



**ascia**

australasian society of clinical immunology and allergy

# **anaphylaxis e-training for children's education and care services**

## **2023 REPORT**



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## INTRODUCTION

From December 2022 to December 2023, ASCIA included a post-training survey in the *ASCIA anaphylaxis e-training for children's education and care services* course for Australia and New Zealand.

It was mandatory for each course participant to complete the survey which comprised eight questions. There were 9,133 surveys completed as follows:

- 9,049 respondents working in Australia.
- 84 respondents working in New Zealand.

For the purposes of this report, responses from those surveyed working in New Zealand (n = 84) have been omitted.

Responses from the surveys were analysed in 2024, providing the following valuable insights:

- Information about the survey respondents including their geographical region, the type of children's education and care service they are working in and their role at that service.
- Whether survey respondents felt the training was relevant to the work they are currently engaged in.
- Whether respondents have suggestions about how the *ASCIA anaphylaxis e-training for children's education and care services* could be improved.

### About ASCIA

ASCIA's purpose is to advance the science and practice of allergy and clinical immunology.

ASCIA achieves this by promoting the highest standard of medical practice, training, education, and research to improve the quality of life and health of people with immune system disorders. These include allergies, immunodeficiencies and other immune diseases.

An integral component of this is the provision of high-quality allergy and immunology education resources, including e-training courses for schools and children's education and care (CEC) staff.

ASCIA anaphylaxis e-training courses for schools and CEC staff were first developed in 2010. The courses provide accessible, consistent, and evidence-based training on recognition, emergency treatment and prevention of anaphylaxis. To facilitate access, ASCIA e-training courses are available at no charge to the user.

ASCIA anaphylaxis e-training is important for the following reasons:

- 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.



## METHOD AND ANALYSIS

Both quantitative and qualitative analyses of the responses was undertaken by an ASCIA Project Officer who had no prior involvement in the development or delivery of the survey.

Respondents were presented with eight survey questions comprising:

- Three demographic questions.
- Four multiple choice questions.
- One open ended question (optional).

The three demographic questions asked respondents to provide some basic information about the work they are currently undertaking.

1. Geographical region(s) where they were currently either working or undergoing training in children's education and care (CEC) services.
2. Roles within CEC.
3. Type of CEC service they work in.

The four multiple choice questions were designed to obtain information about the type of device used to complete the training module, to indicate how relevant the course material was to their practice, and to determine what aspects of the course the respondents liked. Respondents were asked to indicate if there **“Was there something you expected or wanted in the course, and it wasn't included?”**. Respondents who indicated “Yes”, were encouraged to provide details free text response. These responses were reviewed and analysis for themes was undertaken.

The open ended question **“Do you have any comments about how we can improve the course?”** was not compulsory for respondents to answer. Responses provided were reviewed and the following themes identified:

- More user-friendly presentation of information.
- More visual elements.
- Reduce the length of the course.
- More case scenarios and case-based learning.
- More detailed information about allergy.
- More information about adrenaline injectors.

## FINDINGS

Overall, the information provided in *ASCIA anaphylaxis e-training for children's education and care services* was well received by those who completed the course.

### Region of Practice:

- **65.5%** work in a metropolitan area (in or near a major city).
- **28.3%** work in a regional, rural or remote area.
- **6.2%** are currently undergoing training to work in children's education and care (CEC) services.

### Type of service:

- **47.6%** indicated that they worked long day care.
- **9.8%** worked in a kindergarten/preschool.
- **5.3%** worked in outside school hours care.
- **3.3%** worked in family day care.
- **22.9%** indicated they are currently training to work in CEC services.

### Roles:

- **79.4%** of respondents were educators.
- **6.9%** identified as being in a management role.
- **2.5%** indicated they worked as a cook/chef.

### Relevancy to current practice:

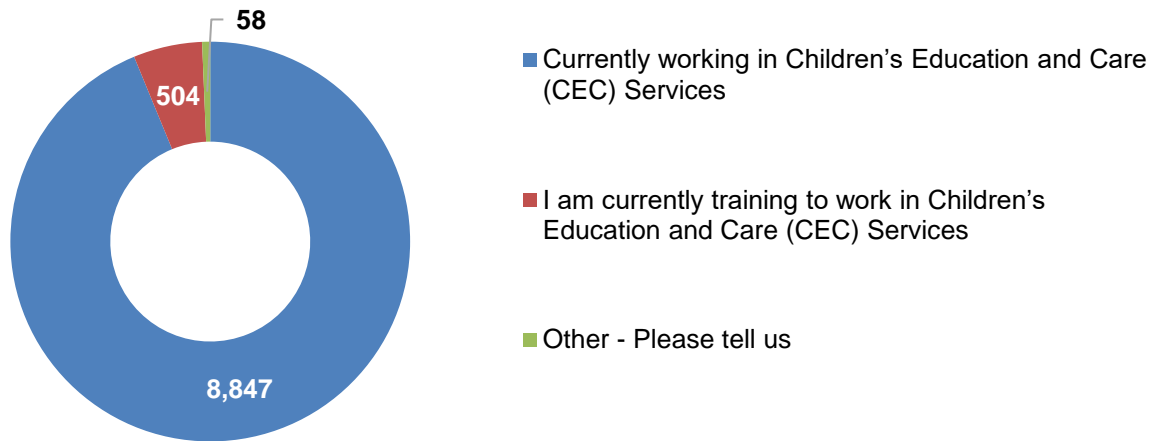
- **81.0%** found the course entirely relevant to their role.
- **6.4%** indicated that the course was partially relevant.
- **0.4%** did not find the course relevant to their role.
- **12.2%** were unable to assess relevancy of the course to their role as they were
  - Currently undergoing training to work in CEC services (**9.1%**).
  - Not currently working in CEC services (**3.1%**).

### Course content:

- **98.7%** indicated that there was nothing missing from the course.
- **97.5%** indicated the course did not need to be improved.

*“In what region do you work?”*

Respondents were asked to select the state or territory in which they worked, and to identify whether the region they worked in was a metropolitan area (in or near a major city), or a regional, rural or remote area. Also included in this list was the option for respondents to indicate they were currently undergoing training in children’s education and care services.



There were 9,049 responses to this question.

