protocols and advisories regarding the administration of Mark I Auto-injector Kits
 - outline of the minimum initial training and continuing education required of ALS providers to use the Mark-I Kits
 - written policy and procedure for acquisition, storage, accounting, and proper disposal of used auto-injectors.
 - immediate reporting of the use of a “Mark I kit” to the Medical Director, the WREMAC and WC OEM.
3. Proof of involvement in an MMRS or a municipal response plan (e.g. a letter from the municipality confirming participation with a copy of the plan), or WC OEM Community Response Plan (e.g. a copy of signed agreement).

Applications will be reviewed by the Westchester Regional EMS (WREMS) office for completeness and presented to the WREMAC for approval.

TRAINING:

A paramedic working for an authorized ALS agency under this policy MUST receive at a minimum the following training to possess and administer a “Mark I kit”:

1. A WMD awareness course from a national training program or modeled after one of the training programs developed by the Department of Defense (DOD), Department of Justice (DOJ) or Federal Emergency Management Agency (FEMA). Courses taken within two (2) years prior to the effective date of this policy may be used. Online courses from recognized institutions are also valid. Certificates of attendance must be on file with the authorized ALS agency.
2. An in-service regarding the use of a Mark I auto-injector that includes:
 - general types and categories of chemical weapons

- general characteristics of nerve agents
- pathophysiology of nerve agent exposure
- signs and symptoms of nerve agent exposure (i.e. SLUDGEM)
- antidote mechanism of action and adverse reactions
- antidote dosing schedules
- WREMAC policy and protocol regarding administration of a Mark I auto-injector
- directions of use of the auto-injectors
- patient re-evaluation and on-going assessment and treatment

The training DOES NOT have to be agency specific. The paramedic is responsible for filing copies of course completion certificates and/or WREMAC CMA Student Attendance Forms with the authorized ALS agency. The authorized ALS agency is responsible for maintaining the WMD and “Mark I kit” training records for all of their ALS providers and submitting a roster of all trained personnel to the WREMS office, with updates as necessary.

After the initial qualification period, paramedics will maintain the ability to possess and administer a “Mark I kit” by repeating the training outlined above prior to the renewal of WREMAC credentialing.

The WREMAC reserves the right to have training records audited by the WREMS office with or without advance notice.

PERSONAL PROTECTION:

Triage should be initiated in the “Hot Zone”³, continued in the “Warm Zone”, and performed only by trained personnel who are wearing appropriate personal protective equipment (PPE) for the scene, as determined by the Incident Commander. Patient decontamination may be simultaneous with and/or prior to treatment.

EMS personnel lacking the proper training and PPE **SHOULD NOT** be operating in the area of a known nerve agent release or handling exposed patients. There is the potential for “off- gassing”, by which vapors are given off chemically contaminated clothing. Any emergency responders assisting evacuated victims of nerve agent exposure, even in the “Cold Zone” should avoid exposing themselves to cross-contamination by ensuring that they do not come into direct contact with a patient’s clothing.

³Scenes containing hazardous materials (HAZMAT), or contaminated patients, should be broken down into three zones: “Hot”, “Warm” and “Cold”. The “Hot” and “Warm” zones require the highest level of PPE specified for the toxic agent identified. Gross decontamination of patients begins in the “Hot Zone” with more complete decontamination achieved in the “Warm Zone”. EMS lacking HAZMAT training and equipment will make contact with the patients in the “Cold Zone”. At this point the usual dermal, respiratory and optical PPE required for EMS are sufficient to safely provide patient care.

GUIDELINES FOR PARAMEDIC ADMINISTRATION OF A “MARK I KIT”:

“Mark I kits” are to be used only:

- 1) When specific signs and symptoms of exposure are present (i.e. SLUDGEM)

AND

- 2) The scene has been identified as the site of a nerve agent release by a competent authority (e.g. HAZMAT Team, WC DOH, NYS DOH, on-line Medical Control, regional poison control center, WMD Trained EMT-P)

AND

- 3) Under the authority of off-line Medical Control provided by the WREMAC Paramedic Treatment Protocols and any necessary interim advisories.
 - a. The Mark 1 injectors are not to be used as a prophylaxis for personal protection.
 - b. There is to be no self-administration of antidote.

DOCUMENTATION:

In the event that a “Mark I kit” is administered by a paramedic as part of patient care, documentation on the PCR or ACR should at a minimum include:

- If known, the nerve agent the patient was exposed to
- What authority identified and/or declared the release of a nerve agent
- Patient exposure symptoms upon arrival of EMS and their severity (i.e. SLUDGEM)
- What decontamination of the patient was performed and by whom
- The number of “Mark I kits” administered to the patient
- Re-evaluation of patient condition post administration
- Other medical treatment provided

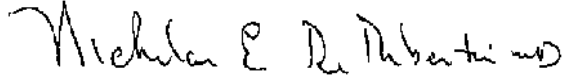
Even at a mass casualty incident (MCI), when a patient has received treatment with the use of a “Mark I kit”(s) there must be a method to record such information so persons providing subsequent care are aware, at a minimum, the treatment provided and the amount of medication given. If the resources are present it is recommended that a triage tag be placed on each patient and that any treatment given be recorded on that tag. If treatment occurs prior to decontamination, care should be taken to replace triage tags or transfer any otherwise recorded information onto a new (dry) tag following the procedure.

REPORTING:

Administration of a “Mark I kit” by a paramedic must be verbally reported within twenty-four (24) hours by the ALS agency to the WREMAC and the WC OEM, if not already notified. The WREMAC and WC OEM may be contacted through the Westchester County Emergency Communications Center (60 Control) twenty-four (24) hour a day by calling (914) 231- 1900. A copy of the PCR or ACR and

any requested follow-up information shall be forwarded from the ALS agency's QA/QI Coordinator to the WREMAC as soon as possible.

Issued and Authorized by:

A handwritten signature in black ink that reads "Nicholas E. DeRobertis MD". The signature is written in a cursive, slightly slanted style.

Dr. Nicholas DeRobertis, MD, FACEP
Chair, Westchester Regional Emergency Medical Advisory Committee

Attachments:

WREMAC Advisory March 2003 (Mark I Kits)
NYS DOH Policy 03-05 Re: Mark I kits