

22578VIC Course in First Aid Management of Anaphylaxis

This course has been accredited under Part 4.4 of the Education and Training Reform Act 2006



Version 2 – 20 November 2025

Accredited for the period: 1 July 2021 to 30 June 2026

22578VIC Course in First Aid Management of Anaphylaxis

Version History	Comments	Date
Version 2.0	Minor amendment to remove the word 'injector' from 'adrenaline injector device/s' throughout the course so it reads 'adrenaline device/s' to allow flexibility in training/assessment using devices which are non-injectable.	20 November 2025
Version 1.1	Copyright owner details and contact information in Section A, updated.	November 2024
Version 1.0	Initial release approved to commence from 1 July 2021.	17 March 2021

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Section A: Copyright and course classification information

1. Copyright owner of the course	Copyright of this material is reserved to the Crown in the right of the State of Victoria on behalf of the Department of Jobs, Skills, Industries and Regions (DJSIR) Victoria. © State of Victoria (DJSIR) 2021.
2. Address	Deputy CEO Victorian Skills Authority Department of Jobs, Skills, Industries and Regions (DJSIR) GPO Box 4509 MELBOURNE VIC 3001 Organisational contact Manager, Training and Learning Products Unit Engagement Branch Victorian Skills Authority Department of Jobs, Skills, Industries and Regions (DJSIR) Email: course.enquiry@djsir.vic.gov.au Day-to-day contact Human Services Curriculum Maintenance Manager Swinburne University of Technology PO Box 218 Hawthorn, VIC 3122 Telephone: (03) 9214 5034 / 9214 8501 Email: cmmhs@swin.edu.au
3. Type of submission	Re-accreditation
4. Copyright acknowledgement	Copyright of this material is reserved to the Crown in the right of the State of Victoria. © State of Victoria (DJSIR) 2021
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	Deputy CEO Victorian Skills Authority Department of Jobs, Skills, Industries and Regions (DJSIR) GPO Box 4509 MELBOURNE VIC 3001 Email: course.enquiry@djsir.vic.gov.au Copies of this publication can be downloaded free of charge from the Victorian government website.
6. Course accrediting body	Victorian Registration and Qualifications Authority
7. AVETMISS information	ANZSCO code – GEN20 Non-industry specific training ASCED Code – 0699 Other Health National course code – 22578VIC
8. Period of accreditation	1 July 2021 to 30 June 2026



Section B: Course information

1. Nomenclature		<i>Standard 1 AQTF Standards for Accredited Courses</i>
1.1 Name of the qualification	Course in First Aid Management of Anaphylaxis	
1.2 Nominal duration of the course	4 nominal hours	
2. Vocational or educational outcomes		<i>Standard 1 AQTF Standards for Accredited Courses</i>
2.1 Purpose of the course	The purpose of 22578VIC <i>Course in First Aid Management of Anaphylaxis</i> is to provide nationally recognised training for individuals who have responsibility for others in the workplace (adults and/or children) who have been diagnosed as being at risk of anaphylaxis. Graduates of this course will be able to identify and provide a first aid response to anaphylaxis, develop strategies to prevent exposure to known allergens and minimize risks related to anaphylaxis.	
3. Development of the course		<i>Standards 1 and 2 AQTF Standards for Accredited Courses</i>
3.1 Industry/enterprise/community needs	This course was initially developed and accredited in 2005 in response to an identified need by key Victorian first aid providers and has been continually reaccredited ever since. There is a need for nationally recognised training that addresses: • Identification of the signs and symptoms of allergic reactions, including anaphylaxis. • Provision of an emergency first aid response to an individual experiencing anaphylaxis, in accordance with Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans or ASCIA First Aid Plan, until the arrival of medical assistance. This includes the specific skills and knowledge to administer adrenaline (epinephrine) using an adrenaline device. • Development of strategies to identify, manage and minimise risks related to anaphylaxis. This includes the development of Individual Anaphylaxis Management Plans to reduce the risk of allergic reactions and the development of communication plans for the organisation. This identified training need applies to individuals from any industry sector who have responsibility for others in the workplace (adults	

and/or children) who have been diagnosed as being at risk of anaphylaxis.

The ongoing need for this course is in response to the increasing number of individuals in the population with the potential to experience anaphylaxis.

Prevalence of anaphylaxis within the community

As outlined in the [National Allergy Strategy](#) for Australia; “allergic diseases, particularly food allergy and drug allergy, are increasing in prevalence, complexity and severity”¹. This issue is highlighted the following:

- Hospital admissions for anaphylaxis have increased 5-fold in Australia from 1997 to 2013.²
- Hospital admissions in Australia for food related anaphylaxis have increased 4-fold between 1999 and 2012.³
- One in 10 infants now have a food allergy⁴ and 1 in 20 children aged 10-14 years of age have a food allergy⁵ and 2-4% of adults.⁶
- Fatalities from food-induced anaphylaxis increase by around 10% each year.⁷

As the number of cases of anaphylaxis are increasing, there is a need for increased rigor to manage responses and public health risks. In November 2018 the Department of Health (Victoria) implemented anaphylaxis notifications scheme, whereby all anaphylaxis cases presenting to hospital for treatment are required to be reported to DHHS.⁸ Allergy & Anaphylaxis Australia, citing data from the Victorian anaphylaxis notifications scheme, state that between 1st November 2018 and 3rd June 2019 there had been 1353 anaphylaxis presentations to Victorian emergency departments.⁹

It has been shown that the incidence of anaphylaxis in Victoria is on the rise. The [Anaphylaxis Clinical Care Standard](#) outlines data for all

¹ [National Allergy Strategy: Improving the health and quality of life of Australians with allergic disease](#), pg. 5

² Mullins et al. Anaphylaxis Fatalities in Australia 1997 to 2013. JACI. 2016. 137 (2): Suppl AB57. DOI: 10.1016/j.jaci.2015.12.189

³ Mullins, Dear, Tang. 2015 Time trends in Australian hospital anaphylaxis admissions in 1998-1999 to 2011-2012; JACI

