LETTER TO THE EDITOR
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Clinical governance implications of a Victorian coronial finding regarding contrast-related anaphylaxis for health services and private providers of radiology services

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Anaphylaxis to contrast media is rare but potentially fatal. A coronial inquest in Victoria highlighted a gap in processes and skills for managing contrast-related anaphylaxis in a private, stand-alone radiology clinic.[1] Key findings were that all staff (radiographers and radiologists) had little to no practical training in the management of contrast reactions, the radiologist present was not aware of the current guidelines prescribed by the clinic or of any visual displays of the guidelines and the radiologist was inadequately prepared for the medical emergency. The Coroner recommended that specific training in the management of anaphylaxis should be implemented for radiologists and radiographers. These recommendations were directly at professional bodies but, because they relate to clinical governance, they are also relevant to health services and private companies providing radiology services.

This gap in knowledge, confidence and processes was not unknown.[2] An Australian survey published in 2014 reported that about 40% of radiologists/radiology trainees assessed themselves as lacking knowledge in managing a contrast-related anaphylactic reaction and in dosing and administration of adrenaline.[3] The reported deficit in knowledge was larger for clinicians who had completed basic life support training more than 3 years previously. Similar findings have been reported in American and UK studies.[4,5]

In 2021, The Australian Commission for Safety and Quality in Healthcare released its *Acute Anaphylaxis Clinical Care Standard*.[6] The first two quality statements focus on prompt recognition of anaphylaxis and immediate injection of intramuscular adrenaline, before any other treatment including asthma medicines, corticosteroids and antihistamines. As at the date of writing, the Royal Australian and New Zealand College of Radiologists and the Medical Radiation Practice Board are not listed as having endorsed this document.

Several small studies have shown that education, especially targeted training involving simulation, can improve knowledge and confidence for treating contrast-related anaphylaxis.[2,4,5,7] Unfortunately, to the authors' knowledge to date, these strategies are not widely embedded in hospital mandatory competency requirements for radiographers and radiologists or in credentialing requirements for stand-alone radiology clinics.

As clinical competency to manage foreseeable emergencies is a matter of clinical governance, there is a strong case for health service and corporate governance teams (for stand-alone clinics) to take a lead in making appropriate training mandatory and in partnering with training providers to ensure it is available to staff in a format and location that facilitates participation and skill development. Reliance on an ambulance response, given the known delays, is not enough.

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