

First Aid Management of Anaphylaxis Guideline

Section 1 - Purpose and Scope

(1) This Guideline gives effect to the [Health, Safety and Wellness Policy](#) in assisting The University of Queensland (UQ) to manage the risk of anaphylaxis in the workplace.

(2) This Guideline provides:

- a. information to assist in assessing risk in the workplace;
- b. general information about prevention and management of life-threatening allergic reactions at UQ; and
- c. specific information for UQ First Aid Officers (FAO) about training and the requirements to obtain an adrenaline auto-injector to hold in a first aid kit.

Section 2 - What is Anaphylaxis

(3) Anaphylaxis is a severe, potentially life-threatening allergic reaction that causes the immune system to release a flood of chemicals that can cause shock. Signs and symptoms include a rapid, weak pulse; a skin rash; and nausea and vomiting.

(4) Anaphylactic reactions are becoming increasingly common. There are many potential allergens that can trigger anaphylaxis in susceptible people which can include foods such as peanuts and shellfish or insect venom, e.g., from bees or ticks.

Section 3 - Reducing the Risk of Anaphylaxis

(5) Risk of anaphylaxis can be reduced by the following:

- a. Individuals can protect themselves by reporting any pre-existing or known anaphylaxis conditions to their supervisor and/or FAO and ensuring they have current anaphylaxis management plans and carry their own personal adrenaline auto-injector.
- b. UQ activities or locations that have an increased risk of anaphylaxis must be identified.
- c. UQ workers who report additional risk of anaphylaxis must be under the care of a medical practitioner.
- d. The identification and management of life-threatening allergic reactions must be incorporated into training where additional risk is identified.

Section 4 - Risk Assessment

(6) FAOs should initially complete a risk assessment for their workplace. Where a risk assessment recognises a hazard of anaphylaxis, the training of appropriately qualified FAO should be undertaken.

(7) The following should be considered as part of the risk assessment process where there is an increased risk in the workplace of:

- a. a student or worker being exposed to workplace allergens known to trigger anaphylaxis in susceptible individuals (e.g. bee house);
- b. a student or worker previously undiagnosed presenting with signs and symptoms of anaphylaxis (e.g., during a large-scale catered event);
- c. a student or worker known to be at risk of anaphylaxis not having their personal device available or accidentally misfiring the device or of the device having expired;
- d. where a second dose of adrenaline being required before an ambulance or secondary medical assistance arrives; or
- e. difficulty in emergency services accessing the workplace or the geographical location of workplace due to remoteness.

(8) Risk assessments must be completed in [UQSafe](#).

Section 5 - Training and Resources

(9) Head of Organisational Units are responsible for ensuring adequate number of FAOs are responsible for ensuring adequately provision of first aid and that there are stocked first aid kits available.

(10) The ['Provide First Aid' \(HLTAID011\) training course](#) provides basic training in recognising an anaphylaxis situation and administering an adrenaline auto-injector. It is recommended that FAOs obtaining EpiPens for workplace first aid kits complete an accredited course in the first aid management of anaphylaxis to obtain enhanced knowledge and skills in managing a severe life-threatening allergic reaction. The UQ Staff Development Program provides training courses for UQ First Aid Officers in Provide First Aid and CPR. General anaphylaxis training for all staff in a workplace may sometimes be necessary to raise awareness in workplaces where an increased risk of anaphylaxis occurring exists (e.g., a bee house), or if it is known that individuals in the workplace have previously experienced an anaphylaxis event.

(11) Under Schedule 5, Part 2 of the [Medicines and Poisons \(Medicines\) Regulation 2021 \(MPMR\)](#), a FAO, may administer adrenaline auto-injector, provided the FAO has completed anaphylaxis training.

(12) The dictionary in the [MPMR](#) defines 'anaphylaxis training' to mean training in the following matters:

- a. Recognition of the symptoms and signs of anaphylaxis.
- b. Knowledge of the appropriate use of adrenaline (epinephrine), including competency in using an adrenaline auto-injector.

