Leo Varadkar signs new law allowing trained members of the public to administer life-saving rescue medicines including adrenaline.



The Irish Food Allergy Network (IFAN) welcomes the news today that Minister for Health Leo Varadkar has signed new laws allowing more life-saving rescue medicines including adrenaline autoinjectors (AAIs), to be administered by trained members of the public in life-saving situations. This change in the law has the potential to save lives.

Since it's inception in 2011, IFAN has been actively campaigning TD's and the Minister allow greater availability of AAI's and training in their use.

The new statutory instrument signed into law by the Minister will allow organisations such as colleges, workplaces and sports venues to hold AAIs and arrange for staff to be trained in their use. Pharmacists will also be able to supply and administer these medicines to individuals in emergency circumstances.

Following on from the Minister's announcement, IFAN intends to engage with the Pre Hospital Emergency Care Council and the Pharmaceutical Society of Ireland around AAI training. The Pre Hospital Emergency Care Council accredits paramedics and will be given the role of accrediting courses for lay people, which will be available in coming months. The Pharmaceutical Society of Ireland is developing training standards and it is envisaged that they will be able to commission and accredit courses in the coming months.

IFAN fully supports the increased availability of adrenaline autoinjectors (AAIs) in public places, in conjunction with provision of state funded, comprehensive, educational programs.

Both paediatric and adult allergic patients, in Ireland, remain at significant risk of not having adequate adrenaline delivered, in a timely manner in the event of an anaphylactic reaction; due to lack of education and lack of adequate supply of AAIs.

Access to allergy clinics is critically limited. There are far too few specialists per head of population and doctors in primary and secondary care are reluctant to prescribe AAIs or train families in AAI use. Pharmacy supplies of AAI's remain unpredictable, with patients often being provided with too few devices, short expiry date AAIs, different devices on each prescription and - worse still - different devices on the same prescription.

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Allergic patients usually only discover their condition by eating the offending allergen and developing a reaction. CSO figures show that a total of 4 people died in Ireland from anaphylaxis during the period 2003-2013. It is estimated that 70% of reactions happen in public



settings, restaurants, schools, and crèches. Access to AAIs at these sites would prevent unnecessary morbidity.

At this time, primary care and secondary care doctors are insufficiently trained in the correct management of allergy. Similarly, public health professionals including area medical officers and public health nurses lack training. All of these professionals should be seen as central to sustainable provision of adrenaline devices, carer training and support and public education.

Many misconceptions exist in the public arena about food allergy; for example that food allergic patients often exaggerate their risk and that adrenaline is dangerous. IFAN recommends the consideration of a public information campaign to promote an understanding of the far more serious risk that food allergy itself presents, the signs of anaphylaxis and the value of prompt administration of adrenaline. The international medical and public health consensus is that the risk- benefit ratio is very much in favour of intramuscular (IM) adrenaline administration. Children and most adults who receive adrenaline "deliberately but in error" (diagnosis was later proven not to be anaphylaxis) or "accidentally" (e.g. inadvertently self administering it while using an AAI for someone else) tolerate it very well.

At this time, training in the delivery of adrenaline is provided for patients and their families at a number of sites including allergy clinics, some respiratory and dermatology clinics and hospital resuscitation teams. Hospital staff are unable to provide onsite training in schools due to extreme lack of resources. There is no national standardised training provided for primary or secondary school teachers, sports instructors or child care workers regarding how to recognise and manage an allergic reaction and how to deliver adrenaline. Local research shows that parents of school children are the primary educators of this sector.

IFAN has recommended the development of a compulsory training programme for all educators and child care workers and is very happy to be involved in the design and delivery of same.

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