GENESEO FIRST RESPONSE
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Collaborative Agreement for Possession and Use of Epinephrine Auto-Injector

It is the intent of SUNY Geneseo First Response to possess and use an Epinephrine Auto-Injector for patients in anaphylaxis. This service is being offered in cooperation with Dr. Steven Radi, medical director of the Lauderdale Center for Student Health and Counseling at SUNY Geneseo and medical advisor to SUNY Geneseo First Response. Our organization provides BLS-FR service. Our primary BLS transporting agency is the Geneseo Fire Department and our primary ALS service provider is Livingston County Medical Services.

In accordance with the provisions of Chapter 578 of the Laws of 1999, our organization has:

- Identified a physician to serve as our Emergency Health Care Provider (EHCP).
- Developed an approved Epinephrine Auto-Injector Training Course
- Provided written notice to the Livingston County Sheriff's Office of the availability of Epinephrine Auto-Injectors at our organizations location.
- Filed with the Monroe Livingston County Regional Emergency Medical Advisory Committee (MLREMAC) a copy of the "Notice of Intent to Possess and Use Epinephrine Auto-Injector" (form DOH-4188), along with a signed copy of this Collaborative Agreement.
- Agreed to file a new Collaborative Agreement with MLREMAC if any changes occur to the agreement or EHCP.

Protocol for Use of Epinephrine Auto Injector

Guidelines developed in accordance with New York State EMT-B Basic Life Support Protocols, Monroe/Livingston Regional Emergency Medical Services System 2003-2004 Standards of Care, and EHCP.

Anaphylactic Reactions with Respiratory Distress or Hypoperfusion

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.

III. Perform initial assessment, focused history and physical exam, baseline vitals and SAMPLE history.

IV. Determine that the patient has a diagnosed history of anaphylaxis, severe allergic reactions, **and/or** a recent exposure to an allergen or inciting agent.

V. If cardiac and respiratory status is normal, have patient transported while performing frequent ongoing assessments.

VI. If **either** cardiac or respiratory status are abnormal, defined as:

1. Respiratory distress (wheezing, stridor, use of respiratory accessory muscles).
2. Tongue, oropharynx, or uvular swelling.
3. Urticarioa, pruritus, flushing.
4. BP<90 systolic, or other signs of shock
5. Auscultation of adventitious breath sounds (wheezing, stridor), or markedly decreased movement of air.

Proceed as follows:

b. 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* (after checking the name, drug, and expiration date). If the patient's auto injector is not available or is expired, ***administer*** the epinephrine*. A transporting service and ALS must be requested if epinephrine is administered.

c. If the patient has not been prescribed an epinephrine auto injector, request transport and ALS. Contact medical control for authorization to administer epinephrine*. If 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.

VII. Contact Medical Control for authorization for a second administration of the epinephrine auto injector, if needed.

VIII. Refer immediately to any other appropriate protocol.

*Adult dose auto-injector for patients over 9 years of age and over 66lbs. Pediatric dose auto-injector for patients under 9 years of age and under 66lbs.

Policy for Training Epinephrine Auto Injector Users

Training will be done using the New York State Department of Health Emergency Medical Technician- Basic Curriculum (Revised 03/29/00), specifically Lesson 4-5 Allergies (pgs 237-245). Specific attention will also be given to this Collaborative Agreement, Monroe/Livingston Regional Emergency Medical Services System Standards of Care 2003-2004, and the New York State EMT-B Basic Life Support Protocols.

Training will be conducted by the EHCP, Dr. Steven Radi, or the Lieutenant of Training for GFR. All crew chiefs will be trained in the use of epinephrine at least once a year. Each member will sign in at the training session and this document will be kept as proof of training.

Acquisition, Storage, Accounting, and Proper Disposal of Used Epinephrine Auto Injectors

Acquisition, Storage, and Accounting shall be the responsibility of the GFR Lt. of Operations. The epinephrine auto injectors will be acquired through the EHCP, Dr. Steven Radi. 1 adult and 1 pediatric dose will be stored in a locked box in the back of the GFR fly car, 3310. 2 adult and 2 pediatric doses will be kept for stock in a locked, fixed cabinet in the GFR command center. The auto injectors will be checked at the beginning of each 12 hour shift by the crew chief as part of the routine pre-shift check. Any problems will be documented by the crew chief on the pre-shift checklist and the officer on duty will be notified via numeric page. After use, the epinephrine auto-injectors will be disposed of in a sharps container in accordance with OSHA regulation 29CFR1910.1030.

Documentation After Use of Epinephrine Auto Injector

After use of an epinephrine auto injector by a GFR member, the crew will record the events on their PCR, contact the officer on duty via numeric page (if this fails, the crew will attempt to contact an executive officer by phone), and fill out the following document to be placed immediately in the Captain's box in the GFR command center.

Date of Use:_____

Time of Use:_____

Location of Call:_____

PCR #:_____

Signs/Symptoms of Anaphylaxis:_____

Age of patient:_____

Patient's or GFR's epinephrine used?_____

Name of person administering epinephrine:_____

Name(s) of GFR duty crew:_____

Signed in agreement

_____	_____
GFR Captain	EHCP
_____	_____
Print Name	Print Name
Date signed:_____	Date signed:_____

Attach:

1. Copy completed Notice of Intent to Possess and Use Epinephrine Auto-Injector form. (DOH-4188)
2. Copy of Livingston County Sheriff's Office (911 center) notification
3. Copy of primary ALS service notification