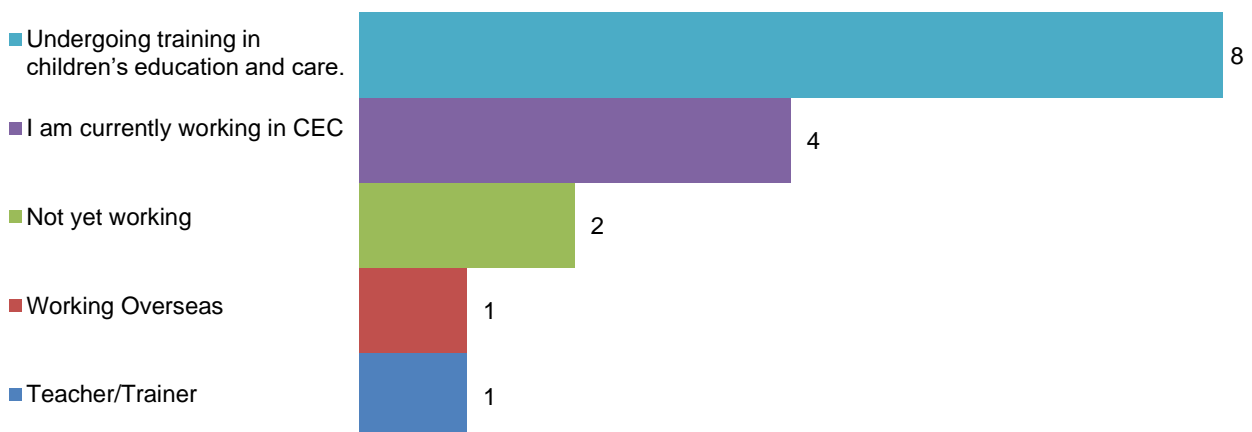
- 93.4% (n = 8,487) indicated that they worked in children’s education and care.
- 5.6% (n = 504) indicated were currently undergoing training in children’s education and care.
- 1% (n = 58) selected the option “Other – please provide details”.

Respondents who selected “Other – please provide details” for their current role in the absence of a more suitable option and provide further details.

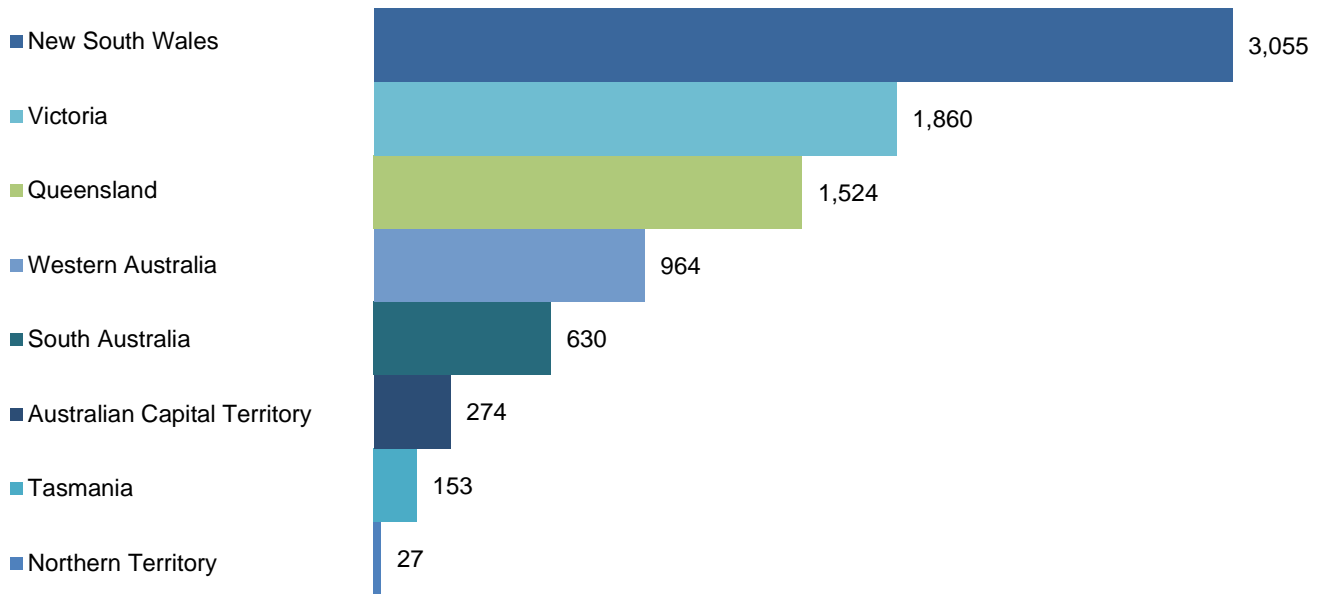
- 71.2% (n = 42) of respondents did not provide any further details.
- 28.8% (n = 17) provided a free text response.

Free text responses were analysed and where possible, grouped together in similar categories.

