

**Guidance on the recognition and
treatment of individuals at risk of**

Anaphylaxis

Issued by the
Health and Wellbeing Committee
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Introduction

This document is written for College and Departmental staff and concerns the ongoing safe management of students with a risk of anaphylaxis.

An increasing number of people are vulnerable to severe, life threatening hypersensitive allergic reactions (anaphylaxis). These reactions occur rapidly, within minutes or, less often, hours of contact with the allergen and can lead to death if not treated promptly. Contact may be the result of eating the allergen but may also be through breathing it in or touching it.

Although food, especially nuts and nut products, is the most common cause of anaphylaxis, there are others, including bee and wasp stings, drugs and latex. If the trigger is known, the best preventative measure is avoidance.

Recognition

Symptoms can vary in severity and include the following.

- Airway and breathing problems; swelling of the airways – lips, face and tongue, and narrowing of bronchioles in the lungs causing ‘wheezy’ rapid breathing.
- Rapid loss of consciousness – usually due to lack of oxygen.
- Low blood pressure and fast pulse rate – can result in cardiac arrest.
- Rash and/or itchy skin – in around 80% of cases.
- Diarrhoea and/or vomiting or nausea.

Treatment

Call an ambulance immediately (tel. 999 or 112).

Advise the appropriate staff of the situation: this could include Porters or Reception staff, who will direct the ambulance team to the casualty.

- Inject a measured dose of adrenaline (epinephrine) into the thigh muscle **without delay**, usually via an adrenaline auto-injector (AAI), sometimes referred to by their brand names EpiPen, Jext, Emerade or Anapen.

Deaths occur when adrenaline is not administered promptly, for example, a delay in diagnosis or when adrenaline is not available.

- A second injection may be administered after five to ten minutes if symptoms have not resolved.
- Anaphylaxis causes bronchoconstriction, therefore known asthmatics are encouraged to use their own Salbutamol inhaler before, **but not instead of**, the AAI becoming available or **after** the AAI is used.
- The casualty must be taken to hospital in an ambulance after an AAI has been administered.
- Reassure the casualty.
- Monitor the casualty and, where possible, arrange privacy.

It is recommended that Colleges and Departments (especially those which use products containing latex¹ as part of their normal teaching) stock a single dose AAI (various brands are available) for emergency use. AAIs should be sited in readily accessible places, for example in dining halls/cafeterias, receptions, porters’ lodges, and appropriately trained staff should be informed of the location. Departments and Colleges should also consider giving training in the use of AAIs to staff who work in such locations. Following risk assessment, it may be considered that areas of high risk or high foot fall (such as: dining areas; porters’ lodges; and college nurse clinics) should stock two AAI devices.

¹ Items which may contain latex include gloves, rubber tubing, erasers, rubber bands, food prepared by someone wearing latex gloves, buttons/switches on electronic devices.

Action

While students with a known risk of anaphylaxis are encouraged to take responsibility for their own safety, the Equality Act 2010 imposes a duty to make 'reasonable adjustments' in order to remove barriers. This affects both Colleges and Departments, which will need to reduce exposure of susceptible students to trigger substances. Generally, Departments will not present as great a risk, with respect to anaphylaxis, as Colleges but both are encouraged to adopt the following practices.

Identification of students at risk

- Consult the Student Support Document (SSD) – if a student has disclosed an allergy, details will be included in the SSD, which is distributed to Colleges and Departments by the DRC.

College/College Nurses:

- College Nurse (or, where there is none, the Senior Tutor or Admissions Tutor) to review health questionnaires from new students to identify those with a history of life threatening allergic reactions identified in advance of admission.

- Contact the student, if possible prior to College arrival, to establish whether the student has been advised appropriately about their allergy management.

Where this is not possible, the student should be invited to see the College Nurse within 48 hours of College arrival.

- Students with an uncertain allergy status should be encouraged to see their General Practitioner as soon as possible in their first term.
- Students with a mild or moderate allergic reaction are at risk of, and may subsequently present with, suspected anaphylaxis. These groups are not included within the scope of this guidance.

