




## OCCUPATIONAL HEALTH, SAFETY & WELLNESS MEDICAL DIRECTIVE

**ISSUE DATE:** March 2011  
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**TITLE:** **ANAPHYLAXIS/ALLERGIC REACTION MANAGEMENT**  
**MD OHSW 07**

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<b>Update Schedule:</b> Annually, or sooner if required.	
<b>Stakeholder Consultation and Review:</b> Occupational Health & Safety Service Pharmacy and Therapeutics Committee	<b>Date:</b> June 2022 July 27, 2023
Program Medical Director, OHSW Dr. Roger Sandre  	November 22, 2022
Crystal Pitfield, Chair Administrative Director, Nursing Professional Practice Council Crystal Pitfield 	August 17, 2023
<b>Approval:</b> Dr. Pankaj Bhatia, Chair Medical Advisory Committee  	<b>Date:</b> January 23, 2024

### What

To authorize the administration of EPINEPHrine to health care workers (including HSN employees, physicians, medical learners, volunteers, students and contract workers) for symptoms of anaphylaxis following administration of a vaccine, medication or diagnostic antigen listed under:

- **MD OHSW 01** - Administration of Mantoux Diagnostic Skin Test
- **MD OHSW 02** - Prescribing and Dispensing of Oseltamivir/Tamiflu for Prophylaxis
- **MD OHSW 04** - Vaccine Administration
- **MD OHSW 06** - Administration and Dispensation of Over the Counter Medications
- **MD OHSW 09** - Prescribing of Chemoprophylaxis for Health Care Worker Occupational Exposure to Infectious Illnesses

To authorize administration of diphenhydrAMINE HCL to:

- HSN HCWs for mild-moderate allergic reaction to vaccinations administered by the OHSW, Nursing Student or HSN Nurse Volunteer clinics.
- HSN employees for mild-moderate allergic reactions (urticarial or erythema)

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Prevention is the best approach: a health assessment screening tool should always be completed prior to immunization or provision of a prescription and will include the following:

- Questions about possible allergies to any component of the product(s) to be administered
- Questions about any contraindications to the vaccine or medication to be provided or prescribed

### Who

- Nurses working for the Occupational Health, Safety & Wellness at HSN
- Nurses employed by HSN and designated as volunteers (Nurse Volunteers) in the administration of vaccinations/medications:
  - During the HSN/OHSW Seasonal Influenza Immunization Campaign
  - In response to a communicable disease outbreak management strategy at HSN

### Where

The OHSW and locations within HSN used by the Occupational Health Nurses and/or Nurse Volunteers for the purpose of administering vaccines/medications/antigen derivatives in accordance with MD OHSW 01, MD OHSW 02, MD OHSW 04, MD OHSW 06 and MD OHSW 09.

### When

#### Clinical Criteria for EPINEPHrine

- Severe/acute symptoms of anaphylaxis during the required post-immunization supervision period.
- Severe/acute symptoms of anaphylaxis following the administration of any of the over the counter medications listed as part of MD OHSW 01, MD OHSW 06 and MD OHSW 09.

#### Clinical Criteria for diphenhydrAMINE

- For conscious individuals with mild to moderate allergic reactions post vaccination such as watery eyes/nose, including urticaria, hives, redness and itchiness, which are usually seen at the site of administration or other mild allergic reactions.

*Swelling and urticaria rash at the injection site can occur but are not always caused by an allergic reaction. This reaction can be managed by observation for at least 30 minutes and application of ice at the injection site. In addition, it can also be treated with diphenhydrAMINE hydrochloride (Benadryl®) at the discretion of the nurse.*

#### **Guidelines for Implementing the Order/Procedure:**

#### **EPINEPHrine:**

The following steps describe the management of anaphylaxis. These steps must be done rapidly or simultaneously. **The priority is prompt administration of EPINEPHrine**, which should not be delayed.

