

# Approvals to use scheduled medicines for emergency first aid

## 1. Purpose of this guideline

This guideline has been prepared to provide information for those seeking to apply for an *Approval to use scheduled medicines for emergency first aid* under section 18 of the *Health (Drugs and Poisons) Regulation 1996* (Regulation). This guideline details the scope of this class of approval, the information required as part of an application and expectations of how scheduled medicines are to be managed if granted an approval.

## 2. Scope of this class of approval

*Approvals to use scheduled medicines for emergency first aid* are intended to allow the use of scheduled medicines when providing emergency first aid or paramedic services in Queensland. An approval may be granted to an individual or organisation and may be granted for fixed site locations (e.g. mine sites), for use at regular events (e.g. weekly sports fixtures) or for use at 'one-off' events (e.g. concerts).

As approvals are only intended for the emergency medical treatment of acute health conditions until more advanced treatment or care can be provided, there are limitations on which medicines may be considered for authorisation under an approval:

- Organisations may apply to use any of the allowable medicines listed in Appendix 1 of this guideline, depending on the level of qualifications<sup>1</sup> attained by personnel who are intended to use the medicines
- Individuals may only apply for an approval to use pre-loaded adrenalin for the management of anaphylaxis, glucagon, glyceryl trinitrate, naloxone for treatment of opioid overdose or methoxyflurane.

For the emergency treatment of asthma at a workplace or community event e.g. sporting or recreational event, a person who has completed an [asthma management course approved by Queensland Health](#) does **NOT** need an approval to obtain and use Schedule 3 salbutamol or terbutaline (blue/grey asthma reliever medicines), as this is permitted under the Regulation.

---

<sup>1</sup> See Section 4: Classification of qualifications under this class of approval



### 3. Applying for an approval

Applications for an *Approval to use scheduled medicines for emergency first aid* must be made using the [application form](#). Applications and supporting documents can be sent:

By post: The Chief Executive, Queensland Health  
c/o Healthcare Approvals and Regulation Unit  
Locked Bag 21  
Fortitude Valley Q 4006

Via email: [HARU@health.qld.gov.au](mailto:HARU@health.qld.gov.au)

Both individual and organisational applicants must demonstrate their suitability to hold an approval, by providing supporting documentation on the training and qualifications of persons who are intended to use the medicines, as well as what governance is in place to ensure that medicines will be managed and used effectively. All documents provided must be dated and endorsed and, where relevant, signed and version controlled. Applicants should refer to the Guideline – [Procedures and Protocols for Medicines Management](#) for guidance in developing supporting documentation.

#### 3.1. Information required – individual applicants

Individual applicants must provide evidence of registration with the Australian Health Practitioner Regulation Agency (AHPRA) (if applicable) or qualifications relevant to the medicines being requested, e.g. certificate for an anaphylaxis management course or certificate for training in the use of methoxyflurane<sup>2</sup>. Applicants must also provide details of how medicines will be securely stored, where medicines will be used, and where relevant, provide details of the doctor who will provide instructions for the administration of the medicine and the arrangements that are in place for the doctor to provide this support. Proof of identity documents are also required.

#### 3.2. Information required – organisation applicants

Organisations applying for an *Approval to use scheduled medicines for emergency first aid* must provide details of:

- the organisation including names and details for all directors of the organisation and the persons nominated to be responsible for the management and control of scheduled medicines;

---

<sup>2</sup> See <https://training.gov.au/Training/Details/PUAEME005A> for further information on the relevant competency

- a doctor(s) employed, contracted or otherwise engaged by the organisation to provide governance and support to qualified persons providing treatment, including instructions to administer medicines;
- persons employed, contracted or otherwise engaged by the organisation to provide treatment using scheduled medicines, including the AHPRA registration details or qualifications (for those persons who do not hold AHPRA registration) of each person<sup>3</sup>;
- locations of where services are to be provided on an ongoing basis;
- the medicines the organisation is seeking to use under the approval (from the list of allowable medicines in Appendix 1 of this guideline);
- the storage of all medicines – for all locations where medicines are to be kept, including any vehicles to be used.

