



---

# Acacium Group

# Allergy Management Policy

Policy Reference | CLIN 10

Version | V4.0

<b>Policy Name</b>	Allergy Management Policy
<b>Purpose of Document</b>	To ensure that all workers are aware of the importance of understanding allergies to enable them to manage, and deal with, emergencies in relation to allergies in a consistent and appropriate manner.
<b>Target Audience</b>	All Acacium Group workers.
<b>Version</b>	V4.0
<b>Author</b>	Karen Matthews-Shard
<b>Date of Approval</b>	November 2010
<b>Published Date</b>	November 2010
<b>Lead Director</b>	Karen Matthews-Shard
<b>Review Frequency</b>	3 yearly
<b>Last Reviewed</b>	October 2022
<b>Next Review Date</b>	October 2025
<b>Risk and Resource Implications</b>	Training
<b>Associated Strategies and SOPs</b>	CLIN 03 Medicines Management Policy CLIN 19 Resuscitation Policy ORG 03 Health and Safety Policy SOP IG 05 Incidents Reporting SOP MEDS 18 Administration of EpiPen, Emerade and Jext (Epinephrine / Adrenaline Auto-Injectors)
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
<b>Legislation</b>	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	Date	Changes made/comments	By whom
V1.1	Nov 2012	2 yearly review.	KNF/KMS
V1.1	Nov 2014	2 yearly review.	KNF/KMS
V1.1	Nov 2016	2 yearly review.	KNF / SJ
V1.1	Sept 2017	Implementation of new document history page.	KMS/SJ
V1.1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1.2	Nov 2018	Updated in relation to training	KMS/SJ
V2	Nov 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Update re Rebrand	CCR/CC
V2.2	Jan 2021	Update re Rebrand 2	CC
V2.3	Apr 2021	Added CHS Brand	CC
V3	Oct 2022	3 Yearly Review	Clinical Advisory Group
V4.0	Jan 2024	Rebrand	Clinical Advisory Group

## Table of Contents

1. Introduction .....	5
2. Purpose and Policy Statement.....	5
3. Scope of Policy .....	6
4. Definitions .....	6
5. Roles & Responsibilities .....	7
6. Assessment of Risk.....	8
7. Presentation of Allergic Reactions.....	8
8. Management of Allergic Reactions.....	10
9. Administration of Adrenaline (Epinephrine) to Treat Anaphylaxis (if available).....	12
10. Specific Allergens or Allergic Conditions.....	12
11. Care of Acacium Group Workers and Clients .....	13
12. Reporting Allergies to Drugs .....	14
13. Record Keeping .....	14
14. Reporting Breaches in Policy.....	14
15. Training .....	15
16. Audit / Monitoring .....	15
17. Associated Policies / SOPs.....	15
18. References.....	16
Appendix A: About Acacium Group.....	17
Appendix B: Legislation .....	18
Appendix C: Products That May Contain Latex.....	19
Appendix D: Difference between Vasovagal, Panic & Anaphylaxis .....	20
Appendix E: Anaphylaxis .....	21

## 1. Introduction

- 1.1 The term allergy is used to describe when the immune system overreacts to a substance which is normally harmless. Symptoms of a mild allergy may include a runny nose, itchy eyes and rash but anaphylaxis (severe reaction) may be characterised by difficulty in breathing and collapse.
- 1.2 The most common substances which can cause allergic reactions fall in to three main categories:
  - Food
  - Drugs
  - Venom
- 1.3 Virtually any food or class of drug can be implicated, although the classes of foods and drugs responsible for the majority of reactions are well described. Of foods, nuts are the most common cause; muscle relaxants, antibiotics, non-steroid anti-inflammatory drugs and aspirin are the most commonly implicated drugs.
- 1.4 The Health and Safety Executive (HSE) consider that work related dermatitis is a significant cause of work-related ill health in the NHS. It can be related to the use of latex gloves or to irritant substances in the workplace. Irritant dermatitis is associated with frequent hand washing and frequent contact with soaps, gels and other irritants.
- 1.5 **Statistics**
  - The UK has some of the highest prevalence rates of allergic conditions in the world, with over 20% of the population affected by one or more allergic disorder. (**M. L. Levy, 2004**)
  - A staggering 44% of British adults now suffer from at least one allergy and the number of sufferers is on the rise, growing by around 2 million between 2008 and 2009 alone. Almost half (48%) of sufferers have more than one allergy (**Mintel, 2010**)
  - In the 20 years to 2012 there was a 615% increase in the rate of hospital admissions for anaphylaxis in the UK (**Turner, Paul J., et al, 2015**)
- 1.6 Whether an allergic reaction is mild or severe, Acacium Group workers will need to know how to support the client to manage mild allergy and will need to act quickly to preserve life when a severe reaction is encountered.