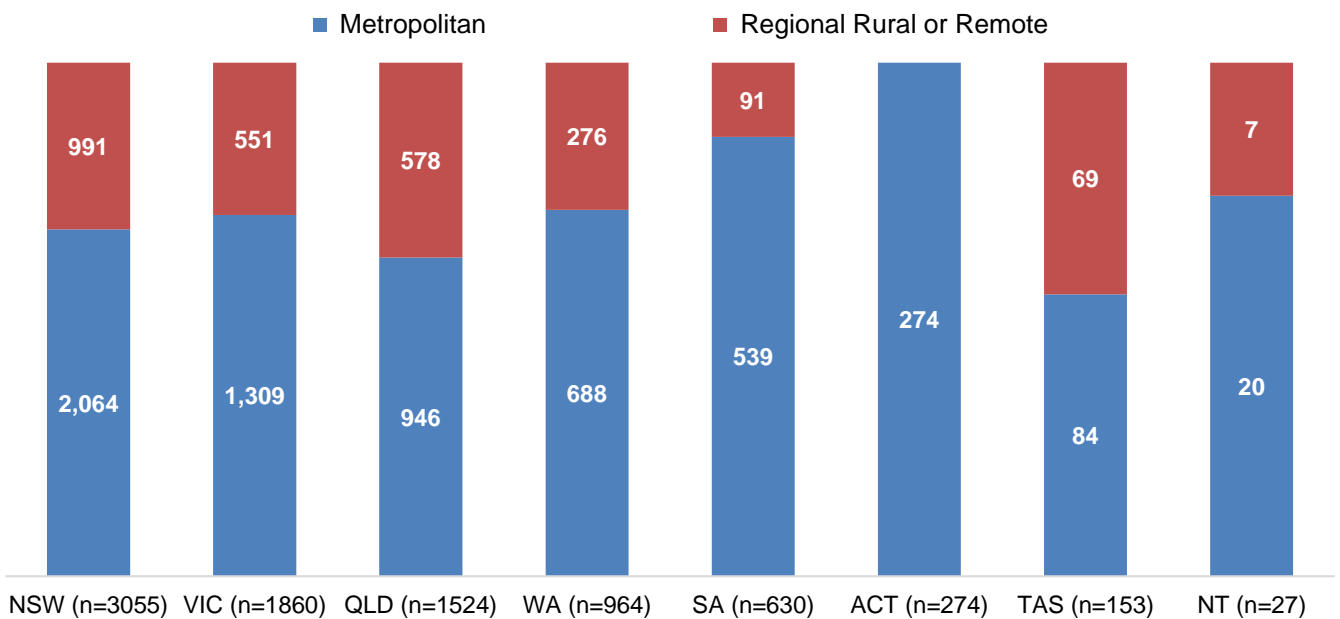
Details of "other"



Respondents who indicated that they were currently working in children’s education and care services (n = 8,487) selected the region in which they worked from a list of states and territories.



- 33.8% (n = 3,055) - New South Wales.
- 20.6% (n = 1,860) - Victoria.
- 16.8% (n = 1,524) - Queensland.
- 10.7% (n = 964) - Western Australia.
- 7.0% (n = 630) - South Australia.
- 3.8% (n = 274) - Australian Capital Territory.
- 1.7% (n = 153) - Tasmania.
- 0.3% (n = 27) - Northern Territory.



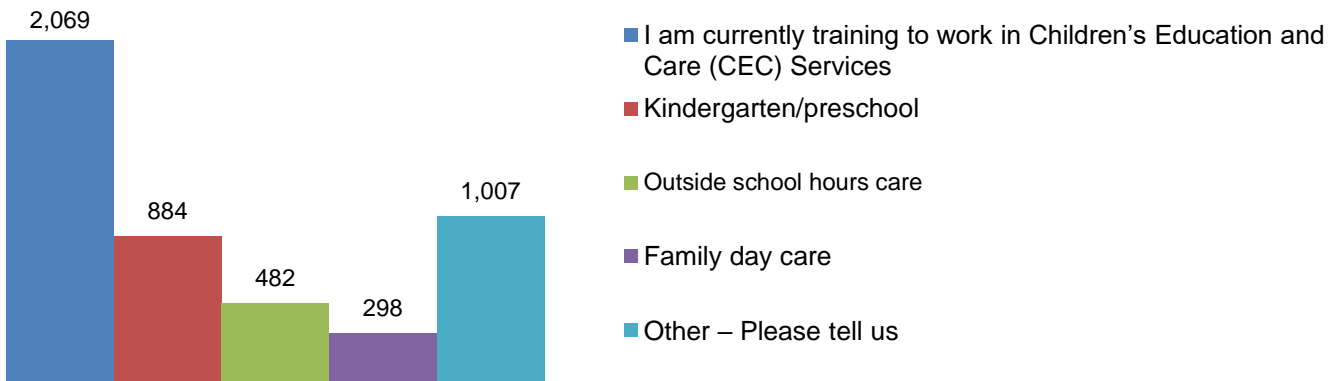
- 69.8% (n = 5,924) work in a metropolitan area (in or near a major city)
- 30.2% (n = 2,563) work in a regional, rural or remote area.



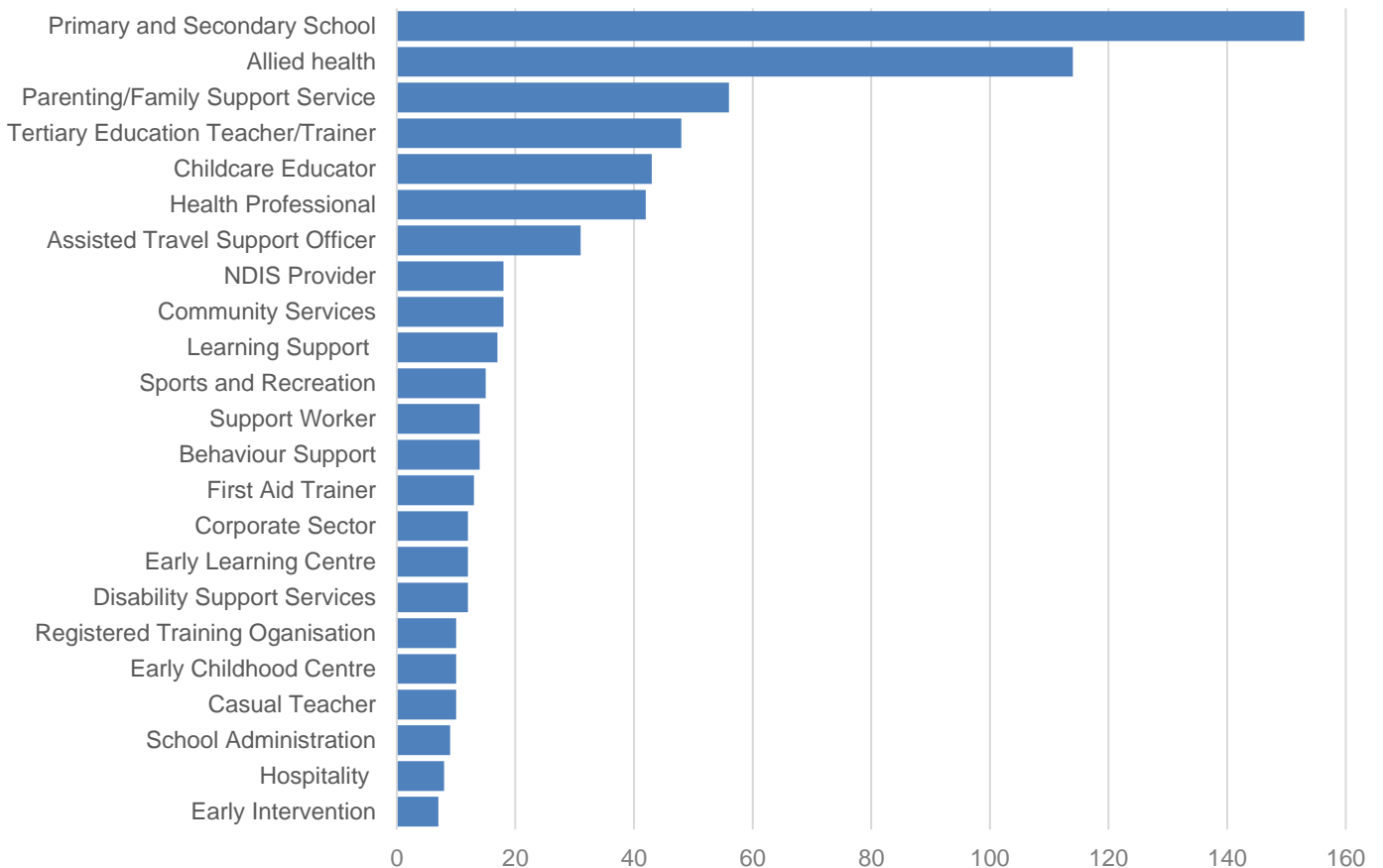
*“What type of service do you work in?”*

