



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower      The Governor Nelson A. Rockefeller Empire State Plaza      Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

May 31, 2000

Dear EMS Provider:

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 the level that would not normally allow for administration of medication. These providers include emergency medical technicians (EMTs) and Certified First Responders (CFRs).

The intent of this law is to make available rapid intervention for those who suffer an anaphylaxis and may not have access to advanced emergency medical care in the short time frame necessary to avoid undue morbidity and mortality. The Department of Health strongly encourages all basic life support (BLS) services to participate in this program. To use epinephrine auto-injectors, services must follow the guidelines provided in the enclosed materials.

The New York State BLS Protocol and the EMT-B curriculum have been amended to include this life-saving measure for participating BLS services. A stand-alone curriculum has also been developed that can be used with the oversight of a physician or a hospital through a collaborative agreement. If your service currently has a medical director, they may be used to meet the program requirements.

Enclosed are documents that will assist you in meeting the requirements necessary to participate in the Epinephrine Auto-injector Program. These materials include the following:

- DOH Policy Statement (00-01)
- Notice of Intent Form (DOH-4188)
- Amended EMT-B Curriculum
- BLS Epinephrine Auto-Injector Protocol
- DOH approved training module for use of epinephrine auto-injectors
- BLS Fact Sheet

Please direct your questions concerning the Epinephrine Auto-Injector Program to the following Bureau of Emergency Medical Services staff:

**Program Issues**

Ross R. Zastrow  
Sr. EMS Representative  
518-402-0996, Ext. 1,4

Thank you for your continued service and interest in this program.

Sincerely,

A handwritten signature in black ink that reads "Edward G. Wronski". The signature is written in a cursive style with a distinct loop at the end of the name.

Edward G. Wronski  
Director  
Bureau of Emergency Medical Services

Enclosures



New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/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:

- insure that a copy of the organization's "Notice of Intent ... (DOH-4188)" is forwarded to the Bureau of EMS.
- maintain 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

**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	State:	Fax No. ( ) - -
City :		
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
---------------------------------	----------------------------	-----------------------

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	

Revised 03/29/00 Epinephrine auto-injector

Medical / Behavioral and  
Obstetrics / Gynecology

Lesson 4-1

General Pharmacology

# OBJECTIVES

## Objectives Legend

C= Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

### COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-1.1 Identify which medications will be carried on the unit.(C-1)
- 4-1.2 State the medications carried on the unit by the generic name. (C-1)
- 4-1.3 Identify the medications with which the EMT-Basic may assist the patient with administering. (C-1)
- 4-1.4 State the medications the EMT-Basic can assist the patient with by the generic name.(C-1)
- 4-1.5 Discuss the forms in which the medications may be found. (C-1)

### AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-1.6 Explain the rationale for the administration of medications.(A-3)

### PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-1.7 Demonstrate general steps for assisting patient with self-administration of medications.(P-2)
- 4-1.8 Read the labels and inspect each type of medication.(P-2)

# Preparation

Motivation: Later in this course the EMT-Basic student will be learning specific medications which may be administered to a patient who has his own prescribed medication for a specific medical condition.

Some medications may be administered by the EMT-Basic when there are patients with specific chief complaints. Giving the proper medication in an emergency situation is critical to the well-being of the patient.

Prerequisites: BLS, Preparatory, Airway and Patient Assessment.

## **MATERIALS**

AV Equipment: Utilize various audio-visual materials relating to general pharmacology. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment: None

## **PERSONNEL**

Primary Instructor: Advanced-level provider who has administered medications.

Assistant Instructor: The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in general pharmacology.