⁴ Osborne NJ, Koplin JJ, Martin PE, Gurrin LC, Lowe AJ, Matheson MC, et al. Prevalence of challenge proven IgE-mediated food allergy using population-based sampling and predetermined challenge criteria in infants. J Allergy Clin Immunol. 2011; 127 (3):668-76

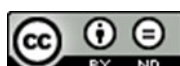
⁵ Sasaki M, Koplin JJ, Dharmage SC, Field MJ, Sawyer SM, McWilliam V, Peters RL, Gurrin LC, Vuillermin PJ, Douglass J, Pezic A, Brewerton M, Tang MLK, Patton GC, Allen KJ. *Prevalence of clinic-defined food allergy in early adolescence: the School Nuts study*. J Allergy Clin Immunol 2017; DOI: 10.1016/j.jaci.2017.05.041

⁶ Tang MLK, Mullins RJ. *Food allergy: is prevalence increasing?* IMJ. 2017. doi:10.1111/imj.13362

⁷ Mullins et al. *Anaphylaxis Fatalities in Australia 1997 to 2013*. JACI. 2016. 137 (2): Suppl AB57. DOI: 10.1016/j.jaci.2015.12.189

⁸ [DHHS anaphylaxis notifications](#)

⁹ Allergy & Anaphylaxis Australia (2019), [Food Standards Food Safety submission](#), pg. 1.



Victorian public emergency department presentations pertaining to anaphylaxis for the financial years 2012–13 to 2016–17 that shows:

- There were 9,329 emergency department presentations for anaphylaxis, involving 8,322 patients.
- In four years, Victoria experienced a 75 per cent increase in anaphylaxis presentations to emergency departments, from 1,365 in 2012–13 to 2,388 in 2016–17.¹⁰

Course background

Since its initial accreditation in 2005, this course has experienced a high demand. In part, the demand has stemmed from the increased awareness of comprehensive strategies for the management and emergency response to anaphylaxis and from legislation related to anaphylaxis management training requirements. The existing course (22300VIC) meets the needs of each of the following legislation and this re-accredited course (22578VIC) has been developed to continue to meet these requirements:

- Ministerial Order 706 - Anaphylaxis Management in Victorian Schools
- Children's Services Regulations 2020 (Victoria)
- Education and Care Services National Regulations 2011

This course, although aligned to the requirements of children's services and schools, is used in a variety of industry sectors and workplace settings such as (but not limited to): aged care, disability, sport/recreation, security, early childhood, and schools.

As such, this course supports compliance with health and safety laws and regulations regarding managing risks to health and safety and having appropriately trained individuals in the workplace to provide first aid, as required under:

- Work Health and Safety (WHS) Act and Regulations
- Occupational Health and Safety (OHS) Act and Regulations

Enrolment data

NCVER Total VET Activity enrolment data for the previous course *22300VIC Course in First Aid Management of Anaphylaxis* (accredited for the period 01/01/2016-31/12/2020) shows a significant up-take of this course, with the highest volume of enrolment being in Victoria.

Currently (September 2020), on training.gov.au (TGA), there are 88 Registered Training Organisations (RTOs) with 22300VIC on their

¹⁰ Safer Care Victoria (2019), [Anaphylaxis Clinical Care Standard](#), pg. 3

scope of registration, with 75 of these registered to deliver in Victoria.

NCVER Total VET Activity enrolment data for 22300VIC					
<i>Data extracted 03/09/2020</i>	2016	2017	2018	2019	Total
Victoria	9,333	8,505	11,004	10,442	39,283
Queensland	8,717	2,995	2,958	3,138	17,801
New South Wales	953	2,794	3,909	3,800	11,449
South Australia	770	696	80	96	1,645
Tasmania	1,374	25	65	43	1,507
Australian Capital Territory	232	341	491	437	1,497
Northern Territory	118	310	434	353	1,209
Western Australia	31	67	349	375	826
Not known	51	8	44	23	125
TOTAL	21,575	15,726	19,342	18,698	75,338

NCVER Total VET Activity enrolment data for 2020 will not be available until mid-2021. The full impact that COVID-19 has had on enrolments in this course is unknown until 2020 data is released. It is anticipated that any impact on enrolments would be reflected predominantly in the Victorian data due to extended lockdown/disruptions to the training system, although anecdotal feedback from RTOs in Victoria is that there continues to be an ongoing training demand.

Course consultation and validation process

The development of the *22578VIC Course in First Aid Management of Anaphylaxis* was overseen by a project steering committee.

Course consultation and development involved:

- Project Steering Committee input via email, telephone consultation and PSC meetings to review and evaluate course content and structure.
- A review of the skills and knowledge requirements of the existing course.
- A review of ASCIA Action Plan for Anaphylaxis, ASCIA Action Plan for Allergic Reactions, ASCIA First Aid Plan for Anaphylaxis, and ASCIA guidelines to inform the course contents.

Members of Project Steering Committee:

Anthony Cameron	Australian Red Cross
Dr Katie Frith	Australasian Society of Clinical Immunology and Allergy (ASCIA)
Peter Nicholson	LivCor
Dr Wendy Norton	Allergy and Anaphylaxis Australia
Sandra Vale	National Allergy Strategy
Sally Voukelatos	Allergy and Anaphylaxis Australia
Carol Whitehead	The Royal Children's Hospital
Phillipa Wilson	Premium Health
Skye Wimpole	Department of Education and Training Victoria
Anna Sims	Ambulance Victoria
Tamara Brown	St John Ambulance Australia (Victoria)
Andrew Fleming	Community Services & Health Industry Training Board (Vic)

In attendance:

Autumn Shea	CMM for Human Services
Jennifer Fleischer	CMM Project Officer
Tom Howell	Premium Health
Kathryn Rigopoulos	The Royal Children's Hospital

Currency / refresher training requirements

WorkSafe Victoria's *Compliance Code: First aid in the workplace* requires employers ensure that the qualifications of first aid officers are current and updated regularly. Victoria's Compliance Code states that "*Training in cardiopulmonary resuscitation (CPR) should be carried out annually and first aid qualifications should be renewed every three years.*"¹¹ The Safe Work Australia's *Model Code of Practice: First Aid in the Workplace* requires employers to ensure that their nominated first aiders attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. The Code of Practice states that "*refresher training in CPR should be carried out annually and first aid qualifications should be renewed every three years.*"¹² Some industry sectors and employers may require first aiders to undertake more frequent refresher training.

