

SPOTLIGHT B: IS YOUR COMMUNITY EMS ABLE TO HANDLE ANAPHYLAXIS?

When schools or citizens call 911 during an anaphylactic emergency, emergency medical service personnel may not always be able to help them. Why not? Not all states require that EMS personnel carry epinephrine in the ambulance; other personnel simply aren't authorized to administer medication even if it is the patient's own epinephrine auto-injector.

Ambulances have two basic types of personnel: emergency medical technicians (EMTs), and paramedics, according to Don Lundy, BHS, NREMT-P, president-elect of the National Association of Emergency Medical Technicians. He said EMTs generally have about 130-150 hours of training, and they are trained to do CPR and first aid.

"But they do not have the training or certification to use medications", Lundy said.

EMS services also have paramedics (often referred to as EMT-P), who have the same training as EMTs, plus an additional 1,000 to 1,200 hours of training. The paramedic can do electrocardiogram (EKG) interpretation, medication administration, cardiac conversion and defibrillation, and intubation (advanced airway technique).

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— Don Lundy
National Association of
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"The paramedic, when teamed up with a paramedic/EMT crew, is usually the crew chief or senior medical officer on the ambulance," Lundy explained.

Each state is different in its requirements of EMS services, but most advanced life support (ALS) paramedic units are able to carry epinephrine in dosages required for either anaphylaxis or cardiac arrest, he said. In Massachusetts, for example, emergency treatment protocols for EMS personnel have standing orders for paramedics to give epinephrine, but in many other states, no such orders exist.

"Paramedics are trained to treat anaphylactic emergencies in both adults and children," said Lundy. "They are also trained in the use of epinephrine. If [epinephrine] is given to the child before arrival, they know the dose that is on board with the patient and what needs to be done after that."

Some states now require that all ambulances carry epinephrine auto-injectors, according to AAFA. This would help in cases where the allergic individual's own epinephrine is unavailable at the time of anaphylaxis. In New York, for example, all ambulances are required to carry epinephrine, according to a new policy issued by the state's Bureau of EMS. Previously, only advanced life support ambulances were required to carry epinephrine. The New York Department of Health issued the law, which states "epinephrine auto-injectors must be on all in-service transporting ambulances that do not already have the ability to administer epinephrine through advanced life support (ALS) modalities at the time of interaction with the patient". Epinephrine is stocked with both adult and pediatric epinephrine auto-injectors.

In many areas, ambulance services vary widely between locales. What holds true in one city or county may be totally different in a neighboring area. For that reason, people who have severe allergies meet with their local ambulance providers and learn about the EMT/epinephrine coverage in their area. They should ask what types of EMTs respond to a 911 call, and what types of EMTs can administer epinephrine, and in what form. They also should ask if all ambulances are equipped with epinephrine, and in what form.

If there are questions as to whether a school has paramedics available through their EMS system, find out from the state's EMS office in the state capitol, Lundy advises. "They have all the information [schools] would need to know about what medications and equipment are carried on paramedic level units," he said. "That would include fire engines that have paramedics on board."

Another major problem Lundy sees when answering 911 calls to schools with students experiencing an anaphylactic emergency is that they don't call 911 soon enough. "Always call 911 and call them early," he said. "If you find you don't need them later, even if they arrive on the scene to find out they aren't needed, that is much better than waiting until things get serious.

"Calling 911 should be the first thing done," Lundy advised. "Don't ever worry about calling and it not being anything. We do that all the time and would rather be called and find out it is not an emergency than to have a delay and be behind in the patient-care curve."

Note: AAFA's State Honor Roll™ does not currently assess state EMS policies, but will consider updating the status of states on this important service in future reports.