

**Physician’s Toolkit**

**EMERGENCY EPINEPHRINE**

**O.C.G.A. § 31-1-15**

**Toolkit includes:**

*Letter to the Physician*

*Emergency Epinephrine Legislation*

*Request for Prescription*

**



October 1, 2015

Dear Physician,

We are writing to ask for your help. On July 1, 2015, O.C.G.A § 31-1-15 became law in Georgia, permitting certain organizations to acquire and stock epinephrine auto-injectors, authorizing physicians to provide those organizations with a prescription to obtain the emergency epinephrine auto-injectors from local pharmacists, and giving those organizations the power to administer the epinephrine to any individual who is perceived to be experiencing an anaphylactic reaction.

For the health and safety of Georgia citizens, we encourage you to fulfill any requests by an organization ***approved*** to stock emergency epinephrine auto-injectors for a prescription. Everything you need is in this packet.

We developed and compiled the enclosed information and forms to assist you. The information included contains a list of approved organizations and explanation of the emergency epinephrine legislation, and a standardized prescription.

Thank you in advance for your support. If you have any questions regarding this act, please contact Sid Barrett, General Counsel, Department of Public (DPH), and State of Georgia at 404-657-3177 or [sidney.barrett@dph.ga.gov](mailto:sidney.barrett@dph.ga.gov).

Sincerely,

Brenda Fitzgerald, MD

Commissioner, Department of Public Health

**Emergency Epinephrine**

**O.C.G.A. § 31-1-15**

***Legislation***

In 2015, the Georgia legislature passed legislation allowing authorized organizations, approved and registered with the Department of Public Health, to stock auto-injectable epinephrine and administer under the good faith belief that an individual is experiencing an anaphylactic reaction.

Specific authorization provided in ***O.C.G.A. § 31-1-15*** related to auto-injectable epinephrine includes the following:

***Authorization***

The following organizations have been approved to register with the Department of Public Health with the intent to stock auto-injectable epinephrine.

Airports

Churches, Religious Institutions

City/County/State Government Offices

Concert Venues

Entertainment Venues

Factories

Hotels/ Motels/Resorts/Spas/Tourist Accommodations

Museums

Private/Corporate Offices

Recreation/Sports Camps

Restaurants

Scouting Units/Councils and Districts

Shopping malls

Sports arenas

State Parks

Theme parks, water parks

YMCA/YWCA

Youth sports leagues

* The organizations listed above may acquire and stock a supply of auto-injectable epinephrine with a

prescription;

* A physician licensed to practice medicine in this state; an advanced practice registered nurse and physician

assistant may prescribe auto-injectable epinephrine in the name of the public or private school.

* A pharmacist may dispense auto-injectable epinephrine presenting a prescription.

***Administration***

* The organizations listed above may administer auto-injectable epinephrine to any individual such

employee or agent believes in good faith is experiencing an anaphylactic reaction.

* The organization must designate an employee or agent to administer auto-injectable epinephrine to any

student employee or agent believes in good faith is experiencing an anaphylactic reaction.

* + Designated employee or agent must complete training in recognizing the symptoms of anaphylaxis and the

correct method of administering the auto-injectable epinephrine in accordance to the manufacturer.

***Protections***

Any personnel who in good faith administers or chooses not to administer auto-injectable epinephrine to an individual pursuant to this Code section shall be immune from civil liability for any act or omission to act related to the administration of auto-injectable epinephrine, except that such immunity shall not apply to an act of willful or wanton misconduct.

**Prescription Request**

**Emergency Epinephrine Auto-Injectors**

**O.C.G.A. § 31-1-15**

* **PHYSICIAN:**

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NAME

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STREET ADDRESS

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CITY, ZIP CODE

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PHONE NUMBER

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DEA NUMBER

* **ISSUED TO:**

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NAME OF ORGANIZATION

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STREET ADDRESS

**\_\_\_\_\_\_\_\_\_\_\_\_ 0.15 MG Epinephrine Auto-Injector(s)**

QUANTITY

**\_\_\_\_\_\_\_\_\_\_\_\_ 0.3 MG Epinephrine Auto-Injector(s)**

QUANTITY