Medicines and Poisons Act 2019

Extended Practice Authority
'Pharmacists'

Queensland
Government

Version control

Version	Replaces version	Date approved	Commencement date
1	NA	12 August 2021	27 September 2021

Extended Practice Authority 'Pharmacists'

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 a pharmacist is authorised to carry out for the purposes described in the table under Schedule 9, Part 1 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.

Part 1 – Vaccinations - Circumstances and conditions

1. A pharmacist who has successfully completed training in accordance with Appendix 1, may administer a medicine listed in Appendix 2, Column 1:
   a. by a route of administration for the medicine stated in the current online edition of the *Australian Immunisation Handbook* [1], or as stated in the product information approved by the Therapeutic Goods Administration (TGA); and
   b. subject to the restrictions (if any) for the medicine stated in Appendix 2, Column 2.
2. The pharmacist may administer the medicines only at:
   a. a community pharmacy that meets the requirements in Appendix 3; or
   b. a public sector hospital.
3. Before vaccines are administered, the pharmacist must ensure the equipment and procedures detailed in the current online edition of the Australian Immunisation Handbook are in place.
4. The pharmacist must act in accordance with the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook* including patient selection, patient consent, vaccine administration, documenting vaccination and follow up care.
5. When vaccines are in the possession of the pharmacist, the pharmacist must ensure that the storage and transport of vaccines is in accordance with the *National vaccine storage guidelines: Strive for 5* [2].

[1] *Australian Immunisation Handbook* - https://immunisationhandbook.health.gov.au/

[2] *National vaccine storage guidelines – Strive for 5* -https://www.health.gov.au/sites/default/files/national-vaccine-storage-guidelines-strive-for-5_0.pdf

6. Before administering a vaccine, the pharmacist must be familiar with the contra-indication(s) and known side effects of the medicine and advise the patient accordingly.
7. The pharmacist must advise a patient if a vaccine they propose to administer is listed in the National Immunisation Program (NIP) Schedule and of the cost to the patient for the vaccine (if any) because it will not be funded by the NIP.
8. The pharmacist administering a vaccine must ensure that:
    a. all vaccinations are recorded on the Australian Immunisation Register[3] in accordance with the requirements under the *Australian Immunisation Register Act 2015* (Cth) as soon as practicable and ideally at the time of vaccination; and
    b. any adverse events occurring following immunisation must be notified using the Adverse Event Following Immunisation (AEFI) reporting form available on the Queensland Health website[4].

[3] Australian Immunisation Register - https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im004

[4] Adverse Event Following Immunisation reporting form - https://www.health.qld.gov.au/__data/assets/pdf_file/0033/442968/aefi-reporting-form.pdf

Part 2 - Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q)

Circumstances and conditions

1. The endorsed model of care for the UTIPP-Q enables a pharmacist at a community pharmacy to provide empirical treatment, in accordance with the *Pharmaceutical Society of Australia Guidance for provision of antibiotics for acute uncomplicated cystitis in women*[5].
2. For participating in the UTIPP-Q, a pharmacist may sell a medicine listed in Appendix 4, Column 1 of this Extended Practice Authority to a patient without the requirement for a prescription:
    a. subject to the restrictions for the medicine stated opposite in Appendix 4, Column 2 (if any); and
    b. in accordance with the treatment protocol established under the UTIPP-Q.
3. Before undertaking any action relevant to the UTIPP-Q under authority of this Extended Practice Authority, the pharmacist must have:
    a. registered, and been accepted into, the UTIPP-Q with the Queensland University of Technology (QUT); and
    b. completed the requisite training to participate in the UTIPP-Q; and
    c. access to the GuildCare NG UTIPP-Q recording module, to record data for the research evaluation.
4. The pharmacist must maintain eligibility to participate in the UTIPP-Q, including any training and registration requirements.
5. Before selling a medicine specified in Appendix 4 under this Extended Practice Authority, the pharmacist must advise the person of the contra-indications and known side effects of the medicine. If the supply of one of the medicines specified in Appendix 4 of this Extended Practice Authority is not an appropriate treatment option (for example, due to contraindications), then the pharmacist has the option to supply one of the other two medicines.
6. The pharmacist must not sell a medicine specified in Appendix 4 of this Extended Practice Authority in quantities that are more than a single manufacturer's pack of the medicine.
7. The pharmacist must, when selling a medicine under this Extended Practice Authority, keep a record of the following information—
    a. the name and address of the person to whom the medicine was sold;
    b. the date the medicine is sold;
    c. the description and quantity medicine sold; and
    d. the directions given for the use of the medicine.

