Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

NT Health Primary Health Remote Services SSTP Revocation and Approval

I, Christine Maree Connors, Chief Health Officer:

- (a) under section 254(5) of the *Medicines, Poisons and Therapeutic Goods Act 2012, (the Act*), revoke the instrument titled "NT Health Primary Health Remote Services SSTP
 Revocation and Approval" dated 17 May 2023 and
- (b) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;
- (c) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

9 October 2023 @ 4.13pm

Chief Health Officer

Schedule A

Title	Publication Date	Author
Central Australian Rural	02/10/2023	Population and Primary
Practitioners Association		Health Care, Northern
(CARPA) Standard		Territory Government,
Treatment Manual PPHC		Department of Health
Remote SSTP		
Women's Business Manual	02/10/2023	Population and Primary
PPHC Remote SSTP		Health Care, Northern
		Territory Government,
		Department of Health
Men's Ceremonial Business	02/10/2023	Population and Primary
PPHC Remote NT Health	02/10/2023	Health Care, Northern
SSTP		Territory Government,
		Department of Health
Mango Dermatitis PPHC	02/10/2023	Population and Primary
Remote NT Health SSTP		Health Care, Northern
		Territory Government,
		Department of Health
NT Immunisation Schedules	02/10/2023	Population and Primary
PPHC NT Health SSTP		Health Care, Northern
		Territory Government,
		Department of Health
Vaccination Schedule when	02/10/2023	Population and Primary
Administering Workplace		Health Care, Northern
Staff Immunisation Program		Territory Government,
Vaccines to Adults in the		Department of Health
Northern Territory (NT)		
Scheduled Substance		
Treatment Protocol (SSTP)		

Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual PPHC Remote SSTP

Areas Applicable	Services delivered at or through NT Health Primary Health Care Remote clinics		
Health Professionals authorised by this SSTP	Nurses Midwives Aboriginal and Torres Strait Islander Health Practitioners		
Scheduled Substance(s)	Adrenaline (Epinephrine)AlbendazoleAmiodaroneAmoxicillin (Amoxycillin)Clavulanic AcidAzithromycinBenzathineBenzylpenicillinBenzatropineBetamethasone ValerateBox Jellyfish Antivenom(Antisera)Cefalexin (Cephalexin)CeftriaxoneCiprofloxacinClindamycinDexamethasoneFramycetinGramicidin	FamciclovirFluoride VarnishHydrocortisoneIbuprofenIpratropiumIronIvermectinLidocaine (Lignocaine)MetoclopramideMetronidazoleMidazolamMorphineNaloxoneOmeprazoleOndansetronOxybuprocaineParacetamol when in	PraziquantelPrednisoloneProbenecidProcaineBenzylpenicillin (Procaine Penicillin)ProchlorperazineSalbutamolTerbinafineTetracaine (Amethocaine)TriamcinoloneNeomycinNystatinTrimethoprimSulfamethoxazoleTuberculin PPD (Mantoux)ValaciclovirVaccine - Hepatitis B
Indication		combination with Codeine Phenoxymethylpenicillin (Penicillin V) nces are to be used according	
Contraindications and/or Exclusions [*]	 they are being administered as outlined in the <u>Central Australian Rural Practitioners</u> <u>Association (CARPA) Standard Treatment Manual, 2022; 8th edition</u> Hypersensitivity or allergy to the individual drug substance or excipients of that formulation of the listed scheduled substances of this protocol Any contraindications or exclusions as outlined in the individual scheduled substance product information 		



