

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.

MEDICAL CONTROL

Separate policies and protocols must be established for the administration of epinephrine auto-injectors for those individuals with known prior history of allergy and for those individuals presenting without known prior history. In the first case, CFRs/EMT-Bs may administer epinephrine auto-injectors without contact of medical control and/or emergency health care providers.

The BLS ambulance service should contact medical control and/or emergency health care provider to administer epinephrine auto-injector to an individual exhibiting symptoms of anaphylactic reaction who do not have a prior history of such reaction. In the event, contact can not be made with medical control and/or the emergency health care provider; the BLS service may use the auto-injector while continuing to obtain appropriate medical control.

In all cases, the decision to administer a second dose of epinephrine must be authorized through medical control.

CHILDREN'S CAMPS

It is anticipated that children's camps will begin to participate in the Epinephrine Auto-Injector Program during summer 2000. Camps have been encouraged to notify their local EMS providers if they elect participate in the program. If they participate in the program, they must also have a collaborative agreement with an emergency health care provider and train designated staff using a Department of Health approved curriculum.

Information about participating children's camps may be obtained from your REMSCO and/or county Department of Health.

Summer 2000

**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	ALSFR 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:

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	



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COLLABORATIVE AGREEMENT

Administration of Epinephrine Auto Injectors by Children’s Camps

As per Chapter 578 of the Laws of 1999,

Children’s Camp Name: _____
 (Hereafter referred to as the Epinephrine Auto Injector Provider)

and

Physician/Hospital: _____
 (Hereafter referred to as the Emergency Health Care Provider)

enter into this collaborative agreement in which;

1. The Epinephrine Auto Injector (EAI) Provider will acquire, store, account, and dispose of EAI devices according to written policies and procedures which have been developed as required by the New York State Department of Health (NYS DOH) and in accordance with the Emergency Health Care Provider’s (EHCP) recommendations and OSHA regulation 29CFR1910.1030;
2. The EHCP will develop written protocols for the use of EAI devices and the EAI Provider will ensure that said protocols are utilized by all participating personnel for proper EAI device administration;
3. The EAI Provider will ensure that EAI devices will only be administered by personnel who have successfully completed a training program approved by the NYS DOH and who have been designated by the EAI Provider’s Director and EHCP;
4. The EAI Provider will require that all EAI administrations are documented appropriately on a form developed by the EAI Provider according to the EHCP’s recommendations. Additionally, all EAI administrations will be reported, as appropriate, to the EHCP for review;
5. The EHCP acknowledges that they are knowledgeable and experienced in emergency cardiac care and agrees to perform quality improvement review of all reported EAI device administrations;
6. The EAI Provider agrees to provide written notice of the availability of EAI devices at the EAI Provider’s location to the 911 and/or community equivalent ambulance dispatch entity;
7. The EAI Provider will review this agreement on an annual basis and will file a new Collaborative Agreement with the Hudson Valley Regional EMS Council if the EHCP, or any of the contents of this agreement, changes.

Name of Children’s Camp Director

Signature

Date

(If EHCP is a Hospital) Name of Authorized Representative

Title

Emergency Health Care Provider’s Signature

Date

NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES

TRAINING PROGRAM OUTLINE FOR UNLICENSED OR UNCERTIFIED PERSONNEL TO ADMINISTER EPINEPHRINE BY AUTO-INJECTOR IN LIFE-THREATENING SITUATIONS

- PURPOSE:** To provide unlicensed or uncertified personnel with the basic knowledge and skills to administer epinephrine by auto-injector in a life-threatening situation. (For the purpose of this outline, "unlicensed or uncertified personnel" is defined as individuals who do not have a license or certification that allows them to administer prescribed medications.)
- INSTRUCTOR:** The Physician (Emergency Health Care Provider) or his/her designee should teach this program.
- OBJECTIVES:** Upon completion of the training the participants will be able to demonstrate the following competencies:
1. identify common causes of allergic emergencies;
 2. identify the signs and symptoms of a severe allergic reaction (anaphylaxis), and how they differ from other medical conditions;
 3. describe how to quickly access the Emergency Medical Services System (call 911 or appropriate emergency number);
 4. list the steps for administering epinephrine by an auto-injector;
 5. describe the methods for safely storing and handling epinephrine and appropriately disposing of the auto-injector after use;
 6. list the steps for providing for on-going care of the patient until EMS arrives;
 7. understand the state regulations that allow an individual to possess and use an epinephrine auto-injector in a life-threatening situation.

