Report to the Legislature



Prepared by
HEATLH SYSTEMS QUALITY ASSURANCE
Office of Health Professions



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Introduction

In 2016, the Washington State Legislature enacted Substitute Senate Bill (SSB) 6421 (Chapter 10, Laws of 2016), codified as <u>RCW 70.54.440</u>, regarding epinephrine autoinjectors. The law allows healthcare providers with prescriptive authority to prescribe epinephrine autoinjectors to authorized entities. Authorized entities could include, but are not limited to restaurants, amusement parks, colleges, and camps.

The law requires these authorized entities to report to the Washington State Department of Health (department) when an incident has occurred that required the use of the epinephrine autoinjector. It also requires the department to publish an annual report on the incident reports received. Since this law went into effect June 9, 2016, the department has received no incident reports.

Possible reasons the department has not received any incident reports are that there have been no incidents to report or that entities are unaware of the reporting requirement. The law did not provide the opportunity for the department to track dispensing of autoinjectors so we have no way of knowing which entities have received or used epinephrine autoinjectors.

Background

RCW 70.54.440 allows non-healthcare or non-school personnel to possess epinephrine autoinjectors in environments where a person could experience anaphylaxis. Personnel must first receive training in identifying anaphylaxis and administering an autoinjector. This will help to keep people safe by allowing action before an ambulance can arrive, which can take 20 minutes or more. Specifically, the law addresses:

- Access to epinephrine autoinjectors;
- Storage and maintenance of epinephrine autoinjectors;
- Training standards on recognizing anaphylaxis, storing and administering an epinephrine autoinjector, and emergency follow-up procedures;
- Training verification; and
- Incident reporting of epinephrine autoinjector use by authorized entities.

Implementation and Incident Reporting

The department reached out to a diverse set of stakeholders during the implementation of RCW 70.54.440 and creation and adoption of rules. Because there is the potential for all Washingtonians to be affected by this law, the department sought out comments from stakeholders for over a year, from September 27, 2016, to October 10, 2017, in order to

incorporate robust feedback into the creation and adoption of rules. The department adopted rules in February 2018 under Chapter 246-570 WAC to guide the implementation of the law. The rules outline specific requirements for: training providers, training content, certificates of completion, the training approval process, and incident reporting of use of epinephrine autoinjectors.

Stakeholder Communication

The department notified stakeholders, including universities, outdoor recreation organizations, and training providers via email about the law. In addition, the department published a webpage with information to assist the public, authorized entities, prescribers, dispensers, and training providers with interpreting and adhering to the law's requirements. The information is presented in a "frequently asked questions" format. The department will continue to refine communication based on phone calls or emails we receive from the public regarding the webpage, and as more authorized entities take part in training, obtaining autoinjectors, and reporting incidents to the department.

Incident Reporting

Since October 2017, the department has provided a web reporting tool for authorized entities to report incidents of epinephrine autoinjector use. There have been no reported incidents gathered through this tool. Limitations in the law have revealed two major barriers to reporting. The law does not provide the opportunity for the department to track prescriptions or the dispensing of epinephrine autoinjectors to authorized entities, so we do not know which entities are participating in order to communicate reporting requirements. This means that entities may be unaware that the reporting tool exists or that they need to report incidents to the department.

In addition, approved training programs are not required to include reporting requirements in training materials. Most of the trainings are from nationally recognized organizations, so it is unlikely their curricula include state-specific requirements. The department can only request that a training program include language regarding the reporting requirement for Washington trainees, but cannot require it.

Training Opportunities

The department approved epinephrine autoinjector and anaphylaxis training from the American Red Cross during the implementation of this law. Since rule adoption, the department has approved six training providers. The department will continue to process training provider

applications to increase the opportunities for authorized entities to acquire appropriate training.

Ongoing Work

The department will continue efforts to:

Identify the organizations (or entities) that have received epinephrine autoinjectors and anaphylaxis training.

In order to have targeted communications with Washington trainees, the department will work with approved training programs to gather data on participants in Washington that would be required to report any incidents. The department will continue to reach out to the American Red Cross to obtain this information, and will encourage all approved training programs to report Washington trainee information.

Identify the additional means to increase the likelihood of reporting by authorized entities.

The department has incorporated communication strategies to reinforce the incident reporting requirement for trainees, including improving content on the department's webpage. In addition, the department has included language in the training provider approval letter which asks approved training programs to reinforce the requirement of reporting use to the department. The department plans to work with approved training providers to send targeted communications to participants to reinforce the reporting requirement.