To support assessment of suitability to hold an approval, organisations must provide at a minimum, the following supporting documentation:

- a copy of the business extract from the Australian Securities and Investments Commission;
- **certified** proof of identity documents for all directors of the organisation and the person/s nominated to be responsible for the management and control of scheduled medicines;
- a declaration by one of the directors of the organisation that there is a binding arrangement between the organisation and the (named) nominated doctor(s), with the declaration detailing what role each of the nominated doctor(s) will have;
- AHPRA registration details or certified copies of qualifications of each of the persons employed, contracted or otherwise engaged by the organisation to provide treatment using scheduled medicines;
- clinical practice protocols for **each** of the scheduled medicines, and **only** those scheduled medicines, to be obtained and used under the approval, which include:
  - name of the scheduled medicine;
  - form of the scheduled medicine;
  - strength of the scheduled medicine;
  - route of administration of the scheduled medicine;

---

<sup>3</sup> See Section 4: Classification of qualifications under this type of approval

- dosage of the scheduled medicine;
  - indications and contraindications for the use of the scheduled medicine;
  - precautions relevant to the scheduled medicine;
  - side effects of the scheduled medicine; and
  - any other relevant information – including who is authorised to use the medicine and whether a doctor’s instruction is required.
- Evidence, certified by a recognised specialist medical practitioner in emergency medicine or an independent assessing organisation, of the credentialing process used by the organisation to prove that each qualified first responder and qualified paramedic has demonstrated the necessary competence (skills and knowledge) and training to perform the tasks allocated to them by the organisation related to scheduled medicines;
  - documentation describing the organisation’s processes that demonstrate the organisation’s responsibility, accountability and due diligence relevant to the management of scheduled medicines, including:
    - operational standards with details of the arrangements proposed to be used for obtaining oral or written instructions to administer medicines;
    - clinical audit and effectiveness assessments, including processes relevant to:
      - obtaining, issuing and administering of scheduled medicines;
      - storage of scheduled medicines;
      - recording transactions relevant to scheduled medicines; and
      - system monitoring after any adverse, or potential adverse, incident.
    - risk management arrangements and processes;
    - education and training requirements for new and continuing employees to maintain standards of professional practice;
    - information management, including complying with recording and reporting requirements.

Organisations that have previously held an approval may also be asked to sign a statutory declaration that all regulatory requirements and all conditions on their approval have been complied with.

## 4. Classification of qualifications under this class of approval

To administer medicines under an *Approval to use scheduled medicines for emergency first aid*, persons are required to meet minimum qualification standards to ensure the safe and effective use of medicines. A person's level of qualifications determines which scheduled medicines they may be authorised to administer and under what circumstances. For the purposes of this type of approval, the following categories of persons are specified.

### 4.1. Qualified Paramedic

A qualified paramedic is a person who holds current registration with the Paramedicine Board of Australia.

### 4.2. Qualified First Responder

A qualified first responder, for the purpose of the approval, is a person that does not meet the above requirements for qualified paramedic, but has current qualifications equivalent to a minimum of *HLTAID006 Provide Advanced First Aid* granted by a RTO, and if the person intends to use:

- methoxyflurane – has also completed a certificate in the use of methoxyflurane
- naloxone – has also completed a certificate in the use of naloxone
- salbutamol – has also completed an approved asthma management course<sup>4</sup>.

Enrolled nurses, persons with paramedic qualifications who are not registered with AHPRA and persons holding qualifications up to and including the equivalent of a Certificate IV in Healthcare (Ambulance) are considered qualified first responders.

## 5. What to expect after making an application

In determining the suitability of an applicant, Queensland Health assesses all information provided with an application including background, skills and qualifications of persons who will have access to medicines, which scheduled medicines have been requested, proposed activities and locations where scheduled medicines are to be used and stored, and the documented governance arrangements in place.