¹¹ WorkSafe Victoria, [Compliance Code: First aid in the workplace](#) (Nov 2021), pg. 10 & 21.

¹² Safe Work Australia, [Code of Practice: First aid in the workplace](#) (July 2019), pg. 17.



	Those who have undertaken this course should refer to the relevant national/state/territory Work Health and Safety Regulatory Authority and their industry/workplace requirements to determine their mandatory refresher training requirements. Best practice recommendation: It is a recommendation of the Project Steering Committee, which oversaw this reaccreditation, that best practice for refresher training of <i>22578VIC Course in First Aid Management of Anaphylaxis</i> is that it occurs every 2 years. In addition, they recommend that the skills and knowledge related to using adrenaline devices be refreshed at least annually by having hands-on practice using an adrenaline trainer device and undertaking industry-relevant training such as the ASCIA anaphylaxis e-training module on adrenaline devices.¹³ This course: • Does not duplicate, by title or coverage, the outcomes of an endorsed training package qualification • Is not a subset of a single training package qualification that could be recognised through one or more statements of attainment or a skill set • Does not include units of competency additional to those in a training package qualification that could be recognised through statements of attainment in addition to the qualification • Does not comprise units that duplicate units of competency of a training package qualification.
3.2 Review for reaccreditation	The review for reaccreditation took into consideration feedback from the course monitoring and evaluation processes; current ASCIA guidelines, ASCIA Action Plans and ASCIA First Aid Plan; and guidance from the Project Steering Committee. The following change was incorporated during this reaccreditation: • Refining units for clarity of expression (in the Elements and Performance Criteria) and ensuring alignment to current processes outlined in ASCIA guidelines, ASCIA Action Plans and ASCIA First Aid Plan • Updating terminology throughout to align to the terminology used in current ASCIA guidelines, ASCIA Action Plans and ASCIA First Aid Plan • Removing references to specific brands of adrenaline devices e.g. EpiPen®, from the units to ‘future-proof’ this

¹³ This being either: [ASCIA anaphylaxis e-training for schools and early childhood education/care](#) OR [ASCIA anaphylaxis e-training first aid \(community\)](#)



	course for other brands being approved for release on the Australian market • Addition of content regarding post-incident support and seeking additional wellbeing support, if necessary • Changes to the additional competency and currency requirements for trainers and assessors of this course • Changes to the steering committee’s recommendations about refresher training for those who undertake this course • Removal of reference to a recommended, but not mandatory, entry requirement of ‘competency in Cardiopulmonary Resuscitation (CPR)’. This course, the 22578VIC <i>Course in First Aid Management of Anaphylaxis</i>, replaces and is equivalent to the 22300VIC <i>Course in First Aid Management of Anaphylaxis</i>. The following transition table identifies the relationship between units from this re-accredited course to units from 22300VIC <i>Course in First Aid Management of Anaphylaxis</i> Transition Table <table><tr><th>Units from: 22578VIC</th><th>Units from: 22300VIC</th><th>Relationship</th></tr><tr><td>VU23090 - Provide first aid management of anaphylaxis</td><td>VU21800 - Provide first aid management of anaphylaxis</td><td>Equivalent</td></tr><tr><td>VU23091 - Develop risk minimisation and risk management strategies for anaphylaxis</td><td>VU21801 - Develop risk minimisation and risk management strategies for anaphylaxis</td><td>Equivalent</td></tr></table>	Units from: 22578VIC	Units from: 22300VIC	Relationship	VU23090 - Provide first aid management of anaphylaxis	VU21800 - Provide first aid management of anaphylaxis	Equivalent	VU23091 - Develop risk minimisation and risk management strategies for anaphylaxis	VU21801 - Develop risk minimisation and risk management strategies for anaphylaxis	Equivalent
Units from: 22578VIC	Units from: 22300VIC	Relationship								
VU23090 - Provide first aid management of anaphylaxis	VU21800 - Provide first aid management of anaphylaxis	Equivalent								
VU23091 - Develop risk minimisation and risk management strategies for anaphylaxis	VU21801 - Develop risk minimisation and risk management strategies for anaphylaxis	Equivalent								
4. Course outcomes	<i>Standards 1, 2, 3 and 4 AQTF Standards for Accredited Courses</i>									
4.1 Qualification level	22578VIC <i>Course in First Aid Management of Anaphylaxis</i> meets an identified industry need, but does not have the breadth, depth or volume of learning of an Australian Qualification Framework (AQF) qualification.									
4.2 Employability skills	<i>Not applicable</i>									
4.3 Recognition given to the course	<i>Not applicable</i>									
4.4 Licensing/ regulatory requirements	<i>There are no licensing requirements for this course.</i>									

5. Course rules <i>Standards 2, 6, 7 and 9 AQTF Standards for Accredited Courses</i>				
5.1 Course structure To be eligible for the award of a Statement of Attainment for the 22578VIC Course in First Aid Management of Anaphylaxis, participants must successfully complete the two (2) units listed in table below. Where the full course is not completed, a Statement of Attainment will be issued for any completed unit.				
Unit of competency code	Field of Education code (six-digit)	Unit of competency title	Pre-requisite	Nominal hours
VU23090	069907	Provide first aid management of anaphylaxis	None	2
VU23091	069907	Develop risk minimisation and risk management strategies for anaphylaxis	VU23090	2
Total nominal hours				4
5.2 Entry requirements There are no mandatory entry requirements for the <i>22578VIC Course in First Aid Management of Anaphylaxis</i>. Learners enrolling in this course are best equipped to successfully undertake the course if they have as a minimum, language, literacy and numeracy skills that align to Level 3 of the Australian Core Skills Framework (ACSF), see the ACSF website for more information. Learners with language, literacy and numeracy skills at a lower level than suggested may require additional support to successfully undertake the course.				
6. Assessment <i>Standards 10 and 12 AQTF Standards for Accredited Courses</i>				
6.1 Assessment strategy All assessment, including Recognition of Prior Learning (RPL), must be compliant with the requirements of: - Standard 1 of the AQTF: Essential Conditions and Standards for Initial/Continuing Registration and Guidelines 4.1 and 4.2 of the VRQA Guidelines for VET Providers, or - the Standards for Registered Training Organisations 2015 (SRTOs), or				

