

**NORTH COAST EMS  
AGREEMENT TO PROVIDE  
Epinephrine Auto-Injector (EpiPen®)**

This agreement is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between **North Coast Emergency Medical Services**, 3340 Glenwood Eureka, CA hereinafter referred to as “**NCEMS**”, and \_\_\_\_\_, herein after referred to as “**BASIC LIFE SUPPORT EPINEPHRINE AUTO-INJECTOR (EpiPen®) PROVIDER**”.

WHEREAS, **NCEMS** is designated the local emergency medical services agency by the Counties of Del Norte, Humboldt, and Lake pursuant, in part, to Division 2.5 of the California Health and Safety Code, incorporated herein by reference, and

WHEREAS, **NCEMS** is responsible for the planning, organization, coordination, and evaluation of local EMS systems pursuant to Section 1797.103 of the California Health and Safety Code, and

WHEREAS, **NCEMS** is responsible for approval of Epinephrine Auto-Injector (EpiPen®), and

WHEREAS, **BLS EPINEPHRINE AUTO-INJECTOR (EpiPen®) PROVIDER** agrees to provide emergency medical service response according to the policies, procedures, and protocols of **NCEMS** as outlined in the California Administrative Code, Title 22, Division 9, Chapter 2.

**IT IS MUTALLY AGREED AS FOLLOWS:**

**I. TERM:**

This agreement shall begin on \_\_\_\_\_, and shall be automatically renewed on an annual basis unless terminated by either party giving thirty (30) days written notice to the other party.

**II. BLS Epinephrine Auto-Injector (EpiPen®) PROVIDER Agrees:**

- a. To abide by all state laws, regulations, and North Coast EMS policies, procedures and protocols.
- b. To ensure that only personnel trained and approved to use Epinephrine Auto-Injector (EpiPen®) and that are affiliated with the provider are allowed to administer Epinephrine Auto-Injector (EpiPen®),

**AGREEMENT TO PROVIDE  
BLS Epinephrine Auto-Injector (EpiPen®)**  
(continued)

- c. To ensure that each affiliated individual is oriented to and at all times proficient in the use of BLS Epinephrine Auto-Injector (EpiPen®).
- d. To ensure that each provider ensures appropriate documentation of BLS Epinephrine Auto-Injector (EpiPen®) in the patient care report.

**III. Designation by NCEMS:**

Execution of this agreement by all the parties designates an approved BLS Epinephrine Auto-Injector (EpiPen®) PROVIDER by NCEMS.

**EXECUTED BY THE PARTIES**

By: \_\_\_\_\_  
For BLS Epinephrine Auto-Injector (EpiPen®) Provider Title

\_\_\_\_\_  
Printed name of signer Phone Number

\_\_\_\_\_  
Agency Mailing Address

\_\_\_\_\_  
Agency Contact Person Email Date

By: \_\_\_\_\_  
For NCEMS Date

Larry Karsteadt \_\_\_\_\_  
Printed Name Director Title