All applications are assessed separately, and there is no guarantee that an *Approval to use scheduled medicines for emergency first aid* will be granted to any applicant.

---

<sup>4</sup> Refer to the department's Fact Sheet on [Asthma management courses](#)

## 6. What to expect if granted an approval

### 6.1. What this class of approval typically authorises

For **individuals** granted an *Approval to use scheduled medicines for emergency first aid*, an approval typically authorises the approved individual (approval holder) to obtain, possess and administer the specified scheduled medicines for the purpose of providing first aid in emergency situations.

For **organisations**, an *Approval to use scheduled medicines for emergency first aid* granted to an organisation typically authorises:

- a doctor, nominated by the approved organisation (approval holder), to purchase scheduled medicines on behalf of the approved organisation;
- the approved organisation to obtain and possess specific scheduled medicines, and to issue these medicines to suitably qualified persons within the organisation for the purpose of providing first aid in emergency situations; and
- suitably qualified persons (employed, contracted or otherwise engaged by the approved organisation<sup>5</sup>) to possess and administer specific scheduled medicines for the purpose of providing first aid in emergency situations in accordance with the approved organisation's clinical practice protocols and, where required, on the instruction of the nominated doctor.

An *Approval to use scheduled medicines for emergency first aid*, granted to either an individual or organisation, typically does not authorise:

- the use of any scheduled medicines obtained under the approval for ongoing primary health care or non-emergency medical clinics;
- an approval holder providing medical treatment at sites that hold a Royal Flying Doctor Service (RFDS) Medicine Chest (an outpost under the Regulation);
- the possession and use of any scheduled medicines at any location unless **prior written notification** is provided to Queensland Health of the location. If services are to be provided at a temporary location (e.g. rodeo), specific details of the location and expected start and finish times must be provided at least 72 hours in advance to Queensland Health via email to Healthcare Approvals and Regulation Unit: [HARU@health.qld.gov.au](mailto:HARU@health.qld.gov.au), using the form [Notification of Intended Operations](#).

---

<sup>5</sup> Includes volunteers and those persons acting in certain volunteer roles, such as the first aid officer for a sporting club

## 7. Responsibilities of approval holders

Approval holders are expected to have sufficient governance and control over the purchase, storage and use of scheduled medicines to minimise the risk of harm to the public, by ensuring that medicines are only accessed and used by authorised persons and are used safely and effectively.

The Regulation prescribes how scheduled medicines must be purchased, stored and used, as well as requirements for documents that must be kept and for how long. In addition to these requirements, a decision-maker may impose conditions on an approval that must be followed. These conditions are imposed to manage risks associated with the possession and use of scheduled medicines.

As general guidance, to support compliance if granted an approval, applicants should take note of the following mandatory requirements and conditions commonly placed on an *Approval to use scheduled medicines for emergency first aid*.

### 7.1. Mandatory requirements

#### **Purchasing/Obtaining**

- Only scheduled medicines specified in the approval may be purchased. The medicines to be used by the approved organisation must only be obtained:
  - on a written purchase order that complies with the Regulation<sup>6</sup>; and
  - from a licensed seller of scheduled drugs and poisons (doctor's prescriptions must not be used for this purpose).
- Any purchase order made must be kept for a period of at least two (2) years; and produced to an authorised inspector upon request.

#### **Possession/Issuing**

- Persons are only authorised to have access to those scheduled medicines listed in the approval relevant to their position/qualification.

#### **Instructions to administer**

- For an oral instruction to administer any Schedule 8 medicine, the nominated doctor must provide a written instruction within 24 hours. If a written instruction is not provided within

---

<sup>6</sup> An example of a purchase order that is compliant with the Regulation is provided on the [Queensland Health website](#).

24 hours, the Qualified Paramedic given the instruction must notify the local Public Health Unit within 48 hours of being given the oral instruction.