	- the relevant standards and Guidelines for RTOs at the time of assessment. Assessment strategies should be designed to: - Cover the range of skills and knowledge required to demonstrate achievement of competence - Collect evidence on several occasions to suit a variety of contexts and situations - Be appropriate to the knowledge, skills, methods of delivery and needs and characteristics of learners - Recognise prior learning - Assist assessors to interpret evidence consistently - Be equitable to all groups of learners Assessment strategies for this course should be developed to simulate a range of different workplace environments, as closely as possible and reflect current industry practice. RTOs must: - Develop strategies based on consultation with industry stakeholders - Ensure assessment reflects regulations and laws governing the first aid sector and is up-to-date with current ASCIA guidelines - Monitor and improve the effectiveness of assessment strategies based on data gathered from industry stakeholders and learners. Assessment methods must include the practical application of knowledge and demonstration of skills, and may also include: - Oral and written questioning related to underpinning knowledge - Problem solving activities - Case studies - Role play/scenarios Where possible, an integrated approach to assessment is recommended.
6.2 Assessor competencies	Assessment must be undertaken by a person or persons in accordance with: Standard 1.4 of the AQTF: Essential Conditions and Standards for Initial/Continuing Registration and Guidelines 3 of the VRQA Guidelines for VET Providers,

	or - the Standards for Registered Training Organisations 2015 (SRTOs), or - the relevant standards and Guidelines for RTOs at the time of assessment. Additional Requirements It has been determined that assessors are required to have a higher level of knowledge and skills than that being trained/assessed. To evidence this, they must have successfully completed the ASCIA Anaphylaxis e-training for health professionals. In addition, assessors must maintain current competence in this course (<i>22578VIC Course in First Aid Management of Anaphylaxis</i>) and the <i>ASCIA Anaphylaxis e-training for health professionals</i> by undertaking refresher training every 2 years.
7. Delivery	<i>Standards 11 and 12 AQTF Standards for Accredited Courses</i>
7.1 Delivery modes	This course may be delivered in a variety of modes, including via: - Classroom delivery - Workplace or simulated workplace - Blended learning Where possible, participants should be exposed to real work environments and examples/case studies. It is recommended that the units be delivered in an integrated manner, as some areas of content may be common to more than one element of competency. Strategies should be selected to reflect the nature of the elements and performance criteria and the needs of the participants. An appropriate mix of knowledge and skills development is important.
7.2 Resources	RTOs must ensure that learners have access to an environment appropriate to the assessment task that is either on the job or in a simulated workplace environment. When delivered to staff from Victorian Schools, the following resource must be used: Current Guidelines for Managing Anaphylaxis in Victorian Schools (developed by Victorian Department of Education and Training) Resources required to deliver the course include:

- Training facilities and equipment
- Related range of texts, references and audio/visual material
- Current Australasian Society of Clinical Immunology and Allergy (ASCIA) [guidelines and resources for emergency/first aid treatment of anaphylaxis](#)
- Current ASCIA Action Plan for Anaphylaxis, ASCIA Action Plan for Allergic Reactions, and ASCIA First Aid Plan for Anaphylaxis
- Adrenaline trainer device/s
- Communication equipment
- Workplace incident/injury reporting documentation
- Relevant organisational policies and procedures
- Relevant legislative documents

RTOs should ensure that reference material is up-to-date and consistent with current versions of:

- ASCIA guidelines relevant to the outcomes of this course
- Australian Resuscitation Council (ARC) guideline for *Recognition and First Aid Management of the Unconscious Victim* (ANZCOR Guideline 3)

Trainers:

Training must be undertaken by a person or persons in accordance with:

- Standard 1.4 of the AQTF: Essential Conditions and Standards for Initial/Continuing Registration and Guideline 3 of the VRQA Guidelines for VET Providers,

or

- the Standards for Registered Training Organisations 2015 (SRTOs),

or

- the relevant standards and Guidelines for RTOs at the time of assessment.

Additional Requirements

It has been determined that trainers are required to have a higher level of knowledge and skills than that being trained/assessed. To evidence this, they must have successfully completed the [ASCIA Anaphylaxis e-training for health professionals](#).

In addition, trainers must maintain current competence in this course (22578VIC Course in First Aid Management of Anaphylaxis) and the

	<i>ASCIA Anaphylaxis e-training for health professionals by undertaking refresher training every 2 years.</i>
8. Pathways and articulation	<i>Standard 8 AQTF Standards for Accredited Courses</i>
	There are no formal articulation arrangements in place.
9. Ongoing monitoring and evaluation	<i>Standard 13 AQTF Standards for Accredited Courses</i>
	The Curriculum Maintenance Manager for Human Services is responsible for the ongoing monitoring and evaluation of this course A review of the course will take place at the mid-point of the accreditation period. Feedback will be sought via surveys or one-on-one consultations from the project steering committee involved in the reaccreditation of this course, RTOs who deliver the course and other key stakeholders. The Victorian Registration and Qualifications Authority (VRQA) will be notified of significant changes to the course/s resulting from course monitoring and evaluation processes.

Section C—Units of competency

The following unit of competency have been developed for this course and are attached in this section:

- VU23090 - Provide first aid management of anaphylaxis
- VU23091 - Develop risk minimisation and risk management strategies for anaphylaxis

Unit code	VU23090
Unit title	Provide first aid management of anaphylaxis
Unit Descriptor	This unit describes the skills and knowledge required to recognise and assess severity of an allergic reaction and determine appropriate response; and to follow the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans or ASCIA First Aid Plan to provide appropriate first aid to a person experiencing anaphylaxis. <i>No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.</i> <i>Requirements for refresher training should be obtained from the relevant national/state/territory Work Health and Safety Regulatory Authorities</i>
Employability Skills	This unit contains Employability Skills.
Application of the Unit	The skills and knowledge described in this unit can be applied in the workplace or in the community where providing first aid management of anaphylaxis may be required. This may include, but is not limited to: schools, early childhood, office environment, manufacturing workplaces, sport, fitness and outdoor recreation settings. Application of this unit relates to the use of adrenaline (epinephrine) devices currently approved for use and available in Australia.

