

# Check & Inject NY

## Syringe Epinephrine Kit for BLS Providers



### 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](mailto: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](mailto: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](mailto: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.

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## 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 Date \_\_\_\_\_  
Title: Check & Inject NY Administrator

Please return completed enrollment to [checkinjectny@mlrems.org](mailto:checkinjectny@mlrems.org) or via US Mail to:

Division of Prehospital Medicine, 601 Elmwood Avenue, Box 655, Rochester, NY 14642