#### Orders:

- Promptly administer EPINEPHrine 0.5 mg (0.5 mL) of a 1 mg/mL solution IM in the opposite limb to that in which the vaccination was administered if applicable.
- EPINEPHrine dose can be repeated every 5 minutes as needed to a maximum of 3 doses total under this directive. A different limb is preferred for each dose to maximize drug absorption. Avoid the limb in which the vaccination was given.
- Speedy intervention is paramount; failure to use EPINEPHrine promptly is more dangerous than using it improperly.

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- Emergency Response System must be activated (code 5555) at RLHC for immediate transfer to the Emergency Department (ED).
- All other sites must activate code blue (5555) and call 9-911 for immediate transfer to ED.

**diphenhydrAMINE HCl:**

For conscious individuals who are experiencing mild to moderate allergic reactions.

**Orders**

- The nurse will provide 50 mg PO as a single dose (mild to moderate reaction)
- The nurse will administer 50 mg (1 mL of 50 mg/mL) of diphenhydrAMINE hydrochloride (Benadryl) by intramuscular injection to the opposite limb that the vaccine was administered (severe reaction if epinephrine not provided)
- Refer staff to their Family Physician, Emergency Department, Nurse Practitioner, Walk In Clinic or Allied Health Professional for follow-up as required
- Caution staff against driving a motor vehicle, operating machinery or engaging in other potentially hazardous tasks, as medication may cause drowsiness

**EPINEPHRine and diphenhydrAMINE together:**

Healthcare workers who start to have a mild or moderate adverse event can initially be given diphenhydrAMINE for symptoms following the above mentioned steps. If symptoms do not resolve within 30 minutes or if symptoms escalate, the employee can be given EPINEPHRine.

**Contraindications and Risks****EPINEPHRine:**

There are **no known contraindications** to the use of epinephrine for a potentially life-threatening allergic reaction.

**diphenhydrAMINE:****Contraindications:**

- During pregnancy or in nursing mothers- consult with healthcare practitioner
- Hypersensitivity to diphenhydrAMINE hydrochloride and other antihistamines of similar chemical structure
- Concurrent use of benzodiazepines and narcotic analgesics
- Individuals with glaucoma, respiratory conditions (e.g., emphysema, chronic bronchitis), or difficulty urinating due to prostatic hypertrophy should consult a clinician before initiating therapy

**Risks:**

- Marked drowsiness
- Toxicity- do not use more often than directed
- Local necrosis with subcutaneous or intradermal administration
- Liver Disease- consult with healthcare practitioner before use

**Added Skills**

The nurse must be competent to assess for symptoms of a life-threatening allergic reaction post-immunization.

**Documentation**

The nurse will document the following information in the OHSW electronic health record in MyHSN:  
Informed consent

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- Medication
  - Date/time
  - Dose
  - Route
  - Brand/manufacture
  - Lot number
  - Expiry date
- Adverse reactions to vaccines (if any) and notification of same to the Ministry of Health and Long Term Care (Adverse Event Following Immunization Form)
- Documentation of further outcomes/results from implementation of medical directive
- Signature and credentials
- Medical directive name and number

**Consultation and References**Primary Contact

Dr. Roger Sandre OHSW Medical Program Director

References

Anaphylaxis and other Acute Reactions following Vaccination: Canadian Immunization Guide (Evergreen Edition **Added Skills**) December 2021

National Advisory Committee on Immunization (NACI) Public Health Agency, Statements & Publications.

College of Nurses of Ontario Practice Standard on Medication. 2019.

Compendium of Pharmaceuticals and Specialties (CPS)

Immunization Competencies for Health Professionals, Public Health Agency of Canada, October 2015


Immunize Canada [Practice Guides and References | immunizecanada](#)

Lexicomp Online. EPINEPHrine. Accessed March 1, 2023.

Lexicomp Online. diphenhydrAMINE. Accessed June 20, 2023.

**PHYSICIAN APPROVALS**

The following physicians have authorized patient care in accordance with this Medical Directive.

Physician Name	Signature	Date
Dr. Roger Sandre Program Medical Director, OHSW		November 22, 2022