ELEMENT**PERFORMANCE CRITERIA**

Elements describe the essential outcomes of a unit of competency.

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold italicised text is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.

- | | |
|---|---|
| <p>1. Confirm an allergic reaction and respond to the situation</p> | <p>1.1 Evaluate the casualty's condition and recognise <i>signs and symptoms of an allergic reaction</i>, including anaphylaxis</p> <p>1.2 Assess severity of allergic reaction to identify if the casualty is experiencing a mild/moderate or severe allergic reaction (anaphylaxis) and recognise an emergency situation</p> |
|---|---|

- 1.3 Identify and minimise **risks** and **hazards**, without delaying administration of adrenaline, to ensure safety for self, bystanders and casualty
- 1.4 Determine required response in accordance with the relevant **ASCIA Action Plan or ASCIA First Aid Plan**
- 1.5 Promptly obtain required **resources and equipment**
- 1.6 Perform **necessary checks** of adrenaline device to confirm its suitability for use and **take appropriate action** if identified as unsuitable
- 1.7 Display respectful behaviour towards casualty and reassure them in a caring and calm manner
2. Provide appropriate first aid response for allergic reactions, including anaphylaxis
 - 2.1 Follow the ASCIA Action Plan or ASCIA First Aid Plan and the organisation's emergency response procedures to provide a first aid response for allergic reactions, including anaphylaxis
 - 2.2 Recognise if the casualty has a tick bite or insect sting and **safely remove tick or insect sting** (where still present) in accordance with the ASCIA Action Plan or ASCIA First Aid Plan
 - 2.3 Identify if the casualty has prescribed medications listed in their ASCIA Action Plan, and administer in accordance with the ASCIA Action Plan
 - 2.4 Place casualty in the **correct position** for management of anaphylaxis
 - 2.5 Promptly **administer adrenaline using an adrenaline device**, in accordance with the ASCIA Action Plan or ASCIA First Aid Plan
 - 2.6 **Monitor casualty's condition** in accordance with current first aid principles and the ASCIA Action Plan or ASCIA First Aid Plan
3. Request assistance and communicate details of the incident
 - 3.1 Request immediate medical assistance from emergency services following administration of adrenaline, using appropriate **communication equipment**
 - 3.2 Seek **additional emergency assistance** that may be available within the organisation or workplace, where required

- | | | |
|--|-----|--|
| | 3.3 | Accurately and concisely convey details of the casualty's condition and emergency first aid actions undertaken to relieving personnel , in a time critical manner |
| | 3.4 | Communicate information to relevant others as specified in casualty's ASCIA Action Plan and/or organisational policies and procedures |
| | 3.5 | Complete required documentation in a timely manner, presenting all relevant facts, in accordance with organisational policies and procedures |
| 4. Evaluate response to the anaphylaxis emergency incident | 4.1 | Follow organisational procedures for post-incident support after an anaphylaxis emergency and identify wellbeing supports that are available |
| | 4.2 | Assess the workplace's response to the anaphylaxis emergency incident, in accordance with organisational policies and procedures |
| | 4.3 | Make recommendations for identified areas of improvement and communicate within organisation, in accordance with organisational policies and procedures |

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

Required skills

- Interpersonal skills to reassure the casualty in a caring and calm manner
- Observation skills to:
 - Recognise severity of an allergic reaction
 - Monitor casualty's condition for:
 - Signs the casualty may be progressing from mild/moderate to severe allergic reaction (anaphylaxis)
 - Response to adrenaline
 - Need for additional action following initial administration of adrenaline
- Following the processes outlined in the ASCIA Action Plan or ASCIA First Aid Plan when providing a first aid response for anaphylaxis
- Technical first aid skills to:
 - Position the casualty correctly for management of anaphylaxis
 - Recognise signs and symptoms of an allergic reaction

- Manage the unconscious, breathing casualty; including appropriate positioning to reduce the risk of airway compromise
- Use an adrenaline device correctly and promptly
- Communication skills to accurately convey details of the casualty's condition and the anaphylaxis emergency to emergency services
- Literacy skills to:
 - Complete required workplace documentation
 - Read and interpret:
 - Instructions on adrenaline devices
 - ASCIA Action Plans and ASCIA First Aid Plan
 - Organisational policies and emergency response procedures

Required Knowledge

- The signs and symptoms of an allergic reaction and how to distinguish between:
 - Mild/moderate allergic reactions
 - Severe allergic reactions (anaphylaxis)
- That mild/moderate signs and symptoms of an allergic reaction do not always precede anaphylaxis
- Required first aid response and appropriate actions to take for allergic reactions of different severity (mild/moderate and severe), in accordance with the current:
 - ASCIA Action Plan for Anaphylaxis
 - ASCIA Action Plan for Allergic Reactions
 - ASCIA First Aid Plan for Anaphylaxis
- The key differences between, and purposes of, the ASCIA Action Plan for Anaphylaxis, the ASCIA Action Plan for Allergic Reactions, and the ASCIA First Aid Plan for Anaphylaxis
- The common triggers/allergens that cause allergic reactions, including:
 - Foods (peanuts, tree nuts, egg, cow's milk, wheat, soy, lupin, fish, sesame and shellfish)
 - Insect stings and tick bites
 - Medications, including antibiotics and pain relief medication
- The less-common triggers/allergens that cause allergic reactions, including:
 - Exercise (with or without food)
 - Cold
 - Latex
- Standard principles and procedures for responding to anaphylaxis, including:

