

Title of WI: Anaphylaxis – use of autoinjector pen

Custodian: Group Managing Director

Version Number: 03

Issue date: 03.06.26

Review date: 03.06.29

WORK INSTRUCTION (WI)

Title of WI	Anaphylaxis – use of auto injector pen		
What type of document is this?	Work Instruction	WI Reference Number	HHH-W.I-022
Purpose of WI	To ensure that all employees who work with the relevant customers have the competency and knowledge to support with Anaphylaxis and the administration of an autoinjector pen		
Role	Responsibility		
Regional Clinical Lead	Responsible for assessing the clinical needs, obtaining a prescription from the relevant healthcare professional, training and signing off carers' competencies, writing the relevant support plan and risk assessment, and completing six-monthly (three-monthly in Wales) customer clinical reviews to ensure safety.		
Carer	Responsible for supporting the customer with an Anaphylactic event and administering the autoinjector pen in accordance with the support plan. Report any concerns to the manager and a healthcare professional.		
Branch Employees	Ensure that only competent employees care for customers who may require support with an Anaphylactic event and administering the autoinjector pen, provide support as required, and liaise with the Regional Clinical Lead over ongoing care of the relevant customers.		
Scope of WI	This work instruction applies to the safe management of an anaphylactic reaction and administration of an autoinjector pen for customers by authorised Helping		

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	Hands employees. The work instruction outlines required employee training, competency, and compliance requirements.
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1.0 Purpose

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. An allergic reaction is considered to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Signs of anaphylaxis include: itchy skin or a raised, red skin rash. swollen eyes, lips, hands and feet, swelling and/or itching at the point of contact, feeling faint, a spreading rash (urticaria), low blood pressure, difficulty in breathing, a fast heartbeat and a ‘feeling of doom’. The common causes of anaphylaxis include foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit, although many other foods have also been known to trigger anaphylaxis. Non-food causes include wasp or bee stings, natural latex (rubber), and certain drugs such as penicillin. Sometimes the cause of the reaction is not found. Such reactions may be labelled “idiopathic anaphylaxis” (cause unknown).

Anaphylaxis can happen within minutes of contact with the trigger or over several hours. The use of an adrenaline injector e.g. EpiPen® or Jext® if the person has one will help to reverse the effects of anaphylaxis but there is still a need to call 999 for an ambulance as this is a life-threatening emergency.

Anaphylaxis management is classified as a Level 2 clinical intervention within Helping Hands. The Regional Clinical Lead must attend all customer reviews, develop and maintain the clinical support plan, and train, assess, and formally sign off carer competencies

2.0 Process

When meeting a customer, carers should always familiarise themselves with the auto-injector pen that their customer uses; for example, EpiPen® or Jext®.

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The carer must remain calm and take a methodical approach, reassuring the customer whilst trying to keep them calm.

EPIPEN – see figure 1

- 2.1 Hold the EpiPen® by the middle, never by the ends, never put thumb, fingers or hand over the orange tip.
- 2.2 Do not remove blue safety cap until ready to use.
- 2.3 Grasp the EpiPen® in your dominant hand with the thumb nearest the blue cap and form a fist around the pen, with the orange tip facing downwards.
- 2.4 With the other hand pull off the blue safety cap.
- 2.5 Hold the EpiPen® approximately 10cm from the outer thigh. The orange tip should point towards the outer thigh.
- 2.6 Jab the EpiPen® firmly into the outer thigh at a right angle (90 degrees) and listen for a click.
- 2.7 Hold firmly against the thigh for at least 10 seconds.
- 2.8 Remove the EpiPen® – the orange needle cover will extend to cover the needle. Keep the EpiPen® to one side.
- 2.9 Dial 999 and ask for an ambulance – state “anaphylaxis” even if symptoms appear to be improving.

JEXT – see figure 2

- 2.10 Grasp the Jext® injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
- 2.11 Pull off the yellow cap with your other hand

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- 2.12 Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh
- 2.13 Push the black tip firmly into your outer thigh until you hear a ‘click’ confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend to automatically and hide the needle.
- 2.14 Massage the injection area for 10 seconds.
- 2.15 Dial 999 and ask for an ambulance – state “anaphylaxis” even if symptoms appear to be improving.
- 2.16 Carers should be prepared to administer a second auto-injector pen if the symptoms have not improved or are deteriorating within the first 5-10 minutes of giving an auto-injector pen in the opposite leg. For this reason, there should always be a second auto-injector pen available.

Auto-injector pens should be requested from the GP on prescription as soon possible after use. During out of hours contact NHS 111 and request an emergency prescription.

