



Send completed Notice of Intent and Collaborative Agreement to:
S.T.E.M.S., One Blue Bird Square, Olean, NY 14760

EMS Agency EpiPen Collaborative Agreement

It is the intent of (Name of EMS Agency) _____
to provide EpiPen, also known as epinephrine auto-injector, service. This service is being offered in cooperation with
(Physician/ Hospital) _____.

In accordance with the provisions of Chapter 578 of the Laws of 1999 and New York State Department of Health Bureau of
Emergency Medical Services Policy Statement 00-01, our organization has:

- Identified a physician (Medical Director) or hospital knowledgeable and experienced in emergency cardiac care to
serve as emergency health care provider (EHCP) and participate in a collaborative agreement; completed an
approved training course; provided written notice to the appropriate Emergency Service Dispatch Center(s) of the
availability of epinephrine auto injectors at the organization's location.

Develop with the EHCP, a written policies 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.

It is the policy of our organization that persons administering the EpiPen are properly trained; therefore all persons
administering the EpiPen shall be trained by the Regional NYS EMS Program Agency training program or other
REMSCO/REMAC approved training program.

It is the policy of our organization to ensure the EpiPens are in a state of readiness at all times, therefore a minimum of
(number) ____ Adult EpiPens and (number) ____ Pediatric EpiPens will be kept on hand at all times.

It is the policy of our organization that all EpiPens will be inspected at least monthly to ensure the integrity of the EpiPens
and the expiration dates. The EpiPens will be maintained and inspected by (person(s)) _____.

In order to comply with NYS DOH BEMS Policy 00-15 on the storage of BLS medications, it is the policy of this organization
to keep, at all times, the EpiPens secured in (location of EpiPens) _____
and accessible only by trained and authorized providers by (means of securing) _____.

It is the policy of our organization to ensure the continued quality of care in regards to EpiPen administration, in order to do
so our organization will complete regular skills review and training as determined by the REMSCO/ REMAC.

Signed in agreement:

(EMS Agency Administrator Signature)

(Physician/ Hospital Administrator Signature)

(EMS Agency Administrator Printed Name)

(Physician/ Hospital Administrator Printed name)

(Date)

(Date)

**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

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	

Send this form and your Collaborative Agreement to the Regional EMS Council listed in the attachment.