

Name of Entity	Agency Code #	Business Phone () - -
Mailing Address		Fax No. () - -
City:	State:	
Zip:		
Primary County of Operation		

Type: Ambulance Service ALSFR Service Overnight Camp Summer Day Camp
 Traveling Summer Day Camp Other _____

If a camp check all that apply: Camp Premises or Infirmary Off-Site Trips/Events

Name of Emergency Health Care Provider (MD or Hospital)	Business Phone No. () - -
If a Hospital Provide name of Contract	Fax No. () - -
Address:	
City:	State: Zip:

Number of Trained Providers to Use Auto Injector in EMS service or camp:

Minimum Number of Injectors to be Maintained On-Site:
Maximum Number of Injectors to be Maintained On-Site:

Authorizations:

Print Name of Service CEO or Camp Director	Date	Print EHC Provider (name)	Date
Signature		Signature	

Send this form and your Collaborative Agreement to the Regional EMS Council listed in the attachment.

**Epi Pen Collaborative Agreement Between
Agency
And
EHCP/Physician Medical Director**

I

hereby agree to abide by the following terms and conditions consistent with § 3000-c of the Public Health Law (PHL) of the State of New York as amended by Chapter 578 of the Laws of 1999 for the provision of Epinephrine via Auto-Injector

The terms of the agreement are as follows:

- 1) The Agency and its trained personnel will operate under appropriate protocols for the use of epinephrine auto-injectors as promulgated by the New York State Department of Health.
- 2) The Agency will ensure that all persons designated to use an epinephrine auto-injector will successfully complete a training module following the training guidelines for the use of epinephrine for allergic reactions as developed by the New York State Department of Health.
- 3) The Agency's training officer and Medical Director will maintain a record of all training dates, a roster of those attending, refresher training dates, the curriculum followed and a subsequent list of those authorized to use epinephrine auto-injectors.
- 4) The Agency's training officer and the Medical Director will ensure that all authorized personnel complete refresher training on the use of epinephrine auto-injectors for allergic reactions at least annually.
- 5) Prior to the addition of epinephrine auto-injectors to the Agency's equipment, the agency's dispatch center will be notified that the Agency has the capability of providing epinephrine via auto-injector.
- 6) The Agency will ensure that all patients administered epinephrine in accordance with this agreement are transported without delay to a hospital emergency department for further care/evaluation.
- 7) The Agency will notify the Medical Director within 24 hours of the administration of an epinephrine auto-injector.
- 8) The Agency will ensure that the epinephrine auto-injectors are maintained, stored, accounted for and disposed of in accordance with New York State Department of Health Policy.
- 9) The Agency and the Medical Director will file a new copy of this agreement any time there is a change or amendment to said agreement. The Agency will file a new

agreement with the regional council within five business days of a change in the Medical Director. Additionally, the Medical Director will notify the regional council in writing upon termination of this agreement with said Agency.

Agreed to and signed,

For the Agency:

Printed Name of Chief Officer

Title

Signature of Chief Officer

Date

For The EHCP/Physician Medical Director:

Hospital Name (if applicable)

Printed Name of Physician

NYS License Number

Physician Signature

Date