Anaphylaxis notifications under the *Public Health and Wellbeing Act 2008*

A guide for Victorian hospitals

VICTORIA State Government | Health and Human Services

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Contents

Purpose of document

This document has been prepared by the Department of Health and Human Services (the department) to assist Victorian hospitals to understand and act on their statutory obligations under the Victorian *Public Health and Wellbeing Act 2008* (the Act), as they relate to anaphylaxis notifications.

A 2018 amendment to the Act introduces a requirement for Victorian hospitals to notify the department where a person presents for treatment for anaphylaxis, commencing on 1 November 2018.

The guidance document aims to provide Victorian hospitals with the information they require and lays out the process that must be followed to submit a notification of an anaphylaxis presentation to the department, in accordance with the prescribed requirements under the Public Health and Wellbeing Regulations 2009 (the Regulations).

Copies of the relevant content to be inserted into the Act and Regulations on 1 November 2018 are provided at Appendix 1 and 2, respectively. The legislation can be found online at www.legislation.vic.gov.au

Background

Legislative amendments to require Victorian hospitals to notify the department were introduced by the Minister for Health, the Hon Jill Hennessy MP, in response to a Victorian Coronial report regarding the tragic death of a 10-year-old Victorian boy in 2013. The boy was allergic (anaphylactic) to dairy products, and drank a can of imported coconut drink which failed to declare the presence of milk as an ingredient on its label, in breach of Australian food labelling law.

Without adequate warning of the contents of the drink, the boy's parents unwittingly gave the drink to their son, who, shortly after consuming it, suffered an anaphylactic reaction that ultimately claimed his life. At the time, the responding hospital was not required to and did not notify the department of the suspicions that this beverage was the likely cause of the boy's anaphylactic reaction. As a result, the product remained in the marketplace for six weeks before being recalled from the shelves, putting other milk-allergic consumers at risk.

Further information

More information on the background to this scheme as well as a link to the Coronial findings can be found on the department's anaphylaxis notifications website at: https://www2.health.vic.gov.au/public-health/anaphylaxis-notifications

Purpose of notifying anaphylaxis presentations

The primary purpose of the anaphylaxis notifications scheme is to **allow the department to take swift action where a notification reveals a broader public health risk**, such as the one described above. Such action may include a food recall to remove an offending food product from the marketplace.

Therefore, presentations to hospitals of anaphylaxis, where the suspected cause is a packaged food, are the highest priority, and as a consequence, the Regulations require these to be notified immediately by telephone.

In addition, data collected will enable the department to better understand the burden of anaphylaxis in Victoria and, where possible, to inform public health policy, interventions and research.

Understanding the Act: your requirement to notify

From 1 November 2018, it will be **mandatory for public and private hospitals to report all cases of anaphylaxis presenting for treatment** to the Department of Health and Human Services.

It is vital that hospitals familiarise themselves with the legislative requirements, and their obligations, as anaphylaxis reporting bodies.

A new Division 3A of the *Public Health and Well Being Act 2008* (Appendix 1) introduces the requirement to notify. It places the onus to notify on an **anaphylaxis reporting body**, defined as:

- a public hospital,
- a denominational hospital,
- a private hospital,
- a multi-purpose service, or
- a privately-operated hospital within the meaning of the *Health Services Act 1988*.

Notification to the department is required **if a registered medical practitioner employed at, or otherwise engaged by the anaphylaxis reporting body, has reasonable grounds to believe that a person presenting for treatment at the anaphylaxis reporting body has anaphylaxis** (section 130B(1)).

Notifications must be **submitted in accordance with the Regulations**, which prescribe the manner and the time period in which a notification for anaphylaxis should be made and the details that need to be included (see section below, and appendix 2).

The Act also requires the **person in charge of the anaphylaxis reporting body** to implement processes to ensure that it complies with the requirement to notify. For the purposes of anaphylaxis notification requirements the person in charge of a:

- public hospital, denominational hospital, multi-purpose services or privately-operated hospital is the Chief Executive Officer, and
- private hospital is the proprietor of the private hospital.

