Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Communicable Diseases Program

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Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Communicable Diseases Program

I, Professor Keith McNeil, pursuant to the Health (Drugs and Poisons) Regulation 1996, and for the purpose of sections 164A(1)(c), 164B(1)(c), 171(3), 174(4) and 175(6) of the Health (Drugs and Poisons) Regulation 1996, certify this document as the Drug Therapy Protocol – Communicable Diseases Program.

1. Scope of application
   (a) This Drug Therapy Protocol applies to all health workers detailed in Section 2 of this Drug Therapy Protocol.
   (b) This Drug Therapy Protocol does not remove the requirement for the stated health workers to comply with all other relevant laws, including other provisions within the Health (Drugs and Poisons) Regulation 1996.
   (c) This Drug Therapy Protocol does not relieve the stated health workers of their legal responsibility or accountability for that person’s actions.

2. Authorised actions - general

During a declared public health emergency in relation to an infectious medical condition the health workers stated in this Drug Therapy Protocol are authorised to do the following:

(a) relevant to the restricted drugs authorised under this Drug Therapy Protocol:
   - a Queensland Ambulance Service (QAS) ambulance officer who is a paramedic 1 or 2 may, as part of the person’s ambulance duties, obtain, possess, administer or supply the restricted drugs listed in Appendix 1, Section 1, under column 1;
   - an Aboriginal and Torres Strait Islander health practitioner, while practising in an isolated practice area in a Hospital and Health Service or Aboriginal and Torres Strait Islander community-controlled health service may, as part of the person’s Aboriginal and Torres Strait Islander health practitioner duties, administer or supply the restricted drugs listed in Appendix 1, Sections 1 and 2, under column 1;
   - an Indigenous health worker, while practising in an Aboriginal or Torres Strait Islander community in an isolated practice area may, as part of the person’s Indigenous health worker duties, administer or supply the restricted drugs listed in Appendix 1, Sections 1 and 2, under column 1;
   - a pharmacist may, as part of the person’s pharmaceutical duties, administer or supply the restricted drugs listed in Appendix 1, Sections 1 and 2, under column 1;
   - a QAS ambulance officer who is a paramedic 3, 3 (ECP) or 4 may, as part of the person’s ambulance duties, obtain, possess, administer or supply the restricted drugs listed in Appendix 1, Sections 1 and 2, under column 1;
   - a registered nurse, as part of the person’s nursing duties, may obtain, administer or supply the restricted drugs listed in Appendix 1, Sections 1 and 2, under column 1; and
(b) to or for persons identified as being exposed or potentially exposed to an infectious medical condition, and

(c) in accordance with:
   - a route of administration for the restricted drug stated in Appendix 1, column 2; and
   - the restrictions/conditions for the restricted drug stated in Appendix 1, column 3 (if any).
3. Authorised actions - additional

In addition to the actions authorised at Section 2 of this Drug Therapy Protocol, during a declared public health emergency in relation to an infectious medical condition:

(a) a pharmacist may supply a drug listed in Appendix 2, column 1 under the conditions described in Appendix 2, column 2.

(b) a registered nurse may supply or administer a drug listed in Appendix 3, column 1 under the conditions described in Appendix 3, column 2.

4. Conditions - general

(a) Health workers undertaking an action authorised under this Drug Therapy Protocol must act within their own scope of practice.

(b) Health workers stated in this Drug Therapy Protocol must be working for an entity that has policies and procedures in place that meet the requirements in Appendix 4.

(c) At the time of administering a vaccine, the health workers stated in this Drug Therapy Protocol must ensure they have access to the current version of the Australian Immunisation Handbook.

(d) Before administering or supplying a restricted drug, the health workers stated in this Drug Therapy Protocol must be familiar with the contra-indication(s) and known side effects of the drug and advise the patient accordingly.

(e) If Consumer Medicine Information is available for a particular restricted drug, the health workers stated in this Drug Therapy Protocol must, where reasonably practicable, offer the information to each person to whom they administer or supply the restricted drug.

Certification
Drug Therapy Protocol – Communicable Diseases Program (QH-DTP-CDP-02:2020)

Certified at Brisbane on this 16th day of September 2020.

Professor Keith McNeil
Acting Deputy Director-General and Chief Medical Officer
Prevention Division, and
Chief Clinical Information Officer
Queensland Health
### Appendix 1

#### Section 1: Antivirals

<table>
<thead>
<tr>
<th>Restricted Drug</th>
<th>Approved Route of Administration</th>
<th>Restrictions/Conditions</th>
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<tbody>
<tr>
<td>Oseltamivir phosphate</td>
<td>Oral</td>
<td>Only to be administered or supplied to persons identified by the Chief Executive or delegate or officer appointed for such purpose under the Public Health Act 2005, as being exposed or potentially exposed to an infectious medical condition during a declared public health emergency.</td>
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<tr>
<td>Zanamivir</td>
<td>Inhalation</td>
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#### Section 2: Vaccines

<table>
<thead>
<tr>
<th>Restricted Drug</th>
<th>Approved Route of Administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
</table>
| Influenza vaccine    | As detailed in the current Australian Immunisation Handbook [which may be accessed at: https://immunisationhandbook.health.gov.au/ ] | Only to be administered to persons identified by the Chief Executive or delegate or officer appointed for such purpose under the Public Health Act 2005, as being exposed or potentially exposed to an infectious medical condition during a declared public health emergency. For administration only by the following health workers:  
  - Aboriginal and Torres Strait Islander Health Practitioners  
  - Indigenous health workers  
  - QAS ambulance officers who are paramedic 3, 3(ECP) or 4  
  - Registered nurses  
  