## 2. Purpose and Policy Statement

- 2.1 Acacium Group has a duty to its personnel and its clients to promote good health, prevent a worsening of allergic symptoms and manage any allergies as safely as possible.
- 2.2 The purpose of this policy is to inform all Acacium Group workers of their responsibilities in regard to compliance with allergy prevention and management and provide reassurance to clients and their families on the prevention and management of allergies.
- 2.3 Under the Health and Safety at Work Act 1974 Acacium Group is committed to ensuring the health, safety and welfare of its employees and others that may be affected by its work activities.
- 2.4 This policy and procedure sets out the approach that Acacium Group is taking to manage of allergies to clients, workers and others who may be exposed in the course of Acacium Group's activities.
- 2.5 This policy is for use with children and adults – where there are variations – these will be advised.

### 3. Scope of Policy

3.1 This policy is to be followed by all staff working for Acacium Group.

### 4. Definitions

Topic	Explanation
<b>Policy</b>	A high level, overall statement of intent embracing general principles and the steps which the organisation expects to be followed to achieve them. Policies are enforceable and failure to comply may result in disciplinary action.
<b>Procedure</b>	A formal set of steps to follow in order to achieve specific outcomes, which are specifically agreed for designated staff. Any deviation from the steps is acceptable if this can be justified and the rationale for doing so documented appropriately.
<b>Competence</b>	Should be acquired through general professional training, attending educational workshops, observation and supervised practice in the clinical setting. Competence can be examined by questioning knowledge, observing practice and reflective practice journal.
<b>Registered practitioner</b>	Refers to nurses, midwives and specialist community public health nurses who are registered on the Nursing and Midwifery Council Register.
<b>Carers</b>	A trained care worker who has relevant, current experience in obtaining valid consent.
<b>Healthcare professionals</b>	All Acacium Group workers that provide clinical care to or come in to contact with adults, children and young people.
<b>Anaphylaxis</b>	Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway and/or breathing.
<b>Food intolerance</b>	When the body is unable to fully breakdown or has an inability to digest certain foods. Symptoms of food intolerance include migraines, aches and pains and bloating.
<b>Myocardial ischaemia</b>	Reduced blood supply to the heart muscle.
<b>Auto injectors</b>	Adrenaline Auto-Injector devices (AAIs), also known as adrenaline pens, are prescribed to people with allergies who are at risk of having a severe allergic reaction (known as 'anaphylaxis').( Allerdy UK 2021)
<b>Adrenaline</b>	Adrenaline is considered the first line drug of choice for allergic emergencies. Adrenaline effectively reverses the symptoms of rhinitis, urticaria, bronchospasm and hypotension because it is a pharmacological antagonist to the effects of the chemical mediators on smooth muscles, blood vessels and other tissues.

<b>Allergy</b>	An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mite. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response.
<b>Biphasic anaphylaxis</b>	After complete recovery of anaphylaxis, a recurrence of symptoms within 72 hours with no further exposure to the allergen. It is managed in the same way as anaphylaxis. (NICE December 2011, last updated 2021).
<b>Staff training and continuing professional development</b>	Acacium Group will enable workers to participate in training in allergy prevention and management and anaphylaxis awareness. Where appropriate this will be included in local induction programmes. The training will be proportionate and relevant to the roles and responsibilities of each staff member.
<b>Supervision and support</b>	Acacium Group recognises the importance of providing supervision and support to workers.
<b>Safe recruitment and vetting procedures</b>	Acacium Group has in place robust recruitment and vetting procedures for all staff, in line with national and local guidance. This includes thorough checks being carried out as part of the recruitment process; gaps in employment history are checked and accounted for, qualifications checked, with references always being taken up and followed up if necessary.
<b>Robust complaints procedures</b>	Acacium Group has in place robust complaints and whistle blowing procedures, Acacium Group guarantees that staff and complainants using these procedures appropriately will not prejudice their own position and prospects.