- Bringing medication to the casualty rather than moving the casualty
- Not allowing the casualty to walk, stand or sit up suddenly, even if they appear to have recovered
- Correct positioning of adult, children, infant and pregnant casualties for management of anaphylaxis
- Correct positioning of an unconscious, breathing casualty (recovery position)
- Potential adverse consequences of the casualty walking (including walking to the ambulance), standing or sitting up suddenly
- How to distinguish between anaphylaxis and asthma
- Appropriate action to take if:
 - There is uncertainty whether the casualty is experiencing anaphylaxis or asthma
 - The casualty is displaying signs and symptoms of anaphylaxis, but has not previously been diagnosed as being at risk of anaphylaxis or has not been prescribed adrenaline
 - The casualty's own adrenaline device is unavailable
 - The correct dose adrenaline device is unavailable
 - The casualty becomes unresponsive and is not breathing properly
 - There is no response to the administration of adrenaline after 5 minutes and the ambulance has not arrived
 - Adrenaline is accidentally administered to an individual not experiencing anaphylaxis (e.g. injected into thumb of first aider)
- That an individual can experience anaphylaxis even though they may not have been diagnosed as being at risk of anaphylaxis or have not been prescribed an adrenaline device
- Anaphylaxis emergency response procedures for the workplace
- Requirements for replacement of the adrenaline device
- Documentation requirements
- Refresher training requirements, including when a new device enters the market

RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Signs and symptoms of an allergic reaction may include:

- Mild to moderate allergic reaction:
 - Swelling of lips, face, eyes
 - Hives or welts

- Tingling mouth
- Abdominal pain and/or vomiting (*these are signs of a mild to moderate allergic reaction to most allergens, however, are signs of anaphylaxis for insect allergies*)
- Anaphylaxis (severe allergic reaction) is indicated by any one of the following:
 - 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)
 - Abdominal pain and/or vomiting (*for insect allergies*)

Risks may include:

- Risks associated with the trigger of the allergic reaction
- Worksite equipment, machinery and substances
- Environmental risks
- Contamination by bodily fluids
- Risk of further injury to the casualty

Hazards may include:

- Trigger of allergic reaction (e.g. food, bees, ants, medication, latex)
- Workplace hazards
- Environmental hazards
- Proximity of other people
- Hazards associated with casualty management

ASCIA Action Plan or ASCIA First Aid Plan means:

- Either:
 - The casualty's ASCIA Action Plan for Anaphylaxis
- OR
- The casualty's ASCIA Action Plan for Allergic Reactions
- OR
- The current ASCIA First Aid Plan for Anaphylaxis (*where the casualty's ASCIA Action Plan is not*

available OR the casualty is not known to be at risk of anaphylaxis)

Resources and

equipment may include:

- The casualty's ASCIA Action Plan for Anaphylaxis
- The casualty's own adrenaline device (where prescribed)
- The casualty's ASCIA Action Plan for Allergic Reactions
- Additional medications prescribed to the casualty that have been identified in their ASCIA Action Plan
- Workplace's emergency first aid kit containing adrenaline device for general use
- The current ASCIA First Aid Plan for Anaphylaxis
- Communication equipment

Necessary checks

include:

- Medication - It is adrenaline (epinephrine)
- Date - It is not past the use-by date
- Appearance of the adrenaline - Use clear rather than discoloured/cloudy
- Dose - as defined in the ASCIA Action Plan for the specified device.

Take appropriate action

may include:

- Obtaining for use:
 - The workplace's general use adrenaline device
 - Another person's adrenaline device (which MUST be replaced as soon as possible) if the general use device or the casualty's own device are not available
- In accordance with current ASCIA guidelines:
 - Use an adrenaline device which is out of date, discoloured or contains sediment in circumstances where no other adrenaline device is available
 - Use different dosages of adrenaline devices (as defined in ASCIA guidelines)
- Post emergency action:
 - Seek/obtain replacement device from individual and/or family
 - Return expired, faulty or misfired device to individual and/or family
- Where appropriate, return faulty device to manufacturer

Safely remove tick or insect sting may include:

- For bee stings - flick out sting if visible, as per ASCIA advice for bee allergy.
- For tick bites - seek urgent medical help or freeze tick and let it drop off (kill tick before removal), as per ASCIA advice for tick allergy.
- For wasp or ant stings – follow the ASCIA advice for bee allergy (noting there will be no sting to remove).

Correct position must be in accordance with:

- The current ASCIA guidelines, ASCIA Action Plans and ASCIA First Aid Plan for positioning of:
 - Children
 - Adults
 - Infants
 - Pregnant casualty
 - Unconscious, breathing casualty (recovery position)
- Australian Resuscitation Council (ARC) guideline 3 for *Recognition and First Aid Management of the Unconscious Victim* (recovery position)
- Correct positioning includes:
 - Not allowing the casualty (even if it appears they have recovered) to:
 - Walk
 - Stand
 - Be held upright (infants)
 - Sit up suddenly
 - Left lateral recovery position if unconscious

Administer adrenaline using an adrenaline device may include using:

- The casualty's own adrenaline device
- A general use adrenaline device in circumstances where:
 - The casualty's device is not immediately accessible or is out of date, discoloured or contains sediment
 - Further doses of adrenaline are required before an ambulance has arrived, including where:
 - The casualty has not responded to the first dose
 - The casualty has responded to first dose but relapses before emergency services arrive

- The casualty's device has misfired or accidentally been discharged
- The casualty is displaying signs and symptoms of anaphylaxis, but has not been diagnosed as being at risk of anaphylaxis or has not been prescribed an adrenaline device
- Another person's adrenaline device (which MUST be replaced as soon as possible) in circumstances where both the casualty's AND the general use devices are not available

Monitor casualty's condition includes:

- Monitoring the casualty for:
 - Signs they may be progressing from mild/moderate allergic reaction to severe allergic reaction (anaphylaxis)
 - Response to adrenaline
 - The need for additional action following initial administration of adrenaline, including:
 - Administration of asthma reliever puffer
 - Further administration of adrenaline doses if there is no response after 5 minutes and the ambulance has not arrived
 - Providing CPR if the casualty is unresponsive and not breathing normally