	Any contraindication or exclusions as outlined in the <u>Central Australian Rural</u> <u>Practitioners Association (CARPA) Standard Treatment Manual, 2022; 8th</u> <u>edition</u>	
Dose and Route [*]	As per the individual scheduled substance and indication as outlined in the <u>Central</u> <u>Australian Rural Practitioners Association (CARPA) Standard Treatment Manual,</u> <u>2022; 8th edition</u>	
Administration	As per the individual scheduled substance and indication as outlined in the <u>Central</u> <u>Australian Rural Practitioners Association (CARPA) Standard Treatment Manual,</u> <u>2022; 8th edition</u> Medicines must not be administered by the intravenous route without the direction of a medical practitioner, except where the medical condition of the person requires the intravenous administration of the medicine without delay.	
Dose Frequency [*]	As per the individual scheduled substance and indication as outlined in the <u>Central</u> <u>Australian Rural Practitioners Association (CARPA) Standard Treatment Manual,</u> <u>2022; 8th edition</u>	
Drug Interactions [*]	As outlined in the individual scheduled substance product information	
Monitoring requirements [*]	As per the individual scheduled substance and indication as outlined in the <u>Central</u> <u>Australian Rural Practitioners Association (CARPA) Standard Treatment Manual,</u> <u>2022; 8th edition</u>	
Health Professional Accreditation Requirements	 Nurses and Midwives Hold registration with the Nursing and Midwifery Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients 	
	 Have completed all essential training as mandated for PPHC staff - see: <u>Essential Training for Nursing and Midwifery Employees TEHS</u> <u>Guidelines.docx</u> <u>Essential Training PPHC CAHS Guideline.DOCX</u> 	
	 Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients Have completed all essential training as mandated for PPHC staff - see: <u>Essential Training for Aboriginal and Torres Strait Islander Health</u> <u>Practitioners TEHS Guidelines.docx</u> <u>Essential Training PPHC CAHS Guideline.DOCX</u> 	
	All health professionals following this protocol must maintain continuing professional development related to skills and competencies required for delivery of medicines.	

Documentation (including necessary information to the patient)	Patients who receive scheduled substances in accordance with this SSTP must have this documented in the medication section of the patient's record within Primary Care Information System (PCIS)		
Related Documents	 <u>Central Australian Rural Practitioners Association (CARPA) Standard</u> <u>Treatment Manual, 2022; 8th edition</u> <u>Approved Scheduled Substance Treatment Protocols (SSTP) and Medicines</u> <u>List PHC Remote.docx</u> <u>Section 250 NT Medicines Poisons and Therapeutic Goods Act PPHC NT</u> <u>Health Guideline.docx</u> <u>Standard Drug List PPHC Remote NT Health Master Document.xlsx</u> 		
Chief Health	Signature	Name	Date
Officer	EDOC2023/303299	Adj Pro Christine Connors	09/10/2023 @ 4.13pm
Period of effect	This SSTP is in effect until 09/10/2025		
scheduled substan	tion provided is to act as a guid ces. Further information refere able sources of medicines inform	nce should be made to the f	ull manufacturer's product

refer to medical officer before administration

Mango Dermatitis PPHC Remote NT Health SSTP

Areas Applicable	Services delivered at or through NT Health Primary Health Care Remote clinics		
Health Professionals authorised by this SSTP	Nurses Midwives Aboriginal and Torres Strait Islander Health Practitioners		
Scheduled Substance(s)	Mometasone furoatePrednisolone		
Indication	For use during the management of clinical conditions arising from men's business as outlined in the Mango Dermatitis PPHC Remote Procedure		
Contraindications and/or Exclusions [*]	 Hypersensitivity or allergy to the individual drug substance or excipients of that formulation of the listed scheduled substances of this protocol Any contraindications or exclusions as outlined in the individual scheduled substance product information 		
	Any contraindications or exclusions as outlined in the individual scheduled substance Mango Dermatitis PPHC Remote Procedure		
Dose and Route [*]	 Mometasone furoate 0.1% ointment Apply liberally to affected areas morning and night for five (5) to seven (7) days Prednisolone 25mg tablets Take TWO (2) tablets daily in the morning (with food) for three (3) days 		
Administration	As above. Medicines must not be administered by the intravenous route without the direction of a medical practitioner, except where the medical condition of the person requires the intravenous administration of the medicine without delay.		
Dose Frequency*	As above		
Drug Interactions [*]	As outlined in the individual scheduled substance product information		
Monitoring requirements [*]	 Refer to Mango Dermatitis PPHC Remote Procedure. All clients requiring treatment with oral prednisolone must return for review within three (3) days. If showing no improvement after three (3) days, then medical consult If reaction is improving, change treatment to topical corticosteroids (Hydrocortisone 1% cream) – apply to affected areas twice daily for 5 days For pain management, refer to the <u>CARPA Standard Treatment Manual, 8th</u> edition Pain Management protocol 		



