Medicines and Poisons Act 2019

Factsheet – current as at July 2022

Standing orders

Background

Under section 18(e)(ii) of the *Medicines and Poisons Act 2019* (**MPA**) a person 'deals' with a 'regulated substance' if the person performs several listed activities, including, if the substance is a medicine, prescribes or makes a *standing order* for the medicine.

Section 38 of the MPA makes it an offence for a person to prescribe, or make a *standing order* for, a medicine unless the person:

- prescribes, or makes the standing order, for the medicine in the authorised way; or
- has a reasonable excuse

(with a maximum penalty of 200 penalty units).

What is a standing order?

The dictionary to the MPA defines 'standing order' as follows:

> *"**standing order**, for a medicine, means a document authorising the medicine to be administered or given as a treatment dose at a stated place or in stated circumstances."*

In other words, a standing order is a document that authorises a medicine to be *administered* or *given as a treatment dose*[1] to or for a person or animal at the place, provided several conditions are met. It is a type of direction that has been written in advance that allows certain approved persons to administer or supply a medicine without a patient-specific direction.

Standing orders are to improve access to timely and effective treatment at times or locations where it is not practical, nor necessary, for prescribers to be present and available around the clock.

Standing orders for *relevant institutions* (i.e. an aged care facility, hospital, prison or detention centre) have additional requirements that are imposed by the *Medicines and Poisons (Medicines) Regulation 2021* (**MPMR**) – see section 103. For more information on 'relevant institutions', please see the fact sheet titled 'Relevant institutions'.

[1] ***Give a treatment dose**, of a medicine, means give 1 or more doses of the medicine to a person to be taken by a particular person, or administered to an animal, at a later time* (section 25(3) MPA).

Clinical protocols

In addition to 'general' standing orders, the MPMR provides for a special type of standing order known as a 'clinical protocol', as defined in section 101:

> *A **clinical protocol** is a standing order applying in relation to an approved person performing a procedure or diagnostic test at a place for practising any of the following professions—*
>
> *(a) clinical perfusion;*
> *(b) orthoptics;*
> *(c) nuclear medicine technology;*
> *(d) respiratory science;*
> *(e) speech pathology.*

This fact sheet focuses on 'general' standing orders. For more information on clinical protocols, please see the fact sheet 'Health practitioners working under a clinical protocol'.

Who may make a standing order?

Under the MPA and MPMR, there are only **three classes of approved persons**, all of whom are 'prescribers[2]', that are authorised to make a standing order:

- Under Schedule 6, part 1, section 2 of the MPMR, a **medical practitioner** may make a standing order for a non-restricted medicine;
- Under Schedule 7, part 1, section 3 of the MPMR, a **nurse practitioner** may make a standing order, other than a clinical protocol, for an S2, S3 or S4 medicine, other than an S4 diversion-risk medicine or restricted medicine;
- Under Schedule 16, part 3, section 6 of the MPMR, a **veterinary surgeon** working for the holder of a general approval (emergency management of animals) may make a standing order under the approval.

Note: *Restricted medicines* and *diversion-risk medicines* are specified in Schedule 2 of the MPMR (Categories of medicines), parts 1 and 3 respectively.

[2] The term 'prescriber' is defined in the dictionary of the MPMR as follows:

> **prescriber**—
>
> (a) for chapter 4, part 6—see section 79(1); or
>
> (b) for chapter 4, part 7, division 2—see section 102; or
>
> (c) for chapter 4, part 7, division 3—see section 109; or
>
> (d) generally, in relation to a medicine, means a person who is authorised under the Act, or permitted under a corresponding law or another law, to prescribe the medicine.

Who may act under a standing order?

In addition to the legislative authority afforded to 'prescribers' to make standing orders, certain approved persons are authorised to act under a standing order.

