

Medicines and Poisons Act 2019

Extended Practice Authority 'Queensland Ambulance Service'



Version control

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Extended Practice Authority 'Queensland Ambulance Service'

This extended practice authority (EPA) has been made by the Director General, Queensland Health under section 232 of the *Medicines and Poisons Act 2019*. It states the scope of the regulated activities with the regulated substances which an ambulance officer is authorised to carry out for the purposes described in the tables under Schedule 5, Part 1, Division 2 of the Medicines and Poisons (Medicines) Regulation 2021.

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.

A. Ambulance Officer

An ambulance officer may administer the medicines listed in Appendix 1, subject to the conditions that:

1. the medicine administered is within the scope permitted for the class of ambulance officer, as stated in a health management protocol that meets the requirements listed in Appendix 2; and
2. the ambulance officer acts in accordance with the procedures, indications and precautions stated in the health management protocol.

B. Ambulance Officer who is an Isolated Practice Area Paramedic

An Isolated Practice Area Paramedic means an ambulance officer who:

- (a) has successfully completed the training course through James Cook University that was known as the: Graduate Certificate of Rural and Remote Paramedic Practice, that includes the Isolated Practice Area Paramedic course developed by the (former) Northern Area Health Service Workforce Directorate; and
- (b) is classified by the Queensland Ambulance Service as an acute care paramedic or a critical care paramedic.

An ambulance officer who is an Isolated Practice Area Paramedic (IPAP) performing duties for the Queensland Ambulance Service in an isolated practice area listed in Appendix 3, may administer and/or give a treatment dose of a medicine listed in Appendix 4, column 1 subject to the conditions that:

1. the medicine is administered or given as a treatment dose by a route of administration for the medicine stated in Appendix 4, column 2 and in accordance with any conditions or restrictions for the medicine stated in Appendix 4, column 3; and
2. the IPAP acts in accordance with the procedures, indications and precautions stated in a health management protocol that meets the requirements listed in Appendix 2.

Additional conditions

Administration and giving a treatment dose of medicines under this EPA is also subject to the conditions that:

1. The ambulance officer has access to their applicable health management protocol the current online edition of the *Australian Immunisation Handbook*¹ (if applicable) when acting under this EPA.
2. Before administering or giving a treatment dose of a medicine, the ambulance officer is familiar with the contra-indication(s) and known side effects of the medicine and, where possible, advise the patient accordingly.
3. For the administration of vaccines, the ambulance officer acts in accordance with the requirements for vaccine administration in the *Australian Immunisation Handbook* regarding patient selection, patient consent, vaccine administration, documenting vaccination and follow up care.
4. When vaccines are in the possession of the ambulance officer, the ambulance officer ensures that the storage and transport of vaccines is in accordance with the *National Vaccine Storage Guidelines 'Strive for 5'*.²
5. An ambulance officer who administers a vaccine:
 - i. records the vaccination on the Australian Immunisation Register (AIR) as soon as practicable and ideally at the time of vaccination; and
 - ii. any adverse events occurring following immunisation are notified using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website³.
6. If Consumer Medicine Information (CMI)⁴ is available for a particular medicine, the ambulance officer must, where reasonably practicable, offer the information to each person to whom the ambulance officer administers or gives a treatment dose of the medicine.

¹ For the Australian Immunisation Handbook see <https://immunisationhandbook.health.gov.au/>

² For the National Vaccine Storage Guidelines see <https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5>

³ For Adverse Event Following Immunisation (AEFI) form see https://www.health.qld.gov.au/_data/assets/pdf_file/0033/442968/ae-fi-reporting-form.pdf

⁴ Consumer Medicines Information is a leaflet that contains information on the safe and effective use of a prescription medicine, as well as some non-prescription medicines – see <https://www.tga.gov.au/consumer-medicines-information-cmi>

Appendix 1. Medicines – Ambulance Officers

Scheduled substance
Adrenaline (epinephrine)
Amiodarone
Aspirin
Atropine
Benzatropine
Box jellyfish antivenom
Ceftriaxone
Clopidogrel
Dexamethasone
Droperidol
Enoxaparin
Fentanyl
Fentanyl and midazolam (combined)
Furosemide (frusemide)
Glucagon
Glyceryl trinitrate
Heparin
Hydrocortisone
Hydroxocobalamin
Ibuprofen
Influenza vaccine ⁵
Insulin - short acting neutral
Ipratropium bromide
Isoprenaline
Ketamine

