



ascia

australasian society of clinical immunology and allergy

anaphylaxis e-training for first aid (community)

2024 REPORT



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Introduction

From December 2023 to December 2024, ASCIA included a mandatory post-training short survey in ASCIA anaphylaxis e-training for first aid (community) in Australia and New Zealand.

In 2024 there were 2,816 course and survey completions, which is a 12% increase compared to 2,514 course and survey completions in 2023.

Course completions included a significant proportion of participants in regional, rural or remote areas, as well as metropolitan areas:

- 62% were in a metropolitan area (in or near a major city)
- 45% were in a regional, rural or remote (RRR) area

The increase in course completions is due to promotion of the course by ASCIA through conferences, e-newsletters and social media, as part of the National Allergy Council Schools and Childcare project.

The increased course completions indicate the importance of providing access to this form of training, reflecting the rising prevalence of allergic disease in Australia and New Zealand.

ASCIA anaphylaxis e-training courses 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).
- If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

Method and Analysis

Quantitative and qualitative analyses of the responses was undertaken by an independent data analyst who was not involved in developing the survey.

Respondents were presented with the following multiple choice survey questions, except for question 8 which was open ended:

1. In what region are you located?
2. What is your main reason for completing this training?
3. What device did you use to complete the course?
4. Select the following statements about the course that you agree with (content and instructions)
5. Select the following statements about the course that you agree with (videos and animations)
6. To what degree were your learning needs met?
7. How satisfied were you with the educational quality of this course?
8. How could this course be improved? (open answer)

Questions 4-8 were modified from the 2023 survey, to improve quality of the data obtained.

Data from the evaluation surveys in 2022 and 2023 has resulted in several updates made in 2024-2025, to improve the user interface and experience.

Summary of Findings

Overall, the information provided in **ASCIA anaphylaxis e-training for first aid (community)** was well received by those who completed the course.

In 2024 there were 2,816 course and survey completions, which is a 12% increase compared to 2,514 course and survey completions in 2023:

- A total of 1,759 (58%) respondents indicated that they were in a metropolitan area (in or near a major city), and 1,258 (41%) were in a regional, rural or remote (RRR) area.
- Majority of respondents (35%) stated they were completing the course for an “other” reason. Of the multiple choice options provided, respondents mainly identified as working in a school (25%), caring for someone with allergies (19%) or working in a children’s education/care service setting (16%).
- ASCIA e-training is cross-device compatible. Most course participants (79%) used a desktop or laptop computer, followed by a smart phone (17%) or tablet device (4%).
- Most course participants (88%) agreed that the course content was relevant to their work and it was easy to understand for 73% of respondents.
- Most course participants (87%) agreed that the images and infographics in the course improved their understanding of the content.
- Most course participants indicated that their learning needs were entirely met (93%) or partially met (6%), as shown in the following table (Question 6):

