

# Section 250 NT Medicines, Poisons and Therapeutic Goods Act PHC Remote Guideline

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## Purpose

To ensure remote clinical staff are aware of and adhere to Section 250 of the NT Medicines, Poisons and Therapeutic Goods Act (MPTGA) providing Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners with a regulatory framework to possess, supply and administer medications.

## Guideline

The Northern Territory (NT) [Medicines, Poisons and Therapeutic Goods Act \(MPTGA\) and Regulation](#) regulate the possession, supply or administration of drugs and poisons in the Territory. The Act provides the regulatory framework for Health Practitioners to perform their duties while ensuring safe and effective use of medicines.

The Act in its entirety is applicable to all [health practitioners](#) dealing with scheduled substances. Specific to remote practice, Section 250 of the Act enables a nurse, midwife or Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP) to supply or administer a schedule 4 or 8 substance according to a Scheduled Substance Treatment Protocol (SSTP) approved by the Chief Health Officer (CHO) by Gazette Notice.

A Gazettal Notice published under **Section 250, 252 and 254** of the [Act](#) allows **Nurses, Midwives and ATSIHPs** working at a declared place (see Part A of Gazette Notice) to possess, supply or administer a Schedule 4 or 8 substances listed in [Part C](#)<sup>1</sup> according to an SSTP listed in [Part B](#)<sup>1</sup> in the course of the approved practitioner's duties. The [Declared Places Outreach Services SSTP](#) also authorises the same provisions for nurses, midwives and ATSIHPs when providing outreach services from a declared place as specified in Part A. For the current approval see [Government Gazette Notice G37](#) – Nurses, Midwives and ATSIHPs.

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<sup>1</sup> The Information Sheet: [Approved Scheduled Substance Treatment Protocols & Medicines List](#) summarises Schedule B and C of the Section 250 Notice & other medicines approved by PHC Remote Best Practice Groups.

Note: Clinical practice must be undertaken in accordance with [Authorised Clinical Protocol and Procedures Manuals](#) and within the scope of practice according to individual Australian Health Practitioner Regulation Authority ([AHPRA](#)) registration.

## 1. Responsibilities

### 1.1 Nurse, Midwife and Aboriginal & Torres Strait Islander Health Practitioner (ATSIHP)

- Comply with the provisions under the [NT MPTGA and Regulations](#)
- Ensure familiarity with Section 250 Notices - Part A, B and C
- Adhere to the approved SSTPs listed in [Part C](#)<sup>1</sup> when supplying or administering Section 250 medicines
- Undertake clinical practice in accordance with [Authorised Clinical Protocol & Procedures Manuals](#)
- Ensure adverse incidents are recorded in client's electronic health record and entered into RiskMan

### 1.2 Primary Health Care Manager (PHCM)

As per Nurse, Midwife and ATSIHPs, plus

- Ensure the Information Sheet - [Approved Scheduled Substance Treatment Protocols and Medicines List](#) is displayed in the health centre's drug storage room
- Ensure all SSTPs are available and maintained in the health centre
- Ensure that all staff are orientated to and are familiar with:
  - ~ the relevance of Section 250 within their scope of practice
  - ~ Section 250 Notices, and know where to find the legislation and related information
- Reinforce to nurses, midwives and ATSIHPs their responsibility as registered professionals to comply with the NT MPTGA

### 1.3 District Manager and Health Profession Manager

As per Primary Health Care Manager, plus

- Ensure adherence to all provisions of the NT MPTGA and Section 250 Notices is maintained throughout the health service
- Ensure adverse events entered into RiskMan are followed up by the relevant manager

### 1.4 Professional Practice Nurse

- Supply replacement SSTP manuals / components as required, through the remote health stock mechanism
- Consider requests for additional or amendment to SSTPs as requested via [Best Practice Referrals](#)
- In consultation with relevant personnel, develop and obtain approval from the CHO for additional or amendments to the SSTPs