⁵ Only if the ambulance officer has successfully completed training equivalent to the National Immunisation Education Framework for Health Professionals available at <https://www.health.gov.au/sites/default/files/nat-immun-education-framework-health-profess.pdf>

Scheduled substance
Levetiracetam
Lidocaine 1% (lignocaine 1%)
Loperamide
Loratadine
Lorazepam
Metaraminol
Methoxyflurane
Metoprolol
Midazolam
Morphine
Morphine and midazolam (combined)
Naloxone
Noradrenaline (norepinephrine)
Ondansetron
Oxytocin
Paracetamol
Propofol
Rocuronium
Salbutamol
Tenecteplase
Ticagrelor
Tirofiban
Tranexamic acid

Appendix 2 Health management protocol requirements

1. A health management protocol is a document approved and dated by the Queensland Ambulance Service which details the clinical use of medicines that may be administered or given as a treatment dose under this EPA for patients of the Queensland Ambulance Service.
2. A health management protocol must have been reviewed and endorsed by an inter-disciplinary health team comprising, at a minimum, a medical practitioner, an ambulance officer and a pharmacist, and may include other identified professional personnel (an **inter-disciplinary team**).
3. A health management protocol must include the following:
 - a) The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine for the relevant clinical problem.
 - b) For each medicine in the health management protocol:
 - i. a clinical indication or time when medical referral/consultation must occur for that condition;
 - ii. the name, form and strength of the medicine and the condition/situation for which it is intended and any contraindications to the use of the medicine;
 - iii. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;
 - iv. for a medicine to be administered, the maximum dose of a medicine that may be administered or duration of administration without a prescription from an authorised prescriber;
 - v. for a medicine to be given as a treatment dose without a prescription, the maximum quantity of a medicine that may be given;
 - vi. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine;
 - vii. when to refer to a higher level of care for intervention or follow-up.
4. A clinical guideline developed by another entity's inter-disciplinary team may be approved as a health management protocol if it is endorsed by an inter-disciplinary team for the Queensland Ambulance Service.
5. For an ambulance officer, the health management protocol may be the *Clinical Practice Manual*⁶.
6. For an ambulance officer who is an IPAP, the health management protocol may be the *Primary Clinical Care Manual*⁷.
7. A health management protocol is **current** when it has been approved by the Queensland Ambulance Service within two (2) years of the day an ambulance officer acts in accordance with the health management protocol unless the current on-line edition of the *Primary Clinical Care Manual* (PCCM)⁸ has been endorsed and approved as the a health management protocol for the service.
8. If the PCCM is adopted as the health management protocol, the health management protocol is **current** when it has been approved by the Queensland Ambulance Service within three (3) years of the day an ambulance officer acts in accordance with the health management protocol.

⁶ Digital Clinical Practice Manual published on the Queensland Ambulance website available at <https://www.ambulance.qld.gov.au/dtprotocols.html>.

⁷ Primary Care Clinical Manual available at <https://www.publications.qld.gov.au/dataset/primary-clinical-care-manual-10th-edition/resource/9ee849ab-ba4a-49d8-a582-dfa30f1d8a96>

Appendix 3 – Isolated Practice Areas

1. Local Government Areas forming Isolated Practice Areas are:

Aurukun, Balonne, Banana, Barcaldine, Barcoo, Blackall-Tambo, Boulia, Bulloo, Burke, Calen, Carmila, Carpentaria, Central Highlands, Charters Towers, Cloncurry, Cook, Croydon, Diamantina, Doomadgee, Douglas, Etheridge, Finch Hatton, Glenden, Happy Valley, Flinders, Fraser Island, Hope Vale, Isaac, Kowanyama, Lockhart River, Longreach, Maranoa, Mareeba, Marlborough, McKinlay, Millaa Millaa, Mornington, Mount Isa, Murweh, Napranum, Nebo, North Burnett, Northern Peninsula Area, Palm Island, Paroo, Pormpuraaw, Quilpie, Richmond, Tablelands, Torres, Torres Strait Island, Western Downs, Winton, Woorabinda, Wujal Wujal, Yarrabah; and

2. Wowan, Queensland Ambulance Service Station.

Appendix 4. Medicines – Ambulance Officers who are Isolated Practice Area Paramedics

Administration or giving a treatment dose of these medicines must **only** occur on the prescription of a medical practitioner or nurse practitioner - except for the substances marked with an asterisk (*).