Recommended Minimum Time to Complete: One hour

# PRESENTATION

## Declarative (What)

- I. Overview - the importance of medications and the dangers associated with their administration.
- II. Medications (which may be carried on the EMS unit)
  - A. Activated Charcoal - learned as a part of the poison/overdose module (4-6)
  - B. Syrup of Ipecac - learned as a part of the poison/overdose module. (4-6)
  - C. Oral Glucose - learned as a part of the diabetes module (4-4).
  - D. Oxygen (refer to airway module).
  - E. Epinephrine - learned as a part of the allergies module (4-5).
- III. Medications (prescribed by a physician and the patient has them in his possession; they are not carried on the EMS unit. May assist patients in taking, with approval by medical direction).
  - A. Inhaler - learned as a part of the respiratory module (4-2).
  - B. Nitroglycerin - learned as a part of the cardiac module (4-3).
- IV. Medication names
  - A. Generic
    1. The name listed in the U.S. Pharmacopedia, a governmental publication listing all drugs in the U.S.
    2. Name assigned to drug before it becomes officially listed. Usually a simple form of the chemical name.
    3. Give examples per local protocol.
  - B. Trade
    1. Brand name is the name a manufacturer uses in marketing the drug.
    2. Give examples.
- V. Indications - the indication for a drug's use includes the most common uses of the drug in treating a specific illness.
- VI. Contraindications - situations in which a drug should not be used because it may cause harm to the patient or offer no effect in improving the patient's condition or illness.
- VII. Medication Form
  - A. Medications the EMT-Basic carries on the unit or medications that a patient may have a prescription for that the EMT-Basic may assist with administration.
    1. Compressed powders or tablets - nitroglycerin
    2. Liquids for injection - epinephrine
    3. Gels - glucose
    4. Suspensions - activated charcoal
    5. Fine powder for inhalation - prescribed inhaler
    6. Gases - oxygen
    7. Sub-lingual spray - nitroglycerin
    8. Liquid/vaporized fixed dose nebulizers
  - B. Each drug is in a specific medication form to allow properly controlled concentrations of the drug to enter into the blood stream where it has an effect on the target body system.
  - C. Medications have a specific shelf life and expiration dates.
- VIII. Dose - state how much of the drug should be given.
- IX. Administration - state route by which the medication is administered such as oral, sublingual (under the tongue), injectable, or intramuscular.

- X. Actions - state desired effects a drug has on the patient and/or his body systems.
- XI. Side Effects - state any actions of a drug other than those desired. Some side effects may be predictable.
- XII. Re-assessment strategies
  - A. Repeat vital signs.
  - B. Must be done as part of the on-going patient assessment.
  - C. Documentation of response to intervention.

## **SUGGESTED APPLICATION**

### Procedural (How)

Demonstrate reading labels and inspecting each medication that will be carried on the unit or assisted with by the patient.

### Contextual (When, Where, Why)

For years the primary medication used by the EMT was oxygen. The EMT-Basic may have activated charcoal, syrup of Ipecac, oral glucose and an epinephrine auto-injector on the unit to administer with medical direction. In addition, the EMT-Basic will be able to assist patients with several medications, again under the supervision of medical direction.

This pharmacology lesson will assist you in understanding basic components for each of the medications. In later lessons, you will obtain additional knowledge and skills concerning their administration.

## **STUDENT ACTIVITIES**

### Auditory (Hear)

1. The student will hear information on medications they will use on the EMS unit.

### Visual (See)

1. The student will see each type of medication they will use on the EMS unit.

### Kinesthetic (Do)

1. The student will practice inspecting and reading the labels of each type of medication they will use on the EMS unit.

## **INSTRUCTOR ACTIVITIES**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

## **EVALUATION**

Written: Develop evaluation instruments, e.g., examinations, verbal reviews, handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

Practical: Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

## **REMEDICATION**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **SUGGESTED ENRICHMENT**

What is unique in the local area concerning this topic? Complete enrichment sheets from the instructor's course guide and attach with lesson plan.

Revised 03/29/00 Epinephrine auto-injector

Medical / Behavioral and  
Obstetrics / Gynecology

Lesson 4-5  
Allergies

# OBJECTIVES

## Objectives Legend

C= Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

### COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-5.1 Recognize the patient experiencing an allergic reaction.(C-1)
- 4-5.2 Describe the emergency care of the patient with an allergic reaction.(C-1)
- 4-5.3 Establish the relationship between the patient with an allergic reaction and airway management.(C-3)
- 4-5.4 Describe the mechanisms of allergic response and the implications for airway management.(C-1)
- 4-5.5 State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector.(C-1)
- 4-5.6 Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction.(C-3)
- 4-5.7 Differentiate between the general category of those patients having an allergic reaction and those patients having an severe allergic reaction (anaphylaxis) requiring immediate medical care, including immediate use of epinephrine auto-injector.(C-3)

### AFFECTIVE OBJECTIVES

- 4-5.8 Explain the rationale for administering epinephrine using an auto-injector.(A-3)

### PSYCHOMOTOR OBJECTIVES

- 4-5.9 Demonstrate the emergency medical care of the patient experiencing an allergic reaction and anaphylaxis (P-1,2)
- 4-5.10 Demonstrate the use of epinephrine auto-injector.(P-1,2)
- 4-5.11 Demonstrate the assessment and documentation of patient response to an epinephrine injection.(P-1,2)
- 4-5.12 Demonstrate proper disposal of equipment.(P-1,2)
- 4-5.13 Demonstrate completing a prehospital care report for patients with allergic emergencies.(P-2)

# PREPARATION

Motivation: The ability to recognize and manage a severe allergic reaction (anaphylaxis) is possibly the only thing standing between a patient and imminent death.

Prerequisites: BLS, Preparatory, Airway and Patient Assessment.