What are the most common causes of an allergic reaction?

A wide variety of different substances can cause allergic reactions in people. Some of the most common causes include:

- ✓ Venom from insect bites and stings, especially those of bees, wasps, hornets, and yellow jackets;
- ✓ Foods, including nuts, shellfish/crustaceans, peanuts, milk, eggs, chocolate, etc;
- ✓ Plants, including contact with poison ivy, poison oak, and pollen from ragweed and grasses;
- ✓ Medications, including penicillin and other antibiotics, aspirin, seizure medications, muscle relaxants, etc;
- ✓ Other causes include dust, latex, glue, soaps, make-up, etc.

What are the signs and symptoms of an allergic reaction?

Allergic reactions can range from the watery eyes and runny nose of hay fever to severe breathing problems (respiratory distress) and low blood pressure (hypoperfusion).

Physical findings that may indicate an allergic reaction include any of those listed below.

Generalized symptoms: Itchy, watery eyes, headache, or runny nose.

Skin: Swelling of the face, lips, tongue, neck, or hands.
Itching, hives or red skin (flushing).

Breathing Problems: Cough, rapid breathing, difficulty breathing, noisy breathing, change in voice or loss of voice (hoarseness), high pitched noise during inhalation (stridor), or wheezing. **Serious breathing problems (severe respiratory distress) is a sign that the individual is having a severe allergic reaction (Anaphylaxis).**

Heart (Circulation) Problems: Increased heart rate, decreased blood pressure, or signs of cool, clammy skin (hypoperfusion).

Mental Status: Confusion, fainting or loss of consciousness.

How can I tell it is a "severe allergic reaction" that needs the epinephrine auto-injector?

You may need to administer epinephrine with the auto-injector if a patient, who has a history of allergies/allergic reactions, has come in contact with a substance(s) that causes the allergic reaction. If the patient has been prescribed an epinephrine auto-injector and is having a very hard time breathing (**severe respiratory distress**), you will need to administer the epinephrine. For other cases (i.e., someone who has not been prescribed an epinephrine auto-injector) you should consult with the physician (Emergency Health Care Provider).

Does the epinephrine come in more than one size or dose?

Yes, the epinephrine auto-injector comes in both an adult dose (0.3 mg) and a pediatric dose (0.15 mg). Generally the adult dose is for individuals who weigh 66 lbs. or more and the pediatric dose is for individuals who weigh 33 -66 lbs. You must consult with your physician (Emergency Health Care Provider) about which auto-injector is most appropriate to carry and use in your situation.

If someone has a severe allergic reaction what should I do first?

First have someone **CALL 911** or your local emergency number and request an ambulance! It is very important to activate your local Emergency Medical Services (EMS) Agency right away. The patient with a severe allergic reaction may require additional Advance Life Support (ALS) medications or other emergency life-saving procedures. All patients who receive the epinephrine must have immediate follow-up evaluation by a physician.

How do I administer the epinephrine with the auto-injector?

Sit the patient down and try to calm and reassure him/her. If the patient is confused, disoriented, or unconscious (altered mental state) and signs of a weak, rapid pulse, cool clammy skin (hypoperfusion), lay him/her down and slightly elevate his/her feet. If oxygen is available, and someone is trained in its use, administer a high concentration of oxygen. **If the patient is having a hard time breathing administer the epinephrine as follows:**

Step One Remove the safety cap from the auto-injector. Check to see if the fluid is clear and colorless. **Never put your fingers over the black tip when removing the safety cap or after the safety cap has been removed!**

- Step Two Place the tip of the injector against the patient's bare outer thigh. (Halfway between their waist and the knee)
- Step Three With a quick motion, push the auto-injector firmly against the thigh until the spring-loaded needle is activated. Hold the auto-injector in place for ten (10) seconds.
- Step Four Remove the auto-injector from the thigh and record the time of the injection.
- Step Five Carefully re-insert the unit (without replacing the safety cap) -NEEDLE FIRST- into the carrying tube and re-cap the carrying tube. **Never put your fingers over the black tip after the safety cap has been removed!** Give the tube to the ambulance crew so they know exactly what you have given and can appropriately dispose of it at the hospital. Also provide them with the exact time that you administered the epinephrine.
- Step Six Watch the patient carefully, and keep them calm. Note if the patient gets any better or worse. Be prepared to give CPR if needed.