There were 9,049 responses to this question. 4,309 of 9,049 respondents worked in long day care (47.6%). The remainder were:

- 22.9% (n = 2,069) currently training to work in children’s education care services.
- 9.8% (n = 884) working in a kindergarten/preschool.
- 5.3% (n = 482) working in outside school hours care.
- 3.3% (n = 298) worked in family day care.
- 11.1% (n = 1,007) respondents who did not identify with any of the choices and selected “Other – please provide details”.



Just under one third of the respondents (284 of 1,007) who selected “Other – please tell us” did not provide any further information. The remaining 723 respondents provided some details about their role. 686 responses were grouped in similar categories. 47 responses were unable to be categorised and have been omitted from the table shown below.

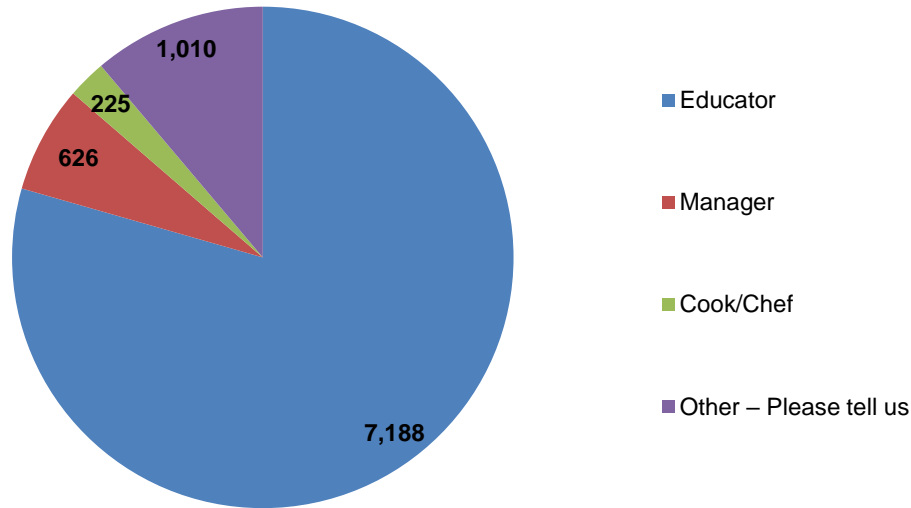




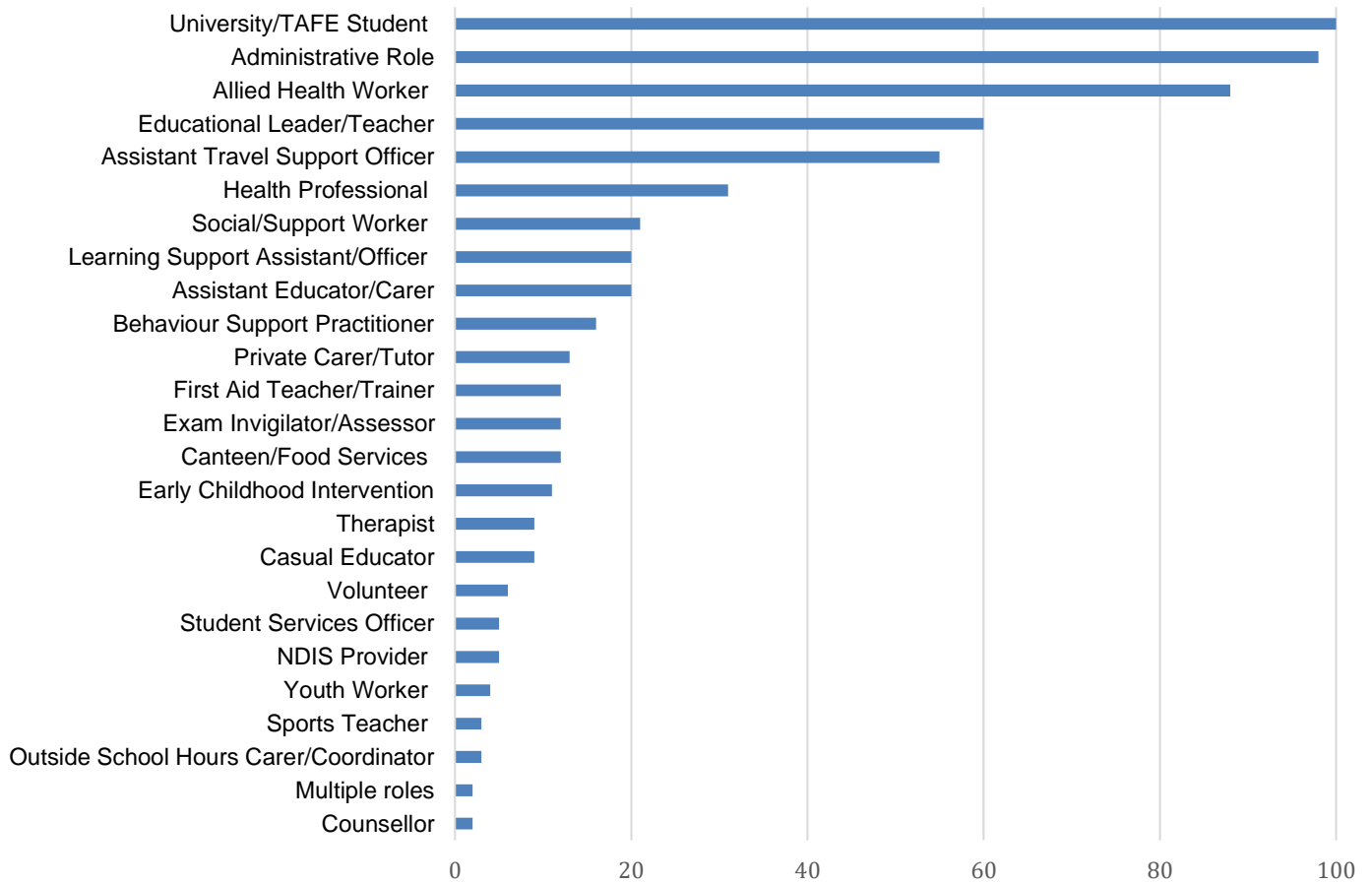
*“What is your main role in the CEC service?”*