Table 1: Persons who may act under a standing order

Approved person	Authorisation
midwife	• administer any medicine on a standing order • give a treatment dose of any medicine on a standing order
registered nurse	administer any medicine on a standing order
enrolled nurse	administer any medicine on a standing order, under the supervision of a dentist, medical practitioner, midwife or registered nurse
restricted enrolled nurse	administer an S2 or S3 medicine on a standing order, under the supervision of a dentist, medical practitioner, midwife or registered nurse
pharmacist	give a treatment dose of any medicine on a standing order at a public hospital
paramedic or registered nurse working at a site for a general approval (emergency first aid)	administer an emergency medicine[3] on a standing order made under a general approval (emergency first aid)
qualified person[4] working for the holder of a general approval (emergency management of animals)	administer a medicine authorised under a general approval (emergency management of animals) on a standing order from a veterinary surgeon working under the approval

Note 1: clinical perfusionists, respiratory scientists, nuclear medicine technologists, speech pathologists, and orthoptists may act under a clinical protocol (a type of standing order) – see the fact sheet 'Health practitioners working under a clinical protocol'.

Note 2: some trainee health practitioners may administer under a standing order to the extent authorised for the relevant class under the direct supervision of a person authorised to administer the medicine, other than a person who is another health trainee or only authorised to administer the medicine under the supervision of someone else.

[3] ***emergency medicine***, in relation to a general approval (emergency first aid), means adrenaline (epinephrine); atropine; benzatropine; ceftriaxone; furosemide (frusemide); glucagon; glyceryl trinitrate; hydrocortisone; ipratropium bromide monohydrate; lidocaine (lignocaine); methoxyflurane; metoclopramide; midazolam; morphine; naloxone; nitrous oxide; promethazine; salbutamol; or another medicine for emergencies stated in the approval.

[4] ***qualified person***, in relation to a general approval (emergency management of animals) means a person who has (a) completed a training course approved by the chief executive about the safe administration of medicines to animals; or (b) skills and knowledge equivalent to the competency the person would achieve by completing the training course mentioned in paragraph (a), as stated in writing by a veterinary surgeon.

In what circumstances may a standing order be made?

The details of when and how a standing order may be made are contained in Chapter 4, part 7 of the MPMR which concerns 'making standing orders'.

Standing orders can be made at a relevant institution (i.e. an aged care facility, private health facility, public sector hospital, prison or youth detention centre) or another place stated in section 104 of the MPMR.

Relevant institutions

Section 103 of the MPMR (making standing order for relevant institution) provides that:

(1) A prescriber must not make a standing order for a relevant institution unless—

(a) a medicines and therapeutics committee of the institution has approved the making of the order; and

(b) the order is signed by a member of the committee who is a prescriber authorised to make standing orders.

(2) in this section—

***medicines and therapeutics committee**, of a relevant institution, means a committee—*

(a) established by the institution to approve standing orders for the administration or giving of treatment doses of medicines to patients at the institution; and

(b) whose members include 1 medical practitioner, 1 registered nurse and 1 pharmacist.

Section 105 of the MPMR (safe circumstances for making standing order) provides:

(1) A prescriber must not make a standing order unless the prescriber is reasonably satisfied that—

(a) the order would not allow a person to administer or give a treatment dose of a medicine in a way that exceeds the person's authorisation or training; and

(b) action taken under the order would be likely to improve the timeliness of treatment and access to care by patients or animals.

(2) The prescriber must ensure the standing order does not apply in relation to—

(a) more than 1 medicine; or

(b) giving a treatment dose of a monitored medicine.

Other places

Section 104 of the MPMR (making **other** standing orders) provides as follows (our bolding):

> *(1) This section applies in relation to a standing order that is **not for a relevant institution**.*
>
> *(2) A prescriber must not make the standing order unless the order relates to—*
>
> *(a) a place used to provide an Aboriginal or Torres Strait Islander health service; or*
>
> *(b) a place or circumstance authorised under—*
>
> *(i) a general approval (emergency first aid); or*
>
> *(ii) a general approval (emergency management of animals); or*
>
> *(c) a place or circumstance otherwise approved by the chief executive.*

Again, the requirements of section 105 of the MPMR (safe circumstances for making standing order) must be met – see above.

