

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) manage the risk of anaphylaxis in the workplace.

(2) This Guideline provides:

- a. information to assist in assessing risk in the workplace and during off-campus and field work activities;
- b. general information about prevention and management of life-threatening allergic reactions at UQ;
- c. specific information for UQ First Aid Officers (FAO) about obtaining, storing and administering an adrenaline auto-injector, and related training; and
- d. specific information about Anaphylaxis Action Plans for people with specific known allergies and administration of adrenaline auto-injectors.

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 may cause shock. Signs and symptoms include a rapid, weak pulse, a skin rash, itching, feeling of fullness or lump in the throat, difficulty breathing, feeling faint/light-headed, and nausea and vomiting.

(4) Anaphylactic reactions are becoming increasingly common. There are many potential allergens that can trigger anaphylaxis in susceptible people, including, but not limited to, those in the table below.

Trigger Category	Common Examples
Food	Peanuts, tree nuts, milk, eggs, fish, shellfish, wheat, soy, sesame
Insect Venom	Bee, wasp, hornet stings, jack jumper ants, fire ants
Medications	Antibiotics (e.g. penicillin), non-steroid anti-inflammatory drugs, anaesthetics, radiocontrast agents
Latex	Powdered latex gloves used in laboratories or clinics; balloons

From Table 1: Triggers of anaphylaxis - [Acute Anaphylaxis Clinical Care Standard](#) Quality Statement

Section 3 - Reducing the risk of anaphylaxis

(5) Risk of anaphylaxis can be reduced by:

- a. Individuals reporting any pre-existing or known anaphylaxis conditions to their supervisor and/or FAO and ensuring they have a current anaphylaxis management plan and carry their own personal adrenaline auto-injector.

- b. Identifying UQ activities or locations that have an increased risk of anaphylaxis, e.g. as part of a risk assessment for work off campus where venomous insects may be present.
- c. UQ workers reporting additional risk of anaphylaxis as being under the care of a medical practitioner.
- d. The management of potential life-threatening allergic reactions incorporated into training for related tasks where the additional risk is identified.
- e. The management of anaphylaxis arising from insect bites being included in Work Off-campus/Field Work plans.

Section 4 - Risk Assessment

(6) The following should be considered as part of the risk assessment where there is an increased risk of anaphylaxis in the workplace, on off-campus work or a field trip:

- a. exposure to venomous insect allergens known to trigger anaphylaxis in susceptible individuals (e.g. bee house);
- b. when a person presents with signs and symptoms of anaphylaxis (e.g. during a catered event, an off-campus field trip);
- c. when a person known to be at risk of anaphylaxis does not have their personal device available, or it has been accidentally misfired or the device has expired;
- d. where a second dose of adrenaline may be required before an ambulance or secondary medical assistance arrives; or
- e. when there is difficulty in emergency services accessing the workplace or the geographical location of workplace due to remoteness.

(7) Risk assessments must be completed in [UQSafe](#) and a FAO should be involved in its development.

Section 5 - Training and resources

(8) Heads of Organisational Units are responsible for ensuring there is an adequate number of FAOs in their area of responsibility that can provide first aid based on the risks of the activities of the organisational unit.

(9) The ['Provide First Aid' \(HLTAID011\) training course](#) provides basic training in recognising an anaphylaxis situation and administering an adrenaline auto-injector such as an EpiPen or Anapen. FAOs obtaining EpiPens for workplace first aid kits are to 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 FAO in Provide First Aid and CPR. General anaphylaxis training for all staff in a workplace may sometimes be necessary to raise awareness 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.

(10) 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.

Section 6 - Training program

(11) If a risk assessment deems that anaphylaxis is a hazard for the workplace or activity, appropriate training is to be provided.

(12) 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).

(13) 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.

(14) 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](#).

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

Section 7 - Anaphylaxis action plans

(16) All people who carry an adrenaline auto-injector should have an individual action plan developed by their treating medical 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 exact location of their adrenaline auto-injector, e.g. desk drawer, handbag, etc. They also need to work with UQ to implement a management plan to reduce the risk of allergic reactions including anaphylaxis.

(17) An anaphylaxis action plan aims to provide easily accessible information about key steps in the emergency treatment of known acute allergic reactions and anaphylaxis. Where a person has been prescribed an adrenaline auto-injector by their medical practitioner as part of an anaphylaxis action plan, they should, in the first instance, administer the auto-injector to themselves. A UQ FAO who has completed the training as outlined in Sections 5 and 6 can assist the person to administer the adrenaline auto-injector.

(18) UQ workers/students with an anaphylaxis action plan need to:

- a. provide colleagues with specific information about the allergies, including how serious their condition is and how to recognise the signs of an allergic reaction;
- b. provide information on how to prevent allergic reactions and how they can assist to 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.

(19) 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.

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

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

(21) FAO and people completing a Work Off-Campus and Field Work Plan should initially complete a risk assessment for their workplace or activity, respectively. 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.

(22) Adrenaline injectors for general use can be purchased without a prescription at full price from pharmacies. The [Queensland Health Medicines and Poisons Act 2019 Factsheet](#) states a first aid provider can buy an adrenaline autoinjector from a licensed wholesaler of scheduled medicines or from a pharmacist. The [ASCIA - First Aid Plan for Anaphylaxis](#) (ORANGE) has been developed for use as a poster, or as an instruction guide and should 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.

Purchasing conditions

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

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

(25) UQ FAO must be trained in the use of an adrenaline auto-injector for the acute management of anaphylaxis; see Sections 5 and 6.

(26) 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

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

(28) 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.

(29) 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 and work off-campus

(30) Anaphylaxis risk from insect bites and anaphylaxis specific to individuals should be considered as part of Work Off-Campus and Fieldwork plans.

(31) It is essential to account for potential allergic reactions, including the risk of anaphylaxis triggered by exposure to insect venom. This may arise from stings by bees, wasps, hornets, jack jumper ants, or fire ants. Prior to the field trip,

an assessment should be undertaken to identify the presence of such hazards which may pose a significant health risk.

(32) Enquiries should also be made about specific 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; see Section 7.

(33) Prior to commencing a field trip, 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.

(34) Students and staff 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.

(35) Students and staff with a severe allergy should also bring their personal medication (adrenaline auto-injector).

(36) 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

(37) In an anaphylaxis situation, an ambulance should be called. Follow the local campus emergency procedures as to whether the person aiding the patient contacts the ambulance directly or whether they contact UQ Security who will arrange for attendance of an ambulance. If the event occurs off-campus or at a remote site, follow local procedures, the Work Off-Campus and Fieldwork plan, or call an ambulance directly.

(38) 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.

(39) At the UQ St Lucia campus, UQ Security store 1 x 300 microgram dose EpiPen in the central security office and Security will, on request, bring the EpiPen to the patient to be administered by a trained FAO, as per Sections 5 and 6 of this Guideline.

(40) 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.

(41) 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.

Term	Definition
Anaphylaxis training	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. c. Implementing an anaphylaxis first aid plan.
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.

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