Medical Radiation Practice Board Ahpra

Implementing updated Professional capabilities

November 2025

Recognising and responding to anaphylaxis

Executive Summary

The third iteration of the Professional capabilities for medical radiation practice (2026) extend practitioner capabilities for recognising and responding to physiological deterioration to include recognition and management of anaphylaxis.

This document provides information to assist registered medical radiation practitioners, other health practitioners, employers, healthcare organisations, professional associations and others to support the implementation of updated capabilities.

Background

The Professional capabilities for medical radiation practice outline the minimum requirements for safe and competent practice in the medical radiation practice profession.

To meet their obligations to provide safe and effective care, medical radiation practitioners must be able to recognise circumstances of impending or acute physiological deterioration, including anaphylaxis and other adverse events. They must be able to respond to the person's needs in an appropriate and timely way, consistent with standards of safe and high-quality care. This includes calling for emergency help when needed and documenting actions taken.

Recognising and managing anaphylaxis is now within the scope of practice of medical radiation practitioners, however, medical radiation practitioners must not use adrenaline until they have completed the appropriate training.

While using medicines is not new for medical radiation practitioners this new authority to use adrenalin is a change in practice. Medical radiation practitioners should be confident that this practice is within their skills and capability, but cautious and thoughtful in how they apply it in practice.

Requirements

To respond effectively to anaphylaxis medical radiation practitioners must be able to

- recognise the signs and symptoms of anaphylaxis,
- know and apply standard protocols and care pathways for managing anaphylaxis,
- understand the purpose and pharmacology of medicines used as first line treatment
- confidently use adrenaline via ampoules (where permitted) autoinjectors or similar dose regulated medication delivery devices, and
- provide cardio-pulmonary resuscitation (CPR) and use automatic defibrillator devices (AED)
- stay up to date, practice or simulate clinical scenarios to maintain currency of skill and knowledge

Training options

To enable and maintain capabilities for recognising and responding to acute physiological deterioration registered medical radiation practitioners must complete initial training and engage with regular refresher training.

It is recommended that registered practitioners complete training that is equivalent to the national unit of competency *HLTAID010 Provide basic emergency life support*. Alternatively practitioners may combine *HLTAID009 Provide CPR* and *22578VIC First Aid Management of Anaphylaxis* to meet training requirements.

Registered practitioners can also enquire with their professional association (e.g. ASMIRT, ANZSNM, or ASA) about their training programs.

Alternatively, for those registered practitioners who have a current basic life support certificate, the Australasian Society of Clinical Immunology and Allergy (ASCIA) has published resources for anaphylaxis and provides online learning programs that are free of charge to health practitioners in Australia and New Zealand. (See Anaphylaxis training for health professionals).

Healthcare organisations will often have their own internal training programs. It is important that these programs enable practitioners to meet obligations described in the Professional capabilities for medical radiation practice, acknowledging that healthcare organisations have additional obligations under the National healthcare standards.

Prioritisation

Completing anaphylaxis training is a priority for registered medical radiation practitioners, particularly for those working in areas where anaphylaxis is a known risk of examinations, treatments or procedures.

From **30 March 2026** all registered medical radiation practitioners must have competed, or in the process of completing or enrolled in anaphylaxis training.

S3 adrenaline ampoules, autoinjectors and other acceptable forms

In most States and Territories, it is permissible for medical radiation practitioners to use adrenaline as an ampoule (e.g. 1:1000 1mg/1ml or 1:10000 1mg/10ml), a pre-filled syringe, an autoinjector or other single use device. However, there are limitations in Queensland and Tasmania that limit medical radiation practitioners to using adrenaline that is delivered via autoinjector only.

Adrenaline autoinjectors and other single use devices offer a quick method for injecting adrenaline at a known, therapeutic concentration. Autoinjectors offer a lower risk option in circumstances that may be fast moving and stressful. However, practitioners who have been trained and competent to use pre-filled syringes, to draw up and use adrenaline from ampoules may do so where it is authorised by the relevant States and Territory drugs and poisons legislation and consistent with the protocols and arrangements of the healthcare organisation.

Most healthcare organisations in which medical radiation practitioners work will have systems in place for 'recognising and responding to acute deterioration' which will include anaphylaxis. They will also have frameworks to ensure 'medication safety'. Medical radiation practitioners should familiarise themselves with their organisations protocols for managing anaphylaxis and the use of adrenaline.

Supporting medical radiation practitioners

Support from other health practitioners and health organisations in which medical radiation practitioners work will be a key element for successful implementation.

For other health practitioners, supporting medical radiation practitioners includes taking a team-based patient centric approach to care, a commitment to interprofessional practice and learning, collaboration and shared responsibility.