After the anaphylaxis has been resolved the carer must record all relevant information in the customer visit record notes and raise a customer notification form.

TRAINING	
Is training required?	Yes - Sign off training can be achieved by completing the online Learning Management System (LMS) module followed by training and a competency sign off with a Regional Clinical Lead or registered healthcare professional i.e., District Nurse.

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<p>COMPLIANCE</p> <p>How is compliance with this document going to be monitored?</p>	<p>Annual competency assessments with practical sign off with Regional Clinical Lead or another Registered Nurse.</p>	
<p>PROCEDURAL INFORMATION</p>		
<p>Changes since previous version</p>	<ul style="list-style-type: none"> • Detail of Level 2 intervention • Wording corrected to remove title of live in manager • Placed on new template • Details of Emerade pens removed due to no longer being licensed for use. 	
<p>Who was involved in developing /reviewing/amending the document? (list titles)</p>	<p>Clinical Manager</p>	
<p>How confidential is this document</p>	<p>Public</p>	<p>Can be shared freely within and outside of Helping Hands</p>
<p>References</p>	<p>NMC (2018) The Code: Professional standards of practice and behaviour</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>	
<p>Associated Documents</p>	<p><i>HHH-POL-092-Clinical Governance</i></p> <p><i>Clinical Training Flow Diagram v3</i></p>	
	<p><i>Figure 1. – EpiPen</i></p>	

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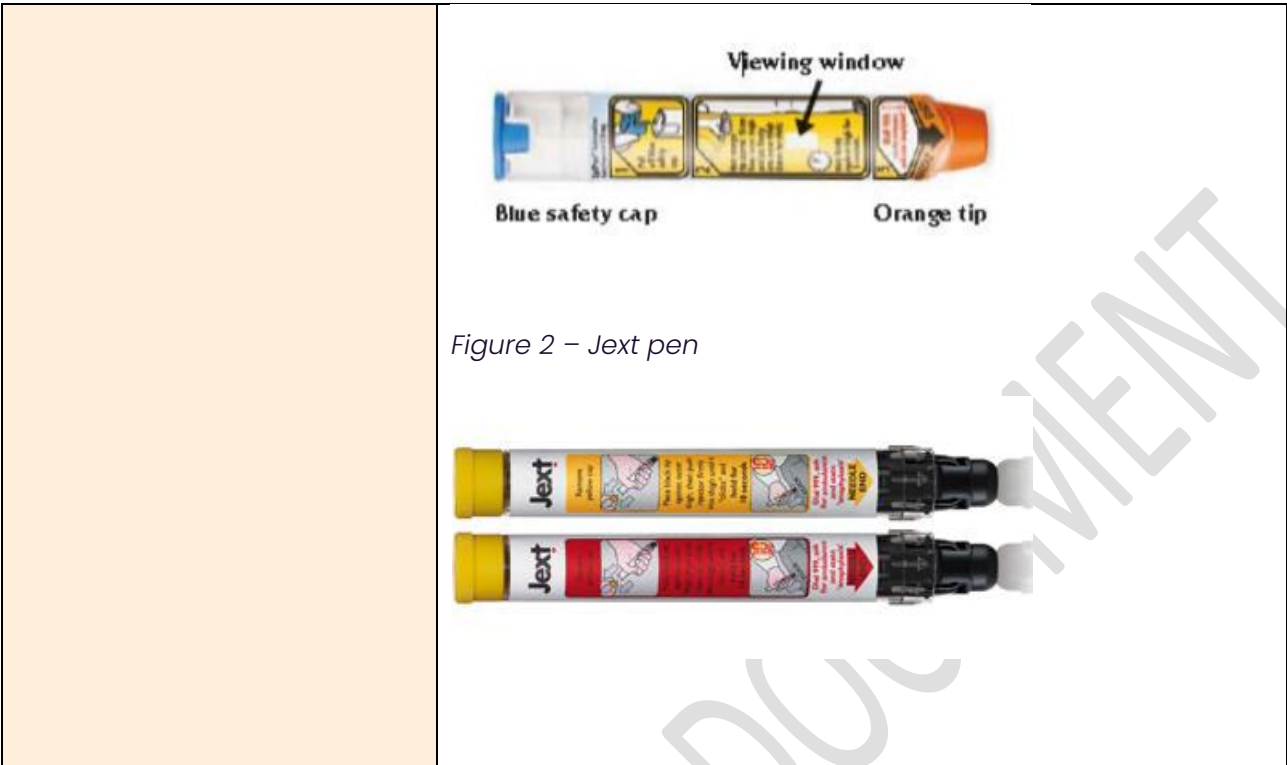
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