## **MATERIALS**

AV Equipment: Utilize various audio-visual materials relating to allergic emergencies. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment: Epinephrine auto-injector, epinephrine auto-injector trainer, synthetic skin mannequin for injection.

## **PERSONNEL**

Primary Instructor: One EMT-Basic instructor knowledgeable in the physiology of severe allergic reactions and the use of epinephrine auto-injectors.

Assistant Instructor: The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in allergic emergencies.

Recommended Minimum  
Time to Complete: Two hours

# PRESENTATION

## Declarative (What)

- I. Allergic Reactions and Severe Allergic Reactions (Anaphylaxis)
  - A. Definition - an exaggerated immune response to any substance.
  - B. Possible causes
    1. Insect bites/stings -e.g., bees, wasps
    2. Food - e.g., nuts, seafood, peanuts
    3. Plants
    4. Medications
    5. Others
  - C. Assessment findings may include:
    1. Skin
      - a. Patient may state he has a warm tingling feeling in the face, mouth, chest, feet and hands.
      - b. Itching
      - c. Hives
      - d. Flushed skin
      - e. Swelling to face, neck, hands, feet and/or tongue
    2. Respiratory system
      - a. Patient may state he feels a tightness in his throat/chest.
      - b. Cough
      - c. Rapid breathing
      - d. Labored breathing
      - e. Noisy breathing
        - (1) Stridor
        - (2) Wheezing
      - f. Hoarseness
    3. Cardiac
      - a. Increased heart rate
      - b. Decreased blood pressure
    4. Generalized findings
      - a. Itchy, watery eyes
      - b. Headache
      - c. Sense of impending doom
      - d. Runny nose
    5. Decreasing mental status
    6. Assessment findings that reveal shock (hypoperfusion) or respiratory distress indicate the presence of a severe allergic reaction (anaphylaxis).

**Note: Anaphylaxis can be a potentially life threatening situation most often associated with history of exposure to an inciting agent/allergen (bee sting or other insect venom, medications/drugs, or foods such as peanuts, seafood, etc.) and 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/sever bronchospasm) and/or cardiovascular collapse/hypotensive shock characterize the clinical findings that authorize and require treatment according to this protocol.**

- D. Emergency medical care of severe allergic reactions (anaphylaxis).
1. Determine that the patient's history includes a history of anaphylaxis, severe allergic reactions **and/or** recent exposure to an allergen or inciting agent.
    - a. Perform initial assessment.
    - b. Perform focused history and physical exam.
      - (1) History of allergies.
      - (2) What was patient exposed to.
      - (3) How were they exposed.
      - (4) What effects.
      - (5) Time of onset.
      - (6) Progression.
      - (7) Interventions.
    - c. Assess baseline vital signs and SAMPLE history.
  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 as authorized by the agency's medical director.
      - (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, if available.

- (a) **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 as indicated. The incident should be reported to Medical Control or your Agency Medical Director as soon as possible.**
  - (b) **The pediatric dose for epinephrine is 0.01 mg/kg, up to 0.3 mg. For patients under 9 years of age or weighing less than 30 kg (66 lbs.) the pediatric epinephrine auto-injector (0.15 mg) should be used.**
- (3). If the patient has already received a dose of epinephrine, begin transport and 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.
- 3. If cardiac arrest occurs, perform CPR according to AHA/ARC standards.
  - 4. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report.

## II. Relationship to Airway Management

- A. These patients may initially present with airway/respiratory compromise or airway/respiratory compromise may develop as the allergic reaction progresses.
- B. The airway should be managed according to the principles identified in the airway management lesson presented earlier.

## III. Medications

- A. Epinephrine auto-injector
  - 1. Medication name
    - a. Generic - Epinephrine
    - b. Trade - Adrenalin
  - 2. Indications - must meet the following three criteria:
    - a. Emergency medical cares for the treatment of the patient exhibiting the assessment findings of a severe allergic reaction (anaphylaxis).
    - b. Medication is prescribed for this patient by their physician, you are directed to administer the medication by Medical Control or you are unable to contact Medical Control and epinephrine is indicated.
    - c. Administration of medication is authorized by the Regional Medical Advisory Committee or a physician (Emergency Health Care Provider).
  - 3. Contraindications - no contraindications when used in a life-threatening situation involving an anaphylactic reaction with respiratory distress or shock.
  - 4. Medication form - liquid administered via an automatically injectable needle and syringe system.
  - 5. Dosage
    - a. Adult - one adult auto-injector (0.3 mg)
    - b. Infant and child - under 9 years old or less than 30 kg (66 lbs.) one infant/child auto-injector (0.15 mg)
  - 6. Administration
    - a. Obtain order from medical direction either on-line or protocol.
    - b. Obtain patient's prescribed auto-injector if available.
      - (1) Ensure that the prescription is written for the patient experiencing allergic reaction.
      - (2) Ensure that the medication is not discolored.

