

Medicines and Poisons Act 2019

Extended Practice Authority 'Queensland Ambulance Service'



Queensland Government

Version control

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Extended Practice Authority 'Queensland Ambulance Service'

This extended practice authority (EPA) has been made under section 232 of the *Medicines and Poisons Act 2019* (Qld) by the Deputy Director-General, Queensland Public Health and Scientific Services, Queensland Health, as a delegate of the chief executive, Queensland Health. 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* (Qld).

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*.

Conditions

Part 1. Credentialed scope of clinical practice

If there is a requirement under the EPA for the ambulance officer to hold a *credentialed scope of clinical practice* prior to any dealings with specified medicines, the *credentialed scope of clinical practice* must be defined by the Queensland Ambulance Service through a process that meets the requirements of the current Australian Commission on Safety and Quality in Health Care - [Credentialed health practitioners and defining their scope of clinical practice](#).

Part 2. Ambulance Officer

An ambulance officer may administer the medicines listed in [Appendix 1](#), subject to the conditions that:

- i. the medicine administered is within the credentialed scope of clinical practice permitted for the ambulance officer, as stated in a health management protocol that meets the requirements listed in [Appendix 2](#); and
- ii. the ambulance officer acts in accordance with the procedures, indications and precautions stated in the health management protocol.

Part 3. Ambulance Officer who is an Isolated Practice Area Paramedic

An Isolated Practice Area Paramedic (IPAP) means an ambulance officer who:

- i. is classified by the Queensland Ambulance Service as a Critical Care Paramedic (CCP) or an Advanced Care Paramedic (ACP); and
- ii. has successfully completed the relevant program of study, namely -
 - a. the Graduate Certificate of Rural and Remote Paramedic Practice delivered by James Cook University that includes the Isolated Practice Area Paramedic course developed by the (former) Northern Area Health Service Workforce Directorate; or
 - b. post-graduate qualifications at a minimum of graduate certificate level (AQF level 8¹) that includes theoretical and clinical skills relevant to initiate the use of scheduled medicines in providing acute care in rural and isolated practice settings; and
 - c. holds a current *credentialed scope of clinical practice* defined and approved by the Queensland Ambulance Service.

An ambulance officer who is an IPAP performing duties for the Queensland Ambulance Service in an isolated practice area as stated in [Appendix 3](#), may

¹ Australian Qualification Framework - <https://www.aqf.edu.au/framework/aqf-qualifications#toc-level-8-bachelor-honours-degree-graduate-certificate-graduate-diploma-2>

administer and/or give a treatment dose of a medicine listed in [Appendix 4](#), column 1 subject to the conditions that:

- i. 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
- ii. 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.

Part 4. Other conditions

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

1. Prior to administering an immunisation medicine listed in this EPA, the ambulance officer must successfully complete an immunisation training course that contains learning objectives equivalent to the domains in the [National Immunisation Education Framework for Health Professionals](#).
2. Before administering or giving a treatment dose of a medicine listed in this EPA, the ambulance officer must be familiar with the precautions, contra-indication(s) and known side effects of the medicine and, where possible, advise the patient accordingly.
3. The ambulance officer must have ready access to their applicable health management protocol and the current online edition of the [Australian Immunisation Handbook](#) (if applicable) when acting under this EPA.
4. For the administration of immunisation medicines, including for patient selection, patient consent, administration, documenting immunisation and follow up care, the ambulance officer must act in accordance with:
 - i. the [Australian Immunisation Handbook](#); or
 - ii. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or
 - iii. the product information approved by the Therapeutic Goods Administration (TGA); or
 - iv. the current recommendations provided on the [Immunisation Schedule Queensland](#).
5. When immunisation medicines are in the possession of the ambulance officer, the ambulance officer must ensure that the storage and transport of immunisation medicines is undertaken in accordance with the [National vaccine storage guidelines: Strive for 5](#).
6. An ambulance officer who administers an immunisation medicine must:
 - i. record the immunisation details on the [Australian Immunisation Register \(AIR\)](#) as soon as practicable, and ideally at the time of immunisation; and
 - ii. notify of any adverse events occurring following immunisation using the [Adverse Event Following Immunisation \(AEFI\) form](#) published on the Queensland Health website.
7. If [Consumer Medicine Information](#) (CMI) is available for a particular medicine, the ambulance officer must, where practicable, offer the information to each person to whom the ambulance officer administers or gives a treatment dose of the medicine.