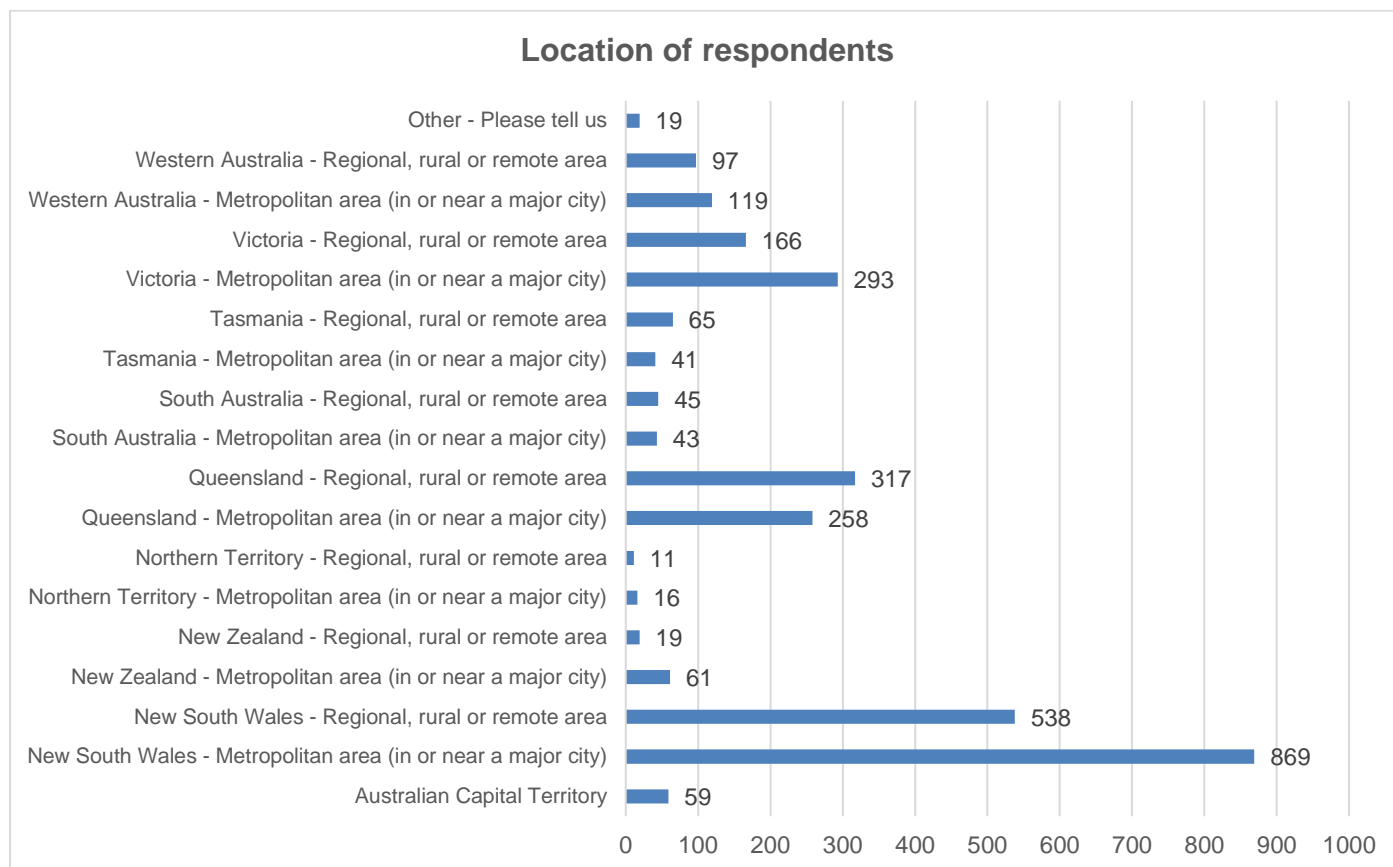
Question 6. To what degree were your learning needs met?

Learning Outcomes	Entirely met	Partially met	Not met
Know the signs of mild to moderate, and severe allergic reactions (anaphylaxis).	93%	6%	1%
Know how to treat anaphylaxis by following an ASCIA First Aid or Action Plan.	93%	6%	1%
Know how and when to give an adrenaline injector.	93%	6%	1%

- Almost all respondents (99%) were either very satisfied (84%) or satisfied (15%) with the educational quality of the e-training course.
- Data collected from an open-answer question asking participants how the course could be improved resulted in mostly positive or neutral comments, with no improvements suggested from these groups of feedback. Visual and interactive elements were identified as the most significant opportunity of improvement, representing 13% of feedback. Smaller percentages of users called for improvements to assessments and quizzes, course content, and improving course navigation and user experience.

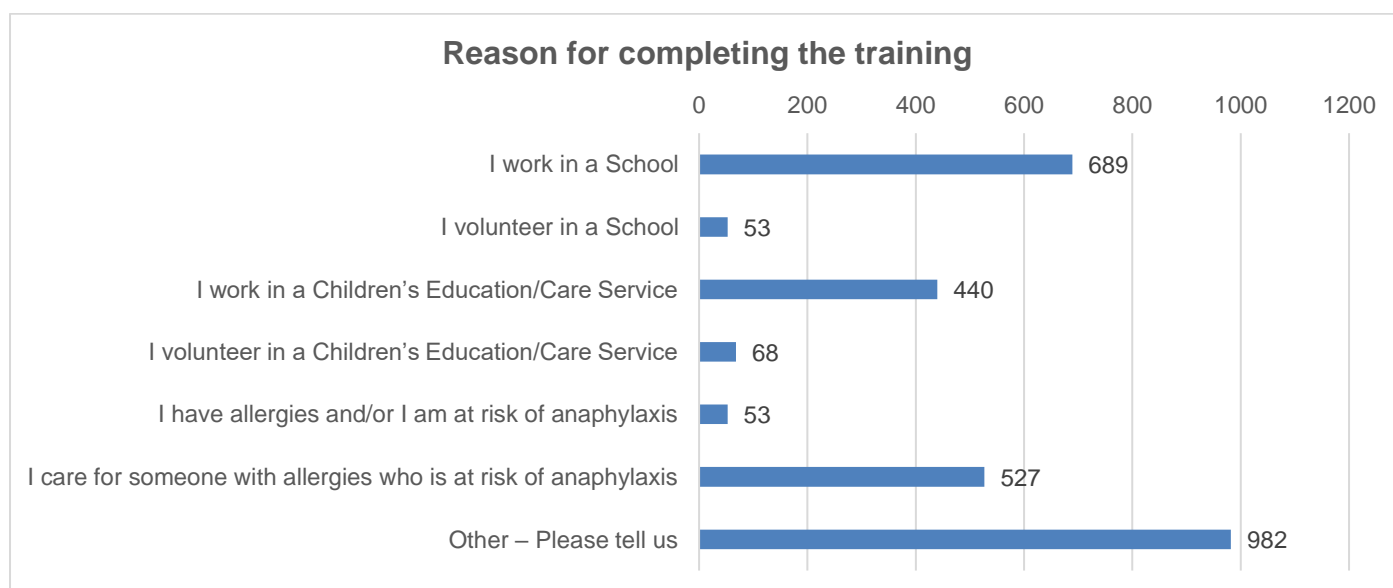
Question 1 - In what region are you located?

