

SAMPLE
COLLABORATIVE AGREEMENT
BETWEEN EPINEPHRINE AUTO-INJECTOR PROVIDER
AND EMERGENCY HEALTH CARE PROVIDER
FOR THE USE OF EPINEPHRINE AUTO-INJECTORS IN NEW YORK CITY

I, (CEO/president/designee) of (name of ambulance service), **Epinephrine Auto-Injector (Epi-Pen) Provider**, and I (name of physician or hospital), **Emergency Health Care Provider**, agree to abide by the following terms and conditions set forth by Section 3000-C of Article 30 of the *Public Health Law of the State of New York* for the use of Epinephrine Auto-Injectors (Epi-Pens) by the Provider: The provider and trained personnel using Epinephrine Auto-Injectors shall operate under appropriate protocols for use of an Epinephrine Auto-Injector, as promulgated for New York City by the Regional Emergency Medical Services Council and the Regional Emergency Medical Advisory Committee (REMAC) of New York City.

1. The Provider shall ensure that all persons designated to use Epinephrine Auto-Injectors successfully complete a training course, which has been approved by the New York State Department of Health or the New York State Emergency Medical Services Council.
2. Prior to using Epinephrine Auto-Injectors, the Provider shall file this collaborative agreement, and written practice protocols with the Regional EMS Council of New York City.
3. The Provider shall comply with Section 3000-C of Article 30 of the *Public Health Law of the State of New York*.
4. The Provider shall ensure that the Emergency Health Care Provider is notified within 24 hours of each use of an Epinephrine Auto-Injector.
5. The Provider and the Emergency Health Care Provider agree to file a Collaborative Agreement every 2 (two) years from the date of the initial Collaborative Agreement. If the Emergency Health Care Provider changes, a new Collaborative Agreement shall be filed within 5 (five) business days. Additionally, if the Emergency Health Care Provider resigns, s/he shall immediately notify the Regional EMS Council in writing.

_____ Date: _____

Provider's (Designee's) Signature

_____ Date: _____

Emergency Health Care Provider's (Designee's) Signature

Name (Please Print)

Name (Please Print)