[5] Available at: https://my.psa.org.au/s/training-plan/a110o00000A62cEAAR/urinary-tract-infection-pharmacy-pilot-queensland-utippq

Appendix 1 - Vaccination training

Pharmacists must meet both requirements specified below.

1. Successful completion of either of the following qualifications:
    a. the training program for the Queensland Pharmacist Immunisation Pilot I and II (QPIP I & II); or
    b. a training program accredited to meet the standards set by the Australian Pharmacy Council's 'Standards for the accreditation of programs to support Pharmacist Administration of vaccines'.
2. A current Australian recognised qualification in first aid which includes cardiopulmonary resuscitation and anaphylaxis management or a current first aid certificate and a current certificate in anaphylaxis management.

Appendix 2 - Medicines for vaccinations

Vaccinations	
Scheduled substance	**Restrictions/Conditions**
Influenza vaccine	Persons aged 10 years or over
Diphtheria-tetanus-acellular pertussis vaccine	Persons aged 16 years or over
Diphtheria-tetanus-acellular pertussis-inactivated poliovirus vaccine	Persons aged 16 years or over
Measles-mumps-rubella vaccine	Persons aged 16 years or over
Cholera vaccine	Persons aged 16 years or over
Haemophilus influenzae type B vaccine	Persons aged 16 years or over
Hepatitis A vaccine	Persons aged 16 years or over
Meningococcal ACWY vaccine	Persons aged 10 years or over
Poliomyelitis vaccine	Persons aged 16 years or over
Pneumococcal vaccine	Persons aged 16 years and over
COVID-19 vaccine	Persons aged 16 years and over Comply with any other limitations in the product information or as determined by the Therapeutic Goods Administration approval for the vaccines that may apply
Adrenaline in a strength of 0.1% or less • in a preloaded device such as an autoinjector, or • in an ampoule	For use in treatment of anaphylaxis only

Appendix 3 - Community pharmacy requirements

A pharmacist undertaking regulated activities at a community pharmacy, must only act under authority of this EPA in a community pharmacy that has the following facilities and resources:

1. A screened or private consulting area that:
    a. ensures patients' privacy and confidentiality;
    b. has sufficient space to allow the presence of the following: the patient; a carer if necessary; the pharmacist administering the vaccine; consumables; equipment; and documentation;
    c. has seating for the patient and their carer during the vaccination;
    d. has sufficient space and appropriate surfaces for the patient to lie down in the event of an adverse reaction; and for staff to safely perform resuscitation procedures.
2. An area with seating that provides for direct visual observation where patients can wait for at least 15 minutes following the vaccination.
3. Hand washing facilities/hand sanitising products available to allow for the performance of appropriate hand hygiene before and after vaccine administration.
4. Enough appropriately trained pharmacy staff to ensure patients' safety during post-vaccination monitoring and any adverse event management. Ideally the pharmacy will have two pharmacists available at any one time – one to act as the dedicated vaccinator and the other to manage the general business of the dispensary. Pharmacies with only one pharmacist on duty must assess their workflows to ensure they are able to provide uninterrupted care to an individual patient when vaccinating and have staff on-site with current training in first aid (including cardiopulmonary resuscitation and management of anaphylaxis) that can assist in providing after-vaccination care or managing an emergency.

Appendix 4 - Medicines for UTIPP-Q

Medicines for UTIPP- Q	
Scheduled substance	**Restrictions/Conditions**
Trimethoprim	
Nitrofurantoin	Sale and supply limited to circumstances where trimethoprim is not appropriate for the patient
Cefalexin	Sale and supply limited to circumstances where trimethoprim and nitrofurantoin are not appropriate for the patient