Health Professional Accreditation Requirements	 Nurses and Midwives Hold registration with the Nursing and Midwifery Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients 			
	Have completed al	ll essential training as man	dated for PPHC staff – see: idwifery Employees TEHS	
	Guidelines.		idwirery Employees TETIS	
	o <u>Essential T</u>	raining PPHC CAHS Guide	eline.DOCX	
	Aboriginal & Torres Strait	Islander Health Practition	ers (ATSIHPs) must	
	Practice Board of A	the Aboriginal and Torres Australia with no condition nical services directly to p	ns or undertakings which may	
	Have completed al	ll essential training as man	dated for PPHC staff - see:	
	o <u>Essential Tr</u> <u>Guidelines.</u>		idwifery Employees TEHS	
	o <u>Essential T</u>	raining PPHC CAHS Guide	eline.DOCX	
	All health professionals fo professional development of medicines.	- .	maintain continuing petencies required for delivery	
Documentation (including necessary information to the patient)	have this documented in t	Patients who receive scheduled substances in accordance with this SSTP must have this documented in the medication section of the patient's record within Primary Care Information System (PCIS)		
Related Documents	• Mango Dermatitis Pl	Mango Dermatitis PPHC Remote Procedure		
		ural Practitioners Associat	ion (CARPA) Standard	
	Treatment Manual, 2			
	Approved Scheduled List PHC Remote.dog		otocols (SSTP) and Medicines	
	Section 250 NT Med Health Guideline.dog		peutic Goods Act PPHC NT	
		- <u></u> PHC Remote NT Health N	Aaster Document.xlsx	
Chief Health	Signature	Name	Date	
Officer	EDOC2023/303299	Adj Prof Christine Connors	09/10/2023 @ 4.13pm	
Period of effect	This SSTP is in effect until 09	This SSTP is in effect until 09/10/2025		
	ion provided is to act as a gui es. Further information refere		legal dealing with the named e full manufacturer's product	

info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration

Scheduled Substance Treatment Protocol

Men's Ceremonial Business PPHC Remote NT Health SSTP

Areas Applicable	Services delivered at or through NT Health Primary Health Care Remote clinics		
Health Professionals authorised by this SSTP	Nurses Midwives Aboriginal and Torres Strait Islander Health Practitioners		
Scheduled Substance(s)	 Clindamycin Trimethoprim/Sulfamethoxazole combination Amoxicillin/Clavulanic acid combination Ceftriaxone Paracetamol/Codeine phosphate combination 		
Indication	For use during the management of clinical conditions arising from men's business as outlined in the Men's Ceremonial Business PPHC Remote Procedure		
Contraindications and/or Exclusions [*]	 Hypersensitivity or allergy to the individual drug substance or excipients of that formulation of the listed scheduled substances of this protocol Any contraindications or exclusions as outlined in the individual scheduled substance product information Any contraindications or exclusions as outlined in the individual scheduled substance Men's Ceremonial Business PPHC Remote Procedure 		
Dose and Route [*]	 Paracetamol 500mg/Codeine phosphate 30mg, 2 tablets oral once only During Ceremony: Oral Clindamycin 450mg BD 2 doses; OR Oral Trimethoprim/Sulfamethoxazole 160+800mg BD 2 dose; OR Amoxicillin/Clavulanic acid 875+125mg BD 2 doses; After Ceremony (Presentation to health centre): IV/IM Ceftriaxone 1g STAT; AND Oral Trimethoprim/Sulfamethoxazole 160+800mg BD 5 days; OR Oral Clindamycin 450mg TDS for 5 days 		
Administration	As above. Medicines must not be administered by the intravenous route without the direction of a medical practitioner, except where the medical condition of th person requires the intravenous administration of the medicine without dela		



Dose Frequency*	As above	As above		
Drug Interactions [*]	As outlined in the individual scheduled substance product information			
Monitoring requirements [*]	As per the Men's Ceremonial Business PPHC Remote Procedure			
Health Professional Accreditation Requirements	 Nurses and Midwives Hold registration with the Nursing and Midwifery Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients Have completed all essential training as mandated for PPHC staff - see: Essential Training for Nursing and Midwifery Employees TEHS Guidelines.docx Essential Training PPHC CAHS Guideline.DOCX Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients Have completed all essential training as mandated for PPHC staff - see: Essential Training for Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients Have completed all essential training as mandated for PPHC staff - see: Essential Training for Aboriginal and Torres Strait Islander Health Practitioners TEHS Guidelines.docx Essential Training PPHC CAHS Guideline.DOCX All health professionals following this protocol must maintain continuing professional development related to skills and competencies required for delivery of medicines. 			
Documentation (including necessary information to the patient)	Patients who receive scheduled substances in accordance with this SSTP must have this documented in the medication section of the patient's record within Primary Care Information System (PCIS)			
Related Documents	 Men's Ceremonial Business PPHC Remote Procedure <u>CARPA Standard Treatment Manual RPHCM (remotephcmanuals.com.au)</u> <u>Approved Scheduled Substance Treatment Protocols (SSTP) and Medicines List PHC Remote.docx</u> <u>Section 250 NT Medicines Poisons and Therapeutic Goods Act PPHC NT Health Guideline.docx</u> <u>Standard Drug List PPHC Remote NT Health Master Document.xlsx</u> 			
Chief Health	Signature	Name	Date	
Officer	EDOC2023/303299	Adj Prof Christine Connors	09/10/2023 @ 4.13pm	

