



Harmonized

A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.

Authorizing Prescriber(s)

Physician(s) for the Occupational Health (OH), Safety and Healthy Workplace Department (herein after referred to as Occupational Health) of Lakeridge Health (LH).

Authorized to Whom

Registered Nurses working in OH (OHN) and the Regulated Health Care Professionals (RHCP) assigned to and trained to assist in the OH worker vaccination campaign.

Patient Description/Population

Any Lakeridge Health Colleague (LHC) over the age of 14 who has received a vaccine by OH.

Exclusions to this medical directive: any COVID-19 vaccine. Refer to *Management of Anaphylaxis for Pfizer-BioNTech COVID -19 mRNA Vaccine for COVID Immunization Clinic-Medical Directive*

LHCs include:

- employees,
- privileged staff (physicians, dentists, midwives),
- volunteers,
- board members
- contract workers, and
- students

Order and/or Procedure

The authorized implementer, may administer EPINEPHrine, loratadine, cetirizine, diphenhydrAMINE to LHCs who are determined to be experiencing anaphylaxis, using the procedure below and the table of orders shown in [Appendix A](#) Steps 1-4 should be done promptly and simultaneously.

Doses are for LHCs who are 14 years of age or older.

1. Briefly assess circulation, airway, breathing, mental status, and skin.
2. If signs of anaphylaxis are seen, call or direct someone to call:
 - At a hospital site (other than Whitby): a Code Blue by dialing 611

- At a non-hospital site or Whitby: Call 911.
- 3. Position the LHC on their back or in a position of comfort if there is respiratory distress; elevate the lower extremities. Place the LHC on their side if vomiting or unconscious. Pregnant anaphylactic LHCs should be placed semi-recumbent on their left side with their legs elevated.
- 4. Inject EPINEPHrine intramuscularly in the mid-anterolateral aspect of the thigh (or other IM site if unavailable) according to the order table in [Appendix A](#).
 - Ensure the LHC lies down. Fatality can occur within seconds if the person stands or sits suddenly after EPINEPHrine. The LHC should remain in a recumbent position following receipt of an EPINEPHrine injection and be monitored closely.
 - Mild and transient effects such as pallor, tremor, anxiety, palpitations, headache and dizziness occur within minutes after injection of a recommended dose of EPINEPHrine. These effects confirm that a therapeutic dose has been given.
- 5. For airway obstruction, perform airway positioning techniques such as head tilt, chin lift and/or jaw thrust. Secure an oral airway if necessary and the LHC is unconscious (see [Appendix A](#) for order).
- 6. As an adjunct to EPINEPHrine, a dose of antihistamine may be administered, according to the order table in Appendix A, to relieve itching, flushing, urticaria, and nasal and eye symptoms.
- 7. Monitor vital signs every 5 minutes and reassess LHC to guide medication use.
- 8. Arrange for rapid transport to emergency department.

Indications to the Implementation of the Directive

See orders table in [Appendix A](#) for indications.

Contraindications to the Implementation of the Directive

- Any COVID-19 vaccine. Refer to *Pfizer-BioNTech COVID-19 mRNA Vaccine for COVID Immunization Clinic* – Medical Directive
- See orders table in [Appendix A](#) for contraindications.

Consent

Consent must be obtained prior to initiating treatment, if the LHC is capable of providing it. In an emergency situation, if the LHC is not capable of providing consent, initiate treatment if all of the following are true:

- the LHC is incapable with respect to the treatment;
- the LHC is experiencing severe suffering or is at risk, if the treatment is not administered promptly, of suffering serious bodily harm; and
- it is not reasonably possible to obtain a consent or refusal on the LHC's behalf, or the delay required to do so will prolong the suffering that the LHC is experiencing or will put the LHC at risk of suffering serious bodily harm.

Documentation Requirements

The OHN/RHCP will document the event and actions taken (with timelines noted as accurately as possible) on the record forms available. This information should later be documented accordingly by the OHN in the LHC's OH medical file. If the LHC is not an employee or privileged staff member of LH, documentation of the event should be maintained in a separate file in the Occupational Health department. All suspect and confirmed anaphylactic reactions following vaccination will be reported to Durham Public Health Department as an adverse vaccine event as per the Health Protection and Promotion Act.

Review/Evaluation Process

This medical directive will be reviewed every 2 years by Occupational Health

References

Canadian Immunization Guide
OHA/OMA Communicable Disease Surveillance Protocol – Influenza Protocol
Product Monographs (all vaccines and stock medications)



Management of Anaphylaxis for Occupational Health Nurses – Medical Directive

Medical Advisory Committee Approved: 16DEC2020

This table must **not** be used independently apart from the Medical Directive

Appendix A: Order Table Form

| Order | Indication | Contraindication | Notes (Optional) |
|--|--|---|--|
| Secure oral airway if needed | To relieve airway obstruction in an unconscious, patient | Patient is conscious | |
| <p>Inject EPINEPHrine intramuscularly in the mid-anterolateral aspect of the thigh (preferred)</p> <p>Dosage: EPINEPHrine 0.5 mg (0.5 mL of 1 mg/mL or 1:1000 solution) IM every 5 to 15 minutes as needed, for a maximum of three doses.</p> <p>Record the time of each dose.</p> <p>Arrange for rapid transport to emergency department.</p> | <p>In anaphylaxis, signs and symptoms develop over several minutes and by definition involve at least two body systems (e.g. the skin, respiratory, gastrointestinal or circulatory systems). Signs and symptoms of anaphylaxis:</p> <ul style="list-style-type: none"> • itchy, urticarial rash • progressive, painless swelling (angioedema) around the face and mouth, which may be preceded by itchiness, tearing, nasal congestion or facial flushing • respiratory symptoms, including sneezing, coughing, wheezing, laboured breathing and upper airway swelling (indicated by hoarseness and/or difficulty swallowing) possibly causing airway obstruction • gastrointestinal symptoms, including cramping abdominal pain, nausea, vomiting and diarrhea • cardiovascular symptoms: chest pain, palpitations, tachycardia, sudden reduced blood pressure or symptoms of end-organ dysfunction (e.g. altered mental status, hypotonia and incontinence). | <p>No absolute contraindications in the situation of life-threatening anaphylaxis</p> | <p>Use a different site for each dose.</p> <p>Monitor vital signs a minimum of every 5 minutes and reassess LHC to guide medication use</p> <p>For all but the mildest cases of anaphylaxis, LHCs should be monitored for at least 12 hours.</p> |



Management of Anaphylaxis for Occupational Health Nurses – Medical Directive

Medical Advisory Committee Approved: 16DEC2020

| Order | Indication | Contraindication | Notes (Optional) |
|---|--|---|---|
| LHO, LHB, LHW, LHPP Sites – Loratadine 10 mg by mouth x 1 dose LHAP Site – Cetirizine 10 mg by mouth x 1 dose | Presence of itching, flushing, urticaria, nasal symptoms or eye symptoms following the administration of EPINEPHrine for anaphylaxis | LHC is not alert Hypersensitivity to these drugs or any ingredients in the formulation | |
| diphenhydrAMINE 50 mg intramuscularly x 1 dose | Presence of itching, flushing, urticaria, nasal symptoms or eye symptoms following the administration of EPINEPHrine for anaphylaxis when oral antihistamine is not possible | Hypersensitivity to the drug or any ingredients in the formulation | Intramuscular injection of diphenhydrAMINE is painful |