

**10A NCAC 13P .0509 CREDENTIALING OF INDIVIDUALS TO ADMINISTER LIFESAVING TREATMENT TO PERSONS SUFFERING AN ADVERSE REACTION TO AGENTS THAT MIGHT CAUSE ANAPHYLAXIS**

(a) To become credentialed by the North Carolina Medical Care Commission to administer epinephrine to persons who suffer adverse reactions to agents that might cause anaphylaxis, a person shall meet the following:

- (1) Be 18 years of age or older; and
- (2) successfully complete an educational program taught by a physician licensed to practice medicine in North Carolina or designee of the physician. The educational program shall instruct individuals in the appropriate use of procedures for the administration of epinephrine to pediatric and adult victims who suffer adverse reactions to agents that might cause anaphylaxis and shall include the following:
  - (A) definition of anaphylaxis;
  - (B) agents that might cause anaphylaxis and the distinction between them, including drugs, insects, foods, and inhalants;
  - (C) recognition of symptoms of anaphylaxis for both pediatric and adult victims;
  - (D) appropriate emergency treatment of anaphylaxis as a result of agents that might cause anaphylaxis;
  - (E) availability and design of packages containing equipment for administering epinephrine to victims suffering from anaphylaxis as a result of agents that might cause anaphylaxis;
  - (F) pharmacology of epinephrine including indications, contraindications, and side effects;
  - (G) discussion of legal implications of rendering aid; and
  - (H) instruction that treatment is to be utilized only in the absence of the availability of physicians or other practitioners who are authorized to administer the treatment.

(b) A credential to administer epinephrine to persons who suffer adverse reactions to agents that might cause anaphylaxis shall be issued by the North Carolina Medical Care Commission upon receipt of a completed application signed by the applicant and the physician who taught or was responsible for the educational program. Applications may be obtained from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707. All credentials shall be valid for a period of four years.

(c) This Rule enables only those individuals who do not hold a North Carolina EMS credential and are not associated or affiliated with an EMS system, EMS agency, or emergency response provider to provide care pending arrival of the emergency responders dispatched through a 911 center to an EMS event involving a person suffering an anaphylactic reaction.

*History Note: Authority G.S. 143-508(d)(11); 143-509(9);  
Temporary Adoption Eff. January 1, 2003; January 1, 2002;  
Eff. April 1, 2003;  
Amended Eff. January 1, 2009; February 1, 2004.*

**NORTH CAROLINA MEDICAL CARE COMMISSION  
CREDENTIAL OF TRAINING FOR THE USE OF EPINEPHRINE  
FOR TREATMENT OF ADVERSE REACTIONS TO AGENTS THAT MIGHT CAUSE ANAPHYLAXIS**

**Applicant's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Applicant's Statement: I have not violated any law or regulation enacted under the provisions of Chapter 90  
of the General Statutes of N. C.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**FOR RECREDENTIAL APPLICANTS ONLY**

**Please mark NA in the appropriate space for questions 1 and 2 if you have not had any activity in administering epinephrine.**

- 1. How many persons did you see having an allergic reaction during your previous credential period?** \_\_\_\_\_
- 2. How many persons did you administer epinephrine to as a result of an allergic reaction during your credential period?** \_\_\_\_\_
- 3. Briefly describe the outcome of the person(s) who received epinephrine as a treatment for an allergic reaction as a result of your training and credential. (Please include the person's condition, your actions in addition to administering epinephrine, and the person's outcome, i.e. hospitalization, etc. (Use reverse side of form))**

This will certify that the above named individual, who to my knowledge, is of good moral character, has completed all phases of a training program teaching the administration of epinephrine to persons who suffer adverse reactions to agents that might cause anaphylaxis. This training program was conducted by me or my designee and meets the training guidelines set forth by the North Carolina Medical Care Commission. I hereby recommend that the North Carolina Medical Care Commission approve the above named individual to administer epinephrine to persons who suffer adverse reactions to agents that might cause anaphylaxis in the absence of physicians or other practitioners authorized to administer this treatment; and I also certify that the above named individual has been advised of the legal implication involved in administering such treatment.

**Physician's Name** \_\_\_\_\_ **N. C. License No.** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**North Carolina Medical Care Commission Approval**

The above named applicant is approved to administer epinephrine to persons who suffer adverse reactions to agents that might cause anaphylaxis. This approval shall be effective for **four years** from the date indicated below.

**Date** \_\_\_\_\_

\_\_\_\_\_  
**North Carolina Medical Care Commission**