## 5. Roles & Responsibilities

Job Title	Responsibilities
<b>Global Clinical Director/Group Chief Nurses</b>	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
<b>Senior Management team</b>	Ensure that the Directors have management and accountability structures that deliver the safe and effective services.
<b>Team Leaders and Senior Nurses/managers</b>	<ul style="list-style-type: none"> <li>• Demonstrate leadership, be informed about, and take responsibility for the actions of their staff</li> <li>• Maintain confidentiality</li> <li>• Ensure their staff access training, supervision and support relevant to their roles and responsibilities</li> <li>• Take part in training, including attending updates so that they maintain their skills and are familiar with procedures</li> <li>• Ensure the promotion and management of privacy and dignity is in appraisals and Personal Development Plans.</li> </ul>

<b>Individual Staff Members</b>	<ul style="list-style-type: none"> <li>• Be aware of and comply with Acacium Group policies procedures and guidance</li> <li>• Report any signs of allergic reaction or dermatitis to Acacium Group line manager and occupational health at the earliest opportunity</li> <li>• Report any sign of allergic reaction or dermatitis to Acacium Group line manager/occupational health as per escalation process at the earliest opportunity</li> <li>• Promote confidentiality, sharing information with partners on a need to know basis</li> <li>• Take part in training, including attending updates so that they maintain their skills and are familiar with procedures</li> <li>• All practitioners registered and non-registered should access regular supervision and support in line with local procedures</li> <li>• All staff should maintain accurate comprehensive and legible records, with records being stored securely in line with local guidance</li> </ul>
<b>Clinical Governance team</b>	<ul style="list-style-type: none"> <li>• Ensure any health screening has been undertaken to ensure the proposed Acacium Group workers health is not going to be put at risk by undertaking roles that may be contraindicated by any allergies the proposed employee may have</li> <li>• Where necessary refer for the ongoing health of Acacium Group workers to ensure allergies are well managed</li> <li>• Occupational advisors are appointed to advise and give guidance to Acacium Group workers and the company on the management of allergies</li> <li>• Arrange referrals to relevant specialists in order to better manage allergies or diagnose them.</li> </ul>
<b>Clinical Advisory Group (CAG)</b>	<p>Review polices associated documents and training content for the Group. To support high clinical standards and quality improvement agendas in line with the Groups vision, strategic aims</p>

## 6. Assessment of Risk

6.1 Assessment of risk and planning are integral to allergy management and Acacium Group health workers will be expected to contribute to these processes.

## 7. Presentation of Allergic Reactions

7.1 The presentation of allergic reactions range from mild to severe and may depend partly on the source. For instance, peanut allergy may simply cause bowel discomfort, nausea, colicky pain, tingling of the lips and atopic eczema through to obstruction of the upper airway. For instance

### 7.2 Mild allergy

7.2.1 A mild allergy could produce symptoms such as runny nose, sneezing, rash, raised red hot weals called urticaria and itching but this list is not exhaustive.

7.3 **Anaphylaxis** is likely when all of the following 3 criteria are met:

- Sudden onset and rapid progression of symptoms
- Life-threatening Airway and/or Breathing and/or Circulation problems
- Skin and/or mucosal changes (flushing, urticaria, angioedema) but can be absent in 20% of cases

#### 7.4 ABCDE approach to diagnosis and management

7.4.1 Treatment of anaphylaxis should be based on general life-support principles:

- Call for help early
- Use the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach to recognise and treat problems
- Treat the greatest threat to life first
- Give IM adrenaline to treat Airway/Breathing/Circulation problems if prescribed and trained to do so
- Initial treatment should not be delayed by a lack of a complete history or definite diagnosis.
- Repeat IM adrenaline after 5 minutes if features of anaphylaxis do not resolve

7.4.2 The Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach is used to assess and treat the patient.

7.4.3 People can have either an A or B or C problem or any combination, in addition to neurological or mucosal changes.

#### 7.5 Airway problems:

- Airway swelling, e.g. throat and tongue swelling (pharyngeal/laryngeal oedema). The Client has difficulty in breathing and swallowing and feels that the throat is closing up
- Hoarse voice
- Stridor – this is a high-pitched inspiratory (on breathing in) noise caused by upper airway obstruction.