A total of **1,759 (58%)** of respondents indicated that they were located in a metropolitan area (in or near a major city), and **1,258 (41%)** were located in a regional, rural or remote (RRR) area. Due to multiple selections being enabled for this question, the total responses were 3,036 from 2,816 course participants.



Question 2 – What was your main reason for completing the course?

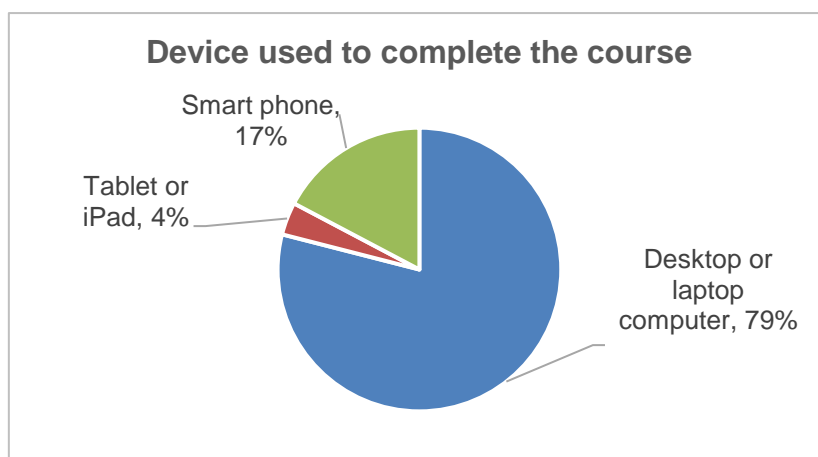
The majority of respondents stated they were completing the course for an “other” reason (35%, n=982) such as for work or study. Of the multiple choice options provided, respondents mainly identified as working in a school (25%, n=689), caring for someone with allergies (19%, n=527), and working in a children’s education/care service setting (16%, n=440).



Question 3 - What device did you use to complete the course?

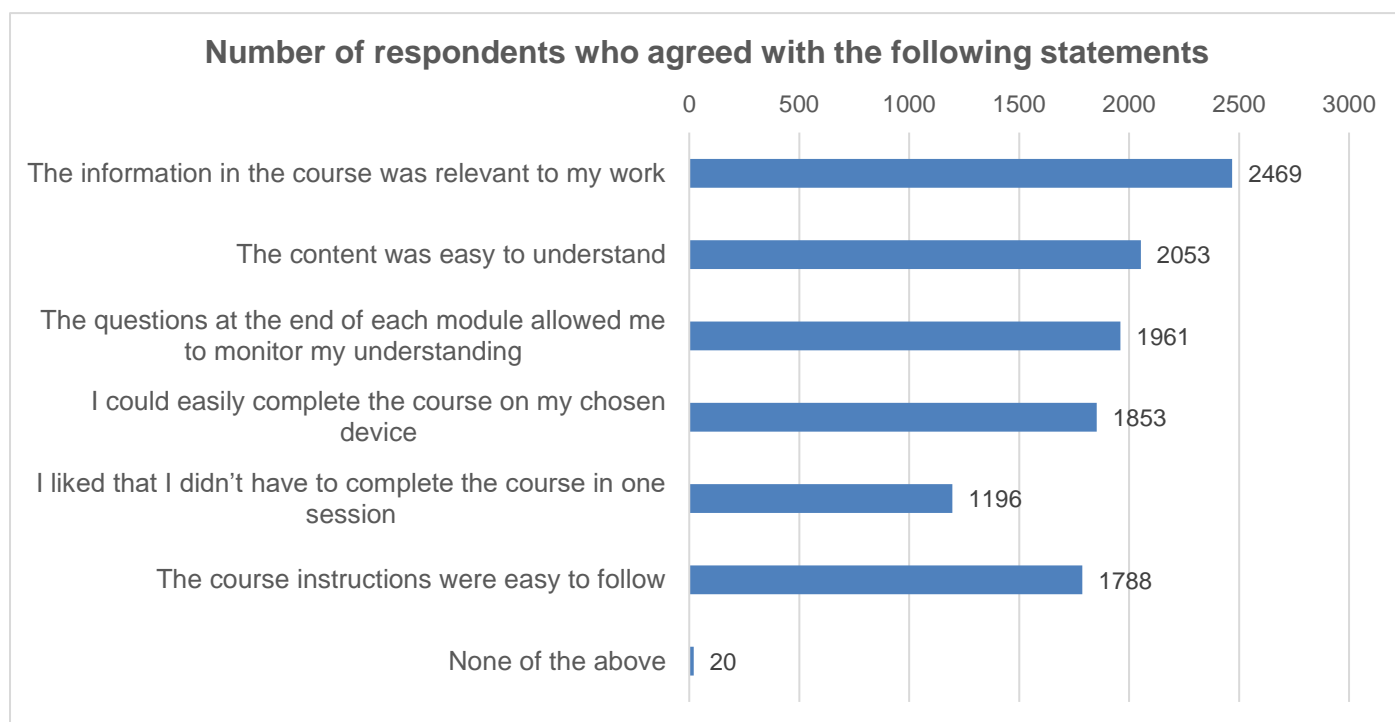
ASCIA e-training is compatible to be accessed across different types of devices. Most participants (79%, n=2,222) completed the course on a desktop or laptop computer.