### Storage

- When not being used or transported in a vehicle:
  - all Schedule 8 medicines (S8s) must be kept in a receptacle that complies with Appendix 6 of the Regulation, or a place assessed by an inspector appointed under the *Health Act 1937* (Qld) as being as secure as that prescribed in Appendix 6 of the Regulation. The keys or combinations to the approved receptacles or secure places must remain in the possession of the persons who are authorised to possess S8s under the approval;
  - Schedule 4 medicines (S4s) must be stored in cupboards, drawers, storerooms or other locations to which the public (and persons without authorisation) do not have access;
  - Schedule 2 medicines (S2s) and Schedule 3 medicines (S3s) must be stored so that they are inaccessible to persons not authorised under the approval.
- When any scheduled medicines are being transported in a vehicle, they must be stored in an area of the vehicle which is kept locked and is not visible from outside of the vehicle. The key to the locked area of the vehicle must remain in the personal possession of the person in charge of the scheduled medicines who is authorised under the approval to possess the scheduled medicines.

### Disposal

- Expired or unused S8s must be sent to [Forensic and Scientific Services](#) to be destroyed appropriately.
- A person must not dispose of S4 medicines unless the person is authorised to dispose of the medicine.



## 7.2. Conditions commonly placed on approvals to use scheduled medicines for emergency first aid

### Clinical Practice Protocols

- Approved organisations must have clinical practice protocols<sup>7</sup> in place that:
  - cover all scheduled medicines to be obtained and used by the organisation and, to avoid confusion or unauthorised use, **only** those medicines to be obtained and used; and
  - are developed and certified annually by a panel of at least 3 clinicians, which must include a qualified medical practitioner specialising in emergency medicine, to ensure their currency and relevance.

### Qualifications

- Evidence must be retained by the approved organisation, either in the form of AHPRA registration details, or certification from a medical practitioner specialising in emergency medicine or a certificate from an independent assessing organisation, that:
  - each qualified paramedic is registered with AHPRA and has undergone a credentialing process demonstrating their current standard of training and competency (skills and knowledge) is equivalent to that required of either Advanced Care Paramedics (ACP) or Critical Care Paramedics (CCP) employed by the Queensland Ambulance Service (QAS); and
  - the current standard of training and competency (skills and knowledge) of each qualified first responder is equivalent to *HLTAID006 Provide Advanced First Aid*, plus the additional training requirements for asthma management and use of naloxone and methoxyflurane (stated in Section 4.2).

### Nominated doctor(s)

- The approved organisation must enter into and maintain binding arrangements with a nominated doctor to ensure obligations under the approval are met. These arrangements must include that:
  - the nominated doctor is responsible for signing purchase orders for the medicines to be used under the approval; and

---

<sup>7</sup> A clinical practice protocol (also called a medical guideline, clinical guideline or manual) is a document stating the circumstances in which the person may use a scheduled medicine and stating the procedure for using the scheduled medicine

- the nominated doctor must be contactable to provide instructions to persons providing first aid in emergency situations under the approval at any time a service is being provided (e.g. from arrival at an event site until departure; 24 hours a day for a fixed location).
- Where the binding arrangements between the approved organisation and nominated doctor are materially amended, cancelled, or replaced by new arrangements (with the same or an alternative nominated doctor) the organisation must notify Queensland Health within seven (7) days of the amendment(s).

### **Site Notifications**

- Approved organisations must provide written notification at least 72 hours in advance to Queensland Health of sites or events where they intend to utilise the approval and the times when services will be provided, using the form [Notification of intended operations](#). Note: generic locations will not be accepted e.g. towns/suburbs or “Queensland state-wide”.

### **Possession/Issuing**

- Scheduled medicines must only be issued by the nominated persons.
- Nominated persons must only issue a scheduled medicine to a person who is authorised to administer the scheduled medicine.

### **Storage**

- Appropriate cold chain management of perishable medicines and vaccines must always be maintained.