Appendix 1 - Medicines – Ambulance Officers

Regulated substance
Adenosine
Adrenaline (epinephrine)
Amiodarone
Aspirin
Atropine
Benzatropine
Box jellyfish antivenom
Cefazolin
Ceftriaxone
Clopidogrel
Dexamethasone
Digoxin
Droperidol
Enoxaparin
Ergometrine
Fentanyl
Fentanyl and midazolam (combined)
Furosemide
Glucagon
Glyceryl trinitrate
Heparin
Hydralazine
Hydrocortisone
Hydroxocobalamin
Ibuprofen
Influenza vaccine
Insulin - short acting neutral

Regulated substance
Ipratropium bromide
Isoprenaline
Ketamine
Levetiracetam
Lidocaine 1%
Loperamide
Loratadine
Lorazepam
Metaraminol
Methoxyflurane
Metoclopramide
Metoprolol
Midazolam
Morphine
Morphine and midazolam (combined)
Naloxone
Nifedipine
Noradrenaline (norepinephrine)
Olanzapine
Ondansetron
Oxytocin
Paracetamol
Phenytoin
Propofol
Rocuronium
Ropivacaine
Salbutamol
Tenecteplase

Regulated substance
Ticagrelor
Tirofiban
Tranexamic acid
Vasopressin

Appendix 2 - Health management protocol requirements

1. The current online edition of the [Australian Immunisation Handbook](#) is the health management protocol for ambulance officers, including IPAPs, undertaking dealings with immunisation medicines listed in this EPA. Where an immunisation medicine is not included in the Australian Immunisation Handbook, the current recommendation issued by ATAGI may be used as the health management protocol. In all other circumstances, the requirements below must be met.
2. 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. The approved health management protocol -
 - a. 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*).
 - b. may be a clinical guideline developed by another entity's inter-disciplinary team, if it is endorsed by an inter-disciplinary team for the Queensland Ambulance Service.
 - c. may be the [QAS Clinical Practice Manual](#) for an ambulance officer.
 - d. may be the [Primary Clinical Care Manual](#) for an ambulance officer who is an IPAP.
3. A health management protocol must include the following details:
 - a. The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine for the relevant clinical presentation.
 - b. For each medicine in the health management protocol:
 - i. a clinical indication, or timeframe, for when a medical referral or consultation must occur for that clinical presentation;
 - ii. the name, form and strength of the medicine and the clinical presentation for which it is intended;
 - iii. any contraindications to the use of the medicine;
 - iv. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;
 - v. 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;
 - vi. for a medicine to be given as a treatment dose without a prescription, the maximum quantity of a medicine that may be given;
 - vii. the type of equipment and procedures required for the management of an emergency associated with the use of the medicine or as a result of administering the medicine;
 - viii. when to refer to a higher level of care for intervention or follow-up.
4. A health management protocol is **current** for ambulance officers to use medicines listed in the EPA, when it has been approved by the Queensland Ambulance Service within:
 - a. **two (2) years** of the day the health management protocol was approved, if the health management protocol is not the current online edition of the [Primary Clinical Care Manual](#), OR

- b. **three (3) years** of the day the [Primary Clinical Care Manual](#) has been endorsed and adopted as the health management protocol by the Queensland Ambulance Service.

Appendix 3 – Queensland Ambulance Service - Isolated Practice Areas

Under this EPA, the isolated practice areas that apply to an ambulance officer who is an IPAP are:

- i. the Isolated practice areas - local governments as listed in Schedule 20 of the Medicines and Poisons (Medicines) Regulation 2021; and
- ii. the Queensland Ambulance Service operational areas of –
 - a. Calen, Carmila, Finch Hatton, Glenden, Fraser Island, Marlborough, Millaa Millaa, Nebo; and
 - b. 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.

