



## State of New Jersey

### DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES  
PO BOX 360 TRENTON, N.J. 08625-0360

JON S. CORZINE  
*Governor*

[www.nj.gov/health](http://www.nj.gov/health)

FRED M. JACOBS, M.D., J.D.  
*Commissioner*

To: New Jersey Emergency Medical Services (EMS) Providers

From: Karen Halupke, Director  
Office of Emergency Medical Services

Re: Epinephrine Auto Injector Interim Policy

Date: December 13, 2006 Dear EMS Provider:

As many of you are aware, P.L. 2003, c.1., found at N.J.S.A. 26:2K-47.1. et seq. authorizes the Commissioner of the Department of Health and Senior Services (the Department) to certify emergency medical technician-basics (EMT-Basics) to administer epinephrine auto injector devices to patients suffering from anaphylactic shock. The United States Department of Transportation National Standard Curriculum for EMT-Basics, incorporated by reference into N.J.A.C. 8:40A, provides that EMT-Basics are trained to recognize the signs and symptoms of anaphylactic shock and states that it is within the scope of practice of an EMT-Basic to assist a patient in the self-administration of the patient's own epinephrine auto injector. The Department is in the process of promulgating formal rules to effectuate the purposes of the epinephrine auto injector law, which would expand the scope of practice of EMT-Basics. The Department recognizes, however, that expeditious implementation of this law would have an immediate benefit to the general public. Accordingly, in consideration of the introductory training provided to EMT-Basics and pursuant to the authority conferred by N.J.S.A. 26:2K-47.1, et seq. the Department shall authorize New Jersey certified EMT-Basics to administer epinephrine auto injectors in accordance with the following policies and protocols:

(a) Only EMT-Basics that meet all of the following requirements and adhere to the following protocols shall be authorized to stock ambulances with and to administer epinephrine auto injectors.

(b) The Department deems the use of epinephrine auto injectors by EMT-Basics to be a delegated physician directed medical protocol under the authority of a physician's license. Only EMT-Basics acting under the general authority of

a physician medical director, as defined at N.J.A.C. 8:40-6.15(a), shall possess and administer epinephrine auto injectors.

(c) The physician medical director shall conduct a training program for EMT-Basics prior to prescribing epinephrine auto injectors for use by the basic life support (BLS) agency registered with the Department in accordance with (d), below. The training shall include the following components:

1. Signs and symptoms of anaphylaxis;
2. Methods of estimating patient age and weight, including the use of a Braslow tape or similar estimating tool;
3. Procedures to recognize conditions that might mimic anaphylaxis, including signs and symptoms of:
  - i. Asthma;
  - ii. A foreign body obstructing the airway;
  - iii. Wheezing or stridor;
  - iv. Respiratory diseases;
  - v. Acute myocardial infarction; and
  - vi. Congestive heart failure;
4. Protocols for administration of epinephrine auto-injectors;
5. Anatomical considerations in determining landmark for injection in pediatric versus adult patients;
6. Airway management and CPR techniques;
7. Procedures for checking medication expiration dates, securing medication, and properly disposing of medication (also referred to as "wasting"); and
8. Patient care report documentation requirements provided at N.J.A.C. 8:40A-10.1.

(d) Only EMT-Basics who are members of BLS agencies that are registered with the Department may possess and administer epinephrine auto injectors.

(e) A BLS agency registration form has been enclosed with this notice. Additional registration forms are available from the Department of Health and Senior Services, Office of Emergency Medical Services at P.O. Box 360, Trenton, New Jersey, 08625, or from the OEMS website at [www.state.nj.us/health/ems](http://www.state.nj.us/health/ems). Registrants must provide the following information:

1. The name of the BLS agency;
2. The physical address of the BLS agency, including building name or number, street, city, state, and zip code;
3. The 24 hour contact phone number for the agency;
4. The name of the contact person for the agency and his/her phone number;
5. E-mail address for the agency or contact person, if the agency or contact person has e-mail service;
6. The name, physical business address, telephone number, e-mail address, business hours, and signature of the physician medical director who prescribed the epinephrine auto injectors for the agency.

(f) Pursuant to N.J.S.A. 26:2K-47.2, incorporated herein by reference, as amended and supplemented, the EMT-Basic or BLS agency shall report each administration of an epinephrine auto injector device to the Department. Reporting shall be as follows:

1. Each administration/use of an epinephrine auto injector shall be recorded by the EMT-Basic on a patient care report.
2. The EMT-Basic or BLS agency shall provide copies of all patient care reports completed pursuant to (e)1, above, to OEMS within 45 days of the date of use/administration.
3. The copies of patient care reports shall be mailed to:  
Department of Health and Senior Services, Office of Emergency Medical Services, P.O. Box 360, Trenton, New Jersey, 08625.