For an S4 medicine that is a prepacked liquid, cream, ointment or aerosol—the quantity supplied must be sufficient to provide treatment for the prescribed duration, to the nearest whole manufacturer's pack.

Analgesics and Antipyretics		
Scheduled substance	Administration route	Restrictions/Conditions
Ibuprofen*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Nitrous oxide 50% / oxygen 50% (Entonox)	Inhalation	
Paracetamol*	Oral Rectal	When giving a treatment dose, the maximum quantity that may be given is the smallest available manufacturer's pack.

Antibiotics and other Anti-infective agents (Oral)		
Scheduled substance	Administration route	Restrictions/Conditions
Amoxicillin	Oral	
Amoxicillin/clavulanic acid	Oral	
Azithromycin	Oral	
Cefalexin	Oral	
Ciprofloxacin	Oral	
Clindamycin	Oral	
Doxycycline	Oral	
Erythromycin	Oral	
Flucloxacillin	Oral	
Ivermectin	Oral	

Antibiotics and other Anti-infective agents (Oral)		
Scheduled substance	Administration route	Restrictions/Conditions
Metronidazole	Oral	
Nitrofurantoin	Oral	
Phenoxymethylpenicillin	Oral	
Roxithromycin	Oral	
Trimethoprim	Oral	
Trimethoprim/ sulfamethoxazole	Oral	
Valaciclovir	Oral	

Antibiotics for secondary prophylaxis of Acute Rheumatic Fever		
Scheduled substance	Administration route	Restrictions/Conditions
Benzathine penicillin (Bicillin L-A)	Intramuscular	
Erythromycin	Oral	
Phenoxymethylpenicillin	Oral	

Antibiotics (Parenteral)		
Scheduled substance	Administration route	Restrictions/Conditions
Cefazolin	Intravenous Intraosseous	
Flucloxacillin	Intramuscular Intravenous Intraosseous	
Gentamicin	Intramuscular Intravenous Intraosseous	
Lincomycin	Intramuscular Intravenous	

Antibiotics (Parenteral)		
Scheduled substance	Administration route	Restrictions/Conditions
Procaine benzylpenicillin (procaine penicillin)	Intramuscular	
Vancomycin	Intravenous Intraosseous	

Antibiotic Adjuncts		
Scheduled substance	Administration route	Restrictions/Conditions
Dexamethasone	Intravenous	
Probenecid	Oral	

Antibiotics and other Anti-infectives (Topical)		
Scheduled substance	Administration route	Restrictions/Conditions
Chloramphenicol (eye drops/eye ointment)	Topical to eye	
Ciprofloxacin	Ear drops	Must provide directions to the patient to self- administer the medicine for a maximum of 9 days.
Clindamycin 2%	Intravaginal	Must provide directions to the patient to self- administer the medicine for a maximum of 7 days.
Clotrimazole*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Clotrimazole	Intravaginal	Must provide directions to the patient to self- administer the medicine for a maximum of 7 days.
Dexamethasone 0.5 mg/ framycetin sulfate 5 mg/ gramicidin 0.05 mg/ml	Ear drops	
Flumetasone pivalate 0.02%/ clioquinol 1%	Ear drops	

Antibiotics and other Anti-infectives (Topical)		
Scheduled substance	Administration route	Restrictions/Conditions
Ketoconazole shampoo*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack. Must provide directions to the patient to self-administer the medicine for a maximum of 5 days.
Miconazole*	Topical	When giving a treatment dose, may only give the smallest available
Miconazole	Intravaginal	Must provide directions to the patient to self-administer the medicine for a maximum of 7 days.
Mupirocin	Topical Cream	
Nystatin*	Oral drops for topical use	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Silver sulfadiazine 1%	Topical cream	
Triamcinolone compound	Ear ointment	
Terbinafine*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.

