



Coastal Care Anaphylaxis Emergency Management Plan

Objective: To ensure the safety and well-being of individuals at Coastal Care (CC) in the event of an anaphylaxis emergency. This plan also aims to provide clear guidelines for staff to respond promptly and effectively, ensuring compliance with relevant legislation.

1. Risk Assessment:

Identify individuals with known allergies, specifically those at risk of anaphylaxis. Document the specific allergens and severity of each case. Ensure all personal files have a copy of individual Anaphylaxis action plans, both online and within Community client files. Assess potential triggers within the workplace environment.

2. Anaphylaxis Training:

All staff members will undergo comprehensive anaphylaxis training, covering:

- Recognition of anaphylaxis symptoms.
- Use of adrenaline auto-injectors (e.g., EpiPen).
- Emergency response procedures.

This can include nationally accredited units;

- HTLAID011 Provide First Aid
- VU23090 Provide first aid management of anaphylaxis.
- VU23091 Develop risk minimisation and risk management strategies for anaphylaxis.

All staff to update training qualifications every 3 years and participate in regular anaphylaxis emergency drills to familiarise themselves with emergency procedures. Provide ongoing training to reinforce anaphylaxis management skills.

3. Individual Anaphylaxis Management Plans:

CC will obtain and regularly update Individual Anaphylaxis Management Plans for clients and staff at risk. These plans should include:

- Emergency contact details.
- Allergen information.
- Specific signs and symptoms indicating anaphylaxis.

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| <i>Anaphylaxis Emergency Management</i> | | <i>Version:</i> | <i>1.0-23</i> |
| <i>Endorsed by:</i> | <i>CEO</i> | <i>Effective Date:</i> | <i>12/04/2023</i> |
| <i>Person Responsible:</i> | <i>Service Manager</i> | <i>Next Revision Date:</i> | <i>12/04/2025</i> |



- Steps for administering adrenaline auto-injectors.

Example of plans are in the Appendix 1

4. Communication:

Clear communication channels are established between staff members, clients, and relevant healthcare professionals and all staff are to be aware of individual Anaphylaxis Management Plans and emergency contacts.

Serious incidents are to be reported by phone or in person once staff have completed their responsibilities in managing the incident.

Information regarding the health of clients will be passed onto the relevant staff by email, in meetings, and update plans on Coastal Care’s intranet.

5. Anaphylaxis Emergency Kits:

CC will maintain well-equipped anaphylaxis emergency kits strategically placed throughout the workplace (located with all First Aid kits)

Kits should include:

- Adrenaline auto-injectors.
- Antihistamines.
- Emergency contact list.
- Basic first aid supplies.

6. Emergency Procedures:

Staff are to follow the emergency protocol outlined in Individual Anaphylaxis Plans. If the individual concerned does not have a documented plan, they are to follow basic first aid management of anaphylactic emergencies which includes:

1. Follow DRSABCD
2. Lay the casualty flat. If breathing is difficult allow them to sit. DO NOT allow them to stand or walk.
3. If the casualty is carrying an adrenaline autoinjector, use it immediately. Ask the casualty if they need your help to use the adrenaline auto-injector.
4. Urgent medical aid. Call Triple Zero (000) for an ambulance immediately.
5. If required assist the casualty with an adrenaline autoinjector (EpiPen®).
 - o Form a firm fist around the EpiPen® and pull off the BLUE SAFETY RELEASE.

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- Place ORANGE END against outer mid-thigh at a 90° angle (can be injected through clothing).
 - Push down hard until a click is heard or felt and hold in place for three (3) seconds.
 - Remove EpiPen® and dispose of it safely being careful of the needle.
 - Monitor the casualty, if no improvement, administer a second dose after 5 minutes.
6. Commence CPR and defibrillation at any time if the casualty is unconscious and is not breathing normally.