What to notify under the scheme?

For the purposes of the anaphylaxis notifications scheme, hospitals are required to report to the department **all confirmed cases with anaphylaxis to any allergen, known or unknown,** as defined in the following case definition:

Case definition of anaphylaxis

Anaphylaxis is defined as a serious allergic or hypersensitivity reaction that is rapid in onset and may cause death. **Anaphylaxis is primarily a clinical diagnosis**. A detailed history, particularly of pre-hospital events, is vital to identifying anaphylaxis and its associated trigger, as often some symptoms may resolve prior to arrival in the acute care setting, particularly if adrenaline has been administered.

Confirmed case

A confirmed case requires **clinical evidence only**, as per the below definition, whether or not case presents with one or more resolved symptoms.

Clinical evidence[1]

One or more of:

- any acute onset illness with typical skin features (urticarial rash or erythema/flushing)
- angioedema

AND

one or more of:

- respiratory symptoms
- cardiovascular symptoms
- persistent severe gastrointestinal symptoms

OR

Acute onset of any of the following, where anaphylaxis is considered possible:

- hypotension
- bronchospasm
- upper airway obstruction

[1] Adapted from: Anaphylaxis definitions, *ASCIA Guidelines - Acute management of anaphylaxis*, Australian Society of Clinical Immunology and Allergy <https://www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines> and *Anaphylaxis Clinical Practice Guideline*, The Royal Children's Hospital Clinical Practice Guidelines <https://www.rch.org.au/clinicalguide/guideline_index/Anaphylaxis/>

Common symptoms and signs of anaphylaxis[2]

Dermatological/skin and mucous membrane features

- Urticarial rash.
- Erythema/flushing.
- Angioedema.

Respiratory/chest features (most common in children)

- Persistent cough.
- Wheeze.
- Tongue swelling.
- Stridor.
- Hoarse voice or change in character of the cry.
- Subjective feeling of swelling or tightness/tingling in the throat.
- Dysphagia.

Cardiovascular features

- Pale and floppy (infant).
- Palpitations.
- Tachycardia.
- Bradycardia.
- Hypotension.
- Collapse with or without unconsciousness.
- Cardiac arrest.

Gastrointestinal features

- Nausea.
- Vomiting.
- Diarrhoea.
- Abdominal/pelvic pain.

Neurological features

- Headache (usually throbbing).
- Dizziness.
- Altered consciousness/confusion.

What does not need to be notified under the scheme?

The following clinical presentations are **not required to be notified under this scheme**:

Persons presenting only with:

- **Urticaria:** pruritic, elevated skin lesions surrounded by erythematous base commonly described as “hives”, or

[2] Adapted from: Anaphylaxis definitions, *ASCIA Guidelines - Acute management of anaphylaxis*, Australian Society of Clinical Immunology and Allergy <https://www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines> and *Anaphylaxis Clinical Practice Guideline*, The Royal Children’s Hospital Clinical Practice Guidelines <https://www.rch.org.au/clinicalguide/guideline_index/Anaphylaxis/>

- **Angio-oedema:** a much less common form of allergic reaction that involves deeper subcutaneous extension. It involves face (eyelids, lips, tongue), hands and feet, and sometimes other areas (trunk, genitalia, mucous membranes).

Although these cases are not required to be reported **under this scheme**, whenever a potentially mislabelled packaged food is thought to be the cause of an allergic reaction in an allergic individual, the hospital or members of the public are advised to report the matter to the department's Food Safety Unit at foodsafety@dhhs.vic.gov.au or 1300 364 352.

Anaphylactic reactions that occur whilst a person is receiving care at a hospital do not need to be notified through this scheme. Only **presentations** to hospital emergency departments for treatment for anaphylaxis should be notified.

Health services should nevertheless continue to observe the usual reporting requirements that apply to incidents of this nature, such as where a food-allergic person is accidentally given the food they are allergic to whilst receiving care at a hospital.