#### 7.6 Breathing problems:

- Shortness of breath – increased respiratory rate
- Wheeze
- Patient becoming tired
- Confusion caused by hypoxia
- Cyanosis (appears blue) – this is usually a late sign
- Respiratory arrest

#### 7.7 Circulation problems:

- Signs of shock – pale, clammy
- Increased pulse rate (tachycardia)
- Low blood pressure (hypotension) – feeling faint (dizziness), collapse
- Decreased conscious level or loss of consciousness
- Anaphylaxis can cause myocardial ischaemia and electrocardiograph (ECG) changes even in individuals with normal coronary arteries
- Cardiac arrest.

#### 7.8 Disability problems

7.8.1 The above airway, breathing and circulation problems can cause neurological problems which may lead to confusion, agitation and possible loss of consciousness and decreased brain perfusion.

### 7.9 Exposure problems

7.9.1 One or more of these may be the first symptom and may be present in most anaphylactic reactions.

- They can be subtle or dramatic.
- There may be just skin, just mucosal, or both skin and mucosal changes.
- There may be erythema – a patchy, or generalised, red rash.
- There may be urticaria (also called hives, nettle rash, weals or welts), which can appear anywhere on the body. The weals may be pale, pink or red, and may look like nettle stings. They can be different shapes and sizes and are often surrounded by a red flare. They are usually itchy.
- Angioedema is similar to urticaria but involves swelling of deeper tissues, most commonly in the eyelids and lips, and sometimes in the mouth and throat.

7.9.2 Although skin changes can be worrying or distressing for Clients and those treating them, skin changes without life-threatening airway, breathing or circulation problems do not signify an anaphylactic reaction but a mild to moderate allergic reaction.

#### REMEMBER:

- Skin or mucosal changes alone are not a sign of an anaphylactic reaction
- Skin and mucosal changes can be subtle or absent in reactions (some people can have only a decrease in blood pressure, i.e., a Circulation problem)
- There can also be gastrointestinal symptoms (e.g. vomiting, abdominal pain, incontinence)
- The Client is usually anxious and can have a sense of impending doom.

7.9.3 It is possible for a client to not be having an anaphylactic reaction but to be having a vasovagal attack (faint) or panic attack. Using the ABCDE approach will help to differentiate these. See Appendix E for indicators of differentiation.

## 8. Management of Allergic Reactions

### 8.1 No previous known allergies but a seemingly mild to moderate allergy

8.1.1 If a mild to moderate reaction, refer the client to the GP as a priority for referral to specialist allergy assessment. If the reaction may be linked to a medication being administered or to using a certain medical device, Acacium Group worker should consult with the client's GP with a view to refraining from using or administering the potential allergen if possible until a solution or alternative has been found. Guidance may be sought from the line manager.

8.1.2 The Client may decide to use an over the counter medication to ease the symptoms. The Acacium Group worker is not in a position to advise the client and/or family about this and guidance should be sought from a pharmacist and/or GP if they wish to do this. All Medication administered by Acacium staff, must be prescribed.

### 8.2 Severe allergic reaction

8.2.1 If a severe reaction is witnessed, **DO NOT DELAY** in arranging for immediate transfer to accident and emergency by ringing 999 and follow the call handler's advice, even if symptoms appear to

be improving. Ensure you inform them if adrenaline is available or not and put the client in a comfortable position and are able to carry out effective resuscitation if necessary.

8.2.2 Be prepared to follow the **resuscitation policy** if the client goes in to cardiac or respiratory arrest.

### 8.3 Previously known allergy and carries an EpiPen, Anapen, JEXT or Emeraid

8.3.1 Follow the SOP MEDS 18 for EpiPen and Anapen administration but also be aware that an immediate call must still be made for an ambulance to transfer the client to accident and emergency. This is because an allergic reaction can seem to improve but it can worsen again several hours later, so observation is always required. Additional care such as airway management and regular observations are still required.

