

Eliot Institute—Information Regarding EpiPens

Health and Safety Committee – January 2019

Severe allergic reactions resulting in anaphylactic shock can be treated by epinephrine autoinjectors (commonly known by the brand name EpiPen). EpiPens have to be prescribed. People with severe allergies are frequently prescribed EpiPens to carry with them.

Any Eliot camper who is at risk of having an anaphylactic reaction and has been personally prescribed an EpiPen is responsible for bringing, maintaining, and administering their own EpiPen.

In 2016, Washington State passed a law allowing authorized entities, such as restaurants, colleges, sports leagues, and recreational camps, to obtain and administer epinephrine autoinjectors.

On Eliot camp evaluations, campers have suggested Eliot have EpiPens available for anaphylactic emergencies. It sounds like a good idea but, unfortunately, the requirements of the law can't be met given the structure of Eliot camps.

The process for obtaining epinephrine autoinjectors according to the law includes:

1. The entity has to make an application and be approved to become an authorized entity.
2. People connected with the entity, such as employees, have to complete Department of Health approved anaphylaxis and epinephrine autoinjector training by an approved provider of the training and obtain a certificate of completion.
3. An authorized entity acquires the epinephrine autoinjectors by prescription from an authorized prescriber.
4. The people trained and certified are responsible for the storage, maintenance, and general oversight of the epinephrine autoinjectors.
5. Only the people trained and certified may administer or provide an epinephrine autoinjector to people who are experiencing anaphylaxis.
6. Each use of an epinephrine autoinjector must be reported to the Department of Health.

Eliot is not a recreational camp that runs throughout the year or even through the summer with a consistent staff of employees that is able to be trained and be responsible for storage, maintenance, oversight and administration of the epinephrine autoinjectors. Each of the four Eliot camps has different campers and is staffed by different volunteers.

Anyone experiencing anaphylactic shock needs immediate treatment. If an Eliot camper is suspected of having anaphylactic shock, the best response is to call 911. Emergency response to Seabeck is swift. Emergency responders can to assess the person in distress and provide all manner of life-saving support. A 911 response would be more comprehensive and likely faster than finding the person who has to then go get the EpiPen from its safe storage location and then get back to the person in shock.

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Q: Why can't the First Aid Volunteers be trained and responsible for the EpiPens?

A: This is impractical besides asking for an extraordinary commitment from FA Volunteers. The Volunteers change every camp and are usually not chosen until close to or at camp. There may be as many as 14-15 FA Volunteers during the year. These volunteers are responsible only for providing first aid.

Q: Why can't just the First Aid Coordinator be trained?

A: There is a different FA Coordinator for each of the 4 camps. Again, this is an extraordinary commitment for a FA Coordinator who is a volunteer. Although the First Aid Coordinator is a staff position, unlike other staff positions, the FAC cannot receive camp credits because of liability issues. Another impracticality is one person (trained and certified) has to be responsible for taking the EpiPens from camp and responsible for returning them to each camp. The EpiPens cannot be stored in the Eliot closet at Seabeck.

Q: Why doesn't Seabeck have EpiPens?

A: This is a decision Seabeck has to make based on their assessment of the pros and cons.

Q: How much do EpiPens cost and how do they need to be stored?

A: EpiPens are expensive (\$600 / two pack) and have a short shelf life (12-18 months). They must be stored at room temperature and can't be exposed to extreme cold, heat, or light. In addition, they need to be safely stored and can only be accessed by those with authorized training.

Q: How hard is it to use an EpiPen?

A: It's not as easy as one might think. In a 2015 University of Texas study, only 16 percent of those prescribed an epinephrine autoinjector were able to correctly demonstrate its use when asked to do so. Of 102 patients, 86 people made at least one mistake. More than half made three or more mistakes.

Submitted by:
Joan Sandberg, Health and Safety Committee Chair