

# Extended practice authority

## Aboriginal and Torres Strait Islander health workers – version 5

This extended practice authority (**EPA**) has been made under section 232 of the *Medicines and Poisons Act 2019* (Qld) by the Deputy Director-General, Health Workforce Division, as a delegate of the chief executive, Queensland Health. For the purposes of Schedule 3, Part 1A of the *Medicines and Poisons (Medicines) Regulation 2021* (Qld) (**MPMR**), the EPA details the requirements for an Aboriginal and Torres Strait Islander health worker to be authorised to deal with the medicines (regulated substances) listed as authorised medicines and immunisation medicines.

A term used in this EPA has the same meaning as the same term used and defined in the *Medicines and Poisons Act 2019* or MPMR.

## 1. Application

This EPA applies to an Aboriginal and Torres Strait Islander health worker who has completed an *immunisation training course*<sup>1</sup> and has immunisation included in the scope of practice in the Aboriginal and Torres Strait Islander health worker's practice plan.

- 1.1. For the purpose of this EPA, an Aboriginal and Torres Strait Islander health worker means a person:
  - a. employed as an Aboriginal and Torres Strait Islander health worker in a clinical role in a relevant health service, meaning –
    - i. a Hospital and Health Service; or
    - ii. an Aboriginal and Torres Strait Islander health service; and
  - b. has completed a minimum qualification of *Certificate III in Aboriginal and Torres Strait Islander Primary Health Care*<sup>2</sup>.

## 2. General conditions

The following general conditions apply to all Aboriginal and Torres Strait Islander health workers under this EPA.

<sup>1</sup> Immunisation training course means: (i) an immunisation training course that meets the learning objectives detailed in the domains of the National Immunisation Education Framework for Health Professionals; or (ii) completion of a vaccination/immunisation course approved by the chief executive of Queensland Health.

<sup>2</sup> Including completion of the module on first aid with content and assessment on responding to anaphylaxis and the use of adrenaline.

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Version	Replaces version	Date approved	Commencement date
5	4	30 January 2026	1 March 2026



- 2.1. Before administering any medicines, including immunisation medicines, listed in Appendix 1, the Aboriginal and Torres Strait Islander health worker must have completed:
  - a. an *immunisation training course*<sup>3</sup>, as required by their employer; and
  - b. an approved *practice plan* for administering medicines that complies with the requirements detailed in Appendix 2.
- 2.2. An Aboriginal and Torres Strait Islander health worker is authorised to administer an immunisation medicine if the immunisation health service is provided under an immunisation program carried out:
  - a. by a Hospital and Health Service; or
  - b. by an Aboriginal and Torres Strait Islander health service.
- 2.3. The Aboriginal and Torres Strait Islander health worker may only administer an immunisation medicine listed in Appendix 1 under the *direct supervision* of an Aboriginal and Torres Strait Islander health practitioner, medical practitioner, midwife, pharmacist or registered nurse who is authorised to administer the medicine and is supervising the immunisation health service (the *supervising health practitioner*).
- 2.4. The Aboriginal and Torres Strait Islander health worker may only administer an **immunisation medicine** listed in Appendix 1 on:
  - a. a prescription from an authorised prescriber; or
  - b. a standing order approved as detailed in Chapter 4, Part 7 of the MPMR, for an Aboriginal and Torres Strait Islander health worker to use at an immunisation health service referred to in section 2.2 of this EPA.
- 2.5. The Aboriginal and Torres Strait Islander health worker must act in accordance with, and have access to, their approved practice plan and any clinical guidelines, manuals or protocols adopted or established by their employer when acting under this EPA.
- 2.6. For the requirements for administration of immunisation medicines, including for patient selection, patient consent, administration, documenting immunisation and follow up care, the Aboriginal and Torres Strait Islander health worker must act in accordance with:
  - a. the current online edition of the Australian Immunisation Handbook; or
  - b. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or
  - c. the product information approved by the Therapeutic Goods Administration (TGA);  
or
  - d. the current recommendations provided on the Immunisation Schedule Queensland.

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<sup>3</sup> Immunisation training course means: (i) an immunisation training course that meets the learning objectives detailed in the domains of the National Immunisation Education Framework for Health Professionals; or (ii) completion of a vaccination/immunisation course approved by the chief executive of Queensland Health.

