



## Anaphylaxis and the workplace.

Anaphylaxis is a severe, life threatening allergic reaction that develops rapidly once an individual has been exposed to the trigger that affects them. There is much evidence that shows us that anaphylaxis is on the increase - a recent study carried out with UK primary care data showed that around 1 person in 1,333 in England have experienced an anaphylactic reaction at some point in their life, and around 20 deaths a year are reported due to anaphylaxis – although this may be a substantial under-estimate.

How to recognise an anaphylactic reaction:

History of exposure to the trigger with sudden illness (usually within minutes), signs include:

- Airway distress - wheezing
- Difficulty in breathing
- Circulatory problems
- Skin changes
  - Flushing
  - Rash – itching
  - Swelling – particularly lips and tongue if food product.

**Remember not all signs may be present.**

### *So how does this affect the workplace?*

With more people suffering from anaphylaxis there are understandably more people carrying the rescue drug - an auto injector of adrenaline (Epi pen or Anapen). This can pose a significant issue for the workplace. The 1974 Health and Safety at Work Act says that an employer must provide a safe working environment (so far as is reasonably practicable) – and the Management regulations 1999 say that an employer must carry out risk assessment(s) as necessary (if the workplace has five or more employees these risk assessments must be written down).

### *So how can the employer react to this problem?*

#### **Firstly:**

Look at the hazard. This is the trigger for the reaction and commonly falls into three groups:

#### **Food**

- Milk
- Nuts
- Fish
- Wheat



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### **Pharmaceutical products**

- Antibiotics
- Vaccinations
- Anaesthetic drugs

### **Stings**

- Bee stings
- Wasp stings
- Hornet stings

There can be other triggers that fall out of the three main causes and include:

**Idiopathic** – Cause unknown

**Latex**

**Hair dye**

These are just a few examples of the common triggers – however just about any food group or class of drug can be implicated.

### **Secondly:**

Look at the risk. How likely is it that an individual will come into contact with their trigger?

For example if someone was severely hypersensitive to anaesthetic drugs it would be highly unusual for them to come in to contact with them if they worked in an office – but if they worked in medical setting such as a dental practice or veterinary practice then the risk would increase.

However if you ran a restaurant and a member of staff or customer was hypersensitive to a food product, extreme care would need to be applied in ensuring that they were not exposed to the trigger as the risk of a reaction would be very high.

### **Thirdly:**

Look at how you can control the risk of exposure, as this is the key in the management of anaphylaxis. Prevention is always better than cure and by preventing the individual from being exposed to the trigger then you prevent an incident. This can be done in several ways:

Elimination - ensuring that the trigger is not in the workplace. In some cases this could be very easy and in others almost impossible.

Labelling and information - so the individual is aware of the trigger's presence and can take the appropriate action in preventing exposure.

Safe systems of work – ensuring that all appropriate staff are aware of the risk assessment measures and understand the importance of the control measures.

Personal protective equipment as necessary in helping prevent exposure to the trigger.

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### Fourth:

While prevention of exposure is always the gold standard this may not always be possible however good the risk assessment. In order to manage exposure first aid measures should be applied.

These should include:

Training – ensuring that all appropriate staff are trained in the recognition of an anaphylactic reaction and how to use the prescribed auto injectors appropriately and safely.

Emergency medical response - ensuring that the ambulance service has been called and an appropriate hand over has been given, along with the used auto injector.

An incident report has been completed.

### Fifth:

Review risk assessment, safe systems of work and any training needs as appropriate.

[www.resus.org.uk](http://www.resus.org.uk)

Resuscitation Council UK

[www.bsaci.org](http://www.bsaci.org)

British Society of Allergy & Clinical Immunology

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

The Anaphylaxis Campaign



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