Section 6 - Training Program

(13) If a risk assessment deems that anaphylaxis is a hazard in the workplace it is recommended that appropriate training be undertaken.

(14) An anaphylaxis training program should cover the following topics:

- a. What is allergy;
- b. What is mild to moderate allergy;
- c. What is anaphylaxis;
- d. What are the triggers for allergy and anaphylaxis;
- e. How is anaphylaxis recognised;
- f. How can anaphylaxis be prevented;

- g. What should be done in the event of a student or staff member having a severe allergic reaction; and
- h. How to administer an adrenaline auto-injector (EpiPen or Anapen).

(15) The [Australian Society of Clinical Immunology and Allergy \(ASCIA\)](#) website provides training, on-line courses, resources, and information on managing anaphylaxis including action plans for anaphylaxis.

(16) It is recommended that training is refreshed on an annual basis. Video instruction on the use of an adrenaline auto-injector is available on the [ASCIA website](#).

(17) [E-training programme](#) and [anaphylaxis fact sheets](#) are available from the ASCIA website.

Section 7 - Anaphylaxis Action Plans

(18) An anaphylaxis action plan aims to provide easily accessible information about key steps in the emergency treatment of acute allergic reactions and anaphylaxis. A person rendering assistance does not need to have a first aid certificate to administer an adrenaline auto-injector.

(19) An action plan is intended to provide an easy-to-read summary in the event of an emergency, for people without any special medical training or equipment, apart from access to an adrenaline auto-injector.

(20) All people who carry an adrenaline auto-injector will have an individual action plan developed by their treating practitioner. They are responsible for informing UQ (their supervisor, FAO, and co-workers as applicable) as soon as practical, that they have an anaphylaxis plan in place and the location of their adrenaline auto-injector such as in their bag, or on their desk. They also need to work with UQ to implement a management plan to reduce the risk of allergic reactions including anaphylaxis.

(21) UQ workers / students with an anaphylaxis action plan need do:

- a. provide colleagues specific information about the allergies, including how serious they are and how to recognise the signs of an allergic reaction;
- b. provide information on how to prevent allergic reactions and how they can assist in manage the allergies, such as consultation prior to planned lunches and events where food will be served;
- c. provide UQ consent to share the allergy information with the wider workforce;
- d. ask colleagues to label all food brought into the workplace and to refrain from eating allergens in the workspace;
- e. advise colleagues where personal medication and adrenaline auto-injectors are kept and what to do in the event of an emergency;
- f. advise UQ of any special cleaning arrangements that may reduce the risk of an incident; and
- g. ensure the anaphylaxis allergy plan is available and visible so others know what to do in an emergency.

(22) The School or Organisational Unit must raise awareness of potential anaphylaxis emergency as per their internal communication processes. Copies of action plans should be kept on the individual, in their work/study area, with the FAO, their supervisor and the first aid kit.

(23) Adrenaline injectors for general use can be purchased without a prescription at full price from pharmacies. The [ASCIA First Aid Plan for Anaphylaxis](#) (ORANGE) has been developed for use as a poster, or as an instruction guide and must be included / stored with an adrenaline injector for general use. These posters should be stored in the first aid kit, on the wall near the first aid kit and any other appropriate areas.

(24) More information is available from the [ASCIA website](#).

Section 8 - Adrenaline Auto-injectors (EpiPen and Anapen)

(25) First Aid Officers should initially complete a risk assessment for their workplace. If the risk of anaphylaxis occurring in the workplace is moderate to high, an adrenaline auto-injector in the workplace first aid kit is advised. Adrenaline auto-injectors can be obtained from a pharmacist.

Purchasing Conditions

(26) UQ FAO to possess and administer adrenaline auto-injectors is limited to campuses or sites where UQ operations or activities occur.