Communication equipment may include:

- Telephone (landline, mobile and satellite)
- Two-way radio
- Alarm systems

Additional emergency assistance may include:

- Doctors
- Nurses
- Designated first aiders
- Other individuals in the workplace who can provide assistance

Relieving personnel may include:

- Emergency services
- Doctor
- Nurse
- Designated first aiders

Relevant others may include:

- Parent or guardian
- Emergency contact
- School principal
- Workplace supervisor

Further wellbeing support may include:

- Debriefing conducted by skilled professional (e.g. critical incident counsellor)
- Peer support program (e.g. 250k)
- Professional psychological support
- Employee Assistance Programs (EAP)
- Lifeline
- Beyond Blue
- Youth Supports (e.g. Kids Helpline or Headspace)
- Allergy & Anaphylaxis Australia (A&AA)

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the accredited course document.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be assessed as competent in this unit the participant must be able to demonstrate the knowledge and skills required to achieve all of the elements of competency to the level defined by the associated performance criteria.

Specifically, they must be able to:

- Assess the situation, taking into consideration the casualty's condition, risks and hazards and the severity of the allergic reaction, to determine an appropriate response
- Follow a casualty's *ASCIA Action Plan for Anaphylaxis*, the casualty's *ASCIA Action Plan for Allergic Reactions* or the *ASCIA First Aid Plan for Anaphylaxis* to provide first aid responses to allergic reactions, including anaphylaxis
- Demonstrate:
 - Correct positioning for management of anaphylaxis; including for an unconscious, breathing casualty (using a simulated casualty)

- Correct use of all adrenaline devices that are approved for use and available in Australia (using a trainer device)
- Communicate details of the incident including requesting emergency assistance, conveying details of the casualty to emergency services and producing appropriate documentation according to established procedures
- Evaluate first aid response to the anaphylaxis emergency incident

Context of and specific resources for assessment

Assessment should be conducted in a simulated emergency environment involving practical demonstration of first aid response for allergic reactions, including anaphylaxis.

Resources required for assessment must include:

- Current ASCIA Action Plan for Anaphylaxis (*completed with simulated/sample medical information*)
- Current ASCIA Action Plan for Allergic Reactions (*completed with simulated/sample medical information*)
- Current ASCIA First Aid Plan for Anaphylaxis
- A simulated casualty
- Adrenaline trainer devices

Method of assessment

Assessment must include observation of the practical application of knowledge and demonstration of skills in using an adrenaline device, and may also include:

- Oral and written questioning related to underpinning knowledge
- Role play/scenarios
- Structured questions
- Problem solving activities

Unit code	VU23091
Unit title	Develop risk minimisation and risk management strategies for anaphylaxis
Unit Descriptor	The unit describes the skills and knowledge to develop strategies to identify, manage and minimise risks related to anaphylaxis. It provides the outcomes required to develop Individual Anaphylaxis Management Plans to reduce the risk of allergic reactions and the development of communication plans for the organisation. <i>No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication</i>
Employability Skills	This unit contains Employability Skills.
Prerequisite unit	VU23090 - Provide first aid management of anaphylaxis
Application of the unit	The skills and knowledge described in this unit can be applied in the workplace or in the community. This may include, but is not limited to: schools, early childhood, office environment, manufacturing workplaces, sport, fitness and outdoor recreation settings.

ELEMENT

PERFORMANCE CRITERIA

Elements describe the essential outcomes of a unit of competency.

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where italicised text is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.

- | | |
|--|---|
| <p>1. Develop and review individual anaphylaxis management plans</p> | <p>1.1 Identify individuals at risk of mild to moderate allergic reactions and anaphylaxis, in accordance with organisational procedures</p> <p>1.2 Obtain medical information from the individuals identified as being at risk</p> <p>1.3 Prepare the Individual Anaphylaxis Management Plan in consultation with the individual and/or parent/carer/guardian and distribute, in accordance with organisational policies and procedures</p> <p>1.4 Determine the required review schedule and undertake review of the Individual Anaphylaxis Management Plan, in accordance with organisational policies and procedures</p> |
|--|---|



- | | |
|---|--|
| 2. Develop and review strategies to minimise the risk of allergic reactions, including anaphylaxis | 2.1 Undertake risk assessment for the primary workplace location and for any proposed activities
2.2 Develop strategies to reduce the risk of an individual's exposure to known triggers/allergens
2.3 Review effectiveness of risk minimisation strategies, in accordance with the required review schedule, and provide feedback to relevant staff
2.4 Develop schedule for undertaking regular checks on the adrenaline device stock to ensure they are not out-of-date or discoloured |
| 3. Develop a communication plan to provide information about anaphylaxis and the organisation's management policy | 3.1 Identify relevant stakeholders to facilitate efficient distribution of information
3.2 Prepare a communication plan, in accordance with the organisation's procedures
3.3 Prepare information relevant to the stakeholder cohort
3.4 Review communication plan, in accordance with the required review schedule, to maintain its effectiveness |
| 4. Complete documentation | 4.1 Comply with the organisation's recordkeeping requirements
4.2 Maintain documentation in accordance with organisational policies and procedures |

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

Required skills

- Conduct a risk assessment
- Work cooperatively with others
- Communication skills to effectively communicate with a range of stakeholders
- Literacy skills to:
 - Develop:
 - Individual Anaphylaxis Management Plans
 - Communication plans
 - Read and interpret:

- Medical information
 - ASCIA Action Plans
 - Individual Anaphylaxis Management Plan
 - Organisational policies and procedures
- Planning and organising skills to develop:
 - Individual Anaphylaxis Management Plans
 - Communication plans
 - Risk minimisation strategies