The course was also accessed on a smart phone by 17% of participants (n=486) and tablet devices by 4% of participants (n=105).



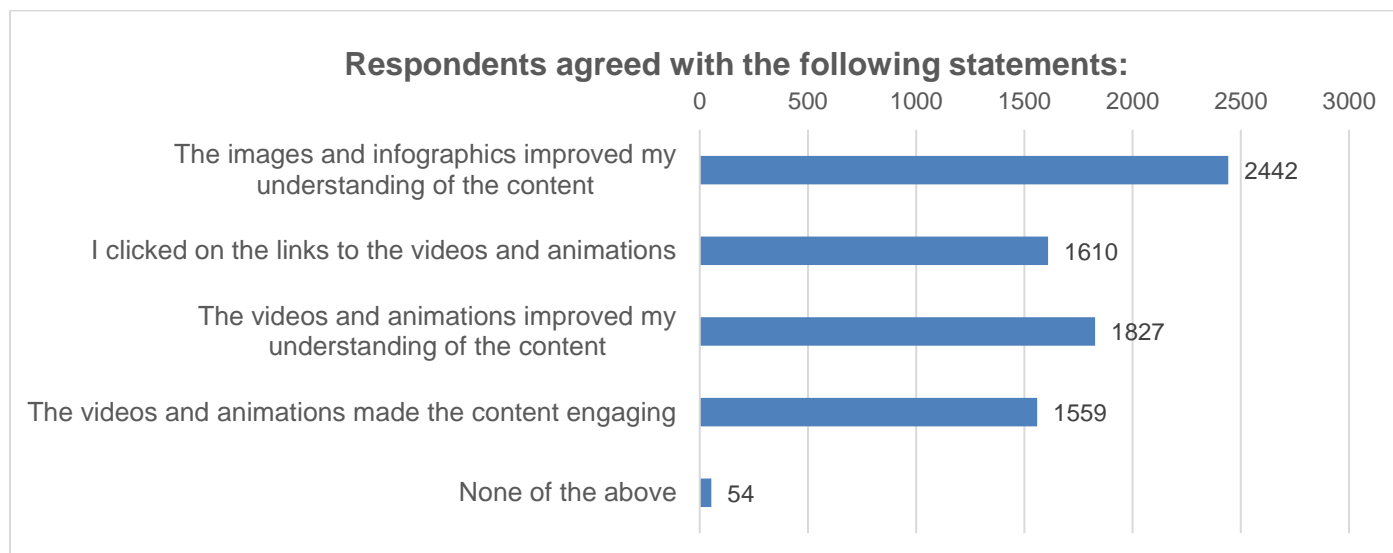
Question 4 – Content and instructions

Respondents were asked to give feedback about course content and instructions in the format of indicating which statement/s they agreed with. Most respondents agreed that the information was relevant to their work (88%, n=2,469) and the content was easy to understand (73%, n=2,053). Less than 1% of respondents did not agree with any of the positive statements about the course.