Analgesic, Anti-gout and Antipyretics		
Regulated substance	Approved route of administration	Restrictions/Conditions
Colchicine	Oral	
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.
Ketorolac	Intramuscular	

Antibiotics and other Anti-infective agents (Oral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Amoxicillin	Oral	
Amoxicillin/clavulanic acid	Oral	
Azithromycin	Oral	
Cefalexin	Oral	
Ciprofloxacin	Oral	
Clindamycin	Oral	
Doxycycline	Oral	
Erythromycin	Oral	
Famciclovir	Oral	

Antibiotics and other Anti-infective agents (Oral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Flucloxacillin	Oral	
Fluconazole	Oral	
Metronidazole	Oral	
Nitrofurantoin	Oral	
Phenoxymethylpenicillin	Oral	
Roxithromycin	Oral	
Trimethoprim	Oral	
Trimethoprim/ sulfamethoxazole	Oral	
Valaciclovir	Oral	

Antibiotics (Parenteral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Ampicillin	Intravenous Intramuscular	
Amoxicillin/clavulanic acid	Intraosseous Intravenous	
Benzathine penicillin <i>e.g. Bicillin L-A</i>	Intramuscular	
Benzylpenicillin	Intramuscular Intraosseous Intravenous	
Cefazolin	Intraosseous Intravenous	
Cefotaxime	Intraosseous Intravenous Intramuscular	
Ceftriaxone	Intramuscular Intraosseous	

Antibiotics (Parenteral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
	Intravenous	
Flucloxacillin	Intramuscular Intraosseous Intravenous	
Gentamicin	Intramuscular Intraosseous Intravenous	
Lincomycin	Intramuscular Intravenous	
Meropenem	Intravenous Intraosseous	
Metronidazole	Intravenous	
Procaine benzylpenicillin	Intramuscular	
Vancomycin	Intravenous Intraosseous	

Antibiotic Adjuncts		
Regulated substance	Approved route of administration	Restrictions/Conditions
Dexamethasone	Intramuscular Intraosseous Intravenous	
Probenecid	Oral	

Antibiotics and other Anti-infectives (Topical)		
Regulated substance	Approved route of administration	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.
Ciprofloxacin/ hydrocortisone	Ear drops	
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	
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 manufacturer's pack.
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.

Antibiotics and other Anti-infectives (Topical)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Silver sulfadiazine 1%	Topical cream	
Triamcinolone/neomycin/nystatin/gramicidin <i>e.g. Kenacomb</i>	Otic	
Terbinafine*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.

Anticoagulant		
Regulated substance	Approved route of administration	Restrictions/Conditions
Enoxaparin	Subcutaneous	

Antidotes, Adrenaline and other Reversal Agents		
Regulated substance	Approved route of administration	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	

Antiemetics		
Regulated substance	Approved route of administration	Restrictions/Conditions

Ondansetron	Oral	
Prochlorperazine	Oral Intramuscular	

Antihistamines		
Regulated substance	Approved route of administration	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		
Regulated substance	Approved route of administration	Restrictions/Conditions
Albendazole	Oral	
Ivermectin	Oral	For an ARTG ² approved indication only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
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		
Regulated substance	Approved route of administration	Restrictions/Conditions
Snake polyvalent anti-venom	Intravenous	

² Australian Register of Therapeutic Goods

Antivenoms		
Regulated substance	Approved route of administration	Restrictions/Conditions
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	

Cardiovascular Medicines		
Regulated substance	Approved route of administration	Restrictions/Conditions
Glyceryl trinitrate	Transdermal patches	For acute presentations.
Nifedipine	Oral	For acute presentations.

Dermatologic Preparations		
Regulated substance	Approved route of administration	Restrictions/Conditions
Podophyllotoxin	Topical	Treatment dose limited to a maximum of 6 weeks.

Emergency Contraception		
Regulated substance	Approved route of administration	Restrictions/Conditions
Levonorgestrel	Oral	
Ulipristal	Oral	

Immunoglobulins		
Regulated substance	Approved route of administration	Restrictions/Conditions
Anti D (Rh) immunoglobulin	Intramuscular	

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

Obstetric use		
Regulated substance	Approved route of administration	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.

Obstetric use		
Regulated substance	Approved route of administration	Restrictions/Conditions
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.

Respiratory Medicines		
Regulated substance	Approved route of administration	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 Australian Asthma Handbook .
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 Australian Asthma Handbook .
Prednisolone	Oral	

Sedatives		
Regulated substance	Approved route of administration	Restrictions/Conditions
Diazepam	Intravenous Oral Rectal	Adult only.
Olanzapine	Intramuscular Oral	Adult Only.
Immunisation medicines		

Regulated substance/antigen	Approved route of administration	Restrictions/Conditions
Diphtheria	Intramuscular	
Tetanus	Intramuscular	
Pertussis	Intramuscular	
Tetanus immunoglobulin	Intramuscular	