### **Administration**

- Qualified First Responders and Qualified Paramedics may only administer those scheduled medicines listed in the relevant tables in the approval and in accordance with the conditions in the adjacent column, if any.
- Scheduled medicines must only be administered to patients:
  - in accordance with the approved organisation’s clinical practice protocols; and
  - where specified in the conditions of the approval, following consultation with, and on the instruction of, the nominated doctor.
- In a clinical emergency, which in the opinion of the qualified paramedic is either immediately life-threatening or is of such clinical severity and consultation with a doctor is

not possible immediately, a Qualified Paramedic may administer a scheduled medicine in accordance with the approved organisation's clinical practice protocols. In such circumstances consultation with a doctor must occur as soon as possible after administration of the scheduled medicine, and the details of the consultation recorded (i.e. date, time, doctor's comments).

- Standing orders are not to be used for the administration of any scheduled medicine.

### **Disposal**

- Expired or unused scheduled medicines (other than S8s) must be given to a pharmacist to be destroyed appropriately.

### **Record keeping/Reporting**

- Approved organisations must maintain a register that allows traceability of all scheduled medicines, by recording the following information for all incoming and outgoing stock of scheduled medicines and internal transfers of scheduled medicines between locations/sites:
  - the date of dealing (e.g. obtaining, issuing/transferring, administering, disposing) with the medicine;
  - name, strength, form and quantity of the scheduled medicines being dealt with;
  - the nature/type of the dealing;
  - the name and qualification of the person dealing with the medicine;
  - the location where the medicine is being dealt with;
  - for administration:
    - the name of the patient; and
    - where applicable, name of the doctor providing the instruction authorising administration of the scheduled medicines, and the date and time the scheduled medicine was administered;
  - for disposal, the name and position of the person who witnessed the disposal;
  - if the register is kept on paper, the signature of the person dealing with the medicine, or if the register is kept electronically, a unique identifier of the person dealing with the medicine;
  - balance of stock on hand (at each location).

- Entries in the register must be made in the order in which the transactions occur. Records must show a progressive balance of used and remaining stock, and are required to be kept for at least two (2) years from the date of the last entry. Separate pages must be used for each different class or strength of scheduled medicine, and the pages must be numbered chronologically.
- An incorrect record entry may only be corrected by the person who made the entry. This must be corrected by making a signed and dated marginal note or footnote giving the correct details.
- At reasonable intervals of not more than one (1) month, the stock of scheduled medicines must be checked by an authorised person to ensure that the records on hand are accurate. Evidence and documentation of these checks must be kept and recorded.
- The chief executive must be notified of any discrepancies (lost, stolen or misappropriated) in scheduled medicines obtained under the approval. Details on how to do this, including the standard [notification form](#), are available via the [Queensland Health website](#).
- Approved organisations must provide, at six (6) monthly intervals, details on the frequency of use of each of the scheduled medicines obtained under the approval, for each site where scheduled medicines are utilised, including locations where services were provided but no medicines were administered. This information must be sent to the department's Healthcare Approvals and Regulation Unit, using the form [Post event evaluation record](#).

## 8. General information on approvals

### 8.1. Format conditions and validity

- Approvals may contain a number of conditions; compliance with these conditions is mandatory.
- Section 18(4) of the Regulation requires that where an approval is granted, and conditions are imposed on the approval, the applicant must be given a written notice that states:
  - the reasons for the condition; and
  - that the applicant may seek a review of the imposition of the conditions within 28 days after the applicant receives notice of the decision, to the Queensland Civil Administration Tribunal (QCAT).

- Approvals may be issued with an expiry date up to two (2) years after the approval was granted. However, approvals may be granted for any period less than two years, depending on the applicant's circumstances.
- Queensland Health does not send out reminder notices relevant to the expiry of an approval. If an approval is required beyond the expiry date, a new application should be made approximately one month prior to expiry (to allow time for processing). There is no guarantee that any application will be granted, and each application must be considered in the same manner as an original application.

