# *Medicines and Poisons Act 2019*

## Extended Practice Authority
## 'Aboriginal and Torres Strait Islander health workers'

Queensland Government

### Version control

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# Extended Practice Authority
# 'Aboriginal and Torres Strait Islander health workers'

This extended practice authority (EPA) has been made under section 232 of the *Medicines and Poisons Act 2019* (Qld) by the Deputy Director-General, Queensland Public Health and Scientific Services, Queensland Health, as a delegate of the chief executive, Queensland Health. It states the scope of the regulated activities with the regulated substances which an Aboriginal and Torres Strait Islander health worker is authorised to carry out for the purposes described in the table under Schedule 3, Part 1A of the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

A term used in this EPA that is defined in the *Medicines and Poisons Act 2019* or the Medicines and Poisons (Medicines) Regulation 2021, has the meaning stated in the *Medicines and Poisons Act 2019* or Medicines and Poisons (Medicines) Regulation 2021 (the Medicines Regulation).

## 1. Application

This EPA applies to an Aboriginal and Torres Strait Islander health worker who has completed an *immunisation training course*[1] and has immunisation included in the scope of practice in the Aboriginal and Torres Strait Islander health worker's practice plan.

*Aboriginal and Torres Strait Islander health worker* means a person:

a) employed as an Aboriginal and Torres Strait Islander health worker in a clinical role in a *relevant health service*, meaning –
   i. a Hospital and Health Service; or
   ii. an Aboriginal and Torres Strait Islander health service; and

b) has completed a minimum qualification of Certificate III in Aboriginal and Torres Strait Islander Primary Health Care[2].

## 2. General Conditions

The following general conditions apply to all Aboriginal and Torres Strait Islander health workers.

1. Before administering any medicines, including immunisation medicines, listed in Appendix 1, the Aboriginal and Torres Strait Islander health worker must have completed -

   1.1 an *immunisation training course*, as required by their employer; and

   1.2 an approved *practice plan* for administering medicines that complies with the requirements detailed in Appendix 2.

2. An Aboriginal and Torres Strait Islander health worker is authorised to administer an immunisation medicine if the immunisation health service is provided under an immunisation program carried out:

   2.1. by a Hospital and Health Service; or

   2.2. by an Aboriginal and Torres Strait Islander health service; or

   2.3. under an immunisation program authorised under a general approval given to provide an immunisation program under the *Medicines and Poisons Act 2019.*

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[1] *Immunisation training course* means:
   (i) an immunisation training course that meets the learning objectives detailed in the domains of the National Immunisation Education Framework for Health Professionals; or
   (ii) completion of a vaccination/immunisation course approved by the chief executive of Queensland Health.

[2] Including completion of the module on first aid with content and assessment on responding to anaphylaxis and the use of adrenaline.

3. Before administering an immunisation medicine listed in Appendix 1, a prescription must be obtained by an authorised prescriber except for the medicines marked with an asterisk (*).
4. The Aboriginal and Torres Strait Islander health worker must act in accordance with an approved practice plan, and the current *Australian Immunisation Handbook* for dealings with immunisation medicines.
5. The current *Australian Immunisation Handbook* is the health management protocol for dealings with immunisation medicines listed in this EPA.
6. The Aboriginal and Torres Strait Islander health worker must ensure they have access to their approved practice plan, *Australian Immunisation Handbook* and current guidelines, manuals or protocols adopted or established by their employer when acting under this EPA.
7. Before immunisation medicines are administered, the Aboriginal and Torres Strait Islander health worker must:
    7.1. be familiar with the contra-indication(s) and known side effects of the medicine and advise the patient; and
    7.2. ensure the equipment and procedures detailed in the current online edition of the *Australian Immunisation Handbook* are in place.
8. For the requirements for administration of immunisation medicines, including for patient selection, patient consent, administration, documenting immunisation and follow up care, the Aboriginal and Torres Strait Islander health worker must act in accordance with:
    8.1. the current online edition of the *Australian Immunisation Handbook*; or
    8.2. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or
    8.3. the product information approved by the Therapeutic Goods Administration (TGA); or
    8.4. the current recommendations provided on the Immunisation Schedule Queensland.
9. When immunisation medicines are in the possession of the Aboriginal and Torres Strait Islander health worker, the Aboriginal and Torres Strait Islander health worker must ensure that the storage and transport of the medicines is in accordance with the *National vaccine storage guidelines: Strive for 5*.
10. An Aboriginal and Torres Strait Islander health worker who administers a medicine for immunisation must ensure:
    10.1. the immunisation is recorded on the Australian Immunisation Register as soon as practicable and ideally at the time of immunisation; and
    10.2. that any adverse events occurring following immunisation are notified immediately to the medical practitioner, midwife, nurse practitioner, registered nurse or physician assistant supervising the immunisation program activities, and recorded using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website.
11. If Consumer Medicine Information (CMI) is available for a particular medicine, the Aboriginal and Torres Strait Islander health worker must, where reasonably practicable, offer the information to each person to whom the Aboriginal and Torres Strait Islander health worker administers the medicine.