Appendix 4 provides a number of possible questions and answers to support decision making around what to notify with regard to the anaphylaxis notification scheme.

Understanding the regulations: how to notify

Manner and period for notification

The Regulations (appendix 2) split the manner and period for notification between two groups of anaphylaxis presentations, according to the suspected cause of anaphylaxis, as follows:

Where the suspected cause is the consumption of a packaged food

Notifications are required to be made:

- **immediately** (within 24 hours of diagnosis),
- by **telephone** (1300 651 160, which is staffed 24 hours a day, seven days a week),
- with the **details** listed in the 'notification details', below, to the departmental staff member.

If in doubt about whether the suspected cause was a packaged food, hospitals are advised to use this notification route.

Where the suspected cause is anything other than packaged food

Notifications are required to be made:

- **within five days** of initial diagnosis of anaphylaxis,
- **electronically** via the online form through the department's website at www2.health.vic.gov.au/notify and click on the link in the notification table for anaphylaxis,
- with the **details** listed in 'notification details', below.

The online form is intended to be intuitive and simple to use. Please let us know of any problems using the online form by sending an email to anaphylaxis@dhhs.vic.gov.au and we will respond as soon as possible.

A simple aide memoire for notifiers of the prescribed manner and period for notification is available to print at Appendix 5.

In summary:

For packaged food – ring 1300-651-160 within 24 hours

For all others – www2.health.vic.gov.au/notify within 5 days

Notification details

The Regulations also prescribe the details required for all anaphylaxis presentation notifications, which are:

- **case information** – name, date of birth, sex, Aboriginal or Torres Strait Islander status, residential address and contact details of person/parent/guardian.
- **clinical information** – mortality details, morbidity details, allergies or other history of anaphylaxis reported by the person and date of presentation for treatment for anaphylaxis.
- **details of the anaphylaxis reporting body** – name and address, telephone number and email address, name and telephone number of the registered medical practitioner who formed the reasonable belief that the person had anaphylaxis.
- **suspected cause of anaphylaxis** – the suspected cause must be provided from a defined list, and additional notification details are to be provided to the extent known.

The following table summarises the requirements of the Regulations and also provides some examples of the details that would be appropriate to submit:

Suspected cause of anaphylaxis	Additional notification details (to the extent known to the anaphylaxis reporting body)	Example
Consumption of packaged food	• Type of food product • Brand of food product • Date and time of consumption	• Canned coconut drink • ABC brand • 7:30pm, 20/9/18
Unpackaged food from a food premises	• Details of the food consumed • Name of food premises • Date and time of consumption	• Lasagne • ABC Café, Collingwood • 8pm, 20/9/18
Consumption of any other food	• Details of the food consumed	• Cake made at home
Drug	• Type of drug • Name of drug	• Anaesthetic • ABC brand
Blood-derived products	• Name of product • Batch number	• Serum • XXX123
Vaccine	• Type of vaccine • Name of vaccine	• Childhood immunisation • MMR brand name
Insect venom	• Type of insect	• Jack jumper ant
Other	• Details of the suspected cause of anaphylaxis	• Known to be anaphylactic, suspected to be triggered by exercise
Unknown	• Any relevant details	• First time reaction, unsure of trigger, referred to allergist

Further information on notification by suspected cause of anaphylaxis

Consumption of packaged food

Both ‘food’ and ‘package’ are defined in the Regulations as having the same statutory meaning as they have in the Victorian *Food Act 1984*. Both have been provided at Appendix 3.

It is important to understand that, for the purposes of this scheme:

- **‘food’** includes beverages and chewing gum, and
- **‘package’** refers to any food which has been sold in any sort of outer covering, and does not include foods which have been packaged at home, not intended for commercial purposes (e.g., a home-made sandwich wrapped in cling-wrap).

Cases of anaphylaxis suspected to be caused by packaged food must be notified by telephone within 24 hours. The notifier will be asked by departmental staff to provide information about the case, clinical, hospital and suspected cause details (type, brand, date and time of consumption).

