

## Anaphylaxis Policy

### Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

#### Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

#### Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

#### Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

#### Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

#### Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

#### Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

#### Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

#### Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

### Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

## Policy Statement

Anaphylaxis is the result of the immune system, the body's natural defence system, overreacting to a trigger. A severe allergic reaction can develop just seconds after someone comes into contact with the allergen. It can affect the whole body, and if it is not treated quickly enough it could be fatal. This is called anaphylactic shock.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

This policy must be read and followed by all staff providing personal care and services to residents and their families. Anaphylaxis can occur at any time, and people may not know they are allergic to a substance until they come into contact with it and react. Therefore, staff need to be prepared to respond and support residents and their families immediately they are concerned there is a problem.

## The Policy

EFH aims to ensure the safe and effective care of all of its residents and their families while delivering personal care services. Staff are trained to provide basic life support, and to raise help from emergency services where the resident or their family require urgent medical attention, e.g. anaphylaxis.

In line with best practice and EFH policy all residents with a known allergy will have this clearly identified in all relevant documentation, e.g. their care plan, medication plan and in the kitchens where this is food related. The care plan will clearly identify the severity of the reaction to the allergen and the actions to be taken in the event of an allergic reaction.

This policy provides background information and additional support to staff for them to be able to provide early assistance to residents and their family where there is a history of anaphylaxis, and/or the staff suspect an anaphylactic reaction.

## Triggers of Anaphylaxis

Common anaphylaxis triggers include:

- Foods – including nuts, milk, fish, shellfish, eggs and some fruits
- Medicines – including some antibiotics (e.g. penicillin) and non-steroidal anti-inflammatory drugs (NSAIDs) like aspirin
- Insect stings – particularly wasp and bee stings
- Latex – a type of rubber found in some rubber gloves and condoms

In some cases, there is no obvious trigger, this is known as idiopathic anaphylaxis

## Symptoms of Anaphylaxis

Anaphylaxis usually develops suddenly and gets worse very quickly. The Medicines & Healthcare Products Regulatory Agency (MHRA) has issued a new infographic guide, 'Appendix 1' at the end of this document: 'Correct use of your Adrenaline Auto Injector.'

The symptoms include:

- Feeling lightheaded or faint
- Breathing difficulties – such as fast, shallow breathing

- Wheezing
- Swelling of tongue and throat with puffiness around eyes
- A fast heartbeat
- Clammy skin
- Confusion and anxiety
- Collapsing or losing consciousness
- Itchy, raised rash (hives)
- Swelling of hands, feet or face
- Abdominal pain, vomiting, or diarrhoea

### Assessment and Care Planning

As part of the care assessment process medical history information will be documented and included within the care plan. Known allergies will be documented and displayed prominently on the medicines risk assessment, EMAR, the hospital grab sheet, and in the care plan. Where the allergy is to a food, this will be documented in the meals section of the care plan as well as with the chef and kitchen staff.

Any known food allergies will be listed and fully documented in each food preparation area to ensure staff are fully aware of their dietary needs and allergic reactions.

Details will include known allergic triggers, severity of reactions and relevant treatment plans in place e.g. adrenaline auto-injector.

### Procedure

Anaphylaxis is a medical emergency. It can be very serious or even fatal if not treated quickly.

If someone has any symptoms of anaphylaxis, you should:

- Call 999 for an ambulance immediately (even if the person starts to feel better) – tell ambulance control that you suspect a severe allergic reaction (To say the word anaphylaxis it is 'ana-fill-axis').
- Support the individual to use an adrenaline auto-injector if the person has one. This is a pre-filled injection device containing adrenaline which, when injected, can help reduce the body's allergic reaction.
- Remove any trigger if possible – for example, carefully remove any stinger stuck in the skin.
- Lie the person down flat with the legs raised – unless they are unconscious, pregnant or having breathing difficulties.
- Another injection should be given after five minutes if the symptoms do not improve and a second auto-injector is available (MHRA advises that all people with anaphylaxis should have a supply of two adrenaline auto-injectors (AAIs)).
- People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they are supported by one leg and one arm, and open their airway by lifting their chin.
- Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.
- If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed immediately.
- When the resident or family member is safe, record the incident and inform the Registered Manager or office on an incident form. Also record in the resident's daily notes.

The Registered Manager will undertake an investigation to identify any learning and continuous improvement actions. Where there were any mistakes made by the organisation then the Registered Manager will follow the 'Duty of Candour Policy' as appropriate.

Healthcare professionals should follow the National Institute for Health and Care Excellence (NICE) guideline for the assessment and referral of patients suspected to have had anaphylaxis.