Period of effect	This SSTP is in effect until 09/10/2025
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References:

* The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration

NT Immunisation Schedules PPHC NT Health SSTP

Areas Applicable	Services delivered at or through NT Health Primary Health Care		
Health Professionals authorised by this SSTP	Nurses Midwives Aboriginal and Torres Strait Islander Health Practitioners		
Scheduled Substance(s)	The following vaccines for human therapeutic use as single vaccines or in combination: Diphtheria Haemophilus Influenza B Tetanus Pertussis Poliomyelitis Herpes Zoster Hepatitis A Hepatitis B Measles Human Papillomavirus Influenza Meningococcal Mumps Rubella Varicella Pneumococcal Rotavirus COVID-19 - Follow current <u>COVID-19 Vaccine Scheduled Substance Treatment</u>		
Indication Contraindications and/or Exclusions [*]	 Individual scheduled substances are to be used according to the indication for which they are being administered as outlined in the: <u>NT Immunisation Schedule Children;</u> <u>NT Immunisation Schedule Adult and Special risk Groups;</u> <u>NT Immunisation Schedule Pneumococcal Vaccination</u> Hypersensitivity or allergy to the individual drug substance or excipients of that formulation of the listed scheduled substances of this protocol 		
	 Any contraindications or exclusions as outlined in the individual scheduled substance product information Any contraindication or exclusions as outlined in the NT Immunisation Schedules and the <u>Australian Immunisation Handbook</u> 		
Dose and Route [*]	As per the individual scheduled substance and indication as outlined in the NT Immunisation Schedules and the <u>Australian Immunisation Handbook</u>		
Administration	As per the individual scheduled substance and indication as outlined in the NT Immunisation Schedules and the <u>Australian Immunisation Handbook</u>		
Dose Frequency*	As per the individual scheduled substance and indication as outlined in the NT Immunisation Schedules and the <u>Australian Immunisation Handbook</u>		



Drug Interactions [*]	As outlined in the individual scheduled substance product information		
Monitoring requirements [*]	As per the individual scheduled substance and indication as outlined in the NT Immunisation Schedules and the <u>Australian Immunisation Handbook</u>		
Health Professional Accreditation Requirements	 Nurses and Midwives must: Hold registration with the Nursing and Midwifery Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients Have completed all essential training as mandated for PPHC staff – see:		
	 Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients Have completed all essential training as mandated for PPHC staff - see: Essential Training for Aboriginal and Torres Strait Islander Health Practitioners TEHS Guidelines.docx Essential Training PPHC CAHS Guideline.DOCX 		
	 All health professionals following this protocol must: Maintain continuing professional development related to skills and competencies required for the delivery of medicines and vaccines including the use of multi-dose vials and management of anaphylaxis Hold a current Cardiopulmonary Resuscitation (CPR) certificate All health professionals administering vaccines from this protocol must have completed:		
	 A program of study for the administration of vaccines accredited by Health Education Services Australia (HESA) or; A program of study specific for their profession approved by the Chief Health Officer for administration of vaccinations or; completed the assessment of an immuniser program of study that meets the curriculum content requirements of the National Immunisation Education Framework for Health Professionals 		
Documentation (including necessary information to the patient)	Patients who receive scheduled substances in accordance with this SSTP must have this documented in the medication section of the patient's record within Primary Care Information System (PCIS)		

	Entry into the Australian Immunisation Register (AIR)		
	• Immunisation data including patient details, vaccine brand name, dose, site of administration and batch number should be entered or uploaded to AIR within 24 hours after administration or if not practical then the vaccination information must be entered within 10 business days.		
Related Documents	 <u>NT Immunisation Schedule Children</u> <u>NT Immunisation Schedule Adult and Special risk Groups</u> <u>NT Immunisation Schedule Pneumococcal Vaccination</u> <u>COVID-19 vaccine Protocols NT Health</u> Australian Immunisation Handbook 		
Chief Health	Signature	Name	Date
Officer	EDOC2023/303299	Adj Prof Christine Connors	09/10/2023 @ 4.13pm
Period of effect	This SSTP is in effect until 09/10/2025		
scheduled substan info and other relia	ation provided is to act as a gu ces. Further information refer able sources of medicines info ficer before administration	ence should be made to the f	full manufacturer's product

