



HSE NEWS

WORKING FOR YOU TO KEEP YOU SAFE

Latest HSE Statistics YTD

	2014	2015
Workplace fatalities	0	0
Non-work related fatalities	0	0
Non-accidental deaths (NADs)	0	0
Lost Time Injuries (LTIs)	0	0
All injuries (excluding first aid cases)	0	0
Motor Vehicle Incidents (MVIs)	0	0
Roll over - MVIs	0	0
Serious MVIs	0	0
Lost Time Injury Frequency (LTIF)	0	0

Life Saving Rules Violations

YTD

Journey management	0
Speeding/GSM	0
Seatbelts	0
Overriding safety device	0
Working at heights	0
Permit	0
Confined space	0
Lock out tag out	0
Drugs and alcohol	0
Gas testing	0
Smoking	0
Suspended Load	0

Vehicle Class A/B Defect

YTD

Class A	0
Class B	0

HSE TIP

Common triggers of anaphylaxis are milk, eggs, peanuts, soy, tree nuts, fish, prawns, shellfish, insect venom, medications, latex, and inhala

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Important News



Anaphylaxis is a serious, life-threatening severe allergic reaction caused by the over reaction of the body's immune system to an allergen. Symptoms such as itchy rash, sudden swelling of the face, tongue, throat swelling, low blood pressure and difficulty breathing (wheezy and tight chest) may develop rapidly within seconds or minutes of exposure to allergens and may cause sudden death. The most common triggers to anaphylactic reactions are food, insect stings, medications and latex. Anaphylaxis is a medical emergency requiring immediate treatment and urgent medical attention.

What You Need to Know

Immediate response:

If you think you are having an anaphylactic reaction, use your auto-injectable Epi pen immediately and seek help. Your life depends on this. Don't take an antihistamine or wait to see if symptoms get better, call the PDO Emergency Number 5555 or the Oman National Emergency Number 9999.

Allergy testing:

Allergy testing may help in determining the anaphylaxis trigger. Skin allergy testing (such as patch testing) is available for certain foods and venoms. Blood testing for specific **Immunoglobulin E** can be useful to confirm milk, egg, peanut, tree nut and fish allergies.

Aggravating factors:

Anaphylaxis can be worse if you have asthma, high blood pressure, lung or heart disease and have had a previous history of anaphylaxis.



Many people who have had anaphylaxis are able to live normal lives but may need to carry medicine with them in case they have an allergic reaction. The primary treatment is injection of epinephrine (adrenaline), with other measures being complementary. Anaphylaxis is a preventable and treatable event and knowing the triggers is the first step in prevention. Anaphylaxis can potentially affect about 15% of the population. The incidence of anaphylaxis is 4-5 per 100,000 persons per year and leads to 500-1000 deaths/year in the United States.



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HSE Advice Note

Management of allergic reactions and anaphylaxis

Anaphylaxis is a medical emergency that requires immediate professional medical attention. The first and most important therapy in anaphylactic reaction is epinephrine (adrenaline) injection. It is recommended to give the injection intramuscularly into the mid thigh muscle as soon as possible. The injection may be repeated every 5-15 minutes if required. People who have had anaphylaxis before, should get a prescription of an EpiPen auto-injector, this medicine can help stop anaphylaxis and save the casualty's life.

The auto-injector makes it easy for the person to give himself or herself the shot, so if you have an auto-injector you should keep it with you at all times and use it right away any time you think you are having an anaphylactic reaction. If you inject yourself with epinephrine, seek medical help immediately, even if your symptoms subside and call the PDO Emergency number 5555 or the Oman National Emergency number 9999. EpiPens are available in Marmul, Fahud and MAF clinics. If necessary, the bystander or first aider can assist the person to use the EpiPen and maintain the patient's airway if the casualty becomes unconscious.

Anaphylaxis preventions:

If you have had anaphylaxis, you should talk to your doctor and if needed, your doctor can do allergy tests to find out what you are allergic to. Your doctor can help you make a plan to prevent future anaphylaxis. The plan must include:

- Learning about the symptoms of anaphylaxis so you know when to get help
- Having an epinephrine auto-injector with you at all times
- Avoiding anaphylaxis triggers including foods, medicines, or insects you are allergic to
- Wearing a medical bracelet to let others know about your allergy
- Educating parents and advising them to inform schools of their children's allergies and what to do in case of an anaphylactic reaction