(g) The administration of an epinephrine auto injector is authorized in the event that a patient presents with allergic reaction/anaphylactic shock in accordance with the following protocols:

1. Perform scene size-up and initial patient assessment. Do not delay transport;

2. Administer 100% oxygen using a non-rebreather mask at a flow rate of 12-15 lpm, unless the patient is unable to tolerate the mask, in which case use a nasal cannula at a flow rate of 1-6 lpm;

3. Request advanced life support services;

4. Obtain baseline vital signs and obtain the SAMPLE history. "SAMPLE history" means the present and past medical history of a patient, so called because the elements of the history begin with the letters of the word sample: Signs/Symptoms, Allergies, Medications, Pertinent past history, Last oral intake, and Events leading to the injury or illness;

5. Conduct the focused assessment and physical exam.

(h) Initiate treatment with the appropriate epinephrine auto injector if any of the following signs/symptoms are present:

1. A chief complaint of respiratory distress.

2. Respiratory arrest;

3. Signs and symptoms of shock (hypoperfusion) with an increased heart rate. Look for the following indications:

i. Heart rate of greater than 180 bpm for an infant (0-12 months) and/or blood pressure less than 60 mmHg for an infant (0-12 months);

ii. Heart rate of greater than 140 bpm for a child (1-12 years) and/or blood pressure less than 70 mmHg for a child (1-12 years);

iii. Heart rate of greater than 120 bpm for an adult (older than 12 years) and/or blood pressure less than 80 mmHg for an adult (older than 12 years);

4. A tightening feeling in the chest and/or throat;

5. Wheezing or stridor;

6. Altered appearance with restlessness and/or agitation, seizure, unconsciousness;

7. Swelling of the face/tongue/lips or generalized urticaria;

(i) If the patient possesses his/her own prescribed Epinephrine auto injector, use theirs.

(j) If the patient does not possess his/her own prescribed Epinephrine auto injector, use the appropriate Epinephrine auto injector from your vehicle's stock. For patients under 4 years of age, use the EpiPen Junior (0.15 mg). For patients 4 years of age or older, use the EpiPen (0.3 mg).

(k) Administer the appropriate Epinephrine auto injector as follows:

1. Check the color of the medication (if able to view) and the manufacturer's expiration date. If the medication is discolored (yellowed) or beyond the expiration date, do not use;
2. Carefully remove the safety cap from the auto injector;
3. Place the auto injector firmly against the lateral portion of the patient's thigh, midway between the waist and the knee. Firm pressure will activate the spring loaded mechanism in the auto injector and force the needle through the patient's clothing and into the thigh muscles;
4. Hold the auto injector in place for at least 10 seconds to ensure that the medication is injected;
5. Dispose of the auto injector in a biohazard sharps container;
6. Record the location of the injection site, time, dose, medication name, vital signs and any changes in the patient's condition after administration of medication on a patient care report.

(l) Continuously monitor the patient (level of consciousness, level of distress, respiratory rate and quality, pulse rate and quality, blood pressure, temperature, etc.).

(m) Maintain normal body temperature.

(n) Notify the receiving hospital if ALS is not available.

(o) Leave a copy of the patient care report at the receiving hospital.

(p) Deliver a copy of the patient care report to the physician medical director. The medical director shall review all instances of the use of epinephrine auto injectors for quality assurance.

The Department will monitor the use of epinephrine auto injectors according to the above policies and take corrective action as necessary to ensure the safe implementation of this interim policy in accordance with the Department's statutory responsibilities. If you have any questions concerning this policy, please contact OEMS staff at 609-633-7777.

**New Jersey Department of Health & Senior Services  
Office of Emergency Medical Services**

**EPINEPHRINE AUTO INJECTOR POLICY  
BLS AGENCY REGISTRATION**

Pursuant to Interim Epinephrine Auto Injector Policy, all participating BLS agencies must complete this registration form and submit to the Office of EMS. Should information change, the agency must update this registration form and re-submit to OEMS.

**BLS AGENCY INFORMATION**

Name of BLS Agency	
Physical Address	
Name of Dispatch Agency	Dispatch Agency Telephone Number
Contact Person	Telephone Number
Agency email address	
Signature of Contact Person	Date

**PHYSICIAN MEDICAL DIRECTOR INFORMATION**

Physician Name	License Number
Business Address	
Telephone Number	
E-mail	
Normal Business Hours	
Physician Signature	Date