**Note: If the patient's auto-injector is not available and the EMS unit has an epinephrine auto-injector, administer the epinephrine as authorized by the Agency's Medical Director.**

- c. Remove safety cap from the auto-injector.
  - d. Place tip of auto-injector against the patient's thigh.
    - (7) Lateral portion of the thigh.
    - (8) Midway between the waist and the knee.
  - e. Push the injector firmly against the thigh until the injector activates.
  - f. Hold the injector in place until the medication is injected.
  - g. Record activity and time.
  - h. Dispose of injector in biohazard container.
7. Actions
- a. Dilates the bronchioles.
  - b. Constricts blood vessels.
8. Side effects
- a. Increases heart rate
  - b. Pallor
  - c. Dizziness
  - d. Chest pain / Sudden Death
  - e. Headache
  - f. Nausea
  - g. Vomiting
  - h. Excitability, anxiousness
9. Re-assessment strategies
- a. Transport.
  - b. Continue focused assessment of airway, breathing and circulatory status.
    - (1) Patient condition continues to worsen.
      - (a) Decreasing mental status
      - (b) Increasing breathing difficulty
      - (c) Decreasing blood pressure
      - (d) Obtain medical direction
      - (e) Prepare to initiate Basic Cardiac Life support measures.
        - CPR
        - AED
        - ACLS intercept
    - (2) Provide supportive care.
      - (a) Oxygen
      - (b) Treat for shock (hypoperfusion).

# SUGGESTED APPLICATION

## Procedural (How)

The instructor will demonstrate the following steps using an epinephrine auto-injector trainer and appropriate synthetic skin mannequin:

1. Obtain medical direction online or protocol.
2. Obtain patient's prescribed auto injector. Ensure:
  - a. Prescription is written for the patient experiencing allergic reactions.
  - a. Medication is not discolored.
3. Remove safety cap from the auto-injector.
4. Place tip of auto-injector against the patient's thigh.
  - a. Lateral portion of the thigh.
  - b. Midway between the waist and the knee.
5. Push the injector firmly against the thigh until the injector activates.
6. Hold the injector in place until the medication is injected.
7. Dispose of injector in biohazard container.

## Contextual (When, Where, Why)

The EMT-Basic will now be able to administer epinephrine auto-injectors. This will make a significant difference in those patients exposed having a severe allergic reaction (anaphylaxis).

The administration of the epinephrine should be performed as soon as possible following appropriate identification of a severe allergic reaction (anaphylaxis).

## **STUDENT ACTIVITIES**

### Auditory (Hear)

1. The student should hear the assessment findings differentiating minor and severe allergic reactions (anaphylaxis).
2. The student should hear the steps required to appropriately administer epinephrine using an auto-injector.

### Visual (See)

1. The student should see various audio-visual aids or materials showing the assessment findings relative to minor allergic reactions.
2. The student should see an actual epinephrine auto-injector.
3. The student should see the instructor demonstrate the appropriate steps in using an auto-injector.
4. The student should see various audio-visual aids or materials showing the assessment findings of major allergic reactions and the appropriate use of the auto-injector.

### Kinesthetic (Do)

1. The student should practice the correct way to use an epinephrine auto-injector.
2. The student should practice role-play treatment of a patient experiencing a severe allergic reaction (anaphylaxis).
3. The student should practice re-assessment and documentation relative to the use of a epinephrine auto-injector.

## **INSTRUCTOR ACTIVITIES**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

## **EVALUATION**

Written: Develop evaluation instruments, e.g., examinations, verbal reviews, handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

Practical: Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

## **REMEDIATION**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **SUGGESTED ENRICHMENT**

What is unique in the local area concerning this topic? Complete enrichment sheets from the instructor's course guide and attach with lesson plan.

## **Anaphylactic Reaction with Respiratory Distress or Shock**

**Note:**

**Request Advanced Life Support if available.  
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.

- I. Determine that the patient's history includes a history of anaphylaxis, severe allergic reactions **and/or** recent exposure to an allergen or inciting agent.
- II. Administer high concentration oxygen.
- III. 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 as authorized by the agency's Medical Director or the physician Emergency Health Care Provider.

**Note:**

**For patients under 9 years of age or weighing less than 30 kg (66 lbs.) the pediatric epinephrine auto-injector (0.15 mg) should be used. The pediatric dose for epinephrine is 0.01 mg/kg, up to 0.3 mg.**

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, if available.

### **Anaphylaxis - continued**

**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 incident should be reported to Medical Control or your agency Medical Director or the physician Emergency Health Care Provider 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.
- IV. If cardiac arrest occurs, perform CPR according to AHA/ARC standards.
- V. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report.

# **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.