

TOOLKIT

Advocating for Undesignated Stock Epinephrine in Your Community





Why Undesignated Stock Epinephrine Matters in Public Entities

Access to epinephrine auto injectors (EAI) that have not been prescribed to a particular person, and can be used in emergencies (known as stock epinephrine), is critical—not just for those with an undiagnosed allergy, but also for those with a confirmed allergy who may not have access to their EAI or need additional doses. Sadly, there have been too many fatal reactions in individuals who did not have access to epinephrine—the only medication that can reverse a severe allergic reaction, or anaphylaxis.

Since 2015, many states have passed public entity stock epinephrine laws. These laws allow entities that serve the public, such as daycare centers, restaurants, youth camps, sports arenas, and other venues, to obtain a standing order for EAI and allow authorized trained staff to administer them to someone suffering an allergic reaction. These laws are separate from, but similar to, the laws that have been passed allowing or requiring stock epinephrine in K-12 schools.

If your state has passed such a law, the information that follows can be shared with business owners to help educate them about the importance of having undesignated EAI at hand. Keep in mind that every state law is different and each defines what's required in terms of training, obtaining, storing and administering epinephrine in allergic emergencies. You can view your [state's law](#) by visiting FARE's web site, www.foodallergy.org and going to *Advocacy > Advocacy Priorities > Access to Epinephrine > Public Access to Epinephrine*.

Once you've identified some local entities covered under the law, consider reaching out directly to them to show your support for stocking life-saving epinephrine.

Tips on Reaching Out to Public Entities

- Make an appointment during non-peak hours so that the owner or manager has more time to speak with you.
- Familiarize yourself with the key talking points, provided on page two.
- Bring information about your state's access to epinephrine law and the *Common Questions about Food Allergies and Undesignated Stock Epinephrine* that follows.

With each conversation, you are planting a seed of knowledge about food allergy that has the potential to continue to grow. Some of the people you talk with will later consider stocking undesignated epinephrine. Others may not. Often, you will not know the direct outcome of your conversation at all, but your visit matters because it will have added to that establishment's knowledge and information.





Key Talking Points: Undesignated Stock Epinephrine in Public Entities

- Food allergies can be life-threatening and are a serious and growing public health problem — one for which there currently is no cure. Up to 15 million Americans have a food allergy, including 5.9 million children. That means, in a group of 30 children, two are likely to have a food allergy.
- Eating away from home can pose a significant risk to people affected by food allergy. Research suggests that more than half of fatal food allergy reactions are triggered by food consumed outside the home.^{1,2,3}
- Epinephrine is the first-line treatment for anaphylaxis, a potentially fatal allergic reaction. Epinephrine is safe and simple to administer.
- Seconds count in anaphylactic emergencies, and the sooner epinephrine is given, the better the chances of a positive outcome. Epinephrine in public venues should be readily available and easily accessible.
- Stock epinephrine has been used to treat allergic reactions in schools where the stock epinephrine law is in place. One study highlighted 310 such instances nationwide in the 2013–2014 school year.

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1. Bock SA, Muñoz-Furlong A., Sampson H. Further fatalities caused by anaphylactic reactions to food, 2001-2006. *J Allergy Clin Immunol.* 2007; 119(4): 1016-8.
 2. Bock SA, Muñoz-Furlong A, Sampson HA. Fatalities due to anaphylactic reactions to foods. *J Allergy Clin Immunol.* 2001; 107(1): 191-3.
 3. Sampson HA, Mendelson L, Rosen J. Fatal and near-fatal anaphylactic reactions to food in children and adolescents. *N Engl J Med.* 1992; 327(6): 380-4.





Common Questions about Food Allergies and Undesignated Stock Epinephrine

Q. What is a food allergy?

A. Food allergy is a potentially life-threatening immune response to eating specific foods or food additives. Eight types of food account for the majority of allergic reactions: milk, egg, peanut, tree nuts, fish, shellfish, soy, and wheat.

Food allergies may result in a severe reaction, including: obstructive swelling of the lips, tongue, and/or throat; trouble swallowing; shortness of breath or wheezing; turning blue; drop in blood pressure; loss of consciousness; chest pain; and/or a weak pulse, any of which require urgent medical attention and, if left untreated, may cause death.

Q. How often do allergic reactions happen?

A. Every three minutes, a food allergy reaction sends someone to the emergency department– that is about 200,000 emergency department visits per year.

Q. What is a “public entity”?

A. The definition of entities varies from state to state, but for illustrative purposes, may include day camps, youth recreation programs, theme parks, daycare centers, restaurants, sports arenas, and college campuses.

Q. Since epinephrine requires a physician’s prescription, how does a business get EAI’s?

A. The prescription must be written by a licensed medical professional (not necessarily an allergist) and the rules vary by state. There are a variety of approaches depending on what is allowed and who is available. This includes asking a physician in private practice or the county or city’s senior most medical official.

Q. Who is allowed to administer an undesignated EAI?

A. Any staff member who has been trained to administer epinephrine may be able to do so. EAI training requirements vary by state.

Q. What liability protection is there for staff who administer an EAI?

A. The states’ undesignated stock epinephrine laws extend protection from liability to trained staff who administer an EAI in good faith to someone he/she believes is suffering an allergic reaction.

Q. Besides epinephrine, are there other medications that can stop an allergic reaction?

A. No. Epinephrine is the ONLY medication that can stop an allergic reaction. Antihistamines (like diphenhydramine, commonly sold under the brand name Benadryl[®]) and steroids CANNOT reverse a reaction; rather, they can only help treat some of the more mild symptoms, like hives and itching.

You can view the [state laws](#) by visiting FARE’s web site, www.foodallergy.org and going to *Advocacy > Advocacy Priorities > Access to Epinephrine > Public Access to Epinephrine*.

