

# Application form – General approval (emergency first aid) – Amendment application

January 2022

## Information about this application form

This application form is to be used to apply to amend a general approval for **emergency first aid** under section 78 of the *Medicines and Poisons Act 2019 (MPA)*.

Amendments to authorised sites (fixed locations, typically ongoing or longer term) can be made using this form. An amendment is **not required** to provide temporary emergency first aid services at an authorised event. To notify the chief executive of Queensland Health, approval holders should submit a [Notification of intended operations](#) (Form MPMR-35) at least 2 business days before the event happens as per section 35 of the *Medicines and Poisons (Medicines) Regulation 2021 (MPMR)*.

## Applying for an amendment of a general approval for emergency first aid

The chief executive of Queensland Health (or delegate) must decide whether or not to grant an amendment application. In determining the application, the matters described in section 79 of the MPA may be taken into consideration.

Queensland Health assesses all information relevant to an application including:

- prior compliance history;
- background, skills and qualifications of persons who will be responsible for overseeing activities to be carried out or will have access to regulated substances;
- which regulated substances are to be included in the substance authority;
- proposed activities and locations where regulated substances are to be used and stored; and
- the documented governance arrangements in place relevant to the substance authority.

Under chapter 3, part 3, division 4 of the MPA, applications are decided within 90 days of the application (final consideration day – section 86 of the MPA), or the latest day the chief executive of Queensland Health (or delegate) receives information from the applicant (section 89 of the MPA), unless a later date is agreed (s88 of the MPA). Applications not decided by this time are taken to have been refused (s89(4) of the MPA).

To apply, submit via email the **attached** application form, accompanied by all supporting documents (certified where required), to:

The Chief Executive, Queensland Health  
c/o Healthcare Approvals and Regulation Unit (HARU)  
[medicines.applications@health.qld.gov.au](mailto:medicines.applications@health.qld.gov.au)

**APPLICATION TO AMEND A GENERAL APPROVAL  
(EMERGENCY FIRST AID)**

**Privacy statement – please read carefully**

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting your personal information on this form under authority of the *Medicines and Poisons Act 2019*. The information is being collected to ensure that health risks arising from the use of regulated substances are appropriately managed. All personal information will be securely stored and only accessible by Queensland Health. Your personal information will not be disclosed to any other third parties without consent unless the disclosure is authorised or required by law. For information about how Queensland Health protects your personal information or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au/global/privacy](http://www.health.qld.gov.au/global/privacy).

**INSTRUCTIONS:**

**Sections 1 and 8 must be completed. In addition to this, please complete the relevant sections for which amendment is sought indicating whether the information is to be added, removed or updated.**

<b>Section 1 – Applicant (entity) details</b>			
<i>Provide <b>current</b> details of the substance authority holder seeking the amendment</i>			
Substance authority reference			
Name of substance authority holder			
Entity phone	Entity email		
<b>Section 2 – Changes to substance authority holder details</b>			
<i>Provide <b>updated</b> details of the substance authority holder. Note that substance authorities are not transferrable.</i>			
Name of entity (e.g. individual (surname, given names), partnership, company, incorporated association)			
Trading name (if applicable)	ACN (if applicable)		
Entity phone	Entity email		
Postal address	Town/ Suburb	P/C	
<b>Section 3 – Changes to relevant persons (s76 MPA)</b>			
<i>To add or update details for relevant persons e.g. partners, executive officers of a body corporate, senior person, nominated medical practitioner etc., indicate the changes below and attach a <a href="#">Details of relevant person</a> form (MPA-76) for the person to be added/updated. To remove a relevant person, provide details below. If more space is required, please attach further details.</i>			
<b>Partners/Executive officers (directors, CEO etc.) to add or update (attach relevant person form for each)</b>			
Name	Add	Update	
Name	Add	Update	
<b>Partners/Executive officers (directors, CEO etc.) to remove</b>			
Name	Remove		
Name	Remove		
<b>A person who is, or is proposed to be, responsible for overseeing or supervising regulated activities (senior person e.g. site manager/supervisor, medical practitioner or nurse practitioner) to add or update (attach relevant person form for each)</b>			
Name	Add	Update	
Name	Add	Update	

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A person who is, or is proposed to be, responsible for overseeing or supervising regulated activities (senior person e.g. site manager/supervisor, medical practitioner or nurse practitioner) to remove

Name	Remove
Name	Remove

**Section 4 – Changes to sites where medicines are to be used**

Provide details of the proposed changes to the sites (fixed/ongoing) where services are to be provided. For events (temporary), an amendment is **not** required, instead approval holders should submit a [Notification of intended operations](#) form (MPMR-35). If adding or updating site details, complete all fields. If removing, provide site name, address and end date. To include additional sites, please attach further details.  
Do not provide details of changes to storage only locations (locations where medicines are stored in preparation for transporting to events, but not used) – these details are to be provided in section 5.

