AllergyWise anaphylaxis training for schools, early years and community settings

Anaphylaxis Campaign
Supporting people at risk of severe allergies

Learning objectives

- Improved and updated knowledge in managing severe allergies, including early recognition of symptoms, allergen avoidance and crisis management

- Enhanced skills in the use of adrenaline injectors.

What is anaphylaxis?

- Anaphylaxis is a severe systemic allergic reaction
- At the extreme end of the allergic spectrum
- The whole body is affected usually within minutes of exposure to the allergen
- It can take seconds or several hours.

Definition of anaphylaxis

Anaphylaxis involves one or both of two features:

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse or unconsciousness).

Incidence

- It is said that 200,000 people in the UK are at risk of anaphylaxis and prescribed Adrenaline (NICE 2011)
- There has been a 33% increase in hospital admissions for allergic reaction and anaphylactic shock in England (Anaphylaxis Campaign)
- More common in children and young adults

What are the symptoms?

- Swelling of the mouth or throat
- Difficulty in swallowing or speaking
- Alterations in the heart rate
- Hives anywhere on the body
- Abdominal cramps and nausea
- Sudden feeling of weakness
- Difficulty breathing
- Collapse and unconsciousness.








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What exactly is going on?

- An anaphylaxis reaction is caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored

- The release is triggered by the reaction between allergic antibodies (IgE) and the allergen.

Types of reaction

- Uni-phasic – rapidly developing severe reaction involving the airway or circulation

- Bi-phasic – early symptoms as above, then a symptom-free period of 1 hour, then increasing symptoms involving breathing and circulation.

Common causes

- Peanuts
- Tree nuts
- Milk
- Egg
- Sesame
- Fish
- Shellfish
- Wasp
- Bee
- Latex
- Penicillin
- Drugs
- Kiwi
- Lupin

Treatments

Adrenaline is the mainstay of treatment:

- Reverses swelling
- Relieves asthma
- Constricts the blood vessels
- Stimulates the heartbeats

Antihistamines and asthma inhalers.

ADRENALINE

"Adrenaline is life saving and must be used promptly in anaphylaxis. Delaying the giving of adrenaline can result in deterioration and death. This is why using an adrenaline device is the first line treatment for anaphylaxis.

IF IN DOUBT, GIVE ADRENALINE FIRST and then call for help"

Allergy UK

Who is prescribed adrenaline?

Normally prescribed by an specialist allergy clinic or GP with special training to:-

- Who has had a previous anaphylaxis event
- Has unstable or moderate to severe asthma PLUS a food allergy
- Has a sting allergy where previous reaction has been moderate to severe
- Mild to moderate reactions in the past to small amounts of food

Devices

Emerade® auto injector:



- Adult dose 0.5 mgs & 0.3mgs
- Child dose 0.15mgs
- 18 month shelf life.

Devices

EpiPen® auto injector:



- Adult dose 0.3mgs
- Child dose 0.15mgs
- 18 month shelf life.

Devices

Jext® auto injector:

- Adult dose 0.3mgs
- Child dose 0.15mgs
- 18 month shelf life.



From 1st October 2017

- Schools are allowed to buy and store adrenaline auto injectors (AAI) without a prescription for emergency use in children at risk but their own device is not available or not working

Route of administration



The correct route of administration for adrenaline auto-injectors is through the anterolateral aspect of the mid thigh.

Storage

- Accessible
- Avoid extremes of temperature
- Clearly labelled
- In date.

Key principles of good management

- Allergen avoidance
- Early recognition of symptoms
- Crisis management.

Allergen avoidance

- Know the child, and their allergies
- Be allergy aware and risk assess
- Special occasions
- School trips
- Cookery lessons, science experiments
- School pets, bird tables.

Crisis management

- Alleviating fear
- Indemnity insurance
- Individual protocols / Healthcare management plans.

What to do in an allergic reaction

- Stay calm
- Patient positioning
- Call for help
- Using management plan, assess the reaction
- Give emergency treatment
- Make a note of the time
- Monitor closely until ambulance arrives.

Who's responsible for what?

- Written consent?
- Provide school with full information?
- Ensure medicine is in date?

A few things to think about!

- “Will a supply teacher know who I am?”
- Kissing can seriously damage your health!
- Other training needs? For example, breakfast and after school clubs, school discos, sports clubs, school visitors, bus drivers/escorts, midday supervisors, catering staff.

Other first aid measures

- Remember to call 999/112 ASAP
- If there is a loss of consciousness or vomiting put the casualty in the recovery position



Be prepared to start CPR

Casualty not breathing

– commence CPR (30 compressions 2 breaths)



Compression-only CPR

If you are untrained or unable to do rescue breaths for a casualty who is not breathing, give chest compression-only CPR. These should be continuous at a rate of 100-120 compressions per minute and to a depth of 5-6 cm. If you are unable, not trained, or are unwilling to give rescue breaths, give chest compressions only. These should be continuous at a rate of 100-120 per minute to a depth of 5-6 cm.

Helpful Hint

NEXT

Want more information?

- Contact the Anaphylaxis Campaign Helpline
  Tel: 01252 542029

- Website: www.anaphylaxis.org.uk

- Anaphylaxis Campaign Membership

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