



**MIDSTATE EMERGENCY MEDICAL
SERVICES**

**Syringe Epinephrine
Packet**



MIDSTATE REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL
PROUDLY SERVING ONONDAGA HERKIMER AND MADISON COUNTIES

Syringe Epinephrine Basic EMT

- Syringe Epinephrine Application*
- Syringe Epinephrine Policies Procedure*
- NYS DOH BEMS Policy Statement 17-06*
- Regional Syringe Epinephrine CQI Documentation*
- Agency Medical Director Update Form DOH 4362*



MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

Syringe Epinephrine for Basic EMT's **INSERT COMPANY NAME HERE**

Policies and Procedures

1.1 Equipment

- 2 1cc syringe with 1" 23-gauge safety needle.
- 2 single dose epinephrine 1mg/1ml vial.
- 2 Alcohol preps.
- 1 Sharps deposit container

1.2 Environmental / Security Protection

- Medication will be protected within temperature and light exposure as recommended by the manufacturer.
- All sharps and epinephrine will be maintained in a lockable compartment with access limited to authorized Agency members.
- Medical Waste and Sharps will be disposed of appropriately.

1.3 Training and Education

- All EMT's will attend a *Syringe Epinephrine for Basic EMT's* Training session under the supervision of a NYS CIC or CLI, following current NYS EMT Basic EMT curriculum. Documentation of training will remain in the training file.
- A review of Anaphylactic reaction with respiratory distress and hypo perfusion Protocol M-3 will be included in the training presentation.
- All EMT's will complete the Psychomotor Evaluation Tool (Practical Skills Sheet) during the training session, the evaluation tool will remain in the Agency training file.

1.4 Documentation / Quality Assurance

- A Pre-hospital chart will be completed with every administration, the chart will remain in the agency files.
- A Midstate Syringe Epinephrine for Basic EMT's *Quality Assurance Monitor* will be completed and submitted to the Agency Medical Director and the Midstate REMAC within 24 hours of administration of epinephrine by a Basic EMT.

Agency CEO

Signature

Date

Agency Medical Director

Signature

Date



MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONONDAGA HERKIMER AND MADISON COUNTIES

Syringe Epinephrine for Basic EMTs

Bureau of Emergency Medical Services and Trauma Systems Policy Statement

Policy Statement #	17-06
Date	May 24, 2017
Subject	Syringe Epinephrine for Basic EMTs
Supersedes/Updates	New

Based on the results of a State Emergency Medical Advisory Committee (SEMACE) demonstration project, the New York State Emergency Medical Service Advisory Council (SEMACE) approved Syringe Epinephrine for Emergency Medical Technicians (Check & Inject NY) at the September 14, 2016 meeting. The project established that EMTs, with the appropriate training may administer the proper dose of epinephrine for a patient experiencing a severe anaphylactic reaction using a specific 1cc syringe. Additionally, the project realized a significant cost saving over maintaining epinephrine auto-injectors.

The Commissioner of Health has approved the addition of Syringe Epinephrine and at the request of the SEMACE, this approval includes the intramuscular administration of 1:1000 epinephrine using a 1cc syringe, a 23 gauge, 1 inch intramuscular safety needle and a single dose 1:1000 epinephrine packaged in a 1mg/ml vial as an addition to the scope of practice for an EMT.

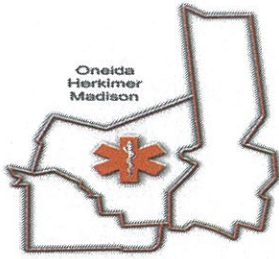
Policy

Education:

Every EMT original, refresher and continuing medical education (CME) certification training program must include the didactic content and psychomotor skills for the administration of 1:1000 epinephrine using a syringe for treating a patient with severe anaphylaxis.

The NYS EMS Instructional Guidelines have been updated and an Intramuscular Injection Psychomotor Evaluation Tool (practical skills sheet) has been developed to assist EMS course sponsors, Certified Instructor Coordinators (CIC) and EMS agencies in providing initial and ongoing training. An instructor update can be found at <http://vitalsignsconference.com/server/moodle/login/index.php> under "All Courses" in "Instructors" section. The course is entitled "2017 Instructor Update – Epi for EMTs". The education resources are available at: http://www.health.ny.gov/professionals/ems/national_education_standards_transition/ on pages 2 through 4.

BLS EMS Agencies



MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

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EMS Agencies intending to implement a Syringe Epinephrine program, in consultation with their medical director, should develop written policies and procedures for the use of Syringe Epinephrine that are consistent with regional policies and protocols. This should include, but not be limited to the following:

- Written policies and procedures requiring an approved training program, requirements for continuing education, maintenance of competencies and the documentation for authorized providers;
- Written policies and procedures requiring for the use of a 1cc syringe, a 23 gauge, 1 inch intra-muscular safety needle and single dose 1:1000 epinephrine packaged in a 1mg/ml vial;
- A description of how the syringes, needles and medication will be kept secure in the vehicles and the station(s);
- A plan for appropriate and safe disposal of medical waste;
- A description of how the medication will be maintained within manufacturer's approved temperature and light ranges; and
- Documentation of an administration and the medical director's plan for quality assurance and appropriateness review of utilization.

Once the EMS service has decided to implement a syringe epinephrine program, the EMS Service must provide the Department with an updated **Medical Director Verification Form (DOH-4362)**



MIDSTATE REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL
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SYRINGE EPINEPHRINE FOR BASIC EMT'S
QUALITY ASSURANCE MONITOR

This Form is to be completed anytime a Basic EMT administers Epinephrine

Agency _____

Date _____ Time On Scene _____ Time Administered _____

Patient Information:

Age _____ Sex _____ Chief Complaint _____

Does the patient have a known allergy (Yes) (No)

Did the patient have a epie auto injector? (Yes) (No)

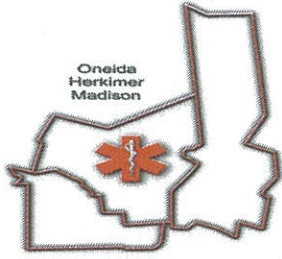
Did patient improve after injection? (Yes) (NO)

Transporting Ambulance _____

Hospital Destination if known _____

Comments / Additional Information _____

FAX TO 315 738-8981 or email remSCO@midstateems.org
Within 24 hours



MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services and Trauma Systems

Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Defibrillation / PAD | <input type="checkbox"/> Epi Autoinject | <input type="checkbox"/> Albuterol | <input type="checkbox"/> Blood Glucometry | <input type="checkbox"/> Naloxone |
| <input type="checkbox"/> CPAP | <input type="checkbox"/> Check and Inject | <input type="checkbox"/> 12 Lead | <input type="checkbox"/> Ambulance
Transfusion Service (ATS) | |
| <input type="checkbox"/> EMT
Level of Care | <input type="checkbox"/> AEMT
Level of Care | <input type="checkbox"/> Critical Care
Level of Care | <input type="checkbox"/> Paramedic
Level of Care | <input type="checkbox"/> Controlled Substances
(BNE License on File) |

Agency Name _____

Agency Code _____ Agency Type: Ambulance ALSFR BLSFR
Number _____

Agency CEO _____
Name _____

Medical Director _____
Name _____

NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: _____

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director _____
Signature date