Program Agency Administrators,

Our team of physicians, providers, and agencies across New York are excited to be launching a program entitled “Check & Inject NY” this fall. This pilot program will evaluate the addition of intramuscular epinephrine administration to the scope of practice of EMT's. Participating agencies will use a standard Syringe Epinephrine Kit (SEK) to replace their epinephrine auto-injectors (EAI). A training program for all EMTs providing care at participating EMS agencies will include the recognition of anaphylaxis and how to safely draw up and administer intramuscular epinephrine to both adult and pediatric patients. All data will be prospectively collected to evaluate the training program, along with the use of SEK's by participating agencies.

Each SEK will be a single-use, sealed plastic container assembled at a Bound Tree Medical facility, and shipped directly to participating agencies. Agencies may not assemble their own kits as part of this pilot. Two SEK's will be required for each response vehicle (ambulance, first response vehicle, fire engine, etc). Participating agencies will be charged $75 for each vehicle to be supplied. This fee will also offset the initial expenses required to safely and consistently deploy and measure the effectiveness of this intervention, provide all training materials, shipping, and oversight of the program.

Any SEK’s administered as a part of the program will be replaced without cost. It will be the agency’s responsibility to purchase additional sets to replace any damaged kits. The availability of two SEKs on an ambulance will replace the requirement for adult and pediatric EAs.

Participation in this program is voluntary and requires the approval of the agency’s REMAC. There will be a rigorous quality improvement and safety program in place to monitor this project, including real-time physician debriefing of any administration of the SEK. The agency will need to name a representative to be their Check & Inject NY Coordinator to provide agency level administration, quality assurance, and to proctor training.

Regions interested in participating in this pilot should complete the attached REMAC Participation agreement and forward the completed form to the University of Rochester Division of Prehospital Medicine by emailing it to checkinjectny@mlrems.org. Program agencies are encouraged to collect a list of interested agencies and forward the information to checkinjectny@mlrems.org.

Thank you,

Jeremy T. Cushman, MD, MS, EMT-P, FACEP
Monroe-Livingston Region
Medical Director

Michael Dailey, MD, FACEP
Regional Emergency Medical Organization
Medical Director
REGIONAL MEDICAL ADVISORY COMMITTEE PARTICIPATION AGREEMENT

This agreement pertains to the pilot demonstration project of the administration of intramuscular epinephrine through the use of a Syringe Epinephrine Kit (SEK) for anaphylaxis by Basic Life Support (BLS) Providers. Each participating Regional Medical Advisory Committee (REMAC) will be required to endorse participation throughout the duration of the pilot project.

The REMAC attests and agrees to the following:

1. The REMAC has endorsed participation in this pilot.
2. All standards of patient care as promulgated by the State Emergency Medical Advisory Committee (SEMAC) have been implemented.
3. Each participating REMAC is required to notify the University of Rochester Division of Prehospital Medicine of their authorization prior to any individual agency participation by emailing their endorsement (attached) to checkinjectny@mlrems.org.
4. All requests for service for allergic reaction, anaphylaxis and SEK medication administrations will be reviewed by the agency using a standard quality assurance rubric supplied to the agency during the pilot demonstration project. If participating REMACs are currently, or plan to, evaluate allergic reaction/anaphylaxis under a quality assurance initiative they may continue the initiative independent of the pilot demonstration project.
5. If quality assurance concerns are identified throughout the pilot demonstration project, the agency’s Check & Inject Coordinator will be immediately notified. The quality assurance concern will be investigated though the agency’s internal quality assurance process. The agency will work in collaboration with the REMAC’s Quality Assurance Sub-Committee as needed based on the agency’s and/or REMAC’s existing policies.
6. The participating REMAC will have no responsibility for the training and/or administration required for agency participation. All BLS personnel will be continuously trained in the use of the SEK throughout the year to accommodate for staffing changes. This will become part of their orientation to the agency. Advanced providers practicing at a BLS agency will be oriented on the project and documentation. All uses of the SEK will be reported to the on call debriefing physician at (844) EPI-CALL within 24 hours of administration.
7. The availability of two SEKs on an ambulance will replace the requirement for an adult and pediatric epinephrine auto-injector.
I, the undersigned, hereby attest our REMAC endorses the pilot demonstration project outlined above.

By: _______________________________ Date

Print Name: _______________________________
Title: REMAC Chair

Reviewed and approved by:

By: _______________________________ Date

Name: Jeremy Cushman, MD, MS, EMT-P, FACEP
Title: Check & Inject NY Administrator

Forward completed endorsements to checkinjectny@mlrems.org or via US Mail to:

Division of Prehospital Medicine
601 Elmwood Ave.
Box 655
Rochester, NY 14642
AGENCY PARTICIPATION AGREEMENT

This agreement pertains to the pilot demonstration project of the administration of intramuscular epinephrine through the use of a Syringe Epinephrine Kit (SEK) for anaphylaxis by Basic Life Support (BLS) Providers. Each participating agency will be required to meet and maintain compliance with the following throughout the duration of the pilot project. Failure to comply will result in exclusion from the pilot and immediate collection of all project materials. The University of Rochester Division of Prehospital Medicine is not liable for the administration of this program within the Agency.