  Note – see also Pharmacists vaccination DTP |
**Section 2: Vaccines (continued)**

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<tr>
<th>Restricted Drug</th>
<th>Approved Route of Administration</th>
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</table>
| Coronavirus vaccine (e.g. vaccine for COVID-19) | As detailed in the product information when available | Only to be administered to persons identified by the Chief Executive or delegate or officer appointed for such purpose under the Public Health Act 2005, as being exposed, or potentially exposed, to an infectious medical condition during a declared public health emergency. For administration only by the following health workers:  
  - Aboriginal and Torres Strait Islander Health Practitioners  
  - Indigenous health workers  
  - Pharmacists  
  - QAS ambulance officers who are paramedic 3, 3(ECP) or 4  
  - Registered nurses |
### Appendix 2

<table>
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<tr>
<th>Scheduled Substances</th>
<th>Restrictions/Conditions</th>
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| Restricted drugs, other than those listed in Appendix 1 | The pharmacist must reasonably believe that it is not practicable for the person to obtain a prescription for the restricted drug from an authorised prescriber.  

The pharmacist must reasonably believe that the person seeking the drug is under medical treatment requiring the use of the drug, the drug has previously been prescribed for the treatment and it is essential to continue the treatment for the person’s wellbeing.  

If the pharmacist is unable to obtain the required restricted drug, and the pharmacist has made a reasonable effort to contact the prescriber before deciding to make the substitution, the pharmacist is authorised to supply an alternative restricted drug as per Serious Shortage Substitution Notices developed and published by the Therapeutic Goods Administration, provided that the patient consents to the supply of the alternative restricted drug.  

The quantity supplied of a restricted drug must be no more than:  

a) For a restricted drug that is on the Pharmaceutical Benefits Scheme, the standard Pharmaceutical Benefits maximum quantity, or  

b) For a restricted drug that is not on the Pharmaceutical Benefits Scheme, the quantity that is contained in the smallest standard pack in which the restricted drug is generally available.  

The pharmacist must maintain records of each episode of supply, including records of the supply event and any attempts to contact the prescriber.  

Each episode of supply must be communicated by the pharmacist to the person’s treating or regular prescribing health practitioner as soon as practicable, but no later than seven days after the supply event.  

The pharmacist must comply with a quality standard for supply of medicines. |
Appendix 3

<table>
<thead>
<tr>
<th>Scheduled Substances</th>
<th>Restrictions/Conditions</th>
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<tbody>
<tr>
<td>Restricted drugs, other than those listed in Appendix 1</td>
<td>A registered nurse practicing in a Hospital and Health Service or an institution is authorised to supply or administer a restricted drug strictly in accordance with the protocol required for the treatment of a condition contained in the current edition of the Primary Clinical Care Manual (PCCM).</td>
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<td></td>
<td>The registered nurse must be credentialed by the relevant delegate of the Hospital and Health Service or Institution in accordance with the current Health Service Directive: Credentialing and defining the scope of clinical practice; or the current Australian Commission on Safety and Quality in Health Care Standard for Credentialing and Defining the Scope of Clinical Practice as having the requisite scope of practice necessary to practise under the Primary Clinical Care Manual (PCCM).</td>
</tr>
<tr>
<td></td>
<td>The registered nurse must maintain records of each episode of supply.</td>
</tr>
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<td>Each episode of supply must be communicated by the registered nurse to the person’s treating or regular prescribing health practitioner as soon as practicable, but no later than seven days after the supply event.</td>
</tr>
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<td>Note: in the HDPR, ‘institution’ means a detention centre, hospital, nursing home or prison.</td>
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Appendix 4

Persons authorised under this Drug Therapy Protocol must be working for an entity that has policies and procedures in place that include the following:

1. The groups of people being treated under the declared public health emergency and the indications for treatment.
2. The pre-treatment assessment process, including:
   a. the situations when medical referral/consultation must occur; and
   b. documented assessment for contraindications and precautions regarding the restricted drug.
3. The requirement for documented consent for the person to be administered the restricted drug.
4. The requirement that:
   a. the dose;
   b. method of administration;
   c. duration of use for the restricted drugs listed in Appendix 1 must be in accordance with the Australian approved Product Information for that restricted drug, unless otherwise instructed by a medical practitioner, or as directed by Queensland Health for liquid paediatric dose forms. In the case of vaccines, the requirements of the current *Australian Immunisation Handbook* and the current *National vaccine storage guidelines: Strive for 5* must be complied with.
5. The procedures in relation to storage of the restricted drugs.
6. The procedures for labelling for supplied medicines in accordance with section 198 of the Health (Drugs and Poisons) Regulation 1996.
7. The process for the provision of written information to the person (or parent of a child) being administered or supplied with the restricted drug that includes how the medicine is to be used and when and how to seek help.
8. The process for keeping records of restricted drugs administered or supplied under this DTP in accordance with sections 207(2)-(5) of the Health (Drugs and Poisons) Regulation 1996.
9. The process to ensure that episodes of supply are communicated to a person's treating or regular prescribing health practitioner.
10. The type of equipment and management procedures required in the case of an emergency associated with the use of the restricted drug.
11. The process for monitoring and reporting adverse events.