For organisations, supporting medical radiation practitioners means reviewing clinical protocols and integrating these new capabilities into existing emergency pathways, and ensuring that health practitioners and teams operate effectively. It includes access to necessary equipment, ongoing training and mentoring. Importantly successful implementation will require a culture of support and empowerment.

Clinical governance

The Australian Commission on Safety and Quality in Healthcare have published a Clinical Care standard for Anaphylaxis which describes six quality statements about the care that patients can expect to be offered by clinicians and healthcare services when anaphylaxis is encountered.

To support implementation of the Professional capabilities' healthcare organisations should consider if changes to clinical governance arrangements may be required. This may include changes or updates to systems, training, documentation, review and how these align with national standards including the Recognising and Responding to Acute Deterioration Standard , the Medication Safety Standard and Partnering with Consumers Standard.

Graduates and Accredited programs of study

Education providers delivering accredited programs of study in medical radiation practice must be able to show that graduates can provide basic life support which includes cardio-pulmonary resuscitation (CPR) and use automatic defibrillator devices (AED). From **30 March 2026** this requirement will be extended so that all graduates must be able to recognise and respond to anaphylaxis. Mid-year graduates in 2026 will need to work towards completing training requirements that support recognising and managing anaphylaxis within 2 months of being registered to practice.

Supporting graduates and early career practitioners in the workplace will be a key element that supports the safe implementation of these new capabilities. Please see the document on Supporting graduate practitioners.

Additional resources

https://traininghp.ascia.org.au/

https://www.allergy.org.au/hp/anaphylaxis

https://allergyfacts.org.au/resources/health-professional-hub/#resources

https://www.healthywa.wa.gov.au/Articles/A_E/Adrenaline-autoinjectors

https://www.allergy.org.au/hp/anaphylaxis/adrenaline-device-prescription

https://www.allergy.org.au/hp/anaphylaxis/first-aid-for-anaphylaxis-pictorial

Appendix A – Authorisations for the use of adrenaline autoinjectors under State and Territory drugs and poisons legislation

Jurisdiction	Which schedule of medication?	Are medical radiation practitioners authorised to use adrenaline?	Operative provision of Act or Regulation	Pre-conditions for use	Limitations	Other considerations
Victoria	Schedule 3 in the Poisons Standard	Yes	r.141 of the Drugs, Poisons and Controlled Substances Regulations 2017 when obtained from a pharmacist or s.20(3) of the Drugs, Poisons and Controlled Substances Act 1981 when obtained under a permit issued to a health service	Registered medical radiation practitioner	Must be for first aid treatment of life-threatening condition	The Australian Commission on Safety and Quality in Healthcare Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. Standard 4, the Medication Safety Standard aims to ensure that health workers safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. To meet this standard, organisations will often have clinical governance frameworks that guide clinicians on the safe use of medications and may occasionally create further restrictions.
New South Wales	Schedule 3 in the Poisons Standard	Yes	s.18 NSW Poisons and Therapeutic Goods Regulation 2008 provide for supply of adrenaline autoinjector by a pharmacist to first aiders trained in anaphylaxis first aid. Similarly, App C(13) provides for supply of adrenaline autoinjector by wholesalers to first aiders trained in anaphylaxis first aid.	Any person with first aid and management of anaphylaxis certificate	Must be for first aid treatment of life-threatening condition	
Queensland	Schedule 3 in the Poisons Standard	Yes	Schedule 5 Part 2 of the Medicines and Poisons (Medicines) Regulation 2021 NMT's – are authorised under Schedule 12 Part 3 of the MPMR to administer adrenaline to treat anaphylaxis on a clinical protocol (which is a form of standing order) or a written prescription.	Any person with first aid and management of anaphylaxis certificate ..... Nuclear medicine technologist / scientist is required to have anaphylaxis training only	Must be for first aid treatment of life-threatening condition Autoinjector or preloaded single use device only	
South Australia	Schedule 3 in the Poisons Standard	Yes, but there is an emphasis on credentialling and medication safety arrangements in healthcare organisations	The Controlled Substances Act 1984 (the Act) and Controlled Substances (Poisons) Regulations 2011	Any person		
Tasmania	Schedule 3 in the Poisons Standard	Yes.	s 58(7)(a) Poisons Regulations 2018	Any person	Must be for first aid treatment of life-threatening condition Autoinjector only	
Western Australia	Schedule 3 in the Poisons Standard	Yes.	Medicines and Poisons Act 2014	Any person		

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Northern Territory	Schedule 3 in the Poisons Standard	Yes	ss 71 and 72 of the Medicines, Poisons and Therapeutic Goods Act 2012	Registered medical radiation practitioner Supply to person must include adequate instructions on use (written/ verbal)		
ACT	Schedule 3 in the Poisons Standard	Yes.	1.4A of Schedule 1 of the Medicines, Poisons and Therapeutic Goods (MPTG) Regulation 2008	Registered medical radiation practitioner specifically, and any person in an emergency		