NH Bureau of Developmental Services
Request for Waiver to He-M 1201.05 (a) (3) (l)

Area Agency (circle): 1 2 3 4 5 6 7 8 9 10 **Date of Application:** _____

Provider agency name and address (if applicable):

Residence or Day Service name and address:

Indicate specific section of **He-M 1201** for which a waiver is being sought: **He-M 1201.05 (a) (3) (l)**

Provide an explanation of why a waiver to this standard is sought:

The Epi-Pen is an epinephrine auto-injector for the treatment of allergic reactions and anaphylaxis associated with food, drug, insect venom, and latex allergies. Anaphylaxis can be life-threatening where time is critical, and the use of the Epi-Pen will help stop the allergic reaction in order to give the individual time to get the emergency help they need. The Epi-Pen is an intramuscular injection, not a route included in the authorization to administer medications in accordance with He-M 1201. However, the Epi-Pen is manufactured for use by non-professionals in an "auto injector form", the administration of the injection is not complex, and the potential for making a mistake in the administration of the injection is minimal.

What alternative is proposed to satisfy regulatory intent?

The individual(s) has a specific prescribing practitioner's order for the use of an Epi-Pen for the prevention and/or treatment of anaphylaxis. All med authorized staff who work with the individual(s) are **specifically trained on the use of the EpiPen following the manufacturer's instructions and the RN's PRN protocol, with a return demonstration.**

Number of staff/providers authorized to administer medications: _____ Nurse Trainer phone #_____

Number of people with prescribed order for Epi-Pen within certified service: _____

I certify that policies and procedures are in place for:

- Nurse Trainer oversight of authorized staff
- Communication protocols between Day and Residential Services

Nurse Trainer signature:_____Date:_____

Individual/Guardian (if applicable) signature: On file; individual/guardian is aware of all medications Date:_____

AA Executive Director or designee signature _____Date:_____

Medication Committee: Approved ☒
Medication Committee Chair signature: Jen McLaren, M.D., State of NH

This Epi-Pen Waiver can be applicable to all individuals with the need for an Epi-Pen in a program, residence, and/or all individuals with the need for an Epi-Pen served by a Vendor Agency or an Area Agency. This Epi-Pen waiver presumes that the Nurse Trainer is aware of **each** individual's needs.

By signing and dating this document, the Nurse Trainer is signifying that the authorized providers for the residence(s), day service(s), vendor, or Area Agency listed above demonstrate competency in accordance with NH Code of Administrative Rules NUR 404 and have the knowledge, skills, and judgment in the proper use of the Epi-Pen for the prevention and/or treatment of anaphylaxis for named individuals; that authorized staff are specifically trained on the use of the Epi-Pen following the manufacturer's instructions and the RN's PRN protocol, with a return demonstration.

By signing and dating this document, the AA Executive Director or designee is signifying that guardians involved are aware of the individual's need for use of the Epi-Pen for the prevention and/or treatment of anaphylaxis.

This Epi-Pen waiver is valid for one year from the date of application. Nurse Trainer, individual, and AA Executive Director signatures must be up-to-date.