



australasian society of clinical immunology and allergy

13 April 2022

Coroner Simon McGregor  
Coroners Court of Victoria  
65 Kavanagh Street  
Southbank Victoria 3006 | DX 212560  
Email: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Coroner,

**Re: ASCIA response to the Coroner's recommendations regarding the death of Peta Hickey**

We are responding to the Coroners Court of Victoria, on behalf of the Australasian Society of Clinical Immunology and Allergy (ASCIA), the peak professional body for clinical immunology/allergy specialists in Australia and New Zealand.

This letter is sent in response to recent communications from the Coroners Court of Victoria regarding the death of Peta Hickey on 9 May 2019.

[www.coronerscourt.vic.gov.au/sites/default/files/2021-12/HickeyPeta\\_233619.pdf](http://www.coronerscourt.vic.gov.au/sites/default/files/2021-12/HickeyPeta_233619.pdf)

We note that the Coroner's report states that:

- On 15 May 2019, the Victorian Institute of Forensic Medicine (VIFM) performed an autopsy on Peta and formulated the cause of death as:
  - 1(a) Multisystem organ failure and hypoxic/ischaemic encephalopathy;
  - 1(b) Anaphylactic reaction to CT contrast medium.
- Blood tests taken at the time of admission to the Royal Melbourne Hospital (RMH) for tryptase (an enzyme released as an immune response or in allergic responses, such as anaphylaxis), also confirmed that Peta had suffered an anaphylactic reaction.
- Peta died as a result of substandard clinical judgement from doctors at the beginning and end of this 'medical screening' programme, combined with a misalignment of incentives amongst the various business entities that facilitated the process. Two main issues arise from the circumstances surrounding Peta's death: whether she should have undergone the CTCA scan at all and whether Future Medical Imaging Group (FMIG) staff should have been able to better manage her anaphylactic reaction to prevent her death.

It is extremely sad to read about another death caused by anaphylaxis, that may have been prevented by early recognition of anaphylaxis, and an appropriate emergency response, including immediate treatment with adrenaline (epinephrine).

ASCIA welcomes the opportunity to collaborate with the Royal Australian and New Zealand College of Radiologists (RANZCR), the Australian Resuscitation Council (ARC), the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT), emergency services and other stakeholders to implement the Coroner's recommendations, that mention ASCIA and/or anaphylaxis training, as listed below.

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ASCIA is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand

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- Recommendation 1. **RANZCR** implement a mandatory requirement that radiologists working in settings where contrast is administered without other expert medical support undertake specific [training in the recognition and management of severe contrast reactions and anaphylaxis](#) every 3 years.
- Recommendation 2. **RANZCR, ASCIA and ARC** develop and implement a [comprehensive training and certification programme for radiologists in the recognition and management of severe contrast reactions and anaphylaxis](#) and the provision of CPR and basic life support including airway management with equipment available in radiology practices.
- Recommendation 3. **RANZCR** implement a register of severe contrast reactions, their management and outcomes to enable an [assessment of the effectiveness of training](#) and compliance with guidelines.
- Recommendation 4. **RANZCR** amend its contrast reaction management guidelines for display in rooms where contrast is administered to specifically highlight:
  - (a) [that adrenaline is potentially life-saving and must be used promptly. Withholding adrenaline due to misplaced concerns of possible adverse effects can result in deterioration and death of the patient.](#)
  - (b) the role of glucagon in reactions in patients undergoing cardiac CT who have received beta-blocking medication.
- Recommendation 11. **RANZCR, ASCIA, ARC** and the **ASMIRT** [develop and implement a training and certification programme for radiographers in the recognition and management of severe contrast reactions and anaphylaxis](#), CPR and Basic Life support with a triannual recertification requirement, including:
  - (a) the ability to administer adrenaline via autoinjector when encountering a patient experiencing a severe reaction; and
  - (b) playing an active role in emergency response, including raising issues with more senior staff when required.

#### **Recommendations regarding emergency services**

- Recommendation 24. **Ambulance Victoria (AV)** issue a practice advisory highlighting that [adrenaline be administered as soon as practicable](#) to patients who have acutely deteriorated within a short time of receiving radiological contrast at a radiology clinic.
- Recommendation 25. **AV** issue a [practice advisory highlighting the possibility of beta-blocking medication being present in a patient experiencing anaphylaxis to radiological contrast](#) whilst undergoing cardiac CT, and that consideration should be given to administering glucagon in these circumstances if the patient is unresponsive to adrenaline.

We note that successful implementation of the Coroner's recommendations will require funding support, and resources to achieve the best outcomes.

Since 2003 ASCIA has been committed to improving the management and emergency treatment of anaphylaxis by providing online training courses and resources that are accessible, consistent and evidence-based, to educate and train health professionals and the community about anaphylaxis.

Updated and new ASCIA online anaphylaxis training courses for health professionals and resources are available free of charge at <https://etraininghp.ascia.org.au/> and [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis), which address some of the recommendations listed above.

The new and updated ASCIA anaphylaxis courses and resources include:

- **ASCIA Anaphylaxis e-training for health professionals - updated October 2021**
- **ASCIA Anaphylaxis refresher e-training for health professionals - new February 2022**
- **ASCIA Guidelines for the Acute Management of Anaphylaxis - updated July 2021**

In addition, the following new ASCIA resources are currently in development:

- **ASCIA Position Statement – Radiocontrast Media Hypersensitivity (for health professionals)**
- **ASCIA FAQ - Radiocontrast Media Hypersensitivity (for patients, consumers and carers)**
- **ASCIA Guidelines Summary - Acute Management of Anaphylaxis (for health professionals)**

We believe that the courses and resources listed above will assist in addressing many of the Coroner's recommendations, in response to the tragic death of Peta Hickey due to anaphylaxis.

We welcome the opportunity to discuss any of information outlined in this letter.

Please contact us if you require further information.

Yours sincerely,

Dr Katie Frith  
Chair, ASCIA Anaphylaxis Committee

Jill Smith  
ASCIA CEO

Copy:

ASCIA Directors - Prof Michaela Lucas, Dr Theresa Cole, A/Prof Jane Peake, Dr Michael O'Sullivan.