## Adrenaline Auto-injectors

People with potentially serious allergies are usually prescribed adrenaline auto-injectors to carry. These can help stop an anaphylactic reaction from becoming life threatening.

They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

It is important that people know how to use their type of auto-injector correctly and carry two of them at all times. The Medical and Health Care Products Regulatory Agency (MHRA) has provided the following advice for healthcare professionals (15 August 2017):

It is recommended that two adrenaline auto-injectors are prescribed, which should be easily available to residents at all times including outings outside of the home.

Ensure that people with allergies and their carers have been trained to use the particular auto-injector that they have been prescribed - technique varies between auto-injectors.

Encourage people with allergies and their carers to obtain and practice using a trainer device.

In addition, the MHRA states that staff should be advised to 'check the expiry date of the adrenaline auto-injectors and obtain replacements before they expire; expired injectors will be less effective.'

There are three main types of adrenaline auto-injector, which are used in slightly different ways:

1. EpiPen
2. Jext
3. Emerade

When staff are working with residents in the care home, or are escorting residents out on trips, staff must ensure that they, or the resident, have the two auto-injectors with them and know where to immediately access them at all times.

Auto-injectors should be readily available to residents but where the resident lacks capacity to manage their auto-injector safely or effectively, in line with the Mental Capacity Act 2005, managers and staff must ensure a risk assessment and agreed process is in place to protect the resident from accidental usage.

In addition, where other residents lack capacity, the managers and staff must ensure that they cannot access the auto-injector and cause themselves or others harm. The risk assessment and processes for storage and access will be clearly detailed in the resident's care plan.

## Medicines

It is important to inform health professionals of any allergies, especially medication. There are normally alternatives that can be safely used.

For example, if residents are allergic to:

- Penicillin - they can normally safely take a different group of antibiotics known as macrolides.
- Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and aspirin - it is normally safe to take paracetamol. Read the ingredients of things like colds medicines carefully to make sure they do not contain NSAIDs.
- One type of general anaesthetic – others are available, or it may be possible to perform surgery using a local anaesthetic or an epidural injection.

When any transfers occur to other healthcare settings and hospital this must include clear instructions on allergies and any rescue medication and treatment plan that is in place.

#### References and Further Reading

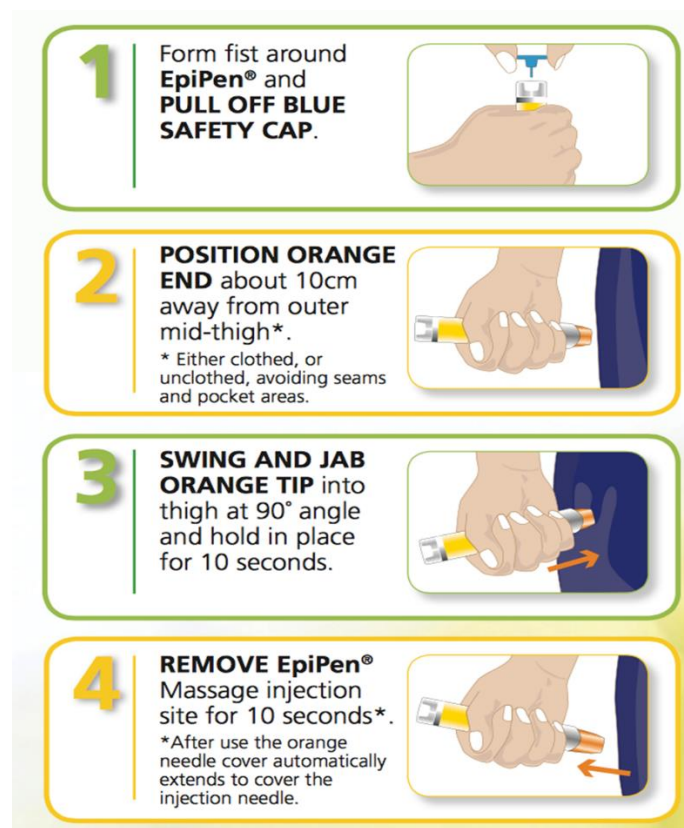
<https://www.resus.org.uk/sites/default/files/2021-04/Anaphylaxis%20Summary%20Document.pdf>

<https://www.nhs.uk/conditions/anaphylaxis/>

<https://www.gov.uk/government/publications/adrenaline-auto-injectors-aais-safety-campaign/adrenaline-auto-injectors-aais>

<https://www.epipen.co.uk/-/media/epipenuk/assets/pdf/guide-to-using-your-epipen.pdf?la=en-gb>

#### Appendix 1



Review date	Next Review Date
July 2024	July 2027