How to give EpiPen® adrenaline (epinephrine) autoinjectors



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds REMOVE EpiPen®

How to give Anapen® adrenaline (epinephrine) injector



1 PULL OFF BLACK NEEDLE SHIELD



2 PULL OFF GREY SAFETY CAP from red button



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4 PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Instructions are also on device labels.
For video instructions scan this QR code:



The full [First Aid Plan for Anaphylaxis](#) can be found in Appendix 2

Staff are also aware of:

- Staff responsibilities during an anaphylaxis emergency.
- Activation of emergency services.

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- Evacuation procedures if necessary.
- Location of emergency equipment.

7. Legislative Compliance:

Ensure compliance with relevant Australian legislation, including:

- Work Health and Safety Act (2011).
- Children (Education and Care Services) National Law.
- Education and Care Services National Regulations
- First Aid in the workplace Code of Practice
- Privacy Act (1988).

8. Documentation and Review:

Comprehensive records of anaphylaxis emergency incidents, responses, and any follow-up actions are maintained. Regular reviews are scheduled and conducted and updates to the Anaphylaxis Emergency Management Plan is done in consultation with healthcare professionals.

9. Collaboration with Healthcare Professionals:

CC has established partnerships with local healthcare providers and allergy specialists to enhance anaphylaxis management in the workplace. We collaborate with these local practitioners for ongoing improvement of the Anaphylaxis Emergency Management Plan.

10. Education and Awareness:

CC promotes anaphylaxis awareness and education among staff, clients, and their families. We encourage a culture of support and understanding regarding anaphylaxis management.

11. Reporting and Monitoring:

All anaphylaxis related incidents are to be recorded in Coastal Care’s Accident, Incident, and Injury log, regardless of severity, as well as recorded on Coastal Care’s Incident Reports. Administration of adrenaline pens should also be noted in client records and communication/handover books.

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WHSM-Work Health and Safety Management Anaphylaxis Emergency Management

Monitor the effectiveness of the Anaphylaxis Emergency Management Plan and adjust as needed.

By implementing and regularly reviewing this Anaphylaxis Emergency Management Plan, Coastal Care aims to provide a safe and supportive environment for individuals who are ageing and with disabilities and Coastal Care staff, ensuring a prompt and effective response to anaphylaxis emergencies while complying with relevant legislation.


RELATED DOCUMENTS

- Workplace Health and Safety
- Incident Reporting
- Administration of Medication
- Record Keeping
- Internal Communication

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Appendices

Appendix 1- Sample Plan



www.allergy.org.au

Name: Bella Walker
Date of birth: 05.02.2015



Confirmed allergens:
Peanuts

Family/emergency contact name(s):
Jane Walker



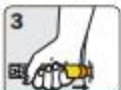
Work Ph: 0267555555
Home Ph: 0267444444
Mobile Ph: 0428333333

Plan prepared by medical or nurse practitioner:
DR Smith

I hereby authorise medications specified on this plan to be administered according to the plan
Signed: _____

Date: 23.02.2019
Action Plan due for review – date:
23.02.2020

How to give EpiPen® adrenaline (epinephrine) autoinjectors

-  Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
-  Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
-  PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- Give adrenaline autoinjector**
- Phone ambulance - 000 (AU) or 111 (NZ)**
- Phone family/emergency contact**
- Further adrenaline doses may be given if no response after 5 minutes**
- Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

• If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
 • Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

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australian society of clinical immunology and allergy
www.allergy.org.au

FIRST AID PLAN FOR

Anaphylaxis

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

EpiPen®

- 1 Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE
- 2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)
- 3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®

- 1 PULL OFF **BLACK** NEEDLE SHIELD
- 2 PULL OFF **GREY** SAFETY CAP from red button
- 3 PLACE NEEDLE END **FIRMLY** against outer mid-thigh at 90° angle (with or without clothing)
- 4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS

- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

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| <i>Anaph</i> | © ASCIA 2023 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors. | | |
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