**Site 1**

Add	Remove	Update
Site Name		
Street Address	Town /Suburb	P/C
Contact person	Phone	Email
Description of services to be provided at <b>this</b> site		
Days/Times when services are to be provided	Contract start	Contract end
Nature of storage (details of room, receptacle etc.)		
Control of access (details of safe, keyholders etc.)		

**Site 2**

Add	Remove	Update
Site Name		
Street Address	Town /Suburb	P/C
Contact person	Phone	Email

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Description of services to be provided at **this** site

Days/Times when services are to be provided	Contract start	Contract end
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Nature of storage (details of room, receptacle etc.)

Control of access (details of safe, keyholders etc.)

**Section 5 – Changes to premises where substances are to be stored only**

*Provide details of changes to any storage locations (where substances are not to be used but only stored). Do not include or repeat changes to storage details for sites where services will be provided; this information is provided in Section 4. If more space is required, attach further details.*

**Storage location 1**

Add	Remove	Update
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Site or Business Name

Street Address	Town /Suburb	P/C
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Contact person	Phone	Email
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Storage location (e.g. building/room number)

Nature of storage (details of room, receptacle etc.)

Control of access (details of safe, keyholders etc.)

**Storage location 2**

Add	Remove	Update
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Site or Business Name

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Street Address		Town /Suburb	P/C
Contact person	Phone	Email	
Storage location (e.g. building/room number)			
Nature of storage (details of room, receptacle etc.)			
Control of access (details of safe, keyholders etc.)			
<b>Section 6 – Changes to medicines proposed to be used under this approval (s68 MPA)</b>			
<p><i>The medicines authorised for a general approval for emergency first aid are stated in Schedule 16 of the MPMR. There are different medicines authorised based on a person's qualifications and experience. To change which medicines are authorised under your approval, provide an <b>updated selection</b> of which medicines are sought for this approval.</i></p>			
<p>Select which medicines are sought for this approval:</p> <p>Medicines for <b>first aid providers</b>: glyceryl trinitrate (In addition to an adrenaline (epinephrine) autoinjector, an S3 inhaled asthma reliever, naloxone and methoxyflurane which are permitted without an approval where a person has completed the requisite training)</p> <p>Medicines for <b>paramedics</b>: adrenaline (epinephrine), atropine, benzatropine, ceftriaxone, furosemide (frusemide), glyceryl trinitrate, glucagon, hydrocortisone, ipratropium bromide monohydrate, lidocaine (lignocaine), metoclopramide, methoxyflurane, midazolam, morphine, naloxone, nitrous oxide, promethazine or salbutamol</p> <p>Medicines for <b>registered nurses</b>: nitrous oxide, methoxyflurane and S4 salbutamol (in addition to a registered nurse's authority as an approved person)</p>			
<b>Section 7 – Additional information and attachments</b>			
Provide any additional (new/updated) information to support your application			
Provide/specify which attachments are attached to support this application:			
A current <b>company extract</b> from the Australian Securities and Investments Commission (ASIC)			
Details of <b>relevant person forms</b> for each person relevant to the application (directors, medical practitioners, nurse practitioners, senior persons e.g. site supervisors etc.)			
Evidence of the <b>credentialing process</b> used to prove that persons providing treatment have the necessary competence and training to use scheduled medicines, signed by a medical practitioner or nurse practitioner registered in the specialty of emergency medicine			

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Other **relevant documents** (e.g. letter or contract confirming engagement of services, operational procedures) please specify

**Section 8 – Consent and declaration**

By making this application:

I declare that I have authority to make this application on behalf of the applicant.

I consent to Queensland Health making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or of the Commonwealth, regarding any matters relevant to this application. If relevant information cannot be obtained from other entities, Queensland Health will determine the application on the information available.

I declare that, to the best of my knowledge, all information provided in and with this application form is true and correct in every detail.

I understand that if anything has been stated in this application form, or in an attachment provided with this application, that is false or misleading, any substance authority granted may be suspended or cancelled.

Full name of applicant or authorised representative  
(where applicant is a body corporate or another entity)

Designation of applicant or authorised  
representative

Signature of applicant or authorised representative (where applicant is a body  
corporate or another entity)

Date (DD/MM/YYYY)