## Appendix 1

Administration of these medicines must **only** occur **on the prescription[3] of an authorised prescriber except for the substances marked with an asterisk (*).**

| **Immunisation medicines** | | |
|---|---|---|
| **Regulated substance/antigen** | **Approved route of administration** | **Restrictions/Conditions** |
| COVID-19 | Dose and route of administration of the listed immunisation medicine, as:<br>- stated in the current online edition of the Australian Immunisation Handbook, or<br>- as stated in the product information approved by the TGA, or<br>- as per current recommendations issued by ATAGI, or<br>- as per current recommendations provided on the Immunisation Schedule Queensland. | For persons aged 5 years or over |
| Diphtheria | | |
| *Haemophilus influenzae* type b | | |
| Hepatitis A | | |
| Hepatitis B | | |
| Human Papillomavirus | | |
| Influenza | | |
| Measles | | |
| Meningococcal | | |
| Mpox | | |
| Mumps | | |
| Pertussis | | |
| Poliovirus | | |
| Respiratory syncytial virus (RSV) | | |
| Rubella | | |
| Tetanus | | |
| Tetanus immunoglobulin | | |
| Varicella | | |
| Zoster (herpes zoster) | | |

[3] A prescription may be an oral prescription given by a prescriber who is directly supervising the immunisation program.

| Immunisation medicines | | |
|---|---|---|
| **Regulated substance/antigen** | **Approved route of administration** | **Restrictions/Conditions** |
| Pneumococcal | Dose and route of administration as:<br>- stated in the current online edition of the Australian Immunisation Handbook, or<br>- as stated in the product information approved by the TGA, or<br>- as per current recommendations issued by ATAGI, or<br>- as per current recommendations provided on the Immunisation Schedule Queensland. | Only for Aboriginal and Torres Strait Islander persons who are aged over 50 years and non-Indigenous adults aged over 70 years. |

| Emergency response to anaphylaxis | | |
|---|---|---|
| **Regulated substance** | **Approved route of administration** | **Restrictions/Conditions** |
| Adrenaline (epinephrine)* | Intramuscular | On completion of training for anaphylaxis and administering adrenaline.<br>Administer up to two doses then must contact a medical practitioner or nurse practitioner. |

## Appendix 2 - Requirements for practice plan – Immunisation medicines

An Aboriginal and Torres Strait Islander health worker practice plan (individual practice plan) under this EPA must:

1. be approved by the chief executive officer of their employer organisation (health service), being a Hospital and Health Service or an Aboriginal and Torres Strait Islander health service, for the Aboriginal and Torres Strait Islander health worker to administer a medicine listed and under the restrictions and conditions stated in the EPA for a maximum period of **2 years** from the approval date.
2. be developed and agreed by the Aboriginal and Torres Strait Islander health worker and:
    a. their *primary clinical supervisor*[4] and an approved person who is authorised under the Medicines Regulation to administer the medicines listed under this EPA, or
    b. their primary clinical supervisor if they are also authorised under the Medicines Regulation to administer immunisation medicines specified under this EPA,
    c. reviewed on commencement of a new primary clinical supervisor.
3. include, or include reference to a clinical guide approved by the health service, that states for each medicine listed in the individual practice plan:
    a. any clinical indication or time when referral/consultation with the medical practitioner, midwife, nurse practitioner, registered nurse or physician assistant must occur;
    b. any contraindications to the use of the medicine;
    c. the recommended dose of the medicine and the route of administration;
    d. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine;
    e. the procedures for clinical assessment, management, and follow up of patients; and
    f. when to refer to a higher level of care for intervention or follow-up.
4. require that the Aboriginal and Torres Strait Islander health worker, while administering the medicines listed in Appendix 1 of this EPA, to be under the *direct supervision* of a medical practitioner, midwife, nurse practitioner, registered nurse or physician assistant, who is responsible for the response to, and management of, an adverse immunisation incident.

[4] As defined in Schedule 3, Part 1A of the Medicines and Poisons (Medicines) Regulation 2021.