Question 5 – Videos and infographics

Feedback about multimedia features of the e-training showed majority of respondents (87%, n=2,442) agreed that the images and infographics improved their understanding of the content. 57% of participants indicated that they clicked on the links to the videos and animations. Less than 2% of respondents did not agree with any of the positive statements about multimedia features of the training.

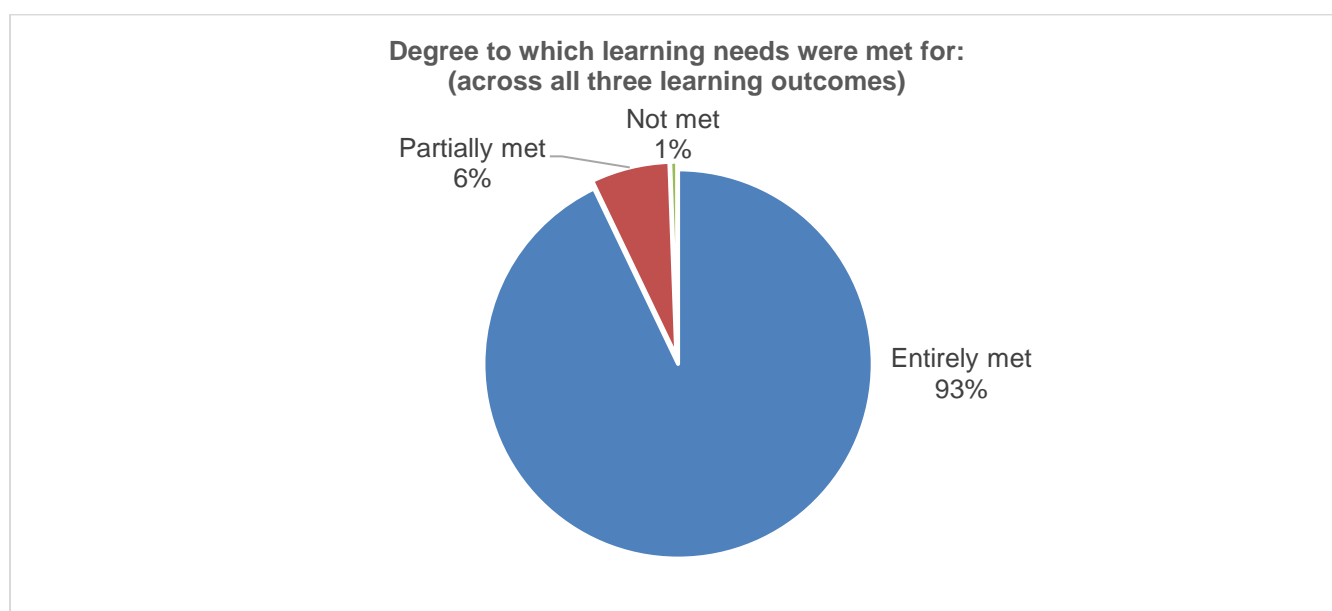


Question 6 – To what degree were your learning needs met?

The learning outcomes for the ASCIA anaphylaxis e-training for first aid (community) is for participants to:

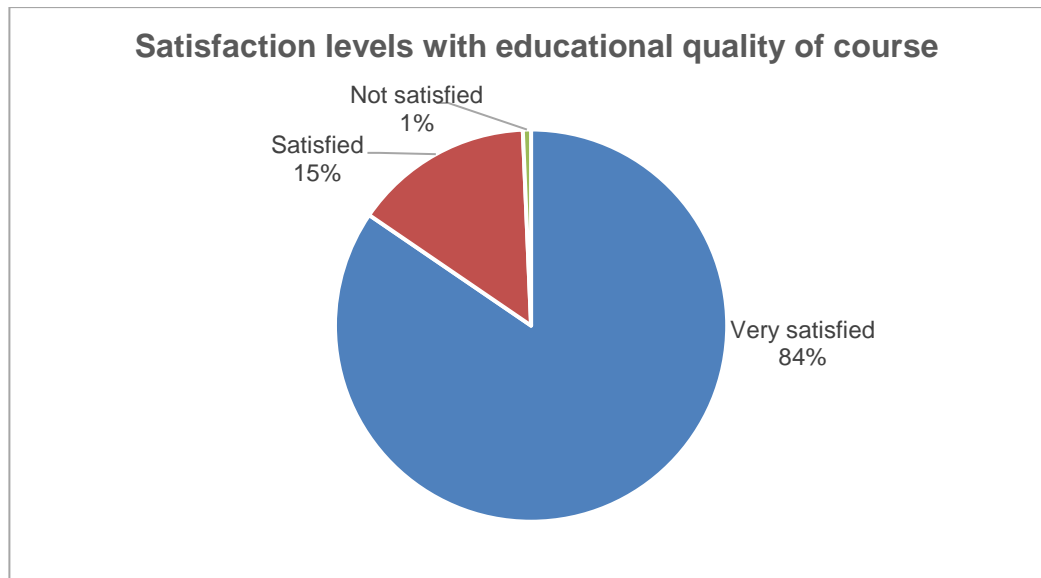
1. Know the signs of mild to moderate, and severe allergic reactions (anaphylaxis)
2. Know how to treat anaphylaxis by following an ASCIA First Aid or Action Plan
3. Know how and when to give an adrenaline injector