## 8.2. Lost, stolen or destroyed approvals

- Approval holders may apply for a replacement approval if it is lost, stolen or destroyed. The application for replacement should detail the grounds for the request and should be in the form of a signed letter addressed to the Chief Executive, Queensland Health. It may be sent via email to [HARU@health.qld.gov.au](mailto:HARU@health.qld.gov.au) or post to Healthcare Approvals and Regulation Unit (HARU), Queensland Health, Locked Bag 21, Fortitude Valley 4006.

## 8.3. Change of name or ownership

- Approvals are not transferable across different entities. Accordingly, approval holders must notify Queensland Health if the approved organisation changes name or ABN during the term of the approval because their approval may no longer be valid. If the change is due to a change in ownership of the organisation, a new application is required, otherwise an [amendment application](#) will be required.

## 8.4. Powers of inspectors

- Under the *Health Act 1937*, inspectors (usually Environmental Health Officers from Queensland Health) may enter and inspect a public place open to the public, or with the consent of the occupier, or to a place open for carrying on business or otherwise open for entry to account for scheduled medicines kept at the place by the holder of an approval.
- After entry into a location, inspectors may search, inspect, examine, photograph, take extracts from or remove for examination, any scheduled medicines or other things relevant to enforcing compliance with the Regulation, at the location. The inspector may remove any scheduled medicines for analysis or seize the scheduled medicines or any articles which the inspector believes to be a scheduled medicine. Inspectors may also check, copy and take extracts from any record, book, prescription or other document relating to scheduled medicines held at the location.

## 9. Supporting documents

For further guidance please refer to:

- [Guideline – Procedures and protocols for medicines management](#)
- [Notification of intended operations form](#)
- [Post event evaluation form](#)
- [Notification to the Chief Executive of scheduled medicine discrepancy, loss or theft](#)
- [Schedule 8 controlled drug destruction form](#)
- [Purchase order template for scheduled drugs and/or poisons](#)

## Contact details

### ***Applications – Healthcare Approvals and Regulation Unit (HARU)***

Tel: 07 3708 5264

Email: [HARU@health.qld.gov.au](mailto:HARU@health.qld.gov.au)

www: <http://www.health.qld.gov.au/system-governance/licences/medicines-poisons/approvals-authorities>

## Appendix 1: Allowable medicines

Organisations may request any of the following medicines in an application for an *Approval to use scheduled medicines for emergency first aid*. Table 1 lists the scheduled medicines that an applicant may request for a qualified first responder to be authorised to administer. Table 2 lists the scheduled medicines that an applicant may request for a qualified paramedic to be authorised to administer.

*TABLE 1: Administration to a person by a Qualified First Responder in accordance with the approved organisation's Clinical Practice Protocols and subject to the conditions described in the table and any conditions imposed under an approval*

Drug type	Form of drug	Route of administration	Conditions
<b>Schedule 2 and Schedule 3</b>			
Adrenaline (epinephrine)	<ul style="list-style-type: none"> <li>• Autoinjector solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> </ul>	
Glucagon	<ul style="list-style-type: none"> <li>• Powder for injection (vial) with solvent (pre-filled syringe)</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> </ul>	Only persons with qualifications equivalent to Certificate IV Healthcare (Ambulance); and Only on the oral or written instruction of the nominated doctor
Glyceryl trinitrate	<ul style="list-style-type: none"> <li>• Tablet</li> <li>• Metered dose pump</li> </ul>	<ul style="list-style-type: none"> <li>• Sublingual</li> </ul>	Only on the oral or written instruction of the nominated doctor
Naloxone	<ul style="list-style-type: none"> <li>• Solution for injection</li> <li>• Intranasal spray</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intranasal</li> </ul>	Only if additional training in naloxone has been completed
Salbutamol	<ul style="list-style-type: none"> <li>• Metered dose inhaler</li> </ul>	<ul style="list-style-type: none"> <li>• Inhalation</li> </ul>	Only if additional training in asthma management has been completed
<b>Schedule 4</b>			
Methoxyflurane	<ul style="list-style-type: none"> <li>• Inhalation liquid</li> </ul>	<ul style="list-style-type: none"> <li>• Inhalation</li> </ul>	Only if additional training in the use of methoxyflurane has been completed; and Only on the oral or written instruction of the nominated doctor