There were 9,049 responses to this question. 7,188 of 9,049 respondents identified as educators which represented the majority at 79.4%. The remainder were:

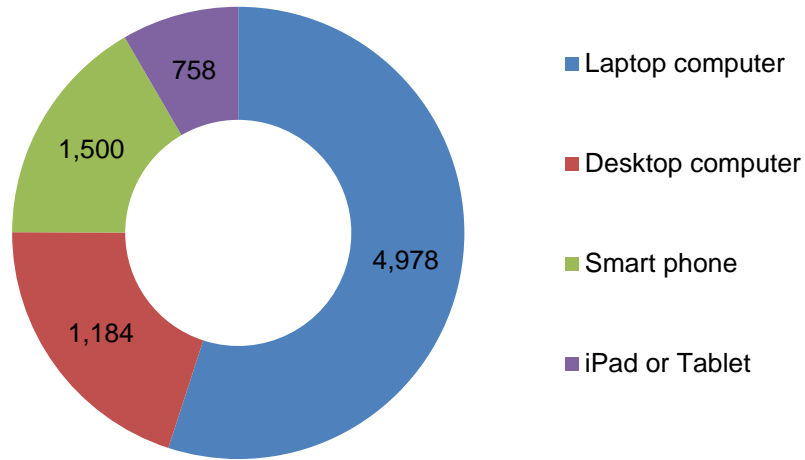
- Managers (n = 626) representing 6.9%,
- Cooks/Chefs (n = 225) representing 2.5%,
- “Other – please tell us” (n = 1,010) representing the remaining 11.2%.



Just under half of the respondents (393 of 1,010) who selected “Other – please tell us” did not provide any further information. The remaining 617 respondents provided some details about their role and were grouped together in similar categories where possible.

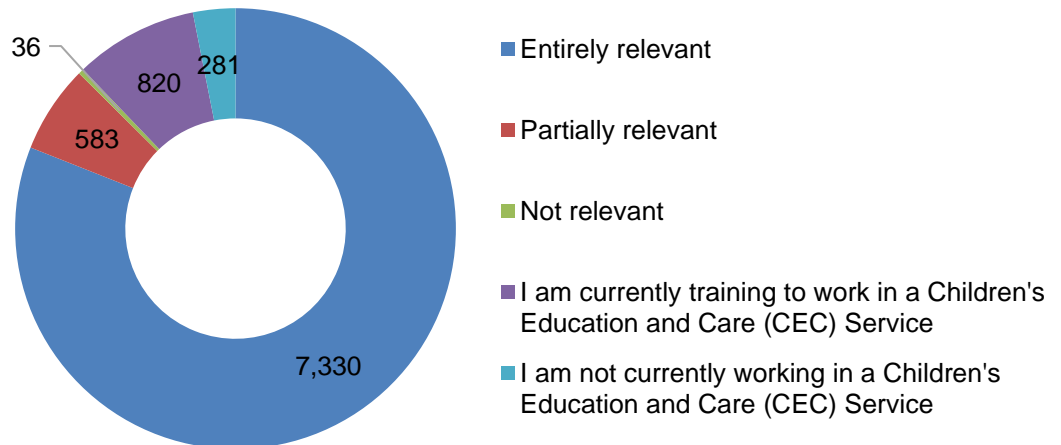


*“What device did you use mainly to complete the course?”*



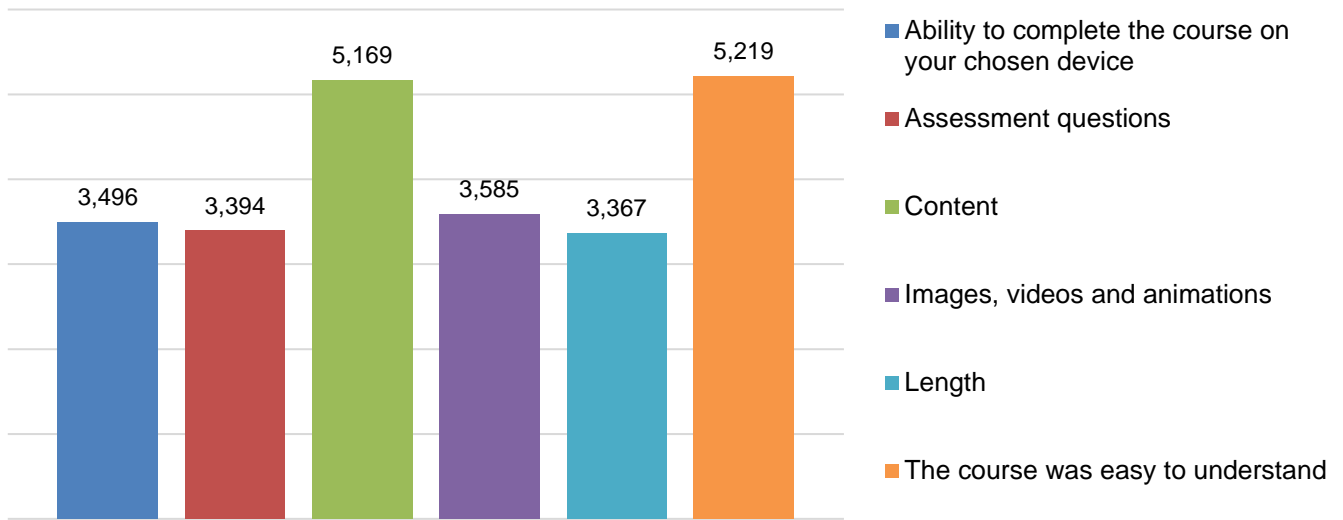
Laptop computer	Desktop computer	Smart phone	iPad or Tablet
4,978	1,184	1,500	758
<b>55.0%</b>	<b>20.0%</b>	<b>16.5%</b>	<b>8.4%</b>

