



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2016
SUBJECT/REPORT NO:	Feasibility of Stock Epinephrine in Recreational Centres (BOH16023) (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

On November 25, 2015, Council directed staff to report back to the Board of Health on the feasibility of including Epinephrine Auto-Injectors at the same location as Defibrillators in City-owned facilities.

Information:

Consultation

Public Health Services (PHS) consulted with Dr. Susan Waserman (McMaster University), Laurie Harada (Food Allergy Canada).

PHS consulted with Emergency Medical Services (EMS) and the Hamilton Fire Department (HFD) regarding the current management of defibrillators in City-owned facilities, and the feasibility of adding Epinephrine Auto-Injectors to this inventory. PHS also consulted with EMS with regard to the cost and procurement of epinephrine auto-injectors.

PHS also consulted with Legal Services to determine the legal implications of including stock epinephrine auto-injectors in City-owned facilities, specifically recreational centres. Legal consultation also included the impact of training and/or administering epinephrine auto-injectors.

PHS consulted with the Recreational Division regarding the feasibility of storing and administering epinephrine auto-injectors.

Context

The City of Hamilton (COH) manages an inventory of defibrillators in its City-owned facilities through EMS. The vast majority of defibrillators are stored in its 59 recreational facilities and 13 community halls. The inventory includes the current product and its expiry date.

Feasibility of Storing Stock-Epinephrine In Recreational Facilities

Although epinephrine auto-injectors can be stored in the same area/container as defibrillators, it is more feasible to store the auto-injectors in secured staff areas. As epinephrine auto-injectors are much smaller, they are more susceptible to theft or tampered with compared to defibrillators. If the COH were to store auto-injectors, they would be required to ensure the injectors were not tampered with or lapsed their expiry date. EMS has indicated that they could add epinephrine auto-injectors to their defibrillator inventory, which would also keep track of the auto-injector expiry dates.

Administering Epinephrine Auto-Injectors During an Emergency

Two models of emergency epinephrine auto-injector administration were explored:

1. ***By members of the public:*** In this model, City staff would not administer epinephrine, but provide members of the public the auto-injector, on request, during a suspected anaphylaxis response.
2. ***By City recreation staff:*** In this model, City staff could directly administer epinephrine, if required, during a suspected anaphylaxis response.

As COH recreation staff are already trained in First Aid, CPR and administering defibrillation, it would be more effective for the City recreation staff to administer epinephrine with some additional training.

The legal implications of each of the models, as well as current practice are attached in a separate confidential cover in Appendix A.

Training Required

Additional training would be required for Recreation staff in the following areas:

- ***Storage*** – knowledge that the epinephrine auto-injectors are stored in their recreational facility, as well as its storage location and access to the injector.
- ***Administering epinephrine*** – the training would build upon their current First Aid training with regard to anaphylaxis and specifically, recognition of the signs/symptoms and how to administer.

Currently, Community & Emergency Services provide in-house training to their Recreation staff in First Aid, CPR and defibrillation. Approximately 1,500 of their staff would require an additional one-hour training in order to store and administer epinephrine. The training would also need to be completed every two years as a maintenance process.

Cost of Additional Training and Education

There is an estimated \$50K one-time cost to fulfil the additional training and provide public education. The one-time cost would cover training materials, as well as the provision of back-fill of staff during the training to ensure there is no disruption in day-to-day service. The one-time cost would also cover the provision of signage and public education at the recreational facilities. Ongoing maintenance and training provision would not require additional funds as this cost would be incorporated into their annual training and maintenance budget.

Cost of Stock-Epinephrine

Due to the current procurement process, the most appropriate process to purchase the epinephrine auto-injectors would be through the existing procurement process by EMS. The cost of each injector is approximately \$130. All recreational facilities would require two injectors at minimum (an adult version and a junior version for children). This requirement would result in an ongoing replacement cost of \$18,720, at minimum, every 18 months as the epinephrine auto-injectors expire every 18 months (i.e. annualized cost of \$12,480). The replacement costs could be higher if they were used/administered and/or stolen/tampered with.

Appendices Attached

Confidential Appendix A to Report BOH16023 – attached in a separate confidential package.