Schedule Substance Treatment Protocol

Vaccination Schedule when Administering Workplace Staff Immunisation Program Vaccines to Adults in the Northern Territory (NT) PPHC Scheduled Substance Treatment Protocol (SSTP)

	1		
Areas Applicable	Services delivered at or through NT Health Primary Health Care		
Health Professionals Authorised by this SSTP	Nurses Midwives Aboriginal and Torres Strait Islander Health Practitioners		
Scheduled Substance(s)	 The following vaccines for human therapeutic use: Diphtheria, Tetanus, Pertussis (as single ingredients or combination) Hepatitis A Hepatitis B Measles, Mumps, Rubella (combination) Varicella Influenza Note: for COVID-19 - Follow current <u>COVID-19 Vaccine Scheduled Substance Treatment Protocols</u>		
Indication	When providing vaccinations for adults under a workplace staff immunisation program for vaccines that fall outside of the NT Vaccination Schedule and in accordance with the <u>Australian Immunisation Handbook</u> or relevant <u>COVID19</u> <u>Vaccine Scheduled Substance Treatment Protocols</u>		
Contraindications and/or Exclusions [*]	For all vaccines: Anaphylaxis following any previous dose of the vaccine Anaphylaxis following any vaccine component Vaccine specific contraindications exist for some vaccines and are described in the relevant chapters in the <u>Australian Immunisation Handbook</u> .		
Dose and Route [*]	Dose should be given as per the <u>Australian Immunisation Handbook</u> and Product Information. Preferred route is in the deltoid muscle of the upper arm. However alternate sites, such as vastus lateralis muscle of the thigh or ventrogluteal muscle of the hip, may also be used at clinician's discretion.		
Dose Frequency*	According to the Australian Immunisation Handbook		



Administration [*]	According to the <u>Australian Immunisation Handbook</u> and relevant Product Information for each vaccine			
Drug Interactions [*]	Refer to the <u>Australian Immunisation Handbook</u> for specific vaccines and their interactions with immunoglobulins.			
	Refer to vaccine specific chapters in the <u>Australian Immunisation Handbook</u> for specific drug interactions with each vaccine.			
	Clients receiving influenza vaccine who are taking warfarin, theophylline, phenytoin, phenobarbitone or carbamazepine should be advised to look out for signs of elevated levels of medication.			
Monitoring requirements [*]	A pre-vaccination questionnaire should be undertaken prior to each vaccine encounter.			
	All vaccine recipients should be observed for 15 minutes following vaccination for possible adverse events or anaphylaxis.			
Health Practitioner	Nurses and Midwives			
Education and Training Requirements	 Hold registration with the Nursing and Midwifery Board of Australia with no conditions, notations or undertakings which may limit delivery of clinical services directly to patients 			
	• Have completed all essential training as mandated for PPHC staff – see:			
	 <u>Essential Training for Nursing and Midwifery Employees TEHS</u> <u>Guidelines.docx</u> 			
	• Essential Training PPHC CAHS Guideline.DOCX			
	Abariginal S. Tarras Strait Islandar Health Drastitionars (ATSILIDs)			
	Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs)			
	 Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which m limit delivery of clinical services directly to patients 			
	• Have completed all essential training as mandated for PPHC staff - see:			
	 <u>Essential Training for Aboriginal and Torres Strait Islander Health</u> <u>Practitioners TEHS Guidelines.docx</u> 			
	• Essential Training PPHC CAHS Guideline.DOCX			
	All health professionals following this protocol must:			
	 Maintain continuing professional development related to skills and competencies required for the delivery of medicines and vaccines including the use of multi-dose vials and management of anaphylaxis 			
	Hold a current Cardiopulmonary Resuscitation (CPR) certificate			
	All health professionals administering vaccines from this protocol must have completed:			