- 2.7. When immunisation medicines are in the possession of the Aboriginal and Torres Strait Islander health worker, the Aboriginal and Torres Strait Islander health worker must ensure that the storage and transport of the medicines is in accordance with the National vaccine storage guidelines: Strive for 5.
- 2.8. When administering an immunisation medicine listed in Appendix 1, the Aboriginal and Torres Strait Islander health worker must:
  - a. enter a record of an immunisation medicine that has been administered on the Australian Immunisation Register as soon as practicable and ideally at the time of immunisation; and
  - b. provide immediate notification of any adverse events occurring following immunisation to the supervising health practitioner, and record the adverse event using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website.

## Appendix 1 – Authorised medicines

Administration of these medicines must only occur on the prescription<sup>4</sup> of an authorised prescriber, or on an approved standing order (referred to in section 2.4.b of this EPA), except for the substances marked with an asterisk (\*).

### Immunisation medicines

Regulated substance/antigen	Approved route of administration	Restrictions/Conditions
COVID-19	<p>Dose and route of administration of the listed immunisation medicine:</p> <ul style="list-style-type: none"> <li>- as stated in the current online edition of the Australian Immunisation Handbook, or</li> <li>- as stated in the product information approved by the TGA, or</li> <li>- as per current recommendations issued by ATAGI, or</li> <li>- as per current recommendations provided on the Immunisation Schedule Queensland.</li> </ul>	For persons aged 5 years or over
Diphtheria		
<i>Haemophilus influenzae</i> type b		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Influenza		
Measles		
Meningococcal		
Mpox		
Mumps		
Pertussis		
Poliovirus		
Respiratory syncytial virus (RSV)		
Rubella		
Tetanus		
Tetanus immunoglobulin		
Varicella		
Zoster (herpes zoster)		

<sup>4</sup> A prescription may be an oral prescription given by a prescriber who is directly supervising the immunisation program.

Regulated substance/antigen	Approved route of administration	Restrictions/Conditions
Pneumococcal	Dose and route of administration: <ul style="list-style-type: none"> <li>- as stated in the current online edition of the Australian Immunisation Handbook, or</li> <li>- as stated in the product information approved by the TGA, or</li> <li>- as per current recommendations issued by ATAGI, or</li> <li>- as per current recommendations provided on the Immunisation Schedule Queensland.</li> </ul>	Only for Aboriginal and Torres Strait Islander persons who are aged over 50 years and non-Indigenous adults aged over 70 years.

### Emergency response to anaphylaxis

Regulated substance	Approved route of administration	Restrictions/Conditions
Adrenaline (epinephrine)*	Intramuscular Intranasal	On completion of training for anaphylaxis and administering adrenaline. Administer up to two doses then must contact a medical practitioner or nurse practitioner.

## Appendix 2 – Requirement for practice plan (immunisation medicines)

An Aboriginal and Torres Strait Islander health worker practice plan (individual practice plan) under this EPA must:

1. be approved by the chief executive officer of their employer organisation (health service), being a Hospital and Health Service or an Aboriginal and Torres Strait Islander health service, for the Aboriginal and Torres Strait Islander health worker to administer a medicine listed and under the restrictions and conditions stated in the EPA for a maximum period of **2 years** from the approval date.
2. be developed and agreed by the Aboriginal and Torres Strait Islander health worker and:
  - a. their *primary clinical supervisor*<sup>5</sup> and an approved person who is authorised under the MPMR to administer the medicines listed under this EPA, or
  - b. their primary clinical supervisor if they are also authorised under the MPMR to administer immunisation medicines specified under this EPA,
  - c. reviewed on commencement of a new primary clinical supervisor.
3. include, or include reference to a clinical guide approved by the health service, that states for each medicine listed in the individual practice plan:
  - a. any clinical indication or time when referral/consultation with the supervising health practitioner must occur;
  - b. any contraindications to the use of the medicine;
  - c. the recommended dose of the medicine and the route of administration;
  - d. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine;
  - e. the procedures for clinical assessment, management, and follow up of patients; and
  - f. when to refer to a higher level of care for intervention or follow-up.
4. require the Aboriginal and Torres Strait Islander health worker, while administering the medicines listed in Appendix 1 of this EPA, to be under the *direct supervision* of a supervising health practitioner, who is responsible for the response to, and management of, an adverse immunisation incident.

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<sup>5</sup> As defined in Schedule 3, Part 1A of the Medicines and Poisons (Medicines) Regulation 2021.