

**From the Chief Medical Officer
Dr Michael McBride**



HSS(MD) 85/2020

For Action

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/ NIAS
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums (for onwards distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)
RQIA

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563
Email: Michael.McBride@health-ni.gov.uk

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PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

ADRENALINE FOR ANAPHYLAXIS KITS – A REMINDER TO HEALTH CARE PROFESSIONALS

Those of you who prescribe and dispense Emerade devices will be aware of the patient level recalls of Emerade 150 microgram, 300 microgram and 500 microgram devices on [4 March 2020](#), [7 April 2020](#) and [18 May 2020](#) respectively.

As set out previously in [HSS\(MD\) 24/2018](#), our advice remains to conserve supplies of adrenaline auto-injectors (AAIs) for patients who truly need them. Some healthcare professionals may be holding EpiPen® or similar AAI devices, in preference to adrenaline ampoules, to treat anaphylactic reactions; this should not be necessary.

All healthcare professionals providing services where anaphylaxis treatment may be required, including flu vaccination or COVID-19 vaccination services, should have the competency to draw up and administer adrenaline from ampoules with a normal syringe and needle.

We ask that when you renew the adrenaline in your anaphylaxis kits, you alert all your staff to please stock ampoules (ensuring you also include dosing charts, needles and syringes) and not AAIs. This will reduce the reliance on AAIs and therefore preserve essential supplies for patients, parents, carers, teachers etc. who, as lay persons, cannot be expected to administer adrenaline via a needle and syringe.

The British National Formulary, [Green Book](#) and [Resus Council guidance](#) provides additional advice to healthcare professionals on the use of adrenaline in response to anaphylaxis.

Supplies of adrenaline ampoules are currently available and there is an expectation that healthcare professionals should use these in preference to AAs.

Thank you in advance for your help with this matter

Yours sincerely



Dr Michael McBride
Chief Medical Officer



Cathy Harrison
Chief Pharmaceutical Officer



Michael Donaldson
Acting Chief Dental Officer



Professor Charlotte McArdle
Chief Nursing Officer

CIRCULATION LIST

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, HSCB
Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and midwives*)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB
Professor Sonja McIlpatrick, Head of School of Nursing, University of Ulster
Caroline Lee, CEC
Donna Gallagher, Open University