Documentation (including necessary information to the patient)	Education Framework for Health Professionals. Clients who receive any of the vaccines included on this SSTP must have the name, dose and batch number of the vaccine recorded in the medication section of the client's medical record. A copy should ideally be given to the client as a hand held record.				
,	Entry into the Australian Immunisation Register (AIR)				
	administration and batch hours after administration	ne brand name, dose, site of or uploaded to AIR within 24 vaccination information			
	must be entered within 10	o business duys:			
Related Documents	<u>COVID-19 vaccine</u> <u>Australian Immuni</u>	e Protocols NT Health sation Handbook	Dellas		
Related Documents Chief Health Officer	<u>COVID-19 vaccine</u> <u>Australian Immuni</u> <u>Pre-employment F</u>	e Protocols NT Health	<u>Policy</u> Date		
	<u>COVID-19 vaccine</u> <u>Australian Immuni</u>	e Protocols NT Health sation Handbook Health Screening NT Health			

Minymaku Kutju Tjukurpa Women's Business Manual PPHC Remote SSTP

Areas Applicable	Services delivered at or through NT Health Primary Health Care Remote clinics			
Health Professionals authorised by this SSTP	Nurses Midwives Aboriginal and Torres Strait Islander Health Practitioners			
Scheduled Substance(s)	Amoxicillin Azithromycin Benzathine Benzylpenicillin Cefalexin	Ceftriaxone Doxycycline Metronidazole Nitrofurantoin	Oxytocin Paracetamol when in combination with Codeine Phenoxymethylpenicillin (Penicillin V) Probenecid	
Indication	Individual scheduled substances are to be used according to the indication for which they are being administered as outlined in the <u>Minymaku Kutju Tjukurpa Women's</u> <u>Business Manual, 7th Edition, 2022</u>			
Contraindications and/or Exclusions [*]	 Hypersensitivity or allergy to the individual drug substance or excipients of that formulation of the listed scheduled substances of this protocol Any contraindications or exclusions as outlined in the individual scheduled substance product information Any contraindication or exclusions as outlined in the <u>Minymaku Kutju Tjukurpa</u> <u>Women's Business Manual, 7th Edition, 2022</u> 			
Dose and Route [*]	As per the individual scheduled substance and indication as outlined in the <u>Minymaku</u> <u>Kutju Tjukurpa Women's Business Manual, 7th Edition, 2022</u>			
Administration	As per the individual scheduled substance and indication as outlined in the <u>Minymaku</u> <u>Kutju Tjukurpa Women's Business Manual, 7th Edition, 2022</u> Medicines must not be administered by the intravenous route without the direction of a medical practitioner, except where the medical condition of the person requires the intravenous administration of the medicine without delay.			
Dose Frequency*	As per the individual scheduled substance and indication as outlined in the <u>Minymaku</u> <u>Kutju Tjukurpa Women's Business Manual, 7th Edition, 2022</u>			
Drug Interactions [*]	As outlined in the individual scheduled substance product information			
Monitoring requirements [*]	As per the individual scheduled substance and indication as outlined in the <u>Minymaku</u> <u>Kutju Tjukurpa Women's Business Manual, 7th Edition, 2022</u>			



Health Professional	Nurses and Midwives must:					
Accreditation Requirements	• Hold registration with the Nursing and Midwifery Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients					
	 Have completed all essential training as mandated for PPHC staff – see: 					
	o <u>Essential Traini</u> Guidelines.doc>	ng for Nursing and Midwifery x	Employees TEHS			
	o <u>Essential Traini</u>	ng PPHC CAHS Guideline.DC	<u>DCX</u>			
	Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:					
	 Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients 					
	Have completed all essential training as mandated for PPHC staff - see:					
	 <u>Essential Training for Aboriginal and Torres Strait Islander Health</u> <u>Practitioners TEHS Guidelines.docx</u> 					
	• Essential Training PPHC CAHS Guideline.DOCX					
	All health professionals following this protocol must maintain continuing professional development related to skills and competencies required for delivery of medicines.					
Documentation (including necessary information to the patient)	Patients who receive scheduled substances in accordance with this SSTP must have this documented in the medication section of the patient's record within Primary Care Information System (PCIS)					
Related Documents	 Minymaku Kutju Tjukurpa Women's Business Manual, 7th Edition, 2022 Approved Scheduled Substance Treatment Protocols (SSTP) and Medicines PHC Remote.docx 					
	<u>Section 250 NT Medicines Poisons and Therapeutic Goods Act PPHC NT</u>					
	Health Guideline.docx					
	Standard Drug List PPHC Remote NT Health Master Document.xlsx					
Chief Health Officer	Signature	Name	Date			
	EDOC2023/303299	Adj Prof Christine Connors	09/10/2023 @ 4.13pm			
Period of effect	This SSTP is in effect until 09/10/2025					
References:	provided is to act as a guide to	outline the limits of legal day	ling with the named			

* The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration