

Anaphylaxis and Anaphylactic Shock Policies and procedures.

What causes it?

No one's sure why some people get anaphylaxis and others don't. It usually happens to people who are known to have an allergy. The most common cause is eating a food to which you're allergic.

Peanuts and tree nuts (such as almonds, Brazil nuts, hazelnuts and walnuts) are the foods most likely to provoke a reaction. Anaphylaxis can also be triggered by fish, shellfish, eggs and cow's milk.

Even eating a tiny amount of a particular food can cause anaphylaxis.

Allergies from bee and wasp stings can cause anaphylaxis too, as can allergy to latex rubber and drugs such as antibiotics

Sometimes, anaphylaxis only occurs under certain conditions. Exercise-induced anaphylaxis (EIA), for example, only occurs after increased levels of exercise. One sub-type of EIA, food-dependent EIA, only occurs when a person has eaten a certain food that they are sensitive too and then they exercise - the food or exercise alone does not produce symptoms.

There are even variations in this - in specific-food EIA a specific food (such as wheat, celery or shellfish) is known to be the offending allergen, but in non-specific-food EIA no specific food is known, but eating any food prior to exercise causes symptoms of EIA. Another type of EIA is medication-dependent exercise-induced anaphylaxis where the reaction is triggered when someone taking certain drugs exercises.

Certain anaphylaxis-prone individuals are unable to identify any obvious trigger. The anaphylaxis can occur for no apparent reason and is called idiopathic anaphylaxis.

What are the symptoms?

The initial reaction is swelling and itching of the area the allergen has entered. So food initially causes swelling and itching of the mouth and throat, while a wasp sting will cause intense itching and swelling around the sting. In EIA, the skin becomes generally warm, itchy and red.

A generalised reaction rapidly follows within minutes and a raised itchy rash spreads over the whole body. The face and soft tissues begin to swell and breathing becomes difficult as the throat closes.

The person becomes very agitated – people describe a 'feeling of impending doom' - and their blood pressure begins to drop. At this point the victim collapses and loses consciousness.

Anaphylaxis in adults tend to affect blood circulation, with loss of pressure and shock. Children tend to develop wheezing and fatal airway obstruction. Food-allergic children with coexistent asthma have a higher anaphylaxis risk.

In anaphylaxis, the symptoms develop within a few minutes of contact with the allergen, so immediate treatment is essential.

What's the treatment?

Anaphylaxis requires emergency treatment because the symptoms of respiratory obstruction and shock develop so quickly. An injection of adrenaline must be given to raise blood pressure, relieve breathing difficulties and reduce swelling.

As long as this is done promptly, people normally recover quickly, but anyone who's had anaphylaxis should go to hospital for observation regardless. They may need further treatment - such as antihistamines, corticosteroids and, occasionally, oxygen and intravenous therapy - when the adrenaline wears off.

Precautions to be taken and where to store the medication

If you or a child has ever had anaphylaxis you must be referred to an allergy clinic for full assessment and to identify the cause of the reaction.

If you or a child is prone to anaphylaxis, the following precautions should be taken to prevent future anaphylactic reactions:

- Have 2 preloaded adrenaline auto-injectors
- Store the medicines in the medicine cabinet in the office (if appropriate) and make sure you're familiar with how to use them. If it is a child within the nursery then they should be stored in the medicine cabinet and ensure all staff know where it is and has had training on how to inject it.
- Inform other people at work about your or the child's allergies and where the medicines are kept and how they're used.
- Make sure that the medication is always easily accessible and that the "expiry date" has not passed. Try not to expose them to direct sunlight. If it is a member of staff's medication then it is that staff member's responsibility to ensure that it is "in date", if it is a child then it is the child's parents responsibility to provide the nursery with "in date" medication, the expiry date should be logged on the child's individual plan and renewed before expiry date.
- If it is a child within the nursery the medication must have a signed prescription label on for that child.

Providing first aid

Although emergency medical help is essential, there are things that must be done to improve survival chances. If the person affected is conscious and having breathing difficulties, help them to sit up. If they're shocked with low blood pressure, they're better off lying flat with their legs raised.

If the person is unconscious, check their airways and breathing, and put them in the recovery position.

If you know that the person is susceptible to anaphylaxis, ask if they carry a preloaded adrenaline syringe. Although many people carry an Epipen or Anapen, the most common cause of death is failure to use it! There are two types of injector, one for children and another for adults. The injector is easy to use and is activated by pressing firmly over the front of the thigh muscle. If necessary, **assist** the person/child to inject it into their thigh muscle, this can be administered through clothing. Then dial 999 for an ambulance and tell the controller you think the person may have anaphylaxis.

Individual child's plan

If a child at the nursery is prone to anaphylaxis then an individual plan should be put into place. This plan should be put together with the child's parent/s or guardians, the nursery manager/s, the key people and any professionals involved if necessary.

The plan should include:

- The Child's details
- A list of allergens
- Symptoms
- Storage of the medication
- Usage of the medication
- Expiry date of medication
- Authorization from the parent/s or carers

Individual Plan for a Child Prone To Anaphylaxis

Name of Child: _____

Child's Date Of Birth: _____

Today's Date: _____ Review date: _____

Please List the Allergens that may trigger a reaction:

What are the usual symptoms of a reaction to an allergen?

What is the medication type/name and how should it be administered?

Where will the medication be stored?

What is the expiry date of the medication? _____

Any other Comments:

Key persons Signature: _____

Manager/s Signature: _____

I give permission to Sunnybank Nursery to follow the above plan and administer the medication if needed.

Parent/guardian Signature: _____