

STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY MAINE EMERGENCY MEDICAL SERVICES 152 STATE HOUSE STATION AUGUSTA, MAINE 04333-0152



JAY BRADSHAW DIRECTOR

Application and Standards for Use of Epinephrine Auto-injectors By a Maine EMS Licensed Service July 1, 2003 Revised July 26, 2005 Revised July 1, 2009 Revised August 8, 2014

I. Back Ground and Purpose

Effective July 1, 2003, Maine Emergency Medical Services that are Maine licensed services may apply to Maine EMS for approval to obtain, store and provide for the administration of Adult and Pediatric versions of epinephrine auto-injectors (EA) by personnel licensed at or above the Emergency Medical Technician (EMT) level.

EA are the only devices that will be approved for use by EMT personnel. Other types of anaphylaxis kits (such as the Ana-Kit) are not allowed. Although Advanced Emergency Medical Technician (AEMT) level and above personnel are currently authorized to administer Epinephrine 1:1,000, they may use EA when done in accordance with protocols already established for epinephrine administration at those levels and when the AEMT has completed Maine EMS approved training in EA administration. This application packet contains the form that must be completed and signed by the service's authorized representative.

Information is also included about the requirements for the acquisition, storage and use of EA by the service and its personnel.

II. Acquisition

A service may obtain EA from any licensed pharmacy. The service must include (in the spaces provided on the application) the name, address and telephone number of the dispensing pharmacy and the method of acquisition (e.g. picked up at locally by service personnel or shipped to the service from a medical supply company).

The service making application for EA approval must obtain a prescription for the EA from a licensed physician in a form acceptable by the dispensing pharmacy.

PHONE: (207) 626-3860 FAX: (207) 287-6251

A. EA shall be stored in packaging as dispensed by a pharmacy. Labeling shall include the expiration date of the EA

- **B.** EA shall be stored in an area that provides for limited access (e.g. jump kit or cabinet) and climate control. Personnel, especially those who will be carrying EA in jump kits not stored at the service's base location (e.g., members of non transporting services) must ensure that the provisions of this paragraph are met.
- **C.** Each service that is authorized for EA storage under this standard shall maintain a written policy indicating: the service's EA storage locations; and, personnel authorized by that service to receive, handle, account and administer EA per this standard.

IV. Accountability

- **A.** A drug log (sample enclosed) for each EA drug storage location, must be kept by the service at its base location, indicating:
 - 1. Date and time that an EA is received by the service and placed in the service's designated EA storage location(s)
 - **2.** Use and disposal of EA including applicable MEMS patient/run record number.
 - **3.** Legible signature of person making the log entry.
- **B.** To assure that EA have not expired or been tampered with, the integrity of the pharmacy packaging, as approved by the issuing pharmacist, and the expiration date, must be checked at least weekly and recorded in the EA log.
- **C.** The EA log and the service's written policy for EA will be checked at the annual service inspection, or as requested by the Board. An EA log template is included in this packet.

V. Protocol

- **A.** The protocol for administration of a service's EA is:
 - a. Assist administration of the patient's own anaphylaxis kit
 - b. Administer an adult or pediatric (as applicable) Epinephrine Autoinjector if the service is authorized and the personnel so trained.

The above protocol is found on page Gold 1 (Maine EMS Protocols - effective December 1, 2013).

B. The administration of EA will be recorded on the run report.

VI. Personnel Training

In order for a service to receive authorization from Maine EMS to carry and utilize EA, the service must certify that all personnel who will be administering EA are:

- 1. Maine EMS licensed at or above the EMT level;
- 2. Have completed a Maine EMS-approved course in epinephrine administration or have completed a course that has been deemed equivalent by Maine EMS (An approved Maine EMS continuing education program that includes the information on EA administration is considered an equivalent course).

VII. Application

To apply for authorization to use EA, the authorized service representative of the service making application must complete the attached form and forward the application form to:

Maine EMS 152 State House Station Augusta, ME 04333-0152

Maine EMS will review the application and upon approval, will return a Maine EMS signed copy of the application to the service as proof of authorization.

VIII. Questions

Questions regarding the EA authorization process may be directed to Alan Leo or Heather McKenney at the Maine EMS office by calling (207) 626-3860.

The following pages (4-6) include the *EA Medication and Accountability Log* and the application form.

ABC Rescue Service Medication & Accountability Log

Complete a line whenever any of the following occur:

- 1. Upon receipt or disposal of an epinephrine auto-injector (EA).
- 2. Whenever the EA is checked (minimum weekly check)
- 3. Whenever an EA is administered

Date:	Time:	EA location (e.g. Rescue 1 jump kit; John Doe's jump kit):	EA Exp.Date:	MEMS Run #:	Comments:	License # of person completing Form:	Legible Signature of person completing Form:

Application for Use of Epinephrine Autoinjectors By a Maine EMS Licensed Service

Section I – Service Information		
Service Name:	Service #:	-
Mailing Address:		
City: State	::Zip:	
Business Telephone #:		FOR OFFICE USE ONLY
Service Email:		Logged Entered
Section II – License Level – Please i level:	indicate the service's current license	☐ Flagged ☐ Issued
		Approved by:
First Responder EM	TT AEMT	
Paramedic		Comments:
Section III – Service Permit Level - permit level.	- Please indicate the service's current	
EMT	AEMT	
Paramedic		
	Information (Please indicate the name arrine auto-injectors for use by the service	
A. Physician Name:	Business Telephone #	:
Mailing Address:		
City		7:

Service Certification

The						
The service will obtain EA from the following pharmacy/medical supply company:						
Name of Pharmacy/Medical Supply Company:						
Address of Pharmacy/Medical Supply Company:						
City, State, Zip:						
Telephone Number of Pharmacy/Medical Supply Company: ()						
The EA will be (<i>check one</i>): Picked up by Service Personnel from a local pharmacy						
Shipped to the Service from a Medical Supply Company						
Signature of Service Director: Date:						
Printed Name of Service Director:						
Mail the completed application to:						

Maine EMS 152 State House Station Augusta, ME 04333-0152 Tel. 207-626-3860