What will the patient feel when I use the auto-injector The injection itself is relatively painless and the patient may not feel the medication being injected. Soon after the injection the patient should begin to feel the beneficial effects of the drug. The most common changes the patient may feel are a more rapid heartbeat and a slight nervousness. The patient may experience palpitations, sweating, dizziness and a headache.

What information do I need to give EMS? If the epinephrine auto-injector is used, make sure the following information is accurately and concisely conveyed to the EMS Provider and physician:

- ✓ The substance (allergen) the patient was exposed to
- ✓ How long ago the exposure occurred
- ✓ The signs and symptoms the patient experienced (difficulty breathing, tightness in the throat or chest, any swelling, etc.) before the epinephrine was administered
- ✓ The time and dose of the epinephrine administered

- ✓ Did you notice any change(s) in the patient after the epinephrine was administered
- ✓ Other specific information about the patient such as name, age, guardian, physician, medical history, etc.

Where should I keep the epinephrine auto-injector?

You will need to keep the epinephrine auto-injector where you can have quick and easy access to it in an emergency. Keep it away from children. Keep it in the plastic carrying tube it comes in.

It is important to remember that the epinephrine needs to be kept at room temperature. It should not be refrigerated, nor should you allow it to be exposed to extreme heat, such as the glove compartment or trunk of a car during the summer. Do not expose the epinephrine auto-injector to direct sunlight; light and heat can cause epinephrine to degrade, turning brown.

Does the Epinephrine Auto-Injector have an expiration date or need to be replaced?

As with any medication, the epinephrine auto-injector will have an expiration date, which is printed directly on the unit. It is important to periodically check the expiration date and replace the unit before it expires. When checking the expiration date also check to make sure the fluid is clear and colorless. Replace the unit if the fluid is discolored.

Can I be injured by the auto-injector unit?

The auto-injector unit is generally very safe and easy to use. It is important to remember that the unit does have a sharp needle in it. Do not remove the safety cap until you are ready to use the auto-injector. **Never put your fingers over the black tip when removing the safety cap or after the safety cap has been removed.** Do not replace the safety cap once it has been removed. After use carefully re-insert the unit -NEEDLE FIRST - into the carrying tube, then re-cap the carrying tube.

Who can use an epinephrine auto-injector?

For many years physicians have prescribed the epinephrine auto-injector to patients with known allergies. Many people carry the unit with them. Recently Governor Pataki signed into law a bill that authorizes the possession and use of an epinephrine auto-injector by certain individuals in children's overnight, summer day or traveling summer day camps and others.

This allows Camp Staff to administer epinephrine to patients with a history of allergies/allergic reactions who has a severe allergic reaction even if the patient doesn't have his/her prescribed auto-injector with them.

To be authorized to possess and use the epinephrine auto-injector an individual or organization (as noted above) must have a written collaborative agreement with a physician "emergency health care provider" which is filed with the local Regional Emergency Medical Services Council and the Department of Health. All participating individuals must complete this or an equivalent training program.

How is the epinephrine auto-injector obtained?

The Epinephrine Auto-Injector is available at most pharmacies. To purchase the auto-injector you will need a prescription from your participating physician (Emergency Health Care Provider).

For more information:

For more information on the requirements contact the Bureau of Emergency Medical Services:

**New York State Department of Health
Bureau of Emergency Medical Services
433 River Street, Suite 303
Troy, New York 12180
(518) 402-0996**



New York State Department of Health
Bureau of Emergency Medical Services
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Web Resources

Food Allergy Resources <http://www.foodallergy.org>

American Academy of Pediatrics <http://www.aap.org>

American College of Allergy, Asthma & Immunology <http://allergy.mcg.edu>

Center for Healthcare Information <http://www.cmrg.com>

Asthma & Allergy Foundation <http://www.aafaflorida.org>

New York State Department of Health <http://www.health.state.ny.us>