*“How relevant was the course content to your work?”*



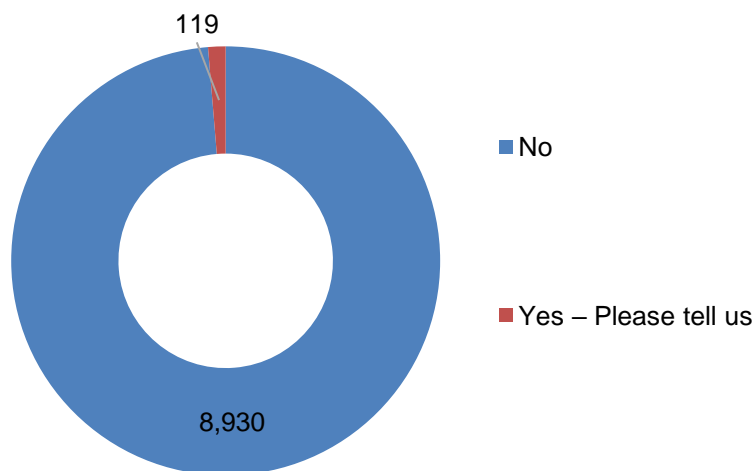
Entirely relevant	Partially relevant	Not relevant	I am currently training to work in Children's Education and Care (CEC) Service	I am not currently working in a Children's Education and Care (CEC) Service
7,330	583	36	820	281
<b>81.0%</b>	<b>6.4%</b>	<b>0.4%</b>	<b>9.1%</b>	<b>3.1%</b>

*“What did you like about the course?”*



Ability to complete the course on your chosen device	Assessment questions	Content	Images, videos and animations	Length	The course was easy to understand
3,496	3,394	5,169	3,585	3,367	5,219
<b>38.6%</b>	<b>37.5%</b>	<b>57.1%</b>	<b>39.6%</b>	<b>37.2%</b>	<b>57.7%</b>

*“Was there something you expected or wanted in the course, and it wasn’t included?”*

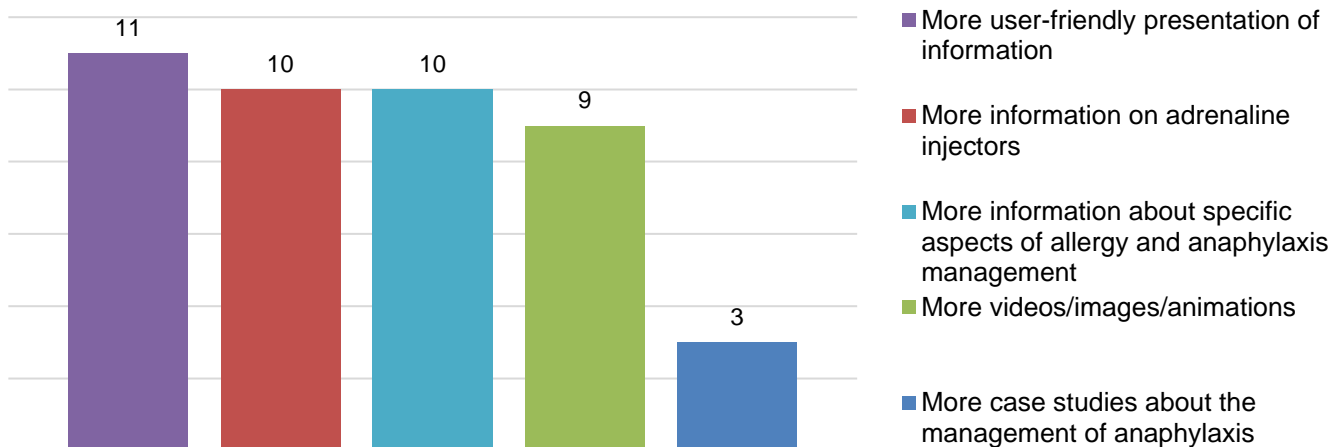


There were 9,049 responses to this question:

- 98.7% (n = 8,930) of respondents selected “No”, indicating there was nothing missing from the course.
- 1.3% (n = 119) of respondents selected “Yes” and were invited to provide further information.

Analysis was conducted of the information provided by the 119 respondents who selected “Yes”: 63.9% (76 of 119) of respondents provided no further details. The remainder (43 of 119) provided information that was analysed for themes, of which five were identified.

- More user-friendly presentation of information (n = 11).
- More information on adrenaline injectors (n = 10).
- More videos/images/animations (n = 10).
- More information about specific aspects of allergy and anaphylaxis management (n = 9).
- More case studies about the management of anaphylaxis (n = 3).



**More user-friendly presentation of information (n = 11).**

Responses in this group addressed expectations of course delivery and ease of user access that identified as being unmet by respondents.

*“The course information was very helpful. The site itself isn’t easy to navigate where to find the correct course already started.”*

*“Make it understandable for someone who has a learning disability.”*

*“I had completed the majority of the course in my lunch break at work. Unfortunately, when I went home to complete the work and completed assessments had not saved, so I had to re do all the questions again. It was handy though that the questions were the same and they were fresh in my head.”*

*“To be able to save the course as you go along.”*

**More information on adrenaline injectors (n = 10).**

Respondents expected there to be more information about the practical side of administering an adrenaline injector to be included in the course.

