Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Sexual Health Program Nurse (including Reproductive Health)

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Health (Drugs and Poisons) Regulation 1996
Drug Therapy Protocol – Sexual Health Program Nurse

I, Sonya Bennett, pursuant to the Health (Drugs and Poisons) Regulation 1996, sections 175(4) and 263(4) certify this document as the Drug Therapy Protocol – Sexual Health Program Nurse.

Circumstances and conditions

1. A sexual health program nurse may administer or supply a restricted drug or supply a S3 or S2 poison listed in Appendix 1, column 1 only:
    1.1 by a route of administration for the drug stated in Appendix 1, column 2; and
    1.2 subject to the conditions for the drug stated in Appendix 1, column 3 (if any); and
    1.3 in accordance with a Health Management Protocol that meets the requirements in Appendix 2 (the ***relevant protocol***).[1]
2. The relevant Health Management Protocol and Australian Immunisation Handbook must be available to the sexual health program nurse at the time the sexual health program nurse is acting under this Drug Therapy Protocol.
3. Before administering and/or supplying a restricted drug or S3 or S2 poison, the sexual health program nurse must be familiar with the contra-indication(s) and known side effects of the drug and advise the patient accordingly.
4. If Consumer Medicine Information is available for a particular drug, the sexual health program nurse must, where reasonably practicable, offer the information to each person to whom the sexual health program nurse administers or supplies the drug.

Certification

Drug Therapy Protocol – Sexual Health Program Nurse QH-DTP-SHPN-02:2019

Certified at Brisbane on this 26th day of September 2019.

Dr Sonya Bennett
Chief Health Officer
Department of Health

Notes:
(a) The sexual health program nurse 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.
(b) All other provisions of the Health (Drugs and Poisons) Regulation 1996 such as the packaging and labelling requirements for dispensed medicines apply.
(c) The certified written policy 'Packing or repacking of scheduled medicines for supply' dated 29 January 2019 applies

[1] Unless, in the opinion of the sexual health program nurse, such actions would be detrimental to the patient. In such instances, a doctor must be consulted.

Appendix 1

Adrenergic Agonists		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Adrenaline	Intramuscular	

Antibiotics / Antivirals / Antifungals / Anti-infectives / Antibiotic Adjuncts		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Aciclovir	Oral	Single course for primary genital herpes
Azithromycin	Oral	Administer one dose and supply one full course as necessary
Cefalexin	Oral	
Ceftriaxone	Intramuscular	Administer one dose Reconstituted with Lignocaine 1% injection
Ciprofloxacin	Oral	Single dose only
Clindamycin	Intravagina	Administer one dose and supply one full course as necessary
Clotrimazole	Intravagina	
Doxycycline	Oral	
Famciclovir	Oral	
Fluconazole	Oral	
Benzathine Penicillin (Bicillin LA)	Intramuscular	Administer one dose
Miconazole	Vaginal/Topical/Oral	Administer one dose and supply one full course as necessary
Metronidazole	Oral	
Nystatin	Oral drops for topical use	
Procaine benzylpenicillin (procaine penicillin)	Intramuscular	Administer one dose
Roxithromycin	Oral	Administer one dose and supply one full course as necessary
Tinidazole	Oral	
Trimethoprim	Oral	
Valaciclovir	Oral	

Local Anaesthetics		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Lidocaine (lignocaine) 1%	Intramuscular	To be used to reconstitute Ceftriaxone powder
Lidocaine (lignocaine) gel 2%	Topical	
Lidocaine (lignocaine)-Prilocaine 5%	Topical	

Emergency Contraception (Post-coital Contraception)		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Levonorgestrel 1.5 mg	Oral	
Levonorgestrel 750 microgram e.g. *Postinor*	Oral	
Levonorgestrel 30 microgram e.g. *Microval/Microlut*	Oral	

Oestrogen based vaginal preparations		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Estriol	Intravagina	
Estradiol	Intravagina	