Unpackaged food from a food premises

Select this option if the suspected cause was unpackaged food from a commercial premises that sells or provides foods to customers or clients. Examples include:

- a meal purchased from a café or restaurant,
- a meal provided to a child by a child-care facility,
- a meal or snack provided to a child by a school kitchen or tuck shop,
- a meal provided to a client by an aged care facility.

An example is where a known anaphylactic person ordered a meal specifically without the food allergen that the person is allergic to, and the meal was served with the food allergen, resulting in an anaphylactic reaction after consumption.

Consumption of any other food

Select this option if the suspected cause was any other food-related anaphylactic reaction, where the suspected cause is NOT a packaged commercial food, nor a food premises such as a restaurant or child care centre, which has sold/provided an allergen-contaminated meal or snack to an allergic person.

Examples are many and varied, and include:

- accidental cross-contamination in the home whilst cooking a meal,
- accidental cross-contamination during a private party where, for example, the peanut-containing brownies were in direct contact with the nut-free muffins,
- incorrectly reading a packaged food label, and only realising after the anaphylaxis that for example, the chocolate bar does contain nuts,
- a person known to be allergic to milk has had an anaphylactic reaction after consuming a number of foods, including some made at home and some packaged foods, all of which they have eaten safely before. You suspect food is the cause, but which particular food is unclear.

Drugs and blood-derived products

A drug or pharmaceutical includes prescription medicines, over-the-counter medicines and complementary medicines.

Note: The Therapeutic Goods Administration (TGA) is the regulatory authority in relation to drugs, pharmaceuticals, and blood-derived products. Hospitals are already requested to report such reactions to the TGA as part of its adverse events monitoring scheme.

We strongly encourage hospitals to continue to report to the TGA as the relevant authority with jurisdiction over drugs, pharmaceuticals and blood-derived products in addition to notifying the department.

The TGA adverse events online notification form is available on the TGA website at: https://aems.tga.gov.au/

Vaccine

Victorian immunisation providers are already requested to report such reactions to the Surveillance of Adverse Events Following Vaccination in the Community (SAEFVIC) public health partnership, who collects and acts on these reports.

The department asks that such reactions continue to also be lodged with SAEFVIC via its online portal. This can be accessed at: https://www.aefican.org.au/Home/Info/VIC

Other

For anaphylactic reactions which are suspected to have been caused by something other than the causes listed above. This selection may also be an appropriate choice if multiple factors were suspected to have led to the reaction. Any details able to be submitted on the suspected cause of anaphylaxis will assist the department in determining any next steps.

Unknown

This is for reactions where the suspected cause is not known. Any relevant details provided for these notifications will assist the department in determining any next steps.

Departmental response

Anaphylaxis due to food

All notifications of anaphylaxis presentations where:

- the suspected cause is the consumption of a packaged food, or
- the suspected cause is a council registered food premises,

will be followed up the department.

This will typically involve an interview with the registered medical practitioner who made the diagnosis to confirm and clarify information, as well as an interview with the case to obtain further particulars about the reaction and what was consumed.

It is important that hospitals advise the case (or their parent/guardian) that the department will likely be contacting them in these circumstances, to follow-up in the interests of public health.

Such incidents are potential breaches of food legislation and require follow up to ensure compliance with food law and to prevent future contamination events. Such follow up may include laboratory testing of food and could result in a food recall to remove the product from the marketplace.

Notifications involving packaged food will be followed up by the department; notifications involving unpackaged food from food premises will be referred to the relevant local council, as the food regulator, for any necessary follow-up.

Anaphylaxis due to drugs, blood-derived products and vaccination

Data on anaphylaxis caused by drugs, blood products and vaccines will be collected by the department, and where possible forwarded to appropriate bodies for further investigation and action.

However, hospitals are strongly encouraged to also continue reporting through the existing relevant systems to ensure appropriate and timely action can be taken where necessary.

Anaphylaxis due to insect venom

It is unlikely that any further regulatory or public health action will be taken in relation to these notifications; however the data will be retained for possible future interrogation, for example into seasonal and geographical incidence of anaphylaxis.