What particulars must a standing order contain?

Section 106 of the MPMR prescribes exactly what a standing order must contain. The section provides as follows:

> *(1) A prescriber must make a standing order in writing and sign the standing order.*
>
> *(2) The prescriber must state the following information on the standing order—*
>
> *(a) the name of the prescriber;*
>
> *(b) the date the standing order is made;*
>
> *(c) the date, no later than 2 years after the standing order is made, on which the standing order expires;*
>
> *(d) the single medicine to which the order applies;*
>
> *(e) the class of persons who may administer or give a treatment dose of the medicine under the order;*
>
> *(f) the medical conditions to which the order applies;*
>
> *(g) if the order applies to administration—the way the medicine may be administered under the order;*
>
> *(h) if the order applies to giving a treatment dose—the maximum amount of the medicine that may be given under the order;*
>
> *(i) the maximum duration for which treatment of a patient under the order is authorised;*
>
> *(j) in what circumstances the medicine may be administered or given as a treatment dose, and the recommended dose or dose range for the circumstances;*

(k) the circumstances in which the medicine should not be administered or given as a treatment dose;

(l) the reference charts for dose calculation, if required, the monitoring requirements, if required, and the type of equipment and management procedures required for management of an emergency associated with the use of the medicine;

(m) the day, no later than 2 years after the order is made, by which the order must be reviewed.

Standing orders for general approvals

Section 107 of the MPMR outlines **additional** content of a standing order made in relation to two specified classes of general approvals:

- emergency first aid;
- emergency management of animals.

The prescriber must state in the standing order that a person proposing to administer, or give a treatment dose of, a medicine under the order must first attempt to contact the prescriber or another person authorised to prescribe the medicine, before administering or giving the treatment dose.

However, this requirement does not apply in relation to:

(a) administration in urgent situations requiring immediate treatment of a patient or an animal; or

(b) administration of 1 of the following medicines—

(i) adrenaline (epinephrine);

(ii) glyceryl trinitrate;

(iii) glucagon;

(iv) naloxone;

(v) nitrous oxide;

(vi) methoxyflurane;

(vii) salbutamol.

Availability for inspection and recordkeeping

Section 108 of the MPMR provides that a prescriber must take all reasonable steps to ensure a standing order made by the prescriber is available for inspection at a place to which the order relates by:

- any person who may administer or give a treatment dose of a medicine under the order; and
- the prescriber's employer; and
- the chief executive; and
- an inspector; and

- a health ombudsman official.

Section 141 of the MPMR relates to keeping a record for administering on a standing order and provides:

> *(1) This section applies to an authorised person who is authorised to administer a medicine on a standing order.*
>
> *(2) As soon as practicable after administering the medicine, the authorised person must make and keep a record of the following information—*
>
> *(a) the name of the authorised person;*
>
> *(b) the date the medicine was administered;*
>
> *(c) if the medicine was administered to a patient—*
>
> *(i) the name and address of the patient; and*
>
> *(ii) for a monitored medicine—the date of birth of the patient;*
>
> *(d) if the medicine was administered to an animal—the name and address of the owner or custodian of the animal;*
>
> *(e) the name of the medicine or other sufficient information to accurately identify the medicine;*
>
> *Examples—*
>
> - *the approved name or brand name of the medicine*
> - *a description of the medicine compounded*
>
> *(f) the form, strength and amount of the medicine;*
>
> *(g) the name of the prescriber who made the standing order.*
>
> *Note— See section 224 about keeping records.*

Associated guidance documents

- *Relevant institutions factsheet*
- *Health practitioners working under a clinical protocol factsheet*
- *Authorisations and activities factsheet*
- *Categories of medicines and dealings factsheet*
- *Emergency first aid factsheet*

Further information

For further information, contact the Healthcare Approvals and Regulation Unit (HARU): HARU@health.qld.gov.au