Oral Contraceptive Pills (Combined)		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Ethinylestradiol 30 microgram/ Levonorgestrel 150 microgram	Oral	• Can only be supplied if the client has been initially assessed and prescribed hormonal oral contraceptive by a Medical Officer at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer assessment. • Supply not to exceed end of current prescription or 12 months since last Medical Officer assessment. • Maximum supply not to exceed 4 months NB: *Family Planning Queensland only:* Maximum supply at any one time not to exceed 12 months as prescribed by certified Health Management Protocol.
Ethinylestradiol 30 microgram/ Levonorgestrel 50 microgram Ethinylestradiol 40 microgram/ Levonorgestrel 75 microgram Ethinylestradiol 30 microgram/ Levonorgestrel 125 microgram	Oral	
Ethinylestradiol 20 microgram/ Levonorgestrel 100 microgram	Oral	
Ethinylestradiol 35 microgram/ Northisterone 500 microgram	Oral	
Ethinylestradiol 35 microgram/ Northisterone 1mg	Oral	
Ethinylestradiol 30 microgram/ Desogestrel 150 microgram	Oral	
Ethinylestradiol 30 microgram/ Gestodene 75 microgram	Oral	
Ethinylestradiol 35 microgram/ Cyproterone acetate 2 mg	Oral	
Ethinylestradiol 30 microgram/ Drosperinone 3 mg	Oral	
Ethinylestradiol 20 microgram/ Drosperinone 3mg	Oral	
Ethinylestradiol 30 microgram/ Dienogest 2 mg	Oral	

Oral Contraceptive Pills (Progesterone-only)		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Levonorgestrel 30 microgram e.g. *Microval*	Oral	• Can only be supplied if the client has been initially assessed and prescribed POP by a Medical Officer/Nurse Practitioner at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer/Nurse Practitioner assessment, and continuous use has been confirmed. • Supply not to exceed end of current prescription or 12 months since last Medical Officer/Nurse Practitioner assessment. • Maximum supply not to exceed 4 months. NB: *Family Planning Queensland only:* Maximum supply at any one time not to exceed 12 months as prescribed by certified Health Management Protocol.
Norethisterone 350 microgram e.g. *Noriday*	Oral	

Combined Hormonal Vaginal Ring (CVR)		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Etonogestrel 120mg / Ethinylestradiol 15 microgram e.g. *Nuva Ring*	Intravagina	• Can only be supplied if the client has been initially assessed and prescribed CVR by a Medical Officer at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer assessment. • Supply not to exceed end of current prescription or 12 months since last Medical Officer assessment. Maximum supply not to exceed 3 months.

Injectable Hormonal Contraception (Depot Medroxyprogesterone (DMPA))		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Depo Medroxyprogesterone Acetate 150 mg/mL	Intramuscular	• Can only be supplied if the client has been initially assessed and prescribed DMPA by a Medical Officer/Nurse Practitioner at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer/Nurse Practitioner assessment, and continuous use has been confirmed. • Administration not to exceed end of current prescription or 12 month period since last Medical Officer/Nurse Practitioner assessment.

Topical preparations		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Trichloroacetic Acid	Topical	
Podophyllin	Topical	
Podophyllotoxin	Topical	
Permethrin	Topical	
Imiquimod	Topical	
Nitrous Oxide	Topical with cryogun	
Liquid Nitrogen	Topical	

Vaccines		
Scheduled Substances	**Approved Route of Administration**	**Restrictions/Conditions**
Hepatitis A – formaldehyde inactivated hepatitis A virus vaccine Adult / Paediatric	Intramuscular	As specified in the current edition of the NHMRC Australian Immunisation Handbook.
Hepatitis B – recombinant DNA hepatitis B vaccine Adult / Paediatric	Intramuscular	
Human Papillomavirus vaccine (HPV)	Intramuscular	
Measles, Mumps, Rubella (MMR) vaccine	Intramuscular	

mg = milligram

Appendix 2

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 a medicine listed in Appendix 1 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, a sexual health program registered nurse and a 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 must be developed in accordance with the current edition of the Primary Clinical Care Manual and/or the Australian STI Management Guidelines for use in Primary Care and must clearly identify:

1. the procedures for clinical assessment, management, and follow-up of patients, including the recommended drug therapy for the relevant clinical problem.
2. a clinical indication or time when medical referral/consultation must occur for that condition.
3. the name, form and strength of the medicine and the condition/situation for which it is intended.
4. the recommended dose of the medicine.
5. the route of administration of the medicine.
6. the frequency (including rate where applicable) and duration of administration of the medicine.
7. the duration of the medication supply before medical intervention/follow-up is required.
8. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine.

Endorsement of a Health Management Protocol by the Chief Executive of a Hospital and Health Service 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 of a Hospital and Health Service 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.