



**PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL**
Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: June 13, 2018

Subject: Revisions to Voluntary BLS Epinephrine Auto Injector Program

VTR#: 0618-01

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department of Health should revise the program standards for the voluntary BLS epinephrine auto injector program as follows:

1. Reduce the number of required adult (0.3 mg/0.3 ml 1:1000 solution) and pediatric (.15 mg/.15 ml 1:000 solution) auto injector devices on a vehicle to one (1) each.
2. Only require primary [staffed] vehicles to be equipped with the auto injector devices as recommended herein. Equipping reserve or out-of-service units should be at the discretion of the agency medical director.

Rationale [Background]:

The current voluntary program to permit licensed basic life support agencies to carry and administer adult and pediatric doses of epinephrine via auto-injector device was established in October 2003. The program, developed by Dr. Debra Stoner, included both didactic and psychomotor training in the indications for and use of an epi auto-injector in cases of suspected anaphylaxis.

At the time of the program's inception and for many years thereafter, the cost to obtain auto-injectors was manageable (\$100/2-pack). Beginning 2013, the cost of these devices began to rise sharply, topping out in 2016 at \$600/2-pack. Even with the introduction of less expensive devices, the price point is still well above 2013 prices. This dramatic price increase had a profound adverse effect on both patients for which the device is prescribed and PA BLS agencies that participate in the voluntary program, causing some to question their continued participation in the program.

In November 2016, the PEHSC Medical Advisory Committee began to consider viable alternatives to the use of auto injector devices in the form of syringe-based epinephrine administration by EMTs. This consideration was based on successful programs in several states, including New York and West Virginia. The committee produced a formal recommendation that was accepted by the PEHSC board and forwarded to the Department of Health in March 2018. In its response to this recommendation, the Department of Health has requested the development of a pilot program prior to statewide implementation.

In addition to the aforementioned initiative, PEHSC board requested MAC consider the reasonableness of reducing the number of auto injectors BLS units must carry as part of the current voluntary program. As previously stated the current program standards require two (2) each of the adult and pediatric doses. The committee believes it is not only reasonable to reduce the quantity of required devices to one (1) each, but also to require only devices be stocked on the primary [staffed] unit(s). Stocking devices on reserve and out of service vehicles only serves to increase the EMS agency's program expense. This decision should be left to the discretion of the agency medical director.

Medical Review [Concerns]:

The MAC believes that although there is a difference in the dosage delivered by an adult vs. pediatric device, if a situation presents that requires more than one dose of epi, or if the primary device fails, it is reasonable to use the other device as a backup. Given the serious nature of anaphylaxis, potentially giving an under-dose to an adult or over-dose to a child is preferable to providing no treatment. In fact, in a child whose body weight is disproportionate to their height, they may benefit from an adult dose.

Fiscal Concerns:

This recommendation reduces the EMS agency's recurring expense by 50%, which depending on the agency's size can represent hundreds or even thousands of dollars. This initiative may encourage agencies who are considering leaving the voluntary program to remain or encourage those that have discontinued the program to rejoin.

Educational Concerns:

None

Plan of Implementation:

The Department of Health should amend the current program requirements and communicate those changes via an EMS Information Bulletin.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

None.

Signed: J. David Jones
President *qms*

Date 6-13-18

For PEHSC Use Only – PA Department of Health Response

Accept: _____ Table: _____ Modify: _____ Reject: _____

Comments:

Date of Department Response: _____