Required Knowledge

- Processes for identifying and maintaining knowledge of individuals at risk, including children
- That the development of an Individual Anaphylaxis Management Plan must occur on commencement of employment or enrolment of new student
- The triggers/allergens to avoid for mild to moderate reactions and anaphylaxis in individuals
- Understanding of:
 - ASCIA guidelines for treatment of anaphylaxis
 - Relevant organisational policies and procedures
 - Relevant industry legislation and policies
- Mild to moderate allergic reactions and anaphylaxis and their potential consequences
- Risk identification and minimisation strategies for individuals at risk
- The need to obtain a reviewed/updated and signed ASCIA Action Plan from the individual every time their adrenaline device is replaced
- The correct storage of adrenaline device, including temperature requirements
- Requirements for the Individual Anaphylaxis Management Plan, including:
 - Responsibility for developing and reviewing the Plan
 - Information that must be included in the Plan
 - Individuals to be consulted during development and review of the Plan
 - What a review of the Plan entails / which components must be reviewed
- The required timing/intervals for review and the events that initiate the need to undertake a review of:
 - Individual Anaphylaxis Management Plans
 - Effectiveness of risk minimisation strategies
 - Communication plans

- That the scheduling and reviewing of the ASCIA Action Plans is the responsibility of the individual's treating doctor or nurse practitioner
- Sources of relevant and current information and guidelines, including:
 - ASCIA
 - Allergy & Anaphylaxis Australia
 - National Allergy Strategy
 - Relevant industry-specific anaphylaxis guidelines that apply to the individual's workplace/industry sector
- Processes and requirements for maintaining currency of knowledge and skills regarding adrenaline devices currently approved for use and available in Australia, including where a new device enters the market

RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Medical information

includes:

- ASCIA Action Plan for Anaphylaxis which has been completed and signed by the treating doctor or nurse practitioner
- ASCIA Action Plan for Allergic Reactions which has been completed and signed by the treating doctor or nurse practitioner
- Other medical conditions

Individual Anaphylaxis Management Plan must include:

- The individual's personal details
- Parent/carer/guardian details (depending on age of individual)
- Emergency contact
- Medical information that has been obtained from the individuals identified as being at risk
- The individual's ASCIA Action Plan for Anaphylaxis or their ASCIA Action Plan for Allergic Reactions
- Strategies to avoid allergic triggers
- Locations of all adrenaline device/s and their accompanying ASCIA Action Plans (*noting these should always be kept/stored together*)
- The staff member responsible for review of the *Individual*

Anaphylaxis Management Plan and the frequency, dates, and occasions for review

Required review schedule includes:

- Reviewing the Individual Anaphylaxis Management Plan at regular intervals, including:
 - At the start of each school year for school-aged children
 - At least annually for the non-school sector
 - As soon as possible following an anaphylaxis episode
 - Where there are changed circumstances, activities or environments that may increase the individual's risk of exposure to allergens

(Noting that the scheduling and reviewing of the ASCIA Action Plans is the responsibility of the individual's treating doctor or nurse practitioner; separate from the scheduling/reviewing of the Individual Anaphylaxis Management Plan)

- Reviewing the effectiveness of risk minimisation strategies:
 - At least annually
 - As soon as possible following an anaphylaxis episode or incident
- Reviewing the communication plan is at least annually

Risk assessment involves:

- Identification of potential sources of allergens
- Effect of environments on risks (e.g. remote settings exponentially increases risk)
- Staff skills in the risk management of anaphylaxis

Primary workplace location may include, but not limited to:

- School or campus
- Office environment
- Early Childhood Education Service
- Residential Aged Care
- Sport, fitness and recreation centres

Proposed activities may include:

- A range of workplace activities
- Conferences, workshops or off-site meetings
- Festivals or events
- In-school/children's services environments and out-of-

school children's services environments, including:

- Art, craft
- Cooking
- Science
- Incursions
- Canteens
- Parties/Special event days
- Excursions
- Camps etc.

Strategies include:

- Organisational policies
- Staff training
- Management of food related risks
- Management of potential exposure to insect stings/tick bites
- Emergency response procedures for all scenarios
- Sourcing current evidence-based information and guidelines from relevant peak and government bodies (e.g. ASCIA, Allergy & Anaphylaxis Australia, Victorian Department of Education and Training, WorkSafe Victoria)

Stakeholders may include:

- Carers/parents
- First aiders
- Management
- Students
- Teachers
- Nurses
- Casual staff
- Specialist staff
- Early childhood staff
- Food service staff such as canteen staff, canteen volunteers, camp cooks/chefs, etc.
- School camp providers
- Volunteers
- Employers/Employees
- Broader community

- Information** must include
- Identities of people diagnosed at risk of anaphylaxis (*noting that information regarding children and including teenagers can only be shared with relevant staff, not the broader community*)
 - Risk identification and strategies to minimise the risk of an individual's exposure to known triggers/allergens
 - Triggers of allergic reactions including anaphylaxis
 - Signs and symptoms of allergic reactions, including anaphylaxis
 - Roles and responsibilities of individuals in responding to allergic reactions
 - First aid and emergency response procedures for various scenarios
 - Location of all adrenaline devices and their accompanying ASCIA Action Plans (noting these should always be kept/stored together)
 - Correct storage of adrenaline devices, including the required temperature and protection from direct light
 - Use of adrenaline devices
 - Policies and procedures of the organisation

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the accredited course document.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be assessed as competent in this unit the participant must be able to demonstrate the knowledge and skills required to achieve all of the elements of competency to the level defined by the associated performance criteria.

Specifically, they must be able to:

- Identify individuals at risk of mild to moderate allergic reactions and anaphylaxis
- Undertake a risk assessment for a workplace and a proposed activity
- Develop and review, in accordance with organisational procedures:
 - Individual Anaphylaxis Management Plan
 - Strategies to reduce risk

- Communication plan
- Complete required workplace documentation

Context of and specific resources for assessment

Assessment must be conducted in a workplace or in a simulated workplace setting that reflects current workplace structures and systems.

Resources required for assessment are:

- ASCIA Action Plan for Anaphylaxis (*completed with simulated/sample medical information*)
- ASCIA Action Plan for Allergic Reactions (*completed with simulated/sample medical information*)
- Case studies and scenarios
- Relevant workplace documentation, including organisational policies and procedures

Method of assessment

For valid and reliable assessment, evidence should be gathered through a range of assessment methods, such as:

- Observation in the workplace
- Oral and written questioning related to underpinning knowledge
- Case study and scenario