

Backcountry Epinephrine Protocols: Opportunity and Liability for Camp Physicians in North Carolina

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INTRODUCTION

Western North Carolina has a significant concentration of outdoor camps, including those in remote settings where definitive medical care could be delayed in the case of an anaphylactic emergency. Field treatment of anaphylaxis with epinephrine administered by a lay staff person could be lifesaving. Family physicians routinely encourage outdoor activities for children, and may provide care for outdoor camps (informally or with compensation). This responsibility may include reviewing backcountry protocols regarding epinephrine administration. There is a lack of federal legislation and a variability from state-to-state regarding legal protection for physicians involved in the administration of epinephrine by lay staff people. Uncertainty remains for the physician supporting outdoor camps by prescribing epinephrine and training camp staff to administer this life saving medication. Multiple agencies are involved in this issue here in North Carolina and do not have a clear unified stance on the physician's responsibility and liability.

AIMS

The aim of this poster is to clarify the responsibility and liability for North Carolina Family Physicians in regard to epinephrine prescribing for outdoor organizations and epinephrine training for camp staff.

INCIDENCE

- 0.05%- 2% = Risk of Anaphylaxis in the general population
- 2 cases of epi administration/ 2.5 million participant days of camp - NOLS, National Outdoor Leadership School
- 3 cases in 80,000 camper days in one local camp

ECONOMIC IMPACT

Total economic impact from residential summer camps in four counties in Western NC (Buncombe, Henderson, Jackson, and Transylvania) during the summer of 2010

- = \$365 million
- = 10,000 full-time equivalent jobs beyond camp staff
- = \$33 million in new tax revenues.

METHODS

Current medical literature was reviewed, North Carolina legislation was researched, and counsel was sought via phone interviews and email from local and state organizations, and physician associations. Three local camps shared their narrative experiences and current epinephrine protocols. The author provided epinephrine training to two outdoor camps. While not a statistically significant sample, these interactions provided anecdotal context.

RESULTS

NC Ruling 10A NCAC 13P0509, outlines that a physician may train lay people to administer epinephrine for anaphylaxis. The physician signs a form from the Medical Care Commission of the NC Office of Emergency Services, which provides credentialing for three years for lay individuals and may not be revoked. (Note: an internet search may yield a similar form from the North Carolina Medical Board. Per the NCOEMS, this form is obsolete.) The physician's signature verifies that the individual received training though does not imply oversight of the administration of the epinephrine. The training must include administration from an auto-injector, vials and ampules, and pediatric dosing. Complete Outline of required content can be found in the above NC Ruling.

In regard to writing prescriptions for camps, the above ruling does not explicitly empower a physician to do so. House bill 647, however, was passed and explicitly allows physicians to write prescriptions for epinephrine autoinjectors to organizations that train their staff to use the auto-injectors. The key to HB 647 and the legal immunity it provides, is that it **only applies to auto-injectors**.

ANAPHYLAXIS



| | | | | |
|---|--------------------------|---|------------------|---|
|  | Epinephrine Autoinjector |  | Epinephrine Vial |  |
| | \$722 | / | \$2 | |

CONCLUSION

Further research is needed in order to clarify the responsibilities of the physician who prescribes epinephrine to a camp in the form of a vial or ampule. Physicians are training lay people to use epinephrine vials, as required in the credentialing process, though our immunity for prescribing to such for a group remains unclear. Is she now responsible for training the staff and reviewing protocols? Also, what is the role of the "Good Samaritan Act" in NC for the physician who prescribes epinephrine to camps? Currently physicians are well protected when prescribing the autoinjector, but seemingly less protected legally when prescribing ampules and vials, the utilization of which is a common practice among camps and the most affordable option.

THANK YOU

Mountain Area Health Education Center
Blue Ridge Community Health Services
North Carolina Association of Family Physicians
North Carolina Office of Emergency Services
North Carolina Medical Board.





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