*“A video with a mock demonstration of the pen use to accompany the animations would have been great.”*

*“For the videos, it would be better if real people instruct how to use Anapen and EpiPen.”*

*“A real case of using an EpiPen or writing an emergency procedure plan.”*

*“Actual videos of Adrenaline Injector administering procedure.”*

### **More videos/images/animations (n = 10).**

There was an expectation that more visual and interactive user content would have been included in the course.

*"More videos- there was a bit too much reading and I'm not sure a lot of educators would get through it. If videos could be made to shorten the length a bit, I think the uptake would be higher!"*

*"...more course recordings and content details about the course. ... more detailed explanation for course content (so) students learn more."*

*"It's a very useful course and if (you) add more videos (it) will be perfect."*

*"I hope there is more contents - details, images and video recordings about the course, more information and quiz tests.... I wanted explanations for terminology, and frequent quiz questions about the course's content."*

### **More information about specific aspects of allergy and anaphylaxis management (n = 9).**

Information about other allergic conditions and more detailed information about how to manage allergic reactions (not just anaphylaxis) was also expected to be included.

*"Food safety knowledge."*

*"More focus on the care given to children in an anaphylactic situation - how to keep children calm."*

*"Further instruction on keeping the patient calm while waiting for ambulance."*

*"Useful information about asthma and anaphylaxis."*

*"The use of antihistamines."*

### **More case studies about the management of anaphylaxis (n = 3).**

In the opinion of many respondents, there was an expectation that case-based learning would be included in the course.

*"You should use real images of adults/children with a swollen facial features, hives and welts, rashes...so people would have a better idea of what it looks like in real life...a video of an educator applying the EpiPen/Anapen to a baby (not just an image or animation)."*

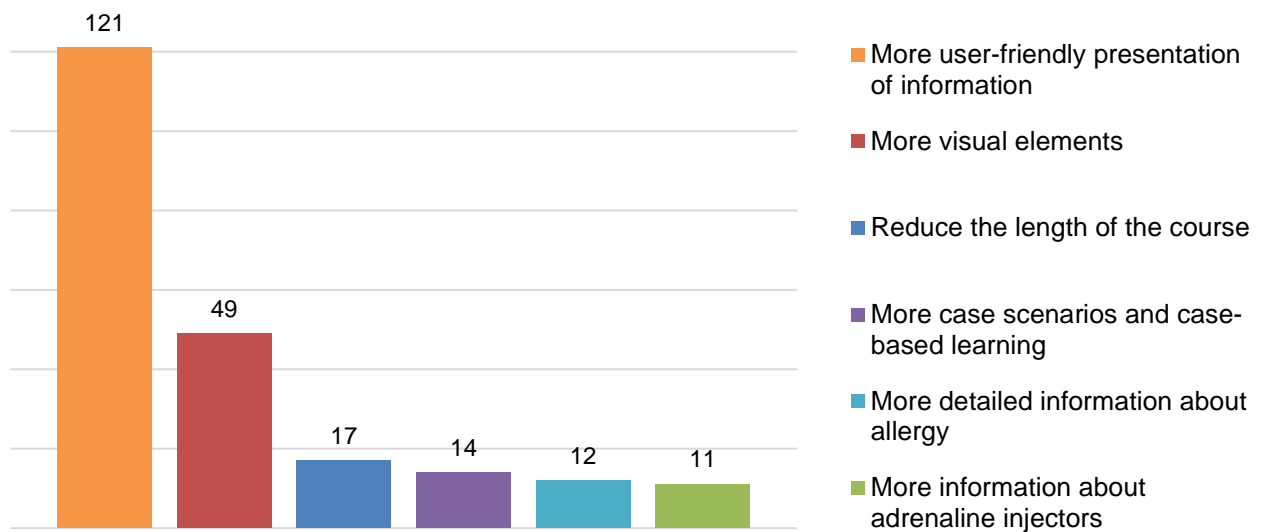
*"I would like to see some real cases example, even some real cases pictures as reference."*

*"I wanted the pictures to show real allergic reactions, not comics or cartoons. It's not appropriate for me to recognise a real allergic reaction."*

*“Do you have any comments about how we can improve the course?”*

Of the 9,050 respondents, 97.5% (n = 8,826) provided no further details on how the course could be improved. The remaining 2.5% (n = 224) individuals provided suggestions on how the course could be improved. These responses were analysed revealing six themes:

1. More user-friendly presentation of information (n = 121)
2. More visual elements (n = 49)
3. Reduce the length of the course (n = 17)
4. More case scenarios and case-based learning (n = 14)
5. More detailed information about allergy (n = 12)
6. More information about adrenaline injectors (n = 11)



**More user-friendly presentation of information (n = 121)**

Comments in this theme suggested making changes to aspects of the *ASCIA anaphylaxis e-training for children’s education and care services* course to enhance the user experience. This included issues with navigation through the modules, loading course content such as videos and accessing their certificate of completion.

*“Could have been done more compact and user-friendly in its look and content.”*

*“I found it confusing to know where to go after each section was completed.”*

*“I think perhaps it needs to be more basic. Staff need to be able to access information through mental shortcuts in a crisis/emergency situation.”*

*“I first had problems with signing in and using my old username/password when using an iPad.”*

*“It seems a lot more confusing than previous versions, the videos actually made it harder to absorb the information due to the distraction of moving images and background music. I found the previous version much easier to use and understand.”*

*“Make it a little easier to navigate the website.”*

*“Some questions could have been worded more clearly so that we understand the question.”*

*"The course is difficult to navigate from module to module. Need to use a clearer button link."*

*"The course was really good and easy to understand I think having the option to not have to watch a video (couple of slides) would make it better as I was unable to listen to it while at work."*

*"The videos had too much information and spoken too fast."*

*"Videos could be put into images to avoid too much internet - took a while to load for me."*

### **More visual elements (n = 49)**

In addition to comments about making the course more user-friendly, targeted comments suggesting more visual elements be included throughout the *ASCIA anaphylaxis e-training for children's education and care services* course were noted.