Antidotes, Adrenaline and other Reversal Agents		
Scheduled substance	Administration route	Restrictions/Conditions
Adrenaline (epinephrine)	Intramuscular	
Flumazenil	Intravenous	
Glucagon*	Intramuscular Subcutaneous	May administer one dose only then must contact medical practitioner or nurse practitioner.
Hydrocortisone	Intramuscular Intravenous	

Antihistamines		
Scheduled substance	Administration route	Restrictions/Conditions
Cetirizine*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Loratadine*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Promethazine	Oral	

Antiparasitic and Anthelmintic Agents		
Scheduled substance	Administration route	Restrictions/Conditions
Albendazole	Oral	
Mebendazole*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Pyrantel*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.

Antivenoms		
Scheduled substance	Administration route	Restrictions/Conditions
Snake polyvalent anti-venom	Intravenous	
Box jellyfish anti-venom*	Intravenous Intramuscular	Administer one ampoule (20,000 units) then contact medical practitioner or nurse practitioner.
Funnel web spider anti-venom	Intravenous	

Respiratory Medicines		
Scheduled substance	Administration route	Restrictions/Conditions
Adrenaline (epinephrine)	Nebulised solution	
Budesonide	Nebulised solution	Administer only.
Budesonide*	Nasal spray	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Dexamethasone	Oral	
Hydrocortisone sodium succinate	Intravenous	Maximum stat dose in accordance with the <i>Australian Asthma Handbook</i> ⁹ .
Ipratropium bromide*	Nebulised solution Metered Dose Inhaler	May administer one dose only then must contact medical practitioner or nurse practitioner.
Methylprednisolone sodium succinate	Intravenous	Maximum stat dose in accordance with the <i>Australian Asthma Handbook</i> .
Prednisolone	Oral	

Cardiovascular Medicines		
Scheduled substance	Administration route	Restrictions/Conditions
Glyceryl trinitrate	Transdermal Patches	For acute presentations.
Nifedipine	Oral	For acute presentations.

Dermatologic Preparations		
Scheduled substance	Administration route	Restrictions/Conditions
Podophyllotoxin	Topical	Treatment dose limited to a maximum of 6 weeks.

⁹ Available at <https://www.asthmahandbook.org.au/>

Local anaesthetic		
Scheduled substance	Administration route	Restrictions/Conditions
Lidocaine (lignocaine) with adrenaline (epinephrine)	Subcutaneous Topical	Subcutaneous - Adults and children older than 12 years only.
Lidocaine (lignocaine) lotion 2.5%*	Topical	For toothache. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Lidocaine (lignocaine) with phenylephrine	Intranasal	
Oxybuprocaine eye drop 0.4% (minim)	Topical to eye	Administration of a single dose only.

OBSTETRIC USE		
Scheduled substance	Administration route	Restrictions/Conditions
Amoxicillin	Intravenous Intraosseous	
Ampicillin	Intravenous Intraosseous	
Benzympenicillin	Intravenous	
Betamethasone	Intramuscular	
Ceftriaxone	Intravenous Intraosseous	
Ergometrine	Intramuscular	250 micrograms per dose up to a maximum of 500 micrograms.
Erythromycin	Oral	
Lincomycin	Intravenous	
Misoprostol	Rectal	Maximum 1000 micrograms.
Nifedipine	Oral	Maximum 20 mg per dose up to a maximum of three doses.
Nitrous oxide and oxygen	Inhalation	Up to 50% Nitrous Oxide / 50% Oxygen.

Post-coital Contraception (Emergency Contraception)		
Scheduled substance	Administration route	Restrictions/Conditions
Levonorgestrel	Oral	

Sedatives		
Scheduled substance	Administration route	Restrictions/Conditions
Diazepam	Intravenous Oral Rectal	Adult only.
Olanzapine	Intramuscular Oral	Adult Only.

Vaccines and immunoglobulins		
Scheduled substance	Administration route	Restrictions/Conditions
Diphtheria-tetanus adult vaccine (dTpa)	Intramuscular	
Diphtheria-tetanus-acellular pertussis adult/adolescent vaccine (dTpa)	Intramuscular	
Diphtheria-tetanus-acellular pertussis infant/child vaccine (DTPa)	Intramuscular	
Tetanus immunoglobulin	Intramuscular	