Course participants were asked to what degree these learning needs were met, and 99% of all respondents indicated that all three of the above learning needs were met, either entirely (93%) or partially (6%).

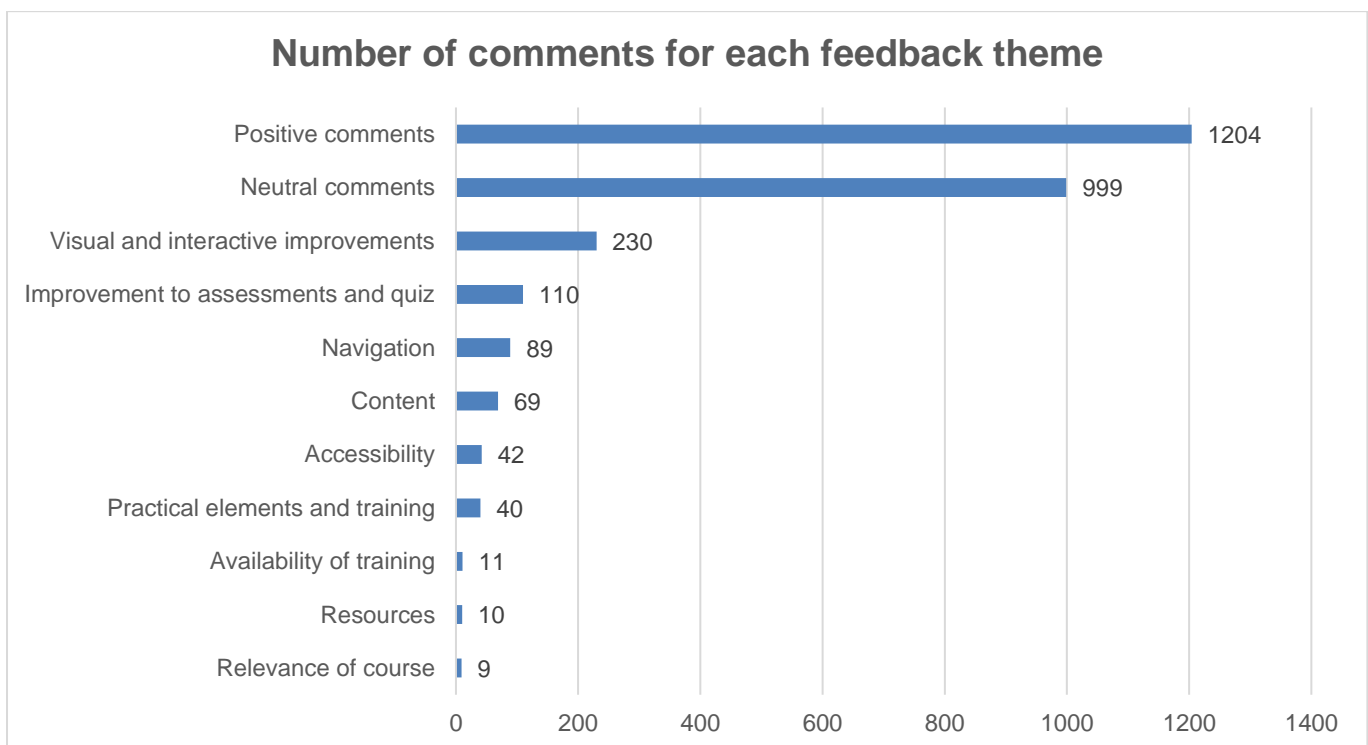


Question 7 – How satisfied were you with the educational quality of this course?

Almost all respondents (99%) were either very satisfied (84%, n=2,378) or satisfied (15%, n=416) with the educational quality of the e-training course.



Question 8 – How could this course be improved?



Most respondents provided either:

- Positive comments (n=1204, 43%)
- Neutral comments (n=999, 36%)

Visual and interactive elements were identified as the most significant opportunity of improvement, representing 13% of feedback. Smaller percentages of users called for improvements to assessments and quizzes, course content, and improving course navigation and user experience.

