OPERATING POLICIES AND PROCEDURES **- SAMPLE**

**[EMS Agency Name]**

Syringe Epinephrine (SEK) Operating Policy and Procedures

Subject: Use of Syringe Epinephrine for EMT/AEMT’s

Date Effective: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Revised: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supersedes: \_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE**: The purpose of this policy is to define the authority for the use of Syringe Epinephrine for EMT/AEMT’s, training, equipment, protocols and procedures required for the use of Syringe Epinephrine for EMT/AEMT’s. In system’s heavily reliant on EMT/AEMT providers, and based on rising costs of EPI autoinjectors, providers can substantially improve the timeliness of identification and intervention in patients suffering from acute anaphylaxis. This may also improve care in two-tiered systems where EMT/AEMT’s are likely to be on scene and working in conjunction with, or intercepting with Advanced Life Support (ALS) providers.

**POLICY**: At the September 2016 meetings of the State Emergency Medical Advisory Committee (SEMAC) and the State EMS Council (SEMSCO), the identification and administration of Syringe Epinephrine by Basic Life Support (BLS) and Advanced Emergency Medical Technician (AEMT) level providers was approved for use by New York State’s EMS agencies (DOH policy 17-06). This decision was based on the results of a demonstration project, which established that all EMT/AEMT providers identifying and administering Syringe Epinephrine, may substantially improve the timeliness of identification and intervention in patients suffering from acute anaphylaxis.

**Application**

In order to be credentialed to administer Syringe Epinephrine, an EMT or AEMT must meet all of the following requirements:

* Complete the course created by MLREMS previously for the Check and Inject pilot program.
* Complete an orientation for all equipment selected that is to be used by the agency
* Demonstrated competency in proper administration of Syringe Epinephrine that is to be used by the agency
* Function within an agency that has been approved to perform Syringe Epinephrine.

Agencies are initially required to credential all EMT/AEMT providers to participate.

**Qualifications of EMTs**

Persons qualifying for consideration for admission into the Syringe Epinephrine must be active members in good standing with the agency and currently certified at the EMT or AEMT level. The Agency will ensure that the Syringe Epinephrine will only be used by authorized EMT/AEMT(s) who have successfully completed an approved training program.

***\*\*\*CFRs may not be credentialed to perform Syringe Epinephrine under this policy\*\*\****

**Training**

The agency will arrange to provide instruction in Syringe Epinephrine use to each EMT/AEMT who is approved by their service medical director to perform the procedure. The training program will consist of the following:

**Training Records**

Each agency is required to keep a Syringe Epinephrine Course record for each course given. This file must contain the following:

* Name of Qualified Instructor
* Separate class roster for each session of the course
* Date of session and time class began and time class ended
* Printed name, signature and EMT # of each student attending
* Pre-test and Post-test results
* Skills verification sheets on each EMT/AEMT participating
* Record of training program used and any student handouts
* Acknowledgement to comply with agency policy and procedures as well as any policy and procedures established by WREMAC, or Department of Health.

**Maintenance of Competency - Continuing Education**

Each EMT/AEMT who has been approved to administer Syringe Epinephrine must perform a skills evaluation annually, by the agency, in accordance with WREMAC policy 2013-1. This may be done by any person who is authorized to perform skills evaluations as a WREMAC preceptor according to policy 2013-1. A record of successful completion of written exam and demonstration of the Syringe Epinephrine skill must be kept in the agency member’s/employees file in accordance to the records retention policy. Additionally, any EMT/AEMT’s that are new to the participating agency, must be trained to provide Syringe Epinephrine before they may use it, provided that, they have not been trained by another agency.

**Indications**

An EMT or AEMT may administer the Syringe Epinephrine in cases where the signs and symptoms of a patient show that he/she is having an anaphylactic reaction. These signs and symptoms include, but are not limited to respiratory distress and/or hypotension. Additionally, the patient could also be experiencing airway swelling, hoarseness, stridor/wheezing, and/or hives/rash. NYS Collaborative Protocols also allow for the use of Syringe Epinephrine in cases involving acute asthma. Under these cases the EMT/AEMT must call on-line medical control to receive authorization to perform these administrations.

**Equipment**

1. A one (1) inch, 23 gauge, one (1) cc/ml syringe safety needle.
2. A vial of 1mg/ml of 1:1000 of Epinephrine (adrenaline).
3. An appropriate sharps container.
4. Alcohol swabs
5. Adhesive bandages

**Procedure**

1. Request ALS intercept if available. Do not delay transport to the appropriate hospital. Be prepared to deal with respiratory and/or cardiac arrest!
2. For severe respiratory issues consider high flow oxygen.
3. Contact on‐line medical control for all patients wishing to refuse further medical care or transport. Additionally, if a patient’s condition does not improve, or they continue to deteriorate, then you must contact medical control for additional administrations of Syringe Epinephrine.

**Storage of Syringe Epinephrine**

The agency with comply with the ambulance storage requirements as promulgated by NYSDOH policy 09-11.

**Proper Disposal of Medical Waste**

The agency agrees that they will provide safe storage containers for each ambulance and each equipment bag that will allow for proper disposal methods for all syringes that are utilized as recommended by the NYSDOH. The container will be of such quality that it can either be secured in the ambulance or equipment bag to deter any loss or theft of such container. It will be made of materials to prevent breaking, bending, or cause an accidental exposure. Additionally, the agency will agree to monitor the container and dispose of such container prior to being overfilled to the point of causing an exposure incident. All containers must either be disposed of at a facility approved to handle such bio hazardous materials, or have an agreement with a company approved to properly dispose of such containers.

**Quality Improvement/Quality Assurance Program**

The Agency and its Medical Director will agree that a QA/QI will be conducted on every administration involving the use of the Syringe Epinephrine, for the first year proceeding the start of the program. This is to ensure that the agency is properly utilizing the program and following all applicable policies and procedures outlined by local, regional and state agencies. After the completion of the first year, the agency and its Medical Director then agree to follow the agencies policy regarding QA/QI procedures that are currently in place at that time. All uses of the Syringe Epinephrine administration must be reported to the Medical Director with-in 24 hours of said administration.

**Reporting / Documentation**

Any agency participating in the Syringe Epinephrine program, must ensure that it properly documents all calls pertaining to the administration of Syringe Epinephrine.

The use of Syringe Epinephrine must be thoroughly documented on the patient’s Prehospital Care Report including the following:

* Patient assessment findings and circumstances contributing to the decision for using Syringe Epinephrine.
* Vital signs, including heart rate, respiratory rate and blood pressure, skin color, level of consciousness and SpO2 at least every 5 minutes
* When the Syringe Epinephrine was administered
* Time ALS Contacted and if was available or not
* Narrative documentation
* Any addition interventions/treatments
* If you had to contact online medical control for any reason, and what that reason was, including orders given.
* What was the receiving hospital, when did you arrived, what was the patient’s condition on arrival, and where did you leave the patient.

**PROTOCOLS/POLICIES**

NYSDOH Statewide Adult and Pediatric Protocols – Anaphylactic Reactions (M-3)

NYS Collaborative Protocols – Allergic Rxn and Anaphylaxis (Adult and Pediatric)

NYS Collaborative Protocols – Acute Asthma (Adult and Pediatric)

NYSDOH Policy 17-06

NYSDOH Policy 09-11

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| Name of Authorized Agency Representative |  | Title |  |
|  |  |  |  |
| Signature |  | Date |  |
|  |  |  |  |
| Agency Medical Director |  |  |  |
|  |  |  |  |
| Agency Medial Director Signature |  | Date |  |