Medicines and Poisons Act 2019

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

Queensland Government

Version control

Version	Replaces version	Date approved	Commencement date
1	NA	16 January 2023	1 March 2023

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

This extended practice authority (EPA) has been made by the Director General, Queensland Health, as the chief executive under section 232 of the *Medicines and Poisons Act 2019* (Qld). 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 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 vaccines, 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. 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 the vaccines, as regulated medicines.

3. The current *Australian Immunisation Handbook* is the health management protocol for dealings with vaccines listed in this EPA.

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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 an adrenaline.

4. 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.
5. Before vaccines are administered, the Aboriginal and Torres Strait Islander health worker must:
    5.1 be familiar with the contra-indication(s) and known side effects of the medicine and advise the patient; and
    5.2 ensure the equipment and procedures detailed in the current online edition of the *Australian Immunisation Handbook* are in place.
6. Before administering COVID-19 vaccine, the Aboriginal and Torres Strait Islander health worker must complete the Australian Government's mandatory COVID-19 vaccination training program
7. For the administration of vaccines, the Aboriginal and Torres Strait Islander health worker must act in accordance with:
    7.1. the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook* including for patient selection, patient consent, vaccine administration, documenting vaccination and follow up care; and
    7.2. the current online edition of the *Immunisation Schedule Queensland*.
8. When vaccines 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 vaccines is in accordance with the *National vaccine storage guidelines: Strive for 5*.
9. An Aboriginal and Torres Strait Islander health worker who administers a vaccine must ensure:
    9.1. the vaccination is recorded on the Australian Immunisation Register as soon as practicable and ideally at the time of vaccination; and
    9.2. that any adverse events occurring following immunisation are notified immediately to the medical 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.
10. 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 or gives a treatment dose of the medicine.

Appendix 1

Administration of these medicines must **only** occur on the prescription[3] of a medical practitioner, nurse practitioner or physician's assistant except for the substances marked with an asterisk (*).

Antigens and Immunoglobulins		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
COVID-19[4]	Dose and route of administration of vaccines is as specified in the current *Australian Immunisation Handbook* or recommended / approved by the NHMRC. *If not listed, dose and route of administration is to be as per the approved product information.*	For persons aged 5 years or over; AND • In accordance with the current National Immunisation Program (NIP) Schedule; OR • as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIP; OR • under an immunisation program carried out by a Hospital and Health Service, Queensland Health or a local government; OR • under an immunisation program that was certified under the (repealed) Health (Drugs and Poisons) Regulation 1996 and until the date stated in the program to be the end of the certification; OR • under an immunisation program that is authorised under a general approval given to provide an immunisation program under the *Medicines and Poisons Act 2019*; OR • for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer.
Diphtheria		
Haemophilus influenzae type b		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Influenza		
Meningococcal (ACWY)		
Meningococcal B		
Pertussis		
Poliomyelitis		
Tetanus		
Tetanus immunoglobulin		

[3] A prescription may be an oral prescription given by a prescriber who is directly supervising the immunisation program.
[4] Only on completion of the Australian Government's mandatory COVID-19 vaccination training program

Antigens and Immunoglobulins		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Pneumococcal	Dose and route of administration is as specified in the current *Australian Immunisation Handbook* or recommended / approved by the NHMRC.	Only for Aboriginal and Torres Strait Islander persons who are aged over 50 years and non-Indigenous adults aged over 70 years; AND • In accordance with the current National Immunisation Program (NIP) Schedule; OR • as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIP; OR • under an immunisation program carried out by a Hospital and Health Service, Queensland Health or a local government; OR • under an immunisation program that was certified under the (repealed) Health (Drugs and Poisons) Regulation 1996 and until the date stated in the program to be the end of the certification; OR • under an immunisation program that is authorised under a general approval given to provide an immunisation program under the *Medicines and Poisons Act 2019*; OR • for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer.

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

Appendix 2 - Requirements for practice plan - vaccines

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[5] 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*[6] and an approved person who is authorised under the Medicines Regulation to administer the medicines listed under this Extended Practice Authority, or
    b. their primary clinical supervisor if they are also authorised under the Medicines Regulation to administer vaccinations specified under this Extended Practice Authority,
    c. reviewed on commencement of a new primary clinical supervisor.
3. must 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, 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, nurse practitioner, registered nurse or physician assistant, who is responsible for the response to and management of an adverse vaccination incident.

[5] Antigens and immunoglobulins (vaccines) are medicines, as regulated substances, as defined in section 11 of the *Medicines and Poisons Act 2019*. Unless otherwise stated, reference in this EPA to a medicine includes vaccines.
[6] As defined in Schedule 3, Part 1A of the Medicines and Poisons (Medicines) Regulation 2021.