Record Keeping

- Maintain an up-to-date record of student allergies, their management and, where appropriate, dietary requirements. College Nurses may also want to update these records as per professional guidelines.
- With the consent of the student, this information (complete with a photograph of the student) should be shared with key members of staff. This could include the Catering Manager, Departmental Administrator, First Aiders, Senior Tutor, Head Porter, Lab Technicians.

Student Responsibility

Students should be encouraged to:

- Take responsibility for managing their allergy: they should know what to avoid and what constitutes a reasonable level of risk.
- Meet with the appropriate members of staff to discuss their needs: for example, catering staff (including the Catering Manager), Practical Demonstrator.
- Carry two AAI devices, if possible and any other appropriate medication and a medical alert or something similar at all times.
- Let their friends know about their allergy and, if they are willing, show them how to use the AAI.

² <http://food.gov.uk/multimedia/pdfs/chefcard.pdf>

Communication and Training

- Trained first aiders employed by the University and Colleges should be able to provide assistance to students using an AAI.
- Further training for first aiders on anaphylaxis and the use of AAIs is available. For example, details are available from <http://www.anaphylaxis.org.uk> or, in Colleges, through College Nurses.
- Non-catering staff who offer food and drink to students on an irregular basis (for example, during open days, social gatherings or academic receptions) should be encouraged to access training (see above).
- Staff should be briefed and updated annually to help create a confident understanding of anaphylaxis.
- It may be useful to identify key personnel who would be able to answer subsequent queries from staff or students.

[Appendix II](#) provides details of other useful sources of information.

Catering Staff

- Service and, where appropriate, waiting staff – both casual and permanent – should be briefed about the menu content of each setting and should be given a contact person to handle queries about food allergies related specific dishes.

Legislation introduced (the EU Food Information for Consumers Regulation 1169/2011) requires food businesses, including Colleges and Departments, to provide allergy information on food that is sold unpackaged. The legislation states that food containing any of the 14 allergens (or products thereof) must be declared to the consumer:

Cereals containing Gluten, Crustaceans, Eggs, Fish, Peanuts, Soybeans, Milk, Nuts, Celery, Mustard, Sesame seeds, Sulphur dioxide of concentrations more than 10mg/kg or 10mg/ L (litre), Lupin, Molluscs..

Full guidance for businesses regarding the appropriate catering practices is available from <http://food.gov.uk/business-industry/guidancenotes/allergy-guide/#.Uxi6rk3ivcs>

Catering department auditing is available from external specialist providers, to identify potential risks and provide advice on unpackaged food labelling rules (EU Provision of Food Information to Consumers Regulation 1169/2011).

Share Information

Colleges, Departments and the Disability Resource Centre are encouraged to share information.

College Health Questionnaire Allergy Questions

Have you ever had a serious, life threatening allergic reaction?

- If so, do you know what triggered it?

Do you have any food allergies?

- If so, to which foods are you allergic?

Do you carry any medication for these allergies?

If you have been seen by an allergy specialist, please give details of:

- advice on avoidance
- advice on management of a reaction
- a written emergency treatment plan

References and useful organisations

- Food Standards Agency
<http://allergytraining.food.gov.uk/english/default.aspx>
- The Resuscitation Council
<http://www.resus.org.uk>
- The Anaphylaxis Campaign
<http://www.anaphylaxis.org.uk>
- National Institute for Health and Clinical Excellence, 2011. Anaphylaxis: assessment to confirm an anaphylactic episode and the decision to refer after emergency treatment for a suspected anaphylactic episode, [Online] Available at:
www.nice.org.uk/nicemedia/live/13626/57474/57474.pdf
- Allergy Clinic (Clinic 2a)
Addenbrooke's Hospital
Hills Road
Cambridge
CB2 2QQ
Tel 01223 217777
http://www.cuh.org.uk/addenbrookes/patients/outpatients/clinics/clinic_2a.html
- The NHS 111 Service Tel 111
<http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx>
- Guidance issued by the MHRA Regulating Medicines and Medical Devices document
http://www.anaphylaxis.org.uk/userfiles/files/MHRA_AAI_Guidance_June2014.pdf