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Neutral responses have been omitted from below analysis as they do not provide improvement areas. Grammatical corrections may have been made to some text responses to improve readability of the report.

Positive general feedback (n=1204, 66%)

Overall, respondents provided mostly positive comments (n=1204, 66%) and were happy with the course, reporting that it was easy to follow, informative and engaging. Included in this theme were comments such as “all good” as well as more descriptive comments as highlighted in the below quotes.

“Excellent course”

“I can’t think of anything. It was repetitive and made it easy to memorise.”

“Clear and easy to understand”

“I think it was a great course. This was my first time doing the training and able to complete while waiting at an airport.”

“It was simple and easy, and it was great revision of what I have already learnt in my first aid course.”

“Nil - The course was easy to understand and reiterated the key information well. I feel more comfortable and confident to identify and manage an anaphylactic reaction.”

“Nothing! It was clear and easy to understand. A great refresher course.”

“The course is perfect - covers everything needed to know and short and sharp and engaging.”

“The course covered all aspects of Anaphylaxis that need to be known by Community Members to assist someone having Anaphylaxis.”

Visual and interactive elements (n=230, 13%)

Visual and interactive elements were suggested by 8% of respondents. Videos were the most frequently suggested mechanism for making the course more interactive and engaging. Respondents mostly wanted videos that aided recognition of signs and symptoms of anaphylaxis and improved understanding of how and when to use an EpiPen.

“It could be improved by having more videos to even better people’s understanding.”

“Making the images larger/creating a video.”

“Maybe an actual video demonstrating use of an EpiPen on an orange or a mannequin so we can see a more real-life demonstration.”

“More videos and animations in relation to signs and symptoms.”

“Make the illustrations for the Action Plan for Anaphylaxis bigger so we could view them clearly online.”

“More interactive.”

“Putting more animation videos in this course has helped me understand things quickly.”

“Possibly more interactive photos and videos to make the presentations livelier.”

“The videos of how to use the EpiPen and Anapen made it easy to understand and I am confident that I can administer either of them if necessary, after watching the videos.”

“3D imagery for device instructions - with injecting into a model Using more pictures and videos.”

Improvement to assessments and quiz (n=110, 6%)

Respondents wanted more questions to test their knowledge, although many pointed out that they would have preferred different questions in the end quiz rather than just a repetition from earlier summary quizzes. Some respondents found the requirement for the 100% pass mark frustrating and time consuming when having to answer all questions again.

“Less questions, don’t have to get 100%”

“If an incorrect answer is given to be able to go and correct that one question instead of having to do them all again.”

“Maybe having different questions that need to be answered covering more content so you weren’t answering the same questions, although I appreciate that repetition helps to remember.”

“More questions at the end of each module would help people to understand the content better.”

“Questions that are a bit easier to read.”

"You could add short recap dot points at the end of each module to jog our memory before answering questions."

More questions"

"The course modules are relevant and easy to understand. Possibly increasing the number of final assessment questions to 15-20 and having more questions that focus on the ASCIA Plans. This would allow participants to check their overall understanding of what the plans are and how they are utilised in their workplace, school etc."

Navigation, layout and user experience (n=89, 5%)

User experience was impacted by barriers to accessing the course due to trouble locating the course on the ASCIA website and the complicated login process. Many respondents reported that finding the right course on the website was extremely difficult however once into the course respondents reported navigation was relatively easy. Respondents requested automated email reminders when the course needs to be refreshed.

"Easier instructions on how to start course"

"I had some difficulty with 'cut and paste' to enrol."

"Please make easier to enter the course"

"I'm really not sure, it's relatively easy to navigate through the content. The most difficult part was finding where the course was located in the website and being forced to create an account."

"It is difficult to find where/how to start the course. Clear labelling, e.g. 'Begin course' or 'Start Course' should be available at the top or bottom of the page."

"I should still be able to access my certificate without giving feed back"

"Can I get a reminder sent to my email if I am due for a refresher course? Thanks."

Content improvements (n=68, 4%)

Overall, only 4% of respondents provided suggestions for content improvements. There were a range of suggestions for improvements including increased content on the practicalities of administering an EpiPen, management of mild to moderate symptoms and requests for more detail on the difference between anaphylaxis and mild to moderate allergic responses. Respondents also suggested including a summary at the end of each module as well as reduced repetition of content. There were a mix of comments on the length of the course with some respondent reporting the course to be too long and others finding the length appropriate.

"Give some recommended options of how best to hold a patient's leg still/stable when administering the adrenaline auto injector."