Data storage, analysis and reporting

All information about anaphylaxis presentations collected by the department is health information for the purposes of the *Health Records Act 2001*. This Act aims to protect the privacy of an individual's health information and how this information is managed. The department complies with this Act in dealing with any information collected about anaphylaxis presentations.

The data collected through the anaphylaxis notification scheme will be monitored to determine trends over time and simple descriptive analyses will be undertaken where possible. This information will be used to inform public health action where appropriate, and provide reports to stakeholders, including hospitals.

Further assistance

For any questions about the scheme, phone notifications and the online notification process please contact 1300 364 352 or email anaphylaxis@dhhs.vic.gov.au

Appendices

Appendix 1 – Amendment to the *Public Health and Wellbeing Act 2008*

Content to be inserted into the Act on 1 November 2018

Division 3A—Notification of anaphylaxis presentation

130A Definitions
In this Division—
anaphylaxis reporting body means—
(a) a public hospital; or
(b) a denominational hospital; or
(c) a private hospital; or
(d) a multi purpose service; or
(e) a privately-operated hospital within the meaning of the **Health Services Act 1988**;

person in charge means—
(a) in the case of an anaphylaxis reporting body that is a public hospital, denominational hospital, multi purpose service or privately-operated hospital, the chief executive officer of the body; and
(b) in the case of an anaphylaxis reporting body that is a private hospital, the proprietor of the private hospital.

130B Notification by anaphylaxis reporting body
(1) This section applies if a registered medical practitioner employed at, or otherwise engaged by, the anaphylaxis reporting body has reasonable grounds to believe that a person presenting for treatment at the anaphylaxis reporting body has anaphylaxis.

(2) An anaphylaxis reporting body must notify the Secretary in the prescribed manner of the prescribed notification details within the prescribed period.

(3) The person in charge of an anaphylaxis reporting body must implement processes to ensure that the anaphylaxis reporting body complies with subsection (2).

130C Secretary may provide anaphylaxis reporting information
If the Secretary considers that it is in the public interest to do so, the Secretary may provide information obtained under this Division to a person or class of person prescribed for the purposes of this section.

Appendix 2 – Amendment to the Public Health and Wellbeing Regulations 2009

Content to be inserted into the Regulations on 1 November 2018

1 Objective
The objective of these Regulations is to amend the Public Health and Wellbeing Regulations 2009 to prescribe the following matters under the **Public Health and Wellbeing Act 2008**—
(a) the manner of making a notification that a person has anaphylaxis;
(b) the notification details for a person having anaphylaxis;
(c) the period within which notification details for a person having anaphylaxis must be given;

Division 2A—Notification of anaphylaxis

76A Definitions

In this Division—
food has the same meaning as it has in section 4(1) of the **Food Act 1984**;
package has the same meaning as it has in section 4(1) of the **Food Act 1984**.

76B Prescribed notification details for a person having anaphylaxis
For the purposes of section 130B(2) of the Act, the prescribed notification details are the details specified in Schedule 6A.

76C Prescribed manner and period for notification of anaphylaxis
For the purposes of section 130B(2) of the Act—
(a) if the suspected cause of anaphylaxis is the consumption of packaged food, the prescribed manner and period for notification by the anaphylaxis reporting body is immediate notification by telephone; and
(b) in any other case, the prescribed manner and period for notification by the anaphylaxis reporting body is notification electronically through the Department's website within 5 days of initial diagnosis.

Schedule 6A—Anaphylaxis—prescribed notification details

1 Notification details—case information
1.1 Family name
1.2 Given name(s)
1.3 Date of birth
1.4 Sex
1.5 Aboriginal or Torres Strait Islander status
1.6 Residential address
1.7 Contact details of the person/parent/guardian

2 Notification details—clinical information
2.1 Mortality details
2.2 Morbidity details
2.3 Allergies or other history of anaphylaxis reported by the person
2.4 Date of presentation for treatment for anaphylaxis

3 Notification details—details of anaphylaxis reporting body
3.1 Name and address of anaphylaxis reporting body
3.2 Telephone number and email address of anaphylaxis reporting body
3.3 Name and telephone number of registered medical practitioner who formed the reasonable belief that the person had anaphylaxis
3.4 Report date

4 Notification details—suspected cause of anaphylaxis
The notification details are to include one of the causes listed in column A of the Table as the suspected cause of the anaphylaxis of the person presenting for treatment, and the details in column B of the Table to the extent known to the anaphylaxis reporting body.

