Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Sexual Health Program Nurse (including Reproductive Health)

Medicines Regulation and Quality

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Health (*Drugs and Poisons*) Regulation 1996
Drug Therapy Protocol – Sexual Health Program Nurse

This drug therapy protocol, made under s175(4) and 263(4) of the *Health (Drugs and Poisons) Regulation 1996* states the circumstances and conditions under which a sexual health program nurse[1] is authorised to administer or supply the drugs listed in Appendix 1 to this document.

Conditions and circumstances of this drug therapy protocol

1. A sexual health program nurse practising in a sexual health program service and under this Drug Therapy Protocol may only administer or supply those drugs listed in Appendix 1 in accordance with a Health Management Protocol (HMP) approved by the nurse's employer, which meets the specified minimum requirements for a HMP listed in Appendix 2.
2. The actions of the sexual health program nurse must at all time be in accordance with the Drug Therapy Protocol and the Health Management Protocol[2].
3. The sexual health program nurse must have access to current versions of the following literature:
   3.1. A copy of this Drug Therapy Protocol; and
   3.2. The Health Management Protocol relevant to this Drug Therapy Protocol; and
   3.3. A current MIMS and Australian Medicines Handbook; and
   3.4. Current edition of the NHMRC Australian Immunisation Handbook.
4. The sexual health program nurse must be aware that practising within the Drug Therapy Protocol does not relieve that person of their legal responsibility or accountability for their own actions and may not provide immunity in case of negligence.
5. Prior to the administration or supply of the drug the sexual health program nurse must familiarise him/herself with the contra-indications and side effects of the drug and should provide this information to the patient.
6. When Consumer Medicine Information is available for a particular drug, the sexual health program nurse should offer this information to each person when administering or supplying medication.
7. The sexual health program nurse must only practise under a sexual health program as defined in Appendix 9 of the *Health (Drugs and Poisons) Regulation 1996*.
8. When a drug is supplied by a sexual health program nurse, the primary medicine container must be labelled as required by the *Health (Drugs and Poisons) Regulation 1996*.

Certification

Certified at Brisbane on this 16th day of September 2013.

Dr Jeannette Young
Chief Health Officer
Department of Health

[1] A sexual health program nurse means a registered nurse who – (a) immediately before 1 July 2010, held an annual licence certificate endorsed under the *Nursing Act 1992* that authorised the registered nurse to practice in a sexual health program; or (b) has obtained a qualification in sexual health approved by the chief executive.

[2] Unless, in the opinion of the nurse such actions would be of detriment to the patient. In such instances, a doctor must be consulted.

Appendix 1

Adrenergic Agonists		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Adrenaline	Intramuscular	

Antibiotics / Antivirals / Antifungals / Anti-infectives / Antibiotic Adjuncts		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Aciclovir	Oral	Single course for primary genital herpes
Azithromycin	Oral	Administer one dose and supply one full course as necessary
Cephalexin	Oral	
Ceftriaxone	Intramuscular	Administer one dose Reconstituted with Lignocaine 1% injection
Ciprofloxacin	Oral	Single dose only
Clindamycin	Per vagina	Administer one dose and supply one full course as necessary
Clotrimazole	Per vagina	
Doxycycline	Oral	
Famciclovir	Oral	
Fluconazole	Oral	
Benzathine Penicillin (Bicillin LA)	Intramuscular	Administer one dose
Miconazole	Vaginal/Topical/Oral	Administer one dose and supply one full course as necessary
Metronidazole	Oral	
Nystatin	Oral drops for topical use	
Procaine Penicillin	Intramuscular	Administer one dose
Roxithromycin	Oral	Administer one dose and supply one full course as necessary
Tinidazole	Oral	
Trimethoprim	Oral	
Valaciclovir	Oral	

Local Anaesthetics		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Lignocaine 1%	Intramuscular	To be used to reconstitute Ceftriaxone powder
Lignocaine gel 2%	Topical	
Lignocaine-Prilocaine 5%	Topical	

Emergency Contraception (Post-coital Contraception)		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Levonorgestrel 1.5 mg	Oral	
Levonorgestrel 750 microgram e.g. *Postinor*	Oral	
Levonorgestrel 30 microgram e.g. *Microval/Microlut*	Oral	

Oestrogen based vaginal preparations		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Oestriol	Intravagina	
Oestradiol	Intravagina	

Oral Contraceptive Pills (Combined)		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Ethinyloestradiol 30 microgram/ Levonorgestrel 150 microgram	Oral	• Can only be supplied if the client has been initially assessed and prescribed hormonal oral contraceptive by a Medical Officer at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer assessment. • Supply not to exceed end of current prescription or 12 months since last Medical Officer assessment. • Maximum supply not to exceed 4 months NB: *Family Planning Queensland only:* Maximum supply at any one time not to exceed 12 months as prescribed by certified Health Management Protocol.
Ethinyloestradiol 30 microgram/ Levonorgestrel 50 microgram Ethinyloestradiol 40 microgram/ Levonorgestrel 75 microgram Ethinyloestradiol 30 microgram/ Levonorgestrel 125 microgram	Oral	
Ethinyloestradiol 20 microgram/ Levonorgestrel 100 microgram	Oral	
Ethinyloestradiol 35 microgram/ Northisterone 500 microgram	Oral	
Ethinyloestradiol 35 microgram/ Northisterone 1mg	Oral	
Ethinyloestradiol 30 microgram/ Desogestrel 150 microgram	Oral	
Ethinyloestradiol 30 microgram/ Gestodene 75 microgram	Oral	
Ethinyloestradiol 35 microgram/ Cyproterone acetate 2 mg	Oral	
Ethinyloestradiol 30 microgram/ Drosperinone 3 mg	Oral	
Ethinyloestradiol 20 microgram/ Drosperinone 3mg	Oral	
Ethinyloestradiol 30 microgram/ Dienogest 2 mg	Oral	