"There was no instruction on which leg (i.e. left, right or either) on the mid-outer thigh, the adrenaline should be administered to."

"Maybe add more on understanding progression of anaphylaxis and differentiating allergies"

"There could be more information about signs of mild to moderate and severe allergic reactions."

"Review/summary at end of every module"

"Too complicated"

"I have suggested my parents do this course for looking after my child with allergies. I think a small section on what to do next after giving anti histamine for a mild/ moderate reaction would be helpful i.e. what things would mean you should still seek medical attention, or go to a family doctor straight away etc, and reassurance for when if there is complete resolution of mild/ moderate symptoms, it is fine to stay at home etc."

"Module 4 was repeating information from previous modules, I felt it was unnecessary."

Accessibility (n=42, 2%)

Respondents suggested improved accessibility in two main areas; improved access for all abilities and learning styles and device compatibility. Respondents wanted audio accompaniment to the text and different or bigger font and others wanted language that made the course accessible to those who do not speak English as a first language. Some comments requested improvements for smart phone accessibility.

"Provide different language version for different culture background people"

"Perhaps modified for people with English as a second language by using simpler language."

"The font and size was difficult to read."

"More voice recordings to help run through the information."

"More functional on iPhone"

"More smartphone friendly, less "next - new page loading"."

"More visually appealing for smart phones. Better font."

Practical training (n=40, 2%)

One of the areas for potential improvement was the addition of a face-to-face element to support them to develop the confidence to administer adrenaline trainer devices. Respondents suggested videos that showed step by step administration to improve confidence.

"Easier access to training devices for people in remote areas"

"Doing practical and theoretical training."

"Face to face training both Theory and Practical to improve people's understanding."

"Obviously physically practising with an EpiPen etc would be the best option, other than this the course as an online education tool was extremely comprehensive."

"Real life videos of situations to use the EpiPen/Anapen and showing how someone uses the EpiPen/Anapen on someone else."

Availability (n=11, 1%)

Some commenters wanted the course to be more broadly available and promoted across the community. One commentor suggested an app so that information is always at hand.

"Nothing to improve in the course content. But taking measures to make people more aware of this course will be helpful to the community."

"By making it mandatory for food industry employees."

"Create more awareness to the public about the existence of this course."

"If there is an app users can download their phone and carry it with them always."

Resources (n=10, 1%)

Greater access to printable or downloadable resources was suggested.

"Could have a PDF version for future reference."

"Provide examples of an ASCIA action plan, with a real-life first aid scenario to step through what to do."

"Possibly have downloadable notes at the end."

Relevance (n=9, <0%)

Whilst less than 1% of comments related to relevance there were clear learning emerging such as to increase the relevance to New Zealand or not force everyone to learn about Australia specific guidelines as well as consider hospital-based staff and the hospitality sector.

"Maybe a little bit more NZ context content."

"Perhaps some hospitality specific/ food awareness/ seriousness of anaphylaxis for restaurants/ cafe/catering."

"More hospital based."

ASCIA Actions in Response to Feedback

While the overall feedback was positive, the information provided in this report will guide future improvements to ASCIA online training including **ASCIA anaphylaxis e-training for first aid (community)**. Improvements in 2025-2026 will be made as part of the National Allergy Council Schools and Childcare project.

To encourage increased usage of this course, ASCIA will:

- Continue to promote this course through conferences, e-newsletters and social media.
- Continue to communicate course updates to stakeholders, through e-newsletters and social media.

In response to 2024 feedback surveys, ASCIA will develop accessible, consistent and evidence-based online resources to support ASCIA e-training courses, which will be available open access on the ASCIA website.

These resources will:

- Provide scenario-based learning for first aid/community
- Include photographic images to complement infographics
- Support in-person practical training on how to use adrenaline devices
- Reinforce key competencies and ASCIA e-training course learning outcomes
- Be regularly reviewed by ASCIA, evaluated by participants and updated as required

Feedback from ASCIA course evaluation surveys conducted in 2022 and 2023 prompted ASCIA to:

- Improve the user interface by developing new websites with easier navigation and login to optimise access and function:
 - ASCIA e-training for health professionals <https://traininghp.ascia.org.au/>
 - ASCIA e-training for schools, childcare and community <https://training.ascia.org.au/>
- Develop an animated webcast version of the short refresher anaphylaxis course for schools, CEC and community, which includes new professional videos of adrenaline devices being administered www.allergy.org.au/ascia-videos
- Include new images, videos and infographics that support and reinforce updated content, to optimise user experience.
- Limit the number of questions in the mandatory final survey to avoid survey fatigue, but still enable evaluation, which is required for CPD approved courses.