Table

Column A **Suspected cause of anaphylaxis**	**Column B** **Additional notification details**
Consumption of packaged food	• Type of food product • Brand of food product • Date and time of consumption
Unpackaged food from a food premises	• Details of the food consumed. • Name of the food premises. • Date and time of consumption.
Consumption of any other food	• Details of the food consumed.
Drug	• Type of drug. • Name of drug.
Blood-derived products	• Name of product. • Batch number.
Vaccine	• Type of vaccine. • Name of vaccine.
Insect venom	• Type of insect.
Other	• Details of the suspected cause of anaphylaxis.
Unknown	• Any relevant details.

Appendix 3 – Statutory definitions of ‘food’ and ‘package’

4A Meaning of *food* (Victorian Food Act 1984)

(1) In this Act, ***food*** includes—

(a) any substance or thing of a kind used, or represented as being for use, for human consumption (whether it is live, raw, prepared or partly prepared);

(b) any substance or thing of a kind used, or represented as being for use, as an ingredient or additive in a substance or thing referred to in paragraph (a);

(c) any substance used in preparing a substance or thing referred to in paragraph (a) (other than a substance used in preparing a living thing) if it comes into direct contact with the substance or thing referred to in that paragraph, such as a processing aid;

(d) chewing gum or an ingredient or additive in chewing gum, or any substance used in preparing chewing gum;

(e) any substance or thing declared to be a food under a declaration in force under section 3B of the Australia New Zealand Food Authority Act 1991 of the Commonwealth.

(2) A substance, thing, chewing gum or ingredient or additive in chewing gum described in subsection (1) is food regardless of whether or not it is in a condition fit for human consumption.

(3) However, food does not include a therapeutic good.

(4) To avoid doubt, ***food*** may include live animals and plants.

package includes any container or wrapper in or by which food intended for sale is wholly or partly encased, covered, enclosed, contained or packed and, in the case of food carried or sold or intended to be carried or sold in more than one package, includes every such package;

Appendix 4 – Questions and answers

Do I notify anaphylaxis to food only or other allergens as well?

Yes, you are required to notify all confirmed cases of anaphylaxis to **all** allergens.

What if I'm not sure what caused the anaphylaxis or there were several possibilities?

- You are required to notify all cases of anaphylaxis, whether due to known and unknown allergens.
- Please provide as much information as possible to help us make a risk assessment and take any necessary public health action.

My patient received adrenaline prior to arriving at hospital and now has mild symptoms, so does not meet all the criteria for the clinical definition of anaphylaxis, do I still notify?

Yes, notify the case. For the purposes of this scheme, a case is considered confirmed even if one or more symptoms have resolved.

My patient has had an allergic reaction, but not anaphylaxis. Should I notify?

There is no legal obligation to notify in this situation, however, if you think the cause of the allergic reaction may be (mislabelled) packaged food or mishandling (e.g. cross-contamination) at a food premises such as a restaurant or child care centre, please report the matter for investigation to the Food Safety Unit at foodsafety@dhhs.vic.gov.au or 1300 364 352.

What if my patient developed anaphylaxis on the ward while an inpatient and was sent to ED for observation, assessment or treatment, do I notify then?

Yes, if a patient is sent to ED, even from within the hospital, for treatment of anaphylaxis, you should notify.

What about patients who present to outpatients for follow up and testing for allergies and anaphylaxis, do I notify those?

- There is no legal obligation to notify in this situation, as only presentations in the acute setting (e.g. emergency departments) need to be notified.
- If, however, the patient develops anaphylaxis whilst in clinic and is then sent to the ED for treatment, you should notify.