### 8.4 General care during anaphylaxis

8.4.1 Treatment of an anaphylactic reaction should be based on general life support principles:

- Use the Airway, Breathing, Circulation, Disability, Exposure (ABCDE\*) approach to recognise and treat problems.
- Call for help early
- ***Treat the greatest threat to life first***
- Initial treatments should not be delayed by the lack of a complete history or definite diagnosis
- Record all care given in the nursing care records.
- Monitor the condition of the client especially their pulse.
- If oxygen is available, administer it at 4 litres per min

### 8.5 Client positioning

8.5.1 All clients should be placed in a comfortable position. The following factors should be considered:

- Clients with Airway and Breathing problems may prefer to sit up as this will make breathing easier.
- Lying flat with or without raising the legs is helpful for those with a low blood pressure (Circulation problem). If the client feels faint, do not sit or stand them up - this can cause cardiac arrest.
- Clients who are breathing and unconscious should be placed on their side (recovery position).
- Pregnant clients should lie on their left side.

8.5.2 It is imperative to avoid any sudden change in posture and above all, the patient must not be allowed to stand up, or sit in a chair, even if they are feeling better - due to the risk of cardiac arrest

### 8.6 Remove the trigger

8.6.1 Removing the trigger for an anaphylactic reaction is not always possible.

- Stop any drug suspected of causing an anaphylactic reaction
- Remove the stinger after a bee sting. Early removal is more important than the method of removal.
- After food-induced anaphylaxis, do not attempt to make the Client vomit.
- Do not delay definitive treatment if removing the trigger is not feasible.

## 9. Administration of Adrenaline (Epinephrine) to Treat Anaphylaxis (if available)

9.1 The best site for administration of adrenaline is the anterolateral aspect of the middle third aspect of the thigh. The choice of needle for IM injections is blue for all ages or orange for pre-term and very small infants.

### 9.2 Adrenaline IM dose – adults

9.2.1 Via an EpiPen (anapen)

### 9.3 Adrenaline IM dose – children (JEXT)

9.3.1 The scientific basis for the recommended doses is weak. The recommended doses are based on what is considered to be safe and practical using an EpiPen pre-loaded dose.

## 10. Specific Allergens or Allergic Conditions

### 10.1 Latex

10.1.1 The symptoms of latex allergies are: -

- Localised skin rashes
- Oedema
- Facial swelling
- Tightness of the chest or shortness of breath
- Rhinitis
- Conjunctivitis

### 10.2 Acacium Group will:

- Not provide powdered latex gloves which increases the risk of an allergic reaction. Nitrile gloves are a good alternative
- Ensure staff are aware of, and have access to, safe and effective latex-free alternatives, see Appendix D
- Limit latex to its most valuable uses
- Identify and protect sensitised Clients
- Raise awareness about latex sensitivity amongst staff and the importance of correct hand hygiene measures , ensuring hands correct rinsing and drying.
- Ensure where possible that latex-free alternatives do not replace the risk of reaction to latex with another risk.

### 10.3 Medicines

10.3.1 Any known allergies that clients have must be documented on any medical and nursing records and MAR/Prescription Charts

10.3.2 Acacium Group workers should wear Nitrile gloves to administer all medication for infection control purposes and to aid prevention of contact allergy.

10.3.3 Acacium Group workers should also be aware that food products may be used in other things such as make up and shampoo there is more than one way of receiving the allergen.

10.3.4 All Acacium Group workers should be aware that even minute amounts of use of allergens can cause a severe reaction and that there is the risk of accidental exposure Acacium Group workers

should therefore always be prepared to implement emergency procedures and be aware of the procedure to follow during an emergency.

#### 10.4 Foods and drinks for clients

- 10.4.1 Acacium Group workers are not responsible for purchasing any foods or drinks on behalf of the clients and their families, unless this forms part of the care contract. Where the client has a known allergy, it is the responsibility of the client and/or their family to double check that foods and drinks purchased do not contain any of the known allergens.
- 10.4.2 Acacium Group workers should also not prepare foods or drinks for their clients unless this forms part of the care at home contract. Where foods and drinks are to be prepared as part of the contract, this must only be done once the client and or their family have checked that the proposed foods and drinks for use do not contain the known allergens.
- 10.4.3 Acacium Group cannot be held responsible for any allergic reactions where the allergen was not known or where the worker, client and / or family have checked the contents of the foods and drinks to be used.
- 10.4.4 Workers should not take their own food or drink containing any known allergen into the workplace.
- 10.4.5 Workers should take into account any other allergen when going into the workplace e.g. wearing some perfumes.

