

**Participation Agreement  
Between the Agency and the Medical Director  
For the Syringe Epinephrine Program (SEK)**

I hereby agree to abide by the following terms and conditions regarding the Syringe Epinephrine program as outlined in NYSDOH policy 17-06.

The terms of the agreement are as follows:

- 1) The Agency and its trained personnel will operate under appropriate protocols for the use of Syringe Epinephrine as promulgated by the New York State Department of Health and WREMAC's operating policies and procedures for Syringe Epinephrine use.
- 2) The Agency will ensure that all persons designated to use an Syringe Epinephrine will successfully complete a training module following the training guidelines for the use of Syringe Epinephrine for allergic reactions or acute asthma as developed by the New York State Department of Health Collaborative Protocols
- 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 Syringe Epinephrine.
- 4) The Agency's training officer and the Medical Director will ensure that all authorized personnel complete a skills evaluation on the use of Syringe Epinephrine at least annually in accordance with WREMAC policy 2013-1.
- 5) The Agency will ensure that all patients administered Syringe Epinephrine in accordance with this agreement are transported without delay to a hospital emergency department for further care/evaluation.
- 6) The Agency will notify the Medical Director within 24 hours of the administration of epinephrine under this program.
- 7) The Agency will ensure that the Syringe Epinephrine are maintained, stored, accounted for and disposed of in accordance with New York State Department of Health Policy.
- 8) 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.

**By signing this agreement, all parties acknowledge they will abide by all terms and conditions contained herein, and will notify the Program Agency of any changes as outline in said terms.**

**Agency Representative:**

\_\_\_\_\_  
Printed Name of Chief Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Chief Officer

\_\_\_\_\_  
Date

**Agencies Medical Director:**

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
NYS Lic Number

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date