

In 1999, Governor Pataki signed the Epinephrine Auto-Injector Device Law (Children's Camp Epinephrine Program) which allows specially trained staff in children's day, overnight, and traveling camps to use an epinephrine auto-injector device in life threatening emergencies.

An essential component of the program is the development of an agreement between the camp and a designated emergency health care provider (physician or hospital) which includes written practice protocols and policies for the use of the epinephrine auto-injector. The following is intended to serve only as a guideline to assist in developing this collaborative agreement. Responsibility for the preparation and implementation of the collaborative agreement statutorily required between the participating camps and emergency health care providers to ensure compliance with the provisions of section 3000-c of the Public Health Law, rests solely with the parties to such agreement. A copy of this agreement and a notice of intent to participate in the program must be filed with the Regional Emergency Medical Services Council (REMSCO). A new copy of the agreement must be filed with any change in the agreement or change of emergency health care provider (physician or hospital).

**Agreement to Provide Medical Direction Allowing _____ to
(camp name)**
Provide Emergency Care in Cases of Anaphylaxis.

This agreement has been developed between _____, located at
(doctor/hospital)
_____ and _____, located at
(doctor/hospital address) (camp name)
_____. It outlines the procedures for acquisition, storage, accounting,
(camp address)
use and disposal of epinephrine auto-injectors. This agreement is entered into for the sole purpose of providing
immediate, life-saving emergency care to campers and staff of _____ suffering
(camp name)
anaphylaxis as a result of severe allergic reaction to insects or certain food substances. It in no way permits
camp staff to engage in the practice of medicine outside the parameters set forth by this agreement.

Care Providers

Camp staff members who are assigned to the camp infirmary or otherwise designated by the camp as emergency medical service providers (hereinafter referred to as “designated personnel”) may use the epinephrine auto-injector as outlined in this agreement. These designated personnel will have successfully completed specialized training as outlined in this agreement. They may be responsible for storage, accounting, use and disposal of the auto-injector.

Training

Designated personnel will have successfully completed a special training course approved by the New York State Department of Health. The curriculum that will be used at _____ will be
(camp name)

_____. The course will be taught by _____.
(curriculum) (instructor or agency)

This course will teach proper identification of anaphylaxis and treatment using the epinephrine auto-injector.

Designated personnel will complete refresher training in this subject at least every year, or as recommended by

_____. The camp will maintain a current list of staff appropriately trained (attached).

(doctor/hospital)
This list will be maintained in the camp infirmary or in a place designated for medical record keeping for

_____.
(camp name)

Acquisition of Auto-Injectors

_____ will acquire the epinephrine auto-injectors from a licensed supplier and distribute
(doctor/hospital)

them to the designated personnel or camp medical director at _____.

The maximum count of auto-injectors on site at _____ will be no more than _____ and will not fall below a

minimum count of _____.
(camp name) (camp name)

Storage of Auto-Injectors

The stock of epinephrine auto-injectors will be stored in a locked cabinet at _____'s
(camp name)

infirmary or health office. The drug will be stored in an environment as outlined by the manufacturer's guidelines. When there is an off site trip/event, the designated personnel will keep an adequate supply of

epinephrine auto-injectors with them at all times. The potential threat of anaphylaxis and the number of

campers on the trip will determine the number of epinephrine auto-injectors carried for the trip. Epinephrine

auto-injectors will be returned to the on site storage area upon return to the camp. At the end of the camp

season, any remaining epinephrine auto-injectors will be returned to _____ for disposition. The

return of unused auto-injectors will be documented in the camp medication log.
(doctor/hospital)

Accounting of Auto-Injectors On site

The on site stock of auto-injectors will be counted at least twice each day or at each shift change. The count will be done by the designated personnel in possession of the keys to the supply and verified by the designated personnel receiving the keys. This count will be recorded on a log to include the location of the supply, date, time and signatures of the designated personnel performing the count. This log will be kept with the supply in a locked location. When designated personnel remove stock for an off site trip/event, they will record the number of injectors taken, the lot number, location of off site trip/event, and date and time of removal from site storage. The designated personnel removing the epinephrine auto-injectors will sign the record and the designated personnel in possession of the storage keys will verify the information by signature. Upon return from the off site trip/event, the unused epinephrine auto-injectors will be returned to the on site storage location and the log completed reflecting the return, including the signatures of the designated personnel returning the epinephrine auto-injectors and the designated personnel in possession of the on site storage keys. Use of an auto-injector during a medical emergency, including lot number and time of use, will be recorded in the epinephrine auto-injector administration log.