### 11. Care of Acacium Group Workers and Clients

#### 11.1 Acacium Group workers

- 11.1.1 Acacium Group workers must use the provided protective equipment to protect themselves against known allergen. If it becomes clear that a Acacium Group worker is developing an allergy to something they use during their duties they must inform Occupational Health and their line manager as soon as they become aware of a problem, so that advice can be provided on its management or future prevention at the earliest opportunity. They should also visit their GP at the earliest opportunity.
- 11.1.2 If staff develop a serious allergic reaction they should attend the accident and emergency department **immediately**.
- 11.1.3 Where an allergy makes it difficult for Acacium Group worker member to continue with their duties, there may be a need to consider redeployment or alternative employment.
- 11.1.4 To minimise the development of latex allergy, Acacium Group workers should only wear latex gloves when absolutely necessary, avoid oil-based emollients prior to wearing latex gloves as this increases the absorption rate of allergen through the skin. All Acacium Group workers are required to follow a high standard of skin hygiene; ensuring hands are washed and dried thoroughly after exposure to latex gloves.

#### 11.2 Clients

- 11.2.1 Acacium Group expects its workers to check the medical notes of clients for any known allergies before providing care and in particular if using medicines or equipment that are known to cause allergic reactions.
- 11.2.2 Acacium Group also requires its personnel to document any new allergies on the care records if they become known during the Acacium Group contract.

11.2.3 In order to provide seamless care, the GP should be contacted to advise of any known or new allergies so that the information may be recorded on the client's medical notes.

11.2.4 Where it is known that a client has a latex allergy, staff must use latex free gloves and equipment.

11.2.5 ALL allergies should be documented on each page of the Care Records.

## 12. Reporting Allergies to Drugs

12.1 All anaphylactic reactions to drugs should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) using the yellow card scheme <https://yellowcard.mhra.gov.uk/> The British National Formulary (BNF) print copies no longer includes copies of the Yellow Card at the back of each edition,. The Yellow Card inserts have been removed from the BNF print versions. Information on when and how to submit Yellow Cards and links to online reporting sites remain available in the Adverse reactions to drugs section; signposting to this section and a link to the MHRA's Yellow Card website is included on the back cover of print editions.

12.2 Also ensure the incident is reported via Acacium Group incident reporting mechanisms.

## 13. Record Keeping

13.1 All records must be kept in accordance with national requirements such as the Data Protection Act 2018 and with Acacium Group information governance and records management policies.

13.2 All records remain the property of the Commissioner of the care package in most cases this will be Acacium Group and is responsible for the storage and retention of the records in line with the CQC NMS 2015, Regulation 21.

## 14. Reporting Breaches in Policy

14.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating adverse events, where improvements to local practice can be discussed, identified and disseminated.

14.2 It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents.

14.3 All errors and incidents including those affecting personnel require a thorough and careful investigation at a local level, taking full account of the context and circumstances and the position of the practitioner involved. Such incidents require sensitive management and a comprehensive assessment of all the circumstances before a professional and managerial decision is reached on the appropriate way to proceed.

14.4 If any Acacium Group staff member makes or identifies an error or incident, they should inform their line manager and the Clinical Lead as soon as possible after the event. In the event of a moderate or above grading, contact the Clinical Director.

14.5 All errors (patient safety incidents) and near misses should be reported through Acacium Group incident reporting system.

- 14.6 When considering allegations of misconduct, the lead investigator will identify if the error was the result of reckless or incompetent practice and/or was concealed, if identified this may result in disciplinary action and external reporting to the professional bodies.
- 14.7 Those that result from other causes, such as serious pressure of work, and where there was immediate, honest disclosure in the patient's interest. Acacium Group may still suspend to take local disciplinary action where it is considered to be necessary.
- 14.8 All lessons learned from errors and incidents will be reviewed by the business review meetings and disseminated across the organisation.

## 15. Training

- 15.1 Acacium Group will enable staff to participate in training in allergy prevention and management and Anaphylaxis Awareness and where appropriate this will be included in local induction programmes.
- 15.2 The training will be proportionate and relevant to the roles and responsibilities of each staff member.
- 15.3 Staff must attend training to ensure that they are competent and have reached an agreed standard of proficiency in the prevention and management of allergy.
- 15.4 The booking of training is the responsibility of the Operational teams in line with the requirements of the role.