*TABLE 2: Administration to a patient by a Qualified Paramedic in accordance with the approved organisation's Clinical Practice Protocols and subject to the conditions described in the table and any conditions imposed under an approval*

Drug type	Form of drug	Route of administration	Conditions
<b>Schedule 2 and Schedule 3</b>			
Adrenaline (epinephrine)	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Subcutaneous</li> <li>• Intravenous</li> </ul>	
Glucagon	<ul style="list-style-type: none"> <li>• Powder for injection (vial) with solvent (pre-filled syringe)</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Subcutaneous</li> <li>• Intravenous</li> </ul>	
Glyceryl trinitrate	<ul style="list-style-type: none"> <li>• Tablet</li> <li>• Metered dose pump</li> </ul>	<ul style="list-style-type: none"> <li>• Sublingual</li> </ul>	
Naloxone	<ul style="list-style-type: none"> <li>• Solution for injection</li> <li>• Intranasal spray</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> <li>• Subcutaneous</li> <li>• Intranasal</li> </ul>	
Salbutamol	<ul style="list-style-type: none"> <li>• Metered dose inhaler</li> </ul>	<ul style="list-style-type: none"> <li>• Inhalation</li> </ul>	
<b>Schedule 4</b>			
Amiodarone	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intravenous infusion</li> </ul>	<p>Only persons with credentialed competencies equivalent to QAS CCP authorised to administer; and</p> <p>Only on the oral or written instruction of the nominated doctor</p>
Atropine	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> <li>• Subcutaneous</li> </ul>	<p>Only on the oral or written instruction of the nominated doctor</p>
Benzatropine	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> </ul>	<p>Only on the oral or written instruction of the nominated doctor</p>



Ceftriaxone	<ul style="list-style-type: none"> <li>• Powder for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> <li>• Intravenous infusion</li> </ul>	<p>Only for treatment of suspected meningococcal infection; and</p> <p>Only on the oral or written instruction of the nominated doctor</p>
Furosemide (frusemide)	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> <li>• Intravenous infusion</li> </ul>	<p>Only on the oral or written instruction of the nominated doctor</p>
Hydrocortisone	<ul style="list-style-type: none"> <li>• Powder for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> <li>• Intravenous infusion</li> </ul>	<p>Only on the oral or written instruction of the nominated doctor</p>
Lidocaine (lignocaine)	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Subcutaneous</li> </ul>	<p>For local anaesthesia of skin prior to cannulation</p>
Methoxyflurane	<ul style="list-style-type: none"> <li>• Inhalation liquid</li> </ul>	<ul style="list-style-type: none"> <li>• Inhalation</li> </ul>	
Metoclopramide	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> </ul>	<p>Only on the oral or written instruction of the nominated doctor</p>
Midazolam	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intravenous</li> <li>• Intravenous infusion</li> </ul>	<p>Only on the oral or written instruction of the nominated doctor</p>
Nitrous oxide (Entonox)	<ul style="list-style-type: none"> <li>• Gas mixture with oxygen</li> </ul>	<ul style="list-style-type: none"> <li>• Inhalation</li> </ul>	
Promethazine	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> </ul>	<p>Only on the oral or written instruction of the nominated doctor</p>
Salbutamol (nebulised)	<ul style="list-style-type: none"> <li>• Nebulising solution</li> </ul>	<ul style="list-style-type: none"> <li>• Inhalation</li> </ul>	
<b>Schedule 8</b>			
Morphine	<ul style="list-style-type: none"> <li>• Solution for injection</li> </ul>	<ul style="list-style-type: none"> <li>• Intramuscular</li> <li>• Intravenous</li> <li>• Subcutaneous</li> </ul>	<p>Maximum 10 x 10mg/mL ampoules; and</p> <p>Only on the oral or written instruction of the nominated doctor</p>