



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
 Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	August 13, 2015
SUBJECT/REPORT NO:	Stock Epinephrine – BOH13040(a) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Brent Browett (905) 546-2424, Ext. 2230
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

RECOMMENDATION

- (a) That the Stock Epinephrine Auto-injector Pilot Project be extended to September 30, 2016,
- (b) That the Mayor and Clerk be authorized and directed to execute all agreements and any necessary consequent or ancillary documents in a form satisfactory to the City Solicitor and with content acceptable to the Medical Officer of Health, and
- (c) That Hamilton Public Health Services report back following conclusion of the Pilot Project.

EXECUTIVE SUMMARY

The Stock Epinephrine Auto-injector Pilot Project was fully implemented at Jackson Square, Hamilton on September 2014. Since that time, McMaster University, Anaphylaxis Canada and City staff have been monitoring the project that is being provided by security services at Jackson Square. To date, there has been no direct administration of stock epinephrine with any persons by security staff. There have been occurrences where security staff have encountered or have been activated for persons in the mall thought to be having an allergic reaction. Concurrently, McMaster University, Anaphylaxis Canada and project team members have been continuing to negotiate to

have other malls and/or food outlets participate. Tim Hortons and The Works in Jackson Square are prepared to join the pilot project and adding other sites would enhance the strength of the findings. See Appendix A and B for further details.

The current agreements expire in September 2015. The current pilot project participants are requesting to extend the pilot project to September 2016 to allow for further evaluation. The rationale for extension is as follows:

- Stand-alone restaurants (Tim Horton's and The Works) were recruited late and require time to collect meaningful data.
- The goal is to recruit one other mall in Hamilton to participate in the study, with the assistance of City of Hamilton representatives.
- Additional funding has been received from AllerGen NCE to study knowledge translation and sustainability factors. This will require additional time to collect data in order to:
 - Gain a more in-depth understanding of the factors that influence program uptake, and explore knowledge user perspectives through in-depth one-on-one interview.
 - Understand how to potentially sustain and scale-up the program beyond the pilot study.

Alternatives for Consideration – See Page 3

FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)

Financial: No financial implications currently identified. McMaster University and Anaphylaxis Canada have identified alternative funding sources to extend the pilot project for the time requested.

Staffing: Public Health Services staff overseeing this project will continue in this capacity. It equates to approximately 1-2 hours per month.

Legal: Legal Services (City Manager's Office) and Risk Management (Corporate Services) will continue to be involved in providing legal advice during this pilot project planning and implementation.

HISTORICAL BACKGROUND (Chronology of events)

On October 21, 2013, the Board of Health directed Hamilton Public Health Services (PHS) to "work with Dr. Wasserman at McMaster University and Anaphylaxis Canada to develop an epinephrine auto-injectors (EAI)s pilot program in food outlets by March 31, 2014 at either a Hamilton mall, or nationally recognized food outlet chain". Since that time Hamilton PHS has been working with Dr. Wasserman and Anaphylaxis Canada to implement this project, and the City Solicitor has been reviewing the related legal implications.

If a person has a severe allergic reaction in one of these sites and the person does not have their own epinephrine and/or they are unable to administer the epinephrine, then

the security officer and/or senior free standing food outlet operators has stock EAs and the training to provide the administration to a person suffering from a potentially life threatening allergic reaction.

The Hamilton pilot project is also promoting personal accountability plans by those that have their own EAI and general public education regarding food safety and related emergency actions.

The pilot project started in September 2014 at Jackson Square and a preliminary report has been provided by McMaster University and Anaphylaxis Canada. An extension to the pilot project has been requested to collect additional data and to provide an opportunity to recruit additional sites.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Subject to the negotiations with outside contractors, PHS is asking to continue to have the Purchasing Policy waived as it may apply to receiving competitive bidding for research and evaluation support, project management and training support.

RELEVANT CONSULTATION

The Stock Epinephrine Pilot Project participants were consulted.

City of Hamilton Legal Services was consulted on the necessity for a council approved recommendation to extend the agreements reached with the parties to continue the pilot project and to add new sites.

ANALYSIS AND RATIONAL FOR RECOMMENDATION (Include Performance Measurement/Benchmarking Data if applicable)

See Appendix A and B

ALTERNATIVES FOR CONSIDERATION

(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)

- 1) An alternative is to end the pilot project in September 2015 and consider permanent implementation city-wide.

Staff does not recommend this, as there is insufficient data to date to provide a reasonable recommendation in this regards which could expose the City to addition cost and risks without sufficient data to support this.

- 2) Another alternative is to end the pilot project and not continue any further activity related to Stock Epinephrine at food outlets and malls.

Staff does not recommend this, as there is insufficient data to recommend this action and the participants are prepared to continue for another year to collect the data without any further financial compensation from the City of Hamilton. Having the additional information is important for City staff to provide the appropriate advice to the Board of Health.

ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN

Strategic Priority #1

A Prosperous & Healthy Community

WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.

Strategic Objective

- 1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.

Strategic Priority #2

Valued & Sustainable Services

WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.

Strategic Objective

- 2.1 Implement processes to improve services, leverage technology and validate cost effectiveness and efficiencies across the Corporation.
- 2.3 Enhance customer service satisfaction.

Strategic Priority #3

Leadership & Governance

WE work together to ensure we are a government that is respectful towards each other and that the community has confidence and trust in.

Strategic Objective

- 3.4 Enhance opportunities for administrative and operational efficiencies.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to BOH13040(a) - Progress report from McMaster University

Appendix B to BOH13040(a) - Interim Report from Anaphylaxis Canada