## 16. Audit / Monitoring

- 16.1 Processes for monitoring the effectiveness of the policy include:

- Assessment of the fair allocation of roles for those with allergy
- Assessment of the management of anaphylactic events
- Availability of non-latex gloves and other equipment for those with latex allergy
- Assessment of documentation of allergies
- Staff satisfaction with occupational health support
- Monitoring of uptake of training
- Evidence of learning across the organisation
- Incident reporting procedure
- Annual report to the Governance Committee
- Appraisal and Personal Development Plan (PDP)

## 17. Associated Policies / SOPs

### Policies

CLIN 03 Medicines Management Policy  
CLIN 19 Resuscitation Policy  
ORG 03 Health and Safety Policy

### SOPs

SOP IG 05 Incidents Reporting  
SOP MEDS 18 Administration of EpiPen and Anapen

## 18. References

- NHS Direct Wales
- Royal College of Physicians of London, 2003. Allergy: the unmet need. A blueprint for better patient care. A report of the Royal College of Physicians Working Party on the provision of allergy services in the UK.
- Charous, BL, et al. (2002). Natural rubber latex allergy after 12 years: Recommendations and perspectives. *J Allergy Clin Immunol*, 109 (1):31-34.
- Hereford PCT, 2009. *Latex Allergy Policy*.
- Royal College of Physicians, 2008. Latex Allergy. Occupational aspects of management 2008.
- Medicines and Healthcare products Regulatory Agency, 1996. Latex Sensitisation in the Healthcare Setting: Use of Latex Gloves. MHRA.
- Health Services Circular, 1999. Latex medical gloves and powdered latex medical gloves: reducing the risk of allergic reaction to latex and powdered medical gloves. DH.
- Health and Safety Executive. Latex allergies.
- Department of Health, 1998. Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment. HMSO.
- Resuscitation Council (UK), January 2008. Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers. Updated links to NICE July 2012
- [Emergency Treatment of Anaphylaxis May 2021 0.pdf \(resus.org.uk\)](#)
- <https://www.allergyuk.org/about-allergy/what-is-an-allergy/>

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing   one solution
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group

## Appendix B: Legislation

The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.

Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.

There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

### Equality and diversity

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

## Appendix C: Products That May Contain Latex

The list below provides guidance on products commonly used in healthcare and at home and is not exhaustive.

Health care	Home
Sterile and non-sterile disposable gloves	Balloons and balloon powder
Adhesive plaster e.g. Elastoplast	Tyres
Oxygen and facemasks – the elastic tape contains latex	Hot water bottles
Stethoscope tubing and earpieces	Condoms and diaphragm contraceptives
Tourniquets	Some stretch textiles – Lycra does not contain latex
Sphygmomanometer cuffs – protect the arm with light cotton bandage before the cuff is applied	Knicker elastic
Airways	Cosmetics
Endotracheal tubes	Rubber gloves
Multidose injection vials have a latex rubber port	Rubber shoes and boots
Intravenous giving sets – may have latex at the injection port	Carpeting
Syringes – the “plunger” may be made from latex	Telephone leads and cables
Urinary catheters – the sample port contains latex	Suspenders
Wheelchairs – components of wheelchairs and tyres contain rubber latex	Door and window insulation
	Some shower curtains
	Rubber bands and erasers
	Latex mattresses and pillows

## Appendix D: Difference between Vasovagal, Panic & Anaphylaxis

1. There can be confusion between an anaphylactic reaction and a panic attack or vasovagal attack.
2. Victims of previous anaphylaxis may be particularly prone to panic attacks if they think they have been re-exposed to the allergen that caused a previous problem.
3. The sense of impending doom and breathlessness leading to hyperventilation are symptoms that resemble anaphylaxis in some ways. While there is no hypotension, pallor, wheeze, or urticarial rash or swelling, there may sometimes be flushing, or blotchy skin associated with anxiety adding to the diagnostic difficulty.
4. Diagnostic difficulty may also occur with vasovagal attacks after immunisation procedures, but the absence of rash, breathing difficulties, and swelling are useful distinguishing features, as is the slow pulse of a vasovagal attack compared with the rapid pulse of a severe anaphylactic episode.
5. Fainting will usually respond to lying the Client down and elevating the legs.
6. If in doubt, call 999 and follow the call handler's advice. Ensure that you inform them if adrenaline is available or not and put the client in a comfortable position and carry out effective resuscitation, if necessary.

## Appendix E: Anaphylaxis