(27) Adrenaline auto-injectors can only be administered for the acute management of anaphylaxis in accordance with this Guideline.

(28) UQ FAO must be trained in the use of an adrenaline auto-injector for the acute management of anaphylaxis - see Section 5 'Training and Resources'.

(29) Having an adrenaline auto-injector for general use (e.g., in first aid kits) should be considered as being additional to the prescribed adrenaline injectors and should NOT be a substitute for people at high risk of anaphylaxis having their own prescribed adrenaline injector/s.

Storage

(30) The adrenaline auto-injector must be stored in the workplace first aid kit, protected from light, at room temperature (between 15-25 degrees).

(31) The shelf life of the auto-injector is normally one - two years from the date of manufacture. The expiry date marked on the side of the device should be clearly marked on the outside of the first aid kit.

(32) Expired auto-injectors should be returned to a pharmacy or disposed of in accordance with the [UQ waste disposal guidelines](#) for clinical waste. The batch number and date of disposal must be recorded in the first aid kit contents documentation.

Section 9 - Field Trips

(33) Enquiries should be made about medical conditions when field trips are being planned. Students and staff with known serious allergic conditions should be asked to provide a workplace anaphylaxis action plan.

(34) Action plans can be obtained from a person's own general practitioner or from a doctor. Anaphylaxis Action Plan templates can be downloaded from the [ASCIA website](#).

(35) Details of specific medical requirements during a field trip should be provided to Supervisors and FAO where necessary. This information needs to be included in the UQSafe field trip application.

(36) Students attending field trips with a severe nut allergy should be asked to bring their own food and cooking utensils and to prepare their food separately to other students. Students with a severe allergy should also bring their personal medication (adrenaline auto-injector) and a copy of their anaphylaxis action plan.

(37) The nominated FAO must be made aware of the increased risk of anaphylaxis occurring on the field trip and should review the anaphylaxis action plan prior to the field trip proceeding.

Section 10 - Emergency Procedure

(38) In an emergency at UQ, Security should be contacted. If the event occurs off-campus or at a remote site; follow local procedures or call an ambulance directly.

(39) Emergency treatment of anaphylaxis includes administration of intramuscular adrenaline. At UQ, the EpiPen is recommended when an adrenaline auto-injector is required as part of a first aid kit. An EpiPen can be administered without formal training when an anaphylaxis first aid plan is included in the first aid kit. After use, an adrenaline auto-injector should be placed in a container with the time of administration clearly marked on the side of the container. This container should be handed to emergency services personnel on arrival.

(40) Anaphylaxis occurring in the workplace is a serious incident. All persons requiring administration of an adrenaline auto-injector in the workplace must be assessed by a medical practitioner as soon as possible after administration. All first aid emergencies/incidents must be reported in [UQSafe](#).

Section 11 - Appendix

Definitions

Term	Definition
Allergen	A substance which can cause an allergic reaction.
Allergy	An irritating or harmful immune system response to a foreign substance that is harmless to most people.
Anaphylaxis	An acute, severe allergic response involving multiple organs of the body. If untreated anaphylaxis can be fatal.
ASCIA	Australian Society of Clinical Immunology and Allergy (ASCIA)
Auto-injector	A pre-filled injection device that can be activated by a simple self-release mechanism. (EpiPen® or Anapen®)
First Aid Officer (FAO)	A person who has a current certificate granted by a registered training organisation for the provision of first aid.
OHNA	Occupational Health Nurse Advisor.
MPMR	Medicines and Poisons (Medicines) Regulation 2021 .

Status and Details

Status	Historic
Effective Date	1st August 2022
Review Date	1st August 2027
Approval Authority	Director, Health Safety and Wellness
Approval Date	1st August 2022
Expiry Date	11th June 2025
Policy Owner	Lucy Beikoff Director, Health, Safety and Wellness
Enquiries Contact	Health, Safety and Wellness Division