Oral Contraceptive Pills (Progesterone-only)		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Levonorgestrel 30 microgram e.g. *Microval*	Oral	• Can only be supplied if the client has been initially assessed and prescribed POP by a Medical Officer at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer assessment. • Supply not to exceed end of current prescription or 12 months since last Medical Officer assessment. • Maximum supply not to exceed 4 months. NB: *Family Planning Queensland only:* Maximum supply at any one time not to exceed 12 months as prescribed by certified Health Management Protocol.
Norethisterone 350 microgram e.g. *Noriday*	Oral	

Combined Hormonal Vaginal Ring (CVR)		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Etonogestrel 120mg / Ethinyloestradiol 15 microgram e.g. *Nuva Ring*	Intravagina	• Can only be supplied if the client has been initially assessed and prescribed CVR by a Medical Officer at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer assessment. • Supply not to exceed end of current prescription or 12 months since last Medical Officer assessment. Maximum supply not to exceed 3 months.

Injectable Hormonal Contraception (Depot Medroxyprogesterone (DMPA))		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Depo Medroxyprogesterone Acetate 150 mg/ml	Intramuscular	• Can only be supplied if the client has been initially assessed and prescribed DMPA by a Medical Officer at the clinic site where she is currently attending. • Can only be supplied if it is less than 12 months since last Medical Officer assessment. • Administration not to exceed end of current prescription or 12 month period since last Medical Officer assessment.

Topical preparations		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Trichloroacetic Acid	Topical	
Podophyllin	Topical	
Podophyllotoxin	Topical	
Permethrin	Topical	
Imiquimod	Topical	
Nitrous Oxide	Topical with cryogun	
Liquid Nitrogen	Topical	

Vaccines		
Scheduled Substances	**Approved Route Of Administration**	**Restrictions/Conditions**
Hepatitis A – formaldehyde inactivated hepatitis A virus vaccine Adult / Paediatric	Intramuscular	As specified in the current edition of the NHMRC Australian Immunisation Handbook.
Hepatitis B – recombinant DNA hepatitis B vaccine Adult / Paediatric	Intramuscular	
Human Papillomavirus vaccine (HPV)	Intramuscular	
Measles, Mumps, Rubella (MMR) vaccine	Intramuscular	

mg = milligram

Appendix 2

Health Management Protocol – Minimum Requirements

1. The employer must have a current Health Management Protocol that supports and details the clinical use, administration or supply of a drug listed in Appendix 1 to the Drug Therapy Protocol.
2. For the purposes of the Drug Therapy Protocol, Department of Health's Health Management Protocols are based according to location of practice and include the current:
   2.1. Queensland Sexual Health Clinical Management Guidelines or
   2.2. The Primary Clinical Care Manual.
3. The Health Management Protocol must be developed or adopted by an inter-disciplinary team appointed by the employer under whose jurisdiction the Health Management Protocol will be implemented.
4. As a minimum, the team must consist of a medical practitioner, sexual health program nurse and pharmacist, and may include other identified professional personnel as considered necessary by the employing organisation.

Content of a Health Management Protocol

The Health Management Protocol must clearly identify the following:

1. The procedures for clinical assessment, management and follow-up of patients, including the recommended drug therapy for the relevant clinical problem.
2. A clinical indication or time when medical referral/consultation must occur for that condition.
3. The name, form and strength of the medication and the condition/situation for which it is intended.
4. The recommended dose of the medicine.
5. The route of administration of the medicine.
6. The frequency (including rate where applicable) and duration of administration of the medicine.
7. The duration of the medication supply before medical intervention/follow-up is required.
8. The type of equipment and management procedures required for management of an emergency associated with the use of the medication.

Endorsement

The Health Management Protocol (the Primary Clinical Care Manual and/or the Queensland Sexual Health Clinical Management Guidelines and/or a locally developed alternative for Queensland Health services) must be endorsed by:

1. The Queensland Sexual Health Clinical Management Guidelines must be endorsed and dated by the Director, Blood Borne Virus and Sexually Transmissible Infections, Communicable Diseases Unit.
2. Preferred use of either the Primary Clinical Care Manual or the Queensland Sexual Health Clinical Management Guidelines or a locally developed alternative must be endorsed and dated by the Hospital and Health Service Chief Executive
3. The Health Management Protocol for a non-Queensland Health employing organisation must be endorsed and dated by the Chief Executive Officer.
4. The Health Management Protocol shall be effective for a maximum of two (2) years from the date of endorsement.
5. Following this period of two (2) years or sooner if considered necessary, the Health Management Protocol must be reviewed by the interdisciplinary team and endorsed again.