Do I only have to notify people who have a previous history of anaphylaxis (known anaphylaxis) or those presenting with anaphylaxis for the first time?

All individuals presenting to hospital with anaphylaxis symptoms should be notified whether they have a past history of anaphylaxis or have developed anaphylaxis for the first time.

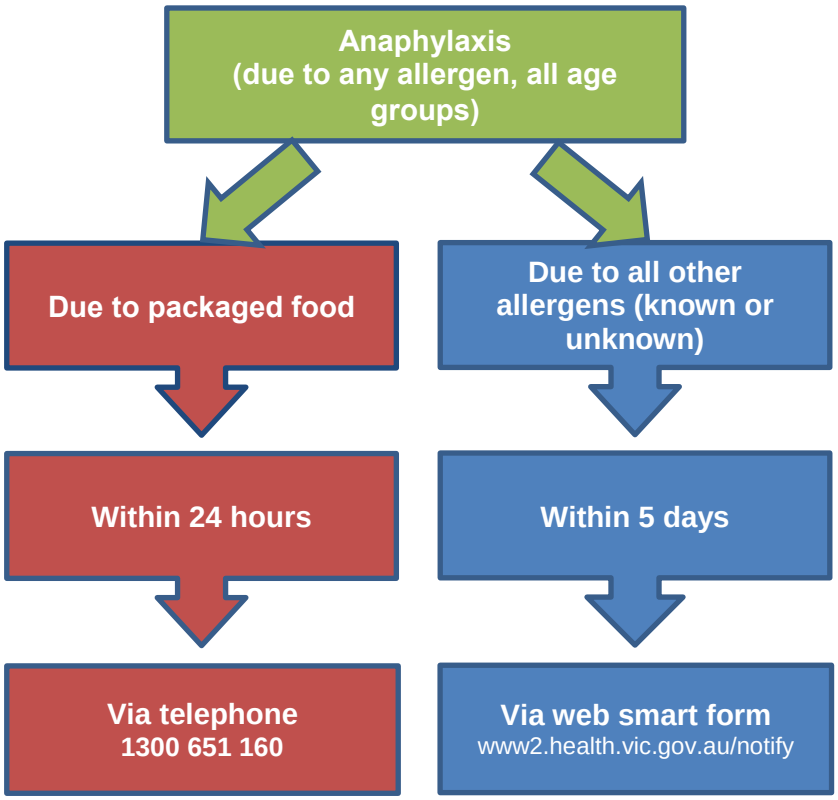
Should I still notify TGA for anaphylaxis due to drugs, pharmaceuticals or blood and blood-derived products? What about SAEFVIC for vaccine attributable anaphylaxis?

Yes, please continue to notify through these routes to ensure the organisations with responsibility in this area are aware and can take any action, as necessary.

What if I have more questions?

- More information is available at https://www2.health.vic.gov.au/public-health/anaphylaxis-notifications
- Alternatively, please contact 1300 364 352 or email anaphylaxis@dhhs.vic.gov.au

Appendix 5 – Notification process flowchart



Confirmed case
A confirmed case requires **clinical evidence only**, as per the below definition, whether or not case presents with one or more resolved symptoms.

Clinical evidence[3]
One or more of:
- any acute onset illness with typical skin features (urticarial rash or erythema/flushing)
- angioedema

AND

one or more of:
- respiratory symptoms
- cardiovascular symptoms
- persistent severe gastrointestinal symptoms

OR

Acute onset of any of the following, where anaphylaxis is considered possible:
- hypotension
- bronchospasm
- upper airway obstruction

[3] Adapted from: Anaphylaxis definitions, *ASCIA Guidelines - Acute management of anaphylaxis*, Australian Society of Clinical Immunology and Allergy <https://www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines> and *Anaphylaxis Clinical Practice Guideline*, The Royal Children's Hospital Clinical Practice Guidelines <https://www.rch.org.au/clinicalguide/guideline_index/Anaphylaxis/>