The Agency attests and agrees to the following:

1. The respective Regional Medical Advisory Committee (REMAC) has endorsed participation in the pilot.

2. Each participating agency will be required to identify a Check & Inject NY Coordinator. This individual will be a member of the Agency who in the normal course of their duties reviews all patient care reports for clinical appropriateness.

3. Each participating agency will be required to notify the University of Rochester Division of Prehospital Medicine at (585) 463-2900 or at checkinjectny@mlrems.org of their anticipated implementation date – a date that SEKs will begin to be used on agency equipment.

4. All requests for service for allergic reaction, anaphylaxis and SEK medication administrations will be reviewed by the Agency using a standard quality assurance rubric supplied to the agency during the pilot demonstration project.

5. All BLS personnel will be continuously trained in the use of the SEK throughout the year to accommodate for staffing changes. This will become part of their orientation to the agency. Advanced providers practicing at a BLS agency will be oriented by the Agency on the project and documentation.

6. All participants will comply with pre- and post-testing as well as follow-up retesting as directed.

7. The Agency complies with ambulance medication storage requirements as promulgated by NYS DOH BEMSAT Policy 09-11.

8. All BLS providers at the participating Agency will use ONLY the study syringe epinephrine kit and discontinue use of all epinephrine auto-injectors. ALS providers practicing at an ALS agency may continue to give epinephrine according to established protocols, however if they are working at a BLS agency, they will use the SEK provided.

9. All uses of the SEK will be reported to the on call debriefing physician at (844) EPI – CALL within 24 hours of administration.
10. Any used, damaged, or expired SEK will be reported to the University of Rochester Division of Prehospital Medicine at (585) 463-2900 or at checkinjectny@mlrems.org.

11. Each participating agency will be required to notify the University of Rochester Division of Prehospital Medicine at (585) 463-2900 or at checkinjectny@mlrems.org if they cease to participate in the SEK project for any reason.

12. The Agency will engage in any other administrative tasks as assigned. Participating agencies will be charged $75 for each set to be supplied. A set is defined as two (2) administration SEKs and one (1) training SEK with associated training materials.

This fee will also offset the initial expenses required to:
- Safely and consistently deploy and measure the effectiveness of this intervention
- Develop and provide all training materials for the program
- Develop and analyze pre- and post-test surveys
- Shipping to and from the study site
- All administrative oversight of the program

Any SEK’s administered as a part of the pilot will be replaced without cost. It will be the agencies responsibility to purchase additional sets to replace any damaged or expired kits. Pilot agencies will be invoiced by the University of Rochester Division of Prehospital Medicine once they have met and attested to the requirements for participation and have indicated the number of sets requested. The availability of two SEKs on an ambulance will replace the requirement for an adult and pediatric epinephrine auto-injector.

The University of Rochester Division of Prehospital Medicine will provide Syringe Epinephrine Kits (SEKs) to all participating agencies. Agencies may not assemble their own kits. Each SEK will be a single-use, sealed plastic container with the expiration date of the kit clearly marked on the outside. The contents of an administration SEK will include:
- One custom manufactured syringe with 0.3 ml (Adult) and 0.15 ml (Pediatric) graduations
- One 23g 1” safety needle for intramuscular administration
- One 1 mL vial of 1:1,000 Epinephrine
- Two alcohol prep pads
- One adhesive bandage
- One instruction card

Training SEKs will be identical to the administration SEK with the exception of the contents in the vial of epinephrine being replaced by distilled water. Duplicate materials will also be provided allowing each training kit to be capable of training 5 providers per kit.
AGENCY ENROLLMENT PAGE

Agency Participating: _______________________________________
EMS Region: _______________________________________
Mailing Address: _______________________________________

Agency Type: ALS FR  BLS FR  BLS Transport  ALS Transport
Staffing configuration: Volunteer  Volunteer/Career  Career

2014 emergency responses (total for EMS): _______________
Number of providers expected to be trained: _______________

We, the undersigned, hereby attest our Agency will abide by the project guidelines outlined above.
We attest that all information provided is true, accurate and complete to the best of our knowledge. We
understand that any falsification, omission, or concealment will result in the rejection of our application
and/or the removal of our Agency from further participation in the Check & Inject NY pilot program.

By: _____________________________________________  _______________
Print Name: ________________________________    Date
Title:  Agency Check & Inject NY Coordinator

By: _____________________________________________  _______________
Print Name: ________________________________    Date
Title:  Agency Chief/Director of Operations or Equivalent

By: _____________________________________________  _______________
Print Name: ________________________________    Date
Title:  Agency Medical Director

Reviewed and approved by:

By: ___________________________________________   _______________
Name: Jeremy Cushman, MD, MS, EMT-P, FACEP
Title:  Check & Inject NY Administrator

Please return completed enrollment to checkinjectny@mlrems.org or via US Mail to:
Division of Prehospital Medicine, 601 Elmwood Avenue, Box 655, Rochester, NY 14642