*"We would prefer to see more animated videos to explain the process and technical details."*

*"Maybe some more demonstrative and instructional videos could be useful. And maybe including some more specific scenario questions in the assessment section could be helpful too."*

*"More corresponding pictures and graphs to explain the content will help us strengthen our understanding and memory."*

*"Add more videos to make training enjoyable and informative simultaneously. It is always easy to remember which is presented in a video mode."*

*"I think the course covers many aspects of allergies and teach people to recognise allergies and the ways to apply the drugs. It is possible to get more pictures since pictures can help people understand and remember better."*

*"More real pictures of types of allergies."*

*"There should be more visual aids."*

### **Reduce the length of the course (n = 17)**

Some respondents commented that they would like to spend less time doing the course.

*"I think you all have gone through great lengths to compile this ASCIA anaphylaxis e-training for CEC 2023. Good job! However, I wish it's more comprehensive and takes less time to complete the whole course."*

*"Overall good, was a bit lengthy though."*

*"The final assessment (took too) long to complete after the feedback. I have to complete the feedback and get the certificate."*

*"The school and Early Childhood courses are very similar. Could just do one to cover both."*

*"The course takes a time to complete. Perhaps make it shorter."*



### **More case scenarios and case-based learning (n = 14)**

For many respondents, the inclusion of scenarios and case-based learning would enhance their understanding of anaphylaxis.

*“Could provide an example scenario and how we would respond. Case study style.”*

*“Examples from real life scenarios help us to learn better.”*

*“Many of the questions were very similar, more questions about steps to take in event of an anaphylaxis reaction would be good, maybe some scenario questions?”*

*“Probably some real-life scenarios on how to use the EpiPen/Anapen. Videos on how to administer the adrenaline in real life.”*

### **More detailed information about allergy (n = 12)**

Some respondents would have liked to have additional information about other aspects of anaphylaxis/allergic conditions included in the course.

*“Provide further instruction on keeping the patient calm while waiting for ambulance.”*

*“Just a little more information on what is regarded as an intolerance to food.”*

*“May be including more about nuts and may be including dairy products too since children are fond of dairy products.”*

*“How to treat eczema, because this is quite (common) in children.”*

*“More statistics on anaphylaxis.”*

### **More information about adrenaline injectors (n = 11)**

Some respondents mentioned that they would like more information specific to the different brands of adrenaline injector included in the course.

*“Questions were very confusing with all of the different colours, especially when the actual Anapen or EpiPen are not in front of you. If you truly want people to be competent in administering these pens, make the questions less confusing, and focus more on knowing what to do in an anaphylaxis situation.”*

*“The course is designed in a way that the topics are all understandable. Only suggestion from my side is to have more detailed video on usage of EpiPen and Anapen.”*

*“Bit of confusion with the Anapen black and grey colours. Suppose we can change the more unique colours for Anapen as well just like EpiPen colours blue and orange that are easy to remember.”*

## ACTIONS that ASCIA will take as a result of e-training surveys

### ASCIA will:

- Review and update the *ASCIA anaphylaxis e-training for children's education and care services* course to improve the user experience based on feedback. In 2024-2025 ASCIA will achieve this by developing:
  - An animated webcast version of the short refresher anaphylaxis course for schools, CEC and community.
  - Professional videos of adrenaline injectors being used.
  - Professional videos and/or animations of case studies and scenarios will be considered.
- Make existing questions at the end of each module optional.
- Promote regular training by encouraging participants to make a reminder note in their calendars to complete the refresher training in 12 months, with a web link to the course.
- Continue to mandate the *ASCIA anaphylaxis e-training for children's education and care services* course post-training survey and review survey results on a 12 monthly basis and update questions based on previous results.

## SURVEY QUESTIONS (2022 – 2023)

### Evaluation survey 2023: ASCIA anaphylaxis e-training for Children's Education and Care Services

ASCIA has provided accessible, consistent and evidence-based anaphylaxis e-training for Children's Education and Care (CEC) Services since 2010, which is regularly reviewed and updated.

To help ASCIA to improve this course, please complete this short survey which will only take a few minutes. All information collected will be anonymous.

#### Question 1. [compulsory]

**In what region/s (listed below in alphabetical order) do you work?**

- Australian Capital Territory
- New South Wales - Metropolitan area (in or near a major city)
- New South Wales - Regional, rural or remote area
- New Zealand - Metropolitan area (in or near a major city)
- New Zealand - Regional, rural or remote area
- Northern Territory - Metropolitan area (in or near a major city)
- Northern Territory - Regional, rural or remote area
- Queensland - Metropolitan area (in or near a major city)
- Queensland - Regional, rural or remote area
- South Australia - Metropolitan area (in or near a major city)
- South Australia - Regional, rural or remote area
- Tasmania - Metropolitan area (in or near a major city)
- Tasmania - Regional, rural or remote area
- Victoria - Metropolitan area (in or near a major city)
- Victoria - Regional, rural or remote area
- Western Australia - Metropolitan area (in or near a major city)
- Western Australia - Regional, rural or remote area
- Other - Please tell us:
- I am currently training to work in Children's Education and Care (CEC) Services

**Question 2. [compulsory]**

**Do you work in a:**

- Family day care
- Long day care
- Kindergarten/preschool
- Outside school hours care
- Other – Please tell us:
- I am currently training to work in Children's Education and Care (CEC) Services

**Question 3. [compulsory]**

**My main role in the Children's Education and Care (CEC) Service is:**

- Educator
- Manager
- Cook/Chef
- Other – Please tell us:

**Question 4. [compulsory]**

**What device did you use to complete the course?**

- Desktop or laptop computer
- iPad or tablet
- Smart phone

**Question 5. [compulsory]**

**How relevant was the course content to your work?**

- Entirely relevant
- Partially relevant
- Not relevant
- I am not currently working in a Children's Education and Care (CEC) Service
- I am currently training to work in Children's Education and Care (CEC) Services

**Question 6. [compulsory]**

**What did you like about the course?**

Select one or more of the following:

- Content
- Length
- Images, videos and animations
- Assessment questions
- Ability to complete the course on your chosen device
- The course was easy to understand

**Question 7. [compulsory]**

**Was there something you expected or wanted in the course, and it wasn't included?**

Yes – Please tell us:

No

**Question 8.**

**Do you have any comments about how we can improve this course?**

Please tell us: