

Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol - Indigenous Health Worker Isolated Practice Area



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Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol - Indigenous Health Worker

This drug therapy protocol, made under s59A, 164A and 252B of the *Health (Drugs and Poisons) Regulation 1996* states the circumstances and conditions under which an Indigenous Health Worker is authorised to administer or supply a Scheduled drug or poison listed in Appendix 1 and 2 to this document.

Conditions and circumstances of this drug therapy protocol

1. An Indigenous Health Worker is defined in Appendix 9 of the *Health (Drugs and Poisons) Regulation 1996*. A person attaining the qualifications listed in the definition of Indigenous Health Worker and who is practicing in an Aboriginal or Torres Strait Islander Community in an isolated practice area in a specified health service district may only administer or supply the Scheduled drugs or poisons listed in Appendices 1 and 2 for which a Health Management Protocol has been developed and approved by the employer under this Drug Therapy Protocol. The minimum requirements for a Health Management Protocol is contained in Appendix 3.
2. The actions of the Indigenous Health Worker must at all times be in accordance with this Drug Therapy Protocol and the Health Management Protocol¹.
3. The Indigenous Health Worker must have access to current versions of the following literature:
 - 3.1 A copy of this Drug Therapy Protocol; and
 - 3.2 Health Management Protocols relevant to this Drug Therapy Protocol; and
 - 3.3 A current MIMS Annual and Australian Medicines Handbook; and
 - 3.4 A copy of the *Health (Drugs and Poisons) Regulation 1996*; and
 - 3.5 Current edition of the NHMRC Australian Immunisation Handbook.
4. The Indigenous Health Worker must be aware that practising within the Drug Therapy Protocol does not relieve that person of their legal responsibility or accountability for that person's actions and may not provide immunity in case of negligence.
5. Prior to the administration or supply of a Scheduled drug or poison, the Indigenous Health Worker must familiarise himself/herself with the contra-indication(s) and known side effects of the Scheduled drug or poison, and advise the patient accordingly.
6. Where a restricted drug or Scheduled poison is supplied by an Indigenous Health Worker, the primary medicine container must be labelled as required by the *Health (Drugs and Poisons) Regulation 1996*.
7. When Consumer Medicine Information is available for a particular Scheduled drug or poison, the Indigenous Health Worker should provide this information to each person when administering or supplying the medication.

Certification

Certified at Brisbane on this 2nd day of April 2012.

Dr Jeannette Young
Chief Health Officer
Queensland Health

¹ Unless, if in the opinion of the indigenous health worker such actions would be of detriment to the patient. In such instances, a doctor must be consulted.

Appendix 1

Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Controlled (S8) Drugs		Must consult Medical Officer, Nurse Practitioner Supply is not permitted
Morphine Sulphate*	Intramuscular Intravenous	Intravenous for Chest Pain/Angina/Heart Attack Only
Fentanyl*	Intramuscular Intranasal	
Obstetric		Must consult Medical Officer, Nurse Practitioner Supply is not permitted
Pethidine*	Intramuscular	Indigenous Health Workers must consult a Medical Officer, Nurse Practitioner , if the patient is pregnant or during the intrapartum period

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Restricted (S4) Drugs		Must consult Medical Officer, Nurse Practitioner
Analgesics		Must consult Medical Officer, Nurse Practitioner
Methoxyflurane*	Inhalation	Adult: 3 mL may be repeated after 20 minutes to a maximum of 6 mL
Paracetamol 500 mg / Codeine 30 mg*	Oral	
Indomethacin*	Rectal	
Antibiotics/Anti-Infectives		Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course
Albendazole*	Oral	
Amoxicillin*	Oral	
Amoxicillin/Clavulanic*	Oral	
Azithromycin*	Oral	
Cephalexin*	Oral	
Cefaclor*	Oral	
Ciprofloxacin*	Oral	
Clindamycin*	Oral	
Dicloxacillin*	Oral	
Doxycycline*	Oral	
Erythromycin*	Oral	
Flucloxacillin*	Oral	

mg = milligram
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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Metronidazole*	Oral	
Nitrofurantoin*	Oral	
Phenoxymethylpenicillin*	Oral	
Roxithromycin*	Oral	
Tinidazole*	Oral	
Trimethoprim*	Oral	
Valaciclovir*	Oral	
Antibiotics (Parenteral)		Must consult Medical Officer, Nurse Practitioner
Benzathine Penicillin (Bicillin L-A)*	Intramuscular	
Benzathine Penicillin (Pan Benzathine) *	Intramuscular	
Benzylpenicillin*	Intramuscular Intravenous	
Lincomycin*	Intramuscular Intravenous	
Ceftriaxone*	Intramuscular	To be given reconstituted with 1% Lignocaine
Procaine Penicillin*	Intramuscular	
Antibiotics (Topical)		Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course
Ciprofloxacin hydrochloride*	Ear drops	For use in Aboriginal and Torres Strait Islander patients over one month of age
Clindamycin*	Intravaginal	
Mupirocin*	Topical cream	
Flumethasone Pivalate 0.02%/ Clioquinol 1%*	Ear drops	
Dexamethasone 0.5mg/ Framycetin Sulphate 5mg/	Ear drops	
Gramicidin 0.05 mg/mL*		
Silver Sulphadiazine 1%*	Topical cream	
Triamcinolone Compound*	Ear ointment Ear drops (ear wicks)	
Antibiotic Adjuncts		Must consult Medical Officer, Nurse Practitioner
Probenecid*	Oral	
Antidotes (agents to treat adverse effects)		Must consult Medical Officer, Nurse Practitioner
Benztropine*	Intramuscular Oral	
Hydrocortisone*	Intramuscular intravenous	

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Naloxone*	Subcutaneous Intramuscular Intravenous	Administer one dose in overdose situations then consult Medical Officer, Nurse Practitioner. Maximum 0.4 mg
Anti-Emetics		Must consult Medical Officer, Nurse Practitioner
Metoclopramide*	Intramuscular Oral Intravenous	Adults only Intravenous for Chest Pain/Angina/Heart Attack Only
Prochlorperazine*	Oral	Adults only
Antihistamines		Must consult Medical Officer, Nurse Practitioner
Promethazine*	Intramuscular Intravenous	Maximum 25 mg
Anti-Hypertensives/ Heart and Chronic Kidney Disease		Restricted to Chronic Disease HMPs – Can supply on Medical Officer's, Nurse Practitioner's instruction if less than 6 months since last medical consultation
Aluminium Hydroxide*	Oral	
Amiloride*	Oral	
Amlodipine*	Oral	
Aspirin*	Oral	
Atenolol*	Oral	
Atorvastatin*	Oral	
Bisporolol*	Oral	
Calcium Carbonate*	Oral	
Candesartan*	Oral	
Calcitriol*	Oral	
Carvedilol*	Oral	
Cinacalcet*	Oral	
Clopidogrel*	Oral	
Diltiazem*	Oral	
Ezetimibe*	Oral	
Fenofibrate*	Oral	
Frusemide*	Oral	
Gemfibrozil*	Oral	
Glyceryl Trinitrate*	Oral	
Hydralazine*	Oral	
Hydrochlorothiazide*	Oral	
Indapamide*	Oral	
Irbesartan*	Oral	
Isosorbide Mononitrate*	Oral	
Labetalol*	Oral	
Lisinopril*	Oral	

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Methyldopa*	Oral	
Metoprolol*	Oral	
Perindopril*	Oral	
Pravastatin*	Oral	
Prazosin*	Oral	
Propranolol*	Oral	
Ramipril*	Oral	
Rosuvastatin*	Oral	
Simvastatin*	Oral	
Verapamil*	Oral	
Antivenoms		
Snake Polyvalent anti-venom*	Intravenous	Must consult Medical Officer, Nurse Practitioner
Box jellyfish anti-venom*	Intravenous	Administer one dose then consult Medical Officer, Nurse Practitioner 20,000 units diluted in 10 mL water or normal saline
Cardiac and Renal Medication (Acute)		Must consult Medical Officer, Nurse Practitioner for acute presentations
Frusemide*	Intramuscular Intravenous Oral	
Glyceryl Trinitrate*	Transdermal Patches	
Nifedipine*	Oral	
Dermatological Drugs		
Podophyllotoxin Paint 0.5%*	Topical	Must consult Medical Officer, Nurse Practitioner Application by health professional only. Must not be supplied for self administration by client
Diabetic Drugs		Restricted to Chronic Disease HMPs – Can supply on Medical Officer's, Nurse Practitioner's instruction if less than 6 months since last medical consultation
Glucagon	Intramuscular Subcutaneous	Administer one dose then consult Medical Officer, Nurse Practitioner
Glibenclamide*	Oral	
Gliclazide or Gliclazide ER*	Oral	
Glimepiride*	Oral	
Glipizide*	Oral	
Metformin or Metformin ER*	Oral	
Pioglitazone*	Oral	
Sitagliptin*	Oral	

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Insulin		
Insulin Aspart*	Subcutaneous	
Insulin Detemir*	Subcutaneous	
Insulin Glargine*	Subcutaneous	
Insulin Glulisine*	Subcutaneous	
Insulin Isophane*	Subcutaneous	
Insulin Neutral and Insulin Isophane*	Subcutaneous	
Insulin Aspart and Insulin Aspart Protamine*	Subcutaneous	
Local Anaesthetic		Must consult Medical Officer, Nurse Practitioner
Lignocaine 1%*	Local infiltration	
	Mixed with Ceftriaxone for IMI injection	
Oxybuprocaine eye drop 0.4%*	Topical to eye	Single dose minim – never to be given to take home
Lignocaine with Adrenaline*	Topical only	
Obstetric		Indigenous Health Workers must consult a Medical Officer, Nurse Practitioner if the patient is pregnant or during the intrapartum period
Benzyl penicillin*	Intravenous Intramuscular	
Betamethasone	Intramuscular	
Ergometrine*	Intramuscular	500 mcg single dose if Ergometrine/Oxytocin not previously given
Ergometrine/Oxytocin*	Intramuscular	
Indomethacin*	Rectal	
Lincomycin*	Intravenous Intramuscular	
Metoclopramide*	Intramuscular	
Nifedipine*	Oral	
Nitrous oxide and oxygen*	Inhalation	
Oxytocin*	Intramuscular Intravenous	
Oral contraceptive pills		Hormonal oral contraception is not initiated by an Indigenous Health Worker Can only be supplied if less than 12 months since last medical consult
Ethinylestradiol 30 mcg / Levonorgestrel 150 mcg		

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Ethinylestradiol 30 mcg / Levonorgestrel 50 mcg, Ethinylestradiol 40 mcg / Levonorgestrel 75 mcg, Ethinylestradiol 30 mcg / Levonorgestrel 125 mcg	Oral	
Ethinylestradiol 20 mcg / Levonorgestrel 100 mcg	Oral	
Ethinylestradiol 35 mcg / Norethisterone 500 mcg	Oral	
Ethinylestradiol 35 mcg / Norethisterone 1 mg	Oral	
Ethinylestradiol 30 mcg / Desogestrel 150 mcg	Oral	
Ethinylestradiol 30 mcg / Gestodene 75 mcg	Oral	
Ethinylestradiol 35 mcg / Cyproterone acetate 2 mg	Oral	
Ethinylestradiol 30 mcg / Drospirenone 3 mg	Oral	
Ethinylestradiol 20 mcg / Drospirenone 3 mg	Oral	
Ethinylestradiol 30 mcg / Dienogest 2 mg	Oral	
Progestogen		Hormonal oral contraception is not initiated by an Indigenous Health Worker Can only be supplied if less than 12 months since last medical consult
Levonorgestrel 30 mcg*	Oral	
Norethisterone 350 mcg*	Oral	
Injectable Hormonal Contraception Can only be administered if less than 12 months since last Medical Officer / Nurse Practitioner assessment after which time further clinical assessment by a Medical Officer / Nurse Practitioner is required		To be administered once every 12 weeks (+ or – 14 days) only on a medical officers instruction
Medroxyprogesterone*	Intramuscular	
Post coital contraception		Must consult Medical Officer, Nurse Practitioner Post-coital contraception should only be supplied for “at risk” clients following contraceptive failure or unprotected sexual intercourse The first dose must be taken within 72 hours unprotected sexual intercourse
Levonorgestrel 1.5 mg*	Oral	

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Respiratory Medication (Acute)		Administer one dose then consult Medical Officer, Nurse Practitioner for acute presentations
Ipratropium Bromide	Nebuliser	Adult/Child >6 yrs: 500 mcg mixed with 2 mL Normal Saline Child <6 yrs: 250 mcg mixed with 2 mL Normal Saline
Salbutamol	Nebuliser	Adult & child > 6 years 5 mg mixed with normal saline to a volume of 3 - 4 mL Child < 6 years 2.5 mg mixed with normal saline to a volume of 3 - 4 mL
Respiratory Medication (Chronic)		Supply restricted to Chronic Disease HMPs – Can supply on Medical Officer's, Nurse Practitioner's instruction if less than 6 months since last medical consultation
Beclomethasone*	Inhalation	
Budesonide*	Inhalation	
Budesonide / Eformoterol*	Inhalation	
Eformoterol*	Inhalation	
Fluticasone / Salmeterol*	Inhalation	
Fluticasone*	Inhalation	
Ipratropium Bromide*	Nebuliser	
Prednisolone*	Oral	
Salbutamol*	Nebuliser / Inhalation	
Salmeterol*	Inhalation	
Terbutaline*	Inhalation	
Tiotropium*	Inhalation	
Sedative		Must consult Medical Officer, Nurse Practitioner
Diazepam*	Intravenous Oral Rectal	Adults: 10mg Children: Dose adjusted on weight per Health Management Protocol
Haloperidol*	Intravenous Intramuscular Oral	5 mg Stat with second 5 mg dose if required to maximum of 10 mg
Lorazepam*	Oral	Adults Only: 2 mg Stat
Midazolam*	Intramuscular Intranasal Buccal	
Olanzapine*	Intramuscular Oral	Adults Only

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

CIRCUMSTANCES UNDER WHICH AN INDIGENOUS HEALTH WORKER IS AUTHORISED TO ADMINISTER VACCINES	RESTRICTIONS/CONDITIONS
<p>An agent registered by the Therapeutic Goods Administration (TGA) for vaccination:</p> <ul style="list-style-type: none"> • in accordance with the current National Immunisation Program schedule (NIPs); or • as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIPs; or • for use in other immunisation programs that have been approved by the Chief Health Officer; or • for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer. 	<ul style="list-style-type: none"> • Severe adverse reaction as specified in the current edition of the NHMRC Australian Immunisation Handbook • Contraindications to vaccine as specified in the current edition of the NHMRC Australian Immunisation Handbook or as approved by the NHMRC to appear in future editions of the handbook. In other instances, refer to the contraindications section of the product information • Dose and route of administration of vaccines as specified in the current edition of the NHMRC Australian Immunisation Handbook or recommended/approved by the NHMRC

VACCINES FOR RESTRICTED IMMUNISATION PROGRAMS	INDICATIONS FOR USE AS OUTLINED IN HMP
<p>Japanese Encephalitis – inactivated JE vaccine</p>	<p>Vaccination program approved by the relevant Public Health Medical Officer.</p>
<p>Q Fever – purified killed suspension of <i>Coxiella burnetii</i> (including skin tests)</p>	<p>Vaccination program approved by the Chief Health Officer.</p>
<p>Tuberculosis – BCG (including tuberculin testing)</p>	<p>Queensland Tuberculosis Control Program (QTCP) only, and visits to Aboriginal and Torres Strait Islander communities by Registered Nurses endorsed by QTCP, for the purpose of administering BCG vaccine with QTCP approval.</p>
<p>Meningococcal polysaccharide vaccine – 4vMenPV</p>	<p>As directed by Oncology Services for re-vaccination of children post oncology treatment.</p>

NATIONAL IMMUNISATION PROGRAM ANTIGENS	INDICATIONS FOR USE AS OUTLINED IN HMP Must consult Medical Officer Nurse Practitioner
<p>Diphtheria-tetanus adult/adolescent vaccine (dT)*</p>	<p>These vaccines can be used as stated, or in combination form as available, under approved immunisation programs.</p>
<p>Diphtheria-tetanus-acellular pertussis adult/adolescent vaccine (dTpa)*</p>	
<p>Diphtheria-tetanus-acellular pertussis infant/child vaccine (DTPa)*</p>	
<p>Haemophilus influenzae type b (Hib)*</p>	
<p>Hepatitis A inactivated vaccine (hepatitis A)*</p>	
<p>Hepatitis B recombinant DNA vaccine (hepatitis B)*</p>	
<p>Human Papillomavirus vaccine (HPV)*</p>	
<p>Inactivated polio vaccine (IPV)*</p>	

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

NATIONAL IMMUNISATION PROGRAM ANTIGENS	INDICATIONS FOR USE AS OUTLINED IN HMP Must consult Medical Officer Nurse Practitioner
Influenza inactivated vaccine*	These vaccines can be used as stated, or in combination form as available, under approved immunisation programs.
Measles, mumps and rubella live attenuated vaccine (MMR)*	
Meningococcal C conjugate vaccine (MenCCV)*	
Pneumococcal conjugate vaccine (PCV)*	
Pneumococcal polysaccharide vaccine (PPV)*	
Rotavirus live oral vaccine*	
Varicella live attenuated vaccine (VV)*	
Tetanus immunoglobulin*	

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Schedule 2 & 3 Substances		
Adrenaline	Intramuscular	Administer one dose then consult Medical Officer, Nurse Practitioner
Aspirin	Oral	
Aspirin 300 mg/Codeine 8mg*	Oral	
Chloramphenicol (eye drops/ointment)*	Topical	Must consult Medical Officer, Nurse Practitioner
Clotrimazole*	Intravaginal	Must consult Medical Officer, Nurse Practitioner then Administer one dose and supply one full course
Clotrimazole	Topical	
Ferrous Sulphate*	Oral	Must consult Medical Officer, Nurse Practitioner
Folate*	Oral	Must consult Medical Officer, Nurse Practitioner
Folic acid*	Oral	Must consult Medical Officer, Nurse Practitioner
Glyceryl Trinitrate	Sublingual	Administer for chest pain Administer for Acute hypertensive crisis on Medical Officer, Nurse Practitioner order
Ibuprofen	Oral	Administer one dose then consult Medical Officer, Nurse Practitioner
Iron*	Oral	Must consult Medical Officer, Nurse Practitioner
Lignocaine gel 2%*	Topical	Must Consult Medical Officer, Nurse Practitioner Maximum duration 2-3 days
Lignocaine with Phenylephrine*	Intranasal	Must consult Medical Officer, Nurse Practitioner
Loratadine	Oral	
Mebendazole	Oral	Administer one dose and supply one full course

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Drug Therapy Protocol: Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who have completed all components of the Isolated Practice course and hold Isolated Practice authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Miconazole	Topical	Administer one dose and supply one full course for Tinea and Cutaneous Candidiasis and oral thrush only
Nystatin	Oral	Administer and supply for oral thrush only
Paracetamol	Oral	
Paracetamol 500 mg / Codeine 8 mg	Oral	
Promethazine	Oral	Administer one dose then consult Medical Officer, Nurse Practitioner
Pyrantel Embonate	Oral	Administer one dose and supply one full course
Salbutamol Metered Dose Inhaler (MDI)	Inhalation	Adult and child > 6 years Administer one dose then consult Medical Officer / Nurse Practitioner
Thiabendazole*	Oral	Must consult Medical Officer, Nurse Practitioner

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Appendix 2

Drug Therapy Protocol – Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who hold Sexual Health authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Restricted (S4) Drugs		Must consult Medical Officer, Nurse Practitioner
Antibiotics/Anti-Infectives		Must consult Medical Officer, Nurse Practitioner then administer one dose and supply one full course
Azithromycin*	Oral	
Ciprofloxacin*	Oral	
Doxycycline*	Oral	
Metronidazole*	Oral	
Tinidazole*	Oral	
Valaciclovir*	Oral	
Antibiotics (Parenteral)		
Benzathine Penicillin (Bicillin L-A)*	Intramuscular	
Benzathine Penicillin (Pan Benzathine)	Intramuscular	
Ceftriaxone*	Intramuscular	To be diluted in 1% Lignocaine as per HMP
Dermatological Drugs		
Podophyllotoxin Paint* 0.5%	Topical	Must consult Medical Officer, Nurse Practitioner Application by health professional only. Must not be supplied for self administration by client
Clindamycin*	Intravaginal	
Clotrimazole*	Intravaginal Topical	
Local Anaesthetic		Must consult Medical Officer, Nurse Practitioner
Lignocaine 1%*	Local infiltration	
	Mixed with Ceftriaxone for IMI injection	
Post coital contraception		Must consult Medical Officer, Nurse Practitioner Post-coital contraception should only be supplied for “at risk” clients following contraceptive failure or unprotected sexual intercourse The first dose must be taken within 72 hours unprotected sexual intercourse
Levonorgestrol 1.5mg*	Oral	

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Drug Therapy Protocol – Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who hold Sexual Health authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Oral contraceptive pills*		Hormonal oral contraception is not initiated by an Indigenous Health Worker Can only be supplied if less than 12 months since last medical consult
Ethinylestradiol 30 mcg / Levonorgestrel 150 mcg	Oral	
Ethinylestradiol 30 mcg / Levonorgestrel 50 mcg, Ethinylestradiol 40 mcg / Levonorgestrel 75 mcg, Ethinylestradiol 30 mcg / Levonorgestrel 125 mcg	Oral	
Ethinylestradiol 20 mcg / Levonorgestrel 100 mcg	Oral	
Ethinylestradiol 35 mcg / Norethisterone 500 mcg	Oral	
Ethinylestradiol 35 mcg / Norethisterone 1 mg	Oral	
Ethinylestradiol 30 mcg / Desogestrel 150 mcg	Oral	
Ethinylestradiol 30 mcg / Gestodene 75 mcg	Oral	
Ethinylestradiol 35 mcg / Cyproterone acetate 2 mg	Oral	
Ethinylestradiol 30 mcg / Drospirenone 3 mg	Oral	
Ethinylestradiol 20 mcg / Drospirenone 3 mg e.g. Yaz	Oral	
Ethinylestradiol 30 mcg / Dienogest 2 mg	Oral	
Progestogen		Hormonal oral contraception is not initiated by an Indigenous Health Worker Can only be supplied if less than 12 months since last medical consult
Levonorgestrel 30 mcg*	Oral	
<p style="text-align: center;">Injectable Hormonal Contraception</p> <p style="text-align: center;">Can only be administered if less than 12 months since last Medical Officer / Nurse Practitioner assessment after which time further clinical assessment by a Medical Officer / Nurse Practitioner is required</p>		<p style="text-align: center;">To be administered once every 12 weeks (+ or – 14 days) only on a Medical Officer, Nurse Practitioner instruction</p>
Medroxyprogesterone*	Intramuscular	

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Drug Therapy Protocol – Isolated Practice Areas – Indigenous Health Workers (for Indigenous Health Workers who hold Sexual Health authorisation only)

Scheduled Substances	Approved route of administration	Restrictions/Conditions
Post coital contraception		<p>Must consult Medical Officer, Nurse Practitioner Post-coital contraception should only be supplied for “at risk” clients following contraceptive failure or unprotected sexual intercourse The first dose must be taken within 72 hours unprotected sexual intercourse</p>
Levonorgestrol 1.5mg*	Oral	
Schedule 2 & 3 substances		
Adrenaline	Intramuscular	Administer one dose then consult Medical Officer, Nurse Practitioner
Clotrimazole*	Intravaginal Topical	
Lignocaine gel 2%*	Topical	Must Consult Medical Officer, Nurse Practitioner Maximum duration 2 - 3 days

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Health Management Protocol – Minimum Requirements

1. The employer must have a current Health Management Protocol that supports and details the clinical use, administration or supply of the Scheduled drugs or poisons listed in Appendix 1 or Appendix 2 of this Drug Therapy Protocol.
2. The Health Management Protocol must be developed or another organisation's Health Management Protocol may be adopted by an inter-disciplinary health team appointed by the employer under whose jurisdiction the Health Management Protocol will be implemented.
3. As a minimum, the team must consist of a medical practitioner, registered nurse and pharmacist, and may include other identified professional personnel as considered appropriate by the employing organisation.
4. Following a period of two years or sooner if considered necessary, the Health Management Protocol must be reviewed by the inter-disciplinary team.

Content of a Health Management Protocol

The Health Management Protocol clearly identifies the following:

1. That the Indigenous Health Worker can administer a controlled drug only on the instruction of a medical officer, nurse practitioner or physician's assistant in accordance with the instructions in Appendix 1. A separate instruction is required for each occasion that a controlled drug is to be administered.
2. That the Indigenous Health Worker can administer or supply a restricted drug after consulting with a medical officer, a nurse practitioner or physician's assistant or as ordered by a medical officer, nurse practitioner or physician's assistant and in accordance with the conditions contained in Appendix 1 or 2. In the event that a doctor's, a nurse practitioner's or physician's assistant's instruction is required, it must be obtained on each occasion that a restricted drug is to be administered or supplied.
3. That the Indigenous Health Worker can administer or supply a Scheduled poison with or without the instruction of a medical officer, a nurse practitioner or physician's assistant in accordance with the conditions contained in Appendix 1 or 2. In the event that a medical officer's, a nurse practitioner's or physician's assistant instruction is required, it must be obtained on each occasion that a Scheduled poison is to be administered or supplied.
4. The procedures for clinical assessment, management and follow-up of patients, including the recommended Scheduled drug or poison therapy for the relevant clinical problem.
5. A clinical indication or time when medical referral/consultation must occur for that condition.
6. The name, form and strength of the Scheduled drug or poison and the condition/situation for which it is intended.
7. The recommended dose of the Scheduled drug or poison.
8. The route of administration of the Scheduled drug or poison.
9. The frequency (including rate where applicable) and duration of administration of the Scheduled drug or poison.
10. The duration of the Scheduled drug or poison supply before medical intervention/follow-up is required.
11. The type of equipment and management procedures required for management of an emergency associated with the use of the Scheduled drug or poison.

Endorsement of a Health Management Protocol by the Chief Executive Officer of a Health Service District or Chief Executive Officer of a non-Queensland Health employing organisation.

1. A new or reviewed Health Management Protocol must be endorsed and dated by the Chief Executive Officer of a Health Service District or the Chief Executive Officer of a non-Queensland Health employing organisation.
2. The Health Management Protocol shall be effective for a maximum of two (2) years from the date of endorsement by the employer.
3. The Primary Clinical Care Manual contains the principal Health Management Protocols to be used in rural and remote ambulatory care settings by an Indigenous Health Worker.