These logs will be maintained on site for no less than seven years. A signature list of approved and trained designated personnel will be maintained in the camp administration office, and a copy provided to _____ . A new signature list will be completed and filed with each change of personnel authorized to **(doctor/hospital)** use the epinephrine auto-injector.

Documentation

In addition to the medication logs, additional documentation is required as follows:

Campers/Staff at Risk for Anaphylaxis: A list will be maintained in the camp infirmary or health office for each group of campers and staff who have a known history of anaphylaxis that would put them at risk for anaphylactic reaction. This list may be compiled from information submitted by campers and staff on a medical history form. This list will identify those who have proof of their own prescription for epinephrine auto-injectors, and carry their own supply or emergency kit. These lists will be updated when there are changes in staffing or campers. A copy of this list will accompany any designated personnel assigned to an off site trip/event.

Use of an Epinephrine Auto-Injector: Use of an epinephrine auto-injector both on and off site will be documented and reported to the local health department (_____) in accordance with the mandatory reporting requirements outlined in the New York State Department of Health Children's Camp Written Plan Guidelines. **(health department name)**

Disposal of Used Epinephrine Auto-Injectors: Immediately after use, an epinephrine auto-injector will be placed back in the packaging tube and the cap replaced. When possible, the used auto-injector will accompany the patient to the hospital. This allows the emergency department physician to see the drug and dosage that was administered. When the used auto-injector is not transported with the patient, it will be put into an approved sharps disposal container (commercially available). At the on site camp, location the container must be secured to the facility structure in a readily accessible location. When off site, the epinephrine auto-injector must be put

back into the packaging tube, capped and, when not transported with the patient, turned in to the infirmary or health office for proper disposal upon return to the camp. Full sharps containers will be taken to _____ for disposal. Used epinephrine auto-injectors are regulated medical waste and **(name of local hospital)** cannot be disposed of in the regular garbage.

Administration of an Epinephrine Auto-Injector: Each use of an epinephrine auto-injector will be documented and include: the patient's name; age; gender; time of administration; anatomical location where the injector was administered; a description of circumstances surrounding its administration including the cause of the anaphylaxis, the signs and symptoms displayed by the patient prior to administration, and the patient's response to the administered drug. These should be listed chronologically. The emergency medical service (EMS) agency called to provide additional care will be documented and the name and location of the health care facility the patient is transported to will be included. A verbal report of this information will be made to the responding EMS agency and a written copy of the documentation provided, if possible. A written copy of the documentation will also be filed with the emergency health care provider (physician or hospital).

_____ will maintain these records at camp administrative offices for at least seven years past **(camp name)** the age of majority for minors and seven years from the incident date for adults. All such records are confidential.

Notification of EMS Transport Agency: Each time an epinephrine auto-injector is administered _____ will be notified immediately by _____ to respond to **(EMS transport agency)** **(method of contact)** a location where the patient can be turned over to them for further care. The patient will be transported by _____ to a hospital emergency department for evaluation and disposition. **(EMS transport agency)**

Protocol for Use of an Epinephrine Auto-Injector

(TO BE COMPLETED BY THE EMERGENCY HEALTH CARE PROVIDER)

This section will include protocols for the use of epinephrine auto-injectors in pediatric cases and may include protocols for use in adult cases.

We, the undersigned, have read and agree to the provisions stated in this document.

Camp Director / Administrator (printed name)

Camp Director / Administrator (Signature)

Date

Physician or Hospital Representative (printed name)

NYS License #: _____

Physician or Hospital Representative (Signature)

DEA I.D. #: _____

Date