### 1.5 Primary Health Care Pharmacist

- Advise and provide current NT MPTGA information as available
- Maintain currency of Part A, B and C of the Section 250 Notices

## 2. Procedure

### 2.1 Supply or Administration of Medicines by a Nurse, Midwife or ATSIHP

The supply or administration of medicine by nurses, midwives or ATSIHPs at declared PHC remote health centres and their outreach services is to be conducted in accordance with:

- an order or prescription from a Medical Practitioner, or
- an approved [SSTP](#) in accordance with the [NT MPTGA](#). **Where an SSTP is unclear regarding the need for medical practitioner consultation prior to supplying medicine, or where an SSTP does not exist, a medical practitioner must be consulted.**

A nurse, midwife or ATSIHP who supplies a medicine in contravention of Section 250 of NT MPTGA and PHC Remote policy as described in this document, will not be legally protected and may be liable to prosecution and/or disciplinary action, such as referral to the relevant Professional Registration Board.

For nurses, midwives and ATSIHPs, a number of additional points are worthy of note:

- Schedule<sup>2</sup> 4 & 8 medicines that are not listed in the Section 250 [Part C](#)<sup>1</sup> may only be supplied or administered on the specific order of a Medical Practitioner, Optometrist or Dentist.
- It is PHC Remote policy that all unscheduled or Schedule 2 & 3 substances may only be supplied or administered according to an approved SSTP or on the specific order of a Medical Practitioner, Optometrist or Dentist.
- It should be noted that the authority of nurses, midwives and ATSIHPs only applies in the course of their duties. It follows that this responsibility does not carry through to outside of employment. The authority only applies when working at a remote health centre / outreach service and therefore does not transfer to other locations in the NT.
- Section 250 Notices *enable* an approved nurse, midwife or ATSIHP to lawfully supply or administer specified medicines in the course of his / her duties. It does *not* compel a nurse, midwife or ATSIHP to administer a medicine.
- Section 250 Notices do not authorise a nurse, midwife or ATSIHP to provide treatments that he / she is not competent to provide. When a nurse, midwife or ATSIHP is not trained in the safe administration of a medicine they should not administer the medicine.
- It is PHC Remote policy that:
  - ~ the Schedule 8 substance listed in [Part C](#)<sup>1</sup> of the Notice may be administered without the personal attendance or advice of a medical practitioner only if the nurse, midwife or ATSIHP is satisfied on reasonable grounds that the medical condition of the person requires its administration without delay. See [Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#) for further details.
  - ~ 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.

## 2.2 Part A – Declared Places

Part A of the Section 250 Notices lists the health centres declared by the CHO to be health centres at which nurses, midwives and ATSIHPs are able to supply or administer the medicines listed in Part C of the Notice in accordance with the SSTPs listed in Part B of the Notice.

The [Declared Places Outreach Services SSTP](#) provides further approval by the CHO for nurses, midwives or ATSIHPs when providing outreach services from a declared place as specified in Part A. The Declared Places Outreach Services SSTP lists the following services:

- routine primary health care at schools, outstations, camps, home visits and workplaces
- vaccinations at schools, outstations, camps, home visits and workplaces
- emergency treatment for trauma and emergencies at the site of the emergency
- home visits for contact tracing for persons at risk of infectious diseases
- evacuation centre - as established by the Territory Recovery Coordinator

## 2.3 Part B - Scheduled Substance Treatment Protocol

It is legislated that the substances listed in [Part C](#) of the Section 250 Notices may be supplied and administered without the prior authorisation of a Medical Practitioner only in adherence with an SSTP listed in [Part B](#).

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<sup>2</sup> As provided in the [Poisons Standard](#), published under the [Australian Government Therapeutic Goods Act](#).

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Nurses, midwives and ATSIHPs are obliged to adhere to the content of the approved SSTPs, and are indemnified for their practice when providing treatment in accordance to the SSTP. Where uncertainty exists around the adequacy of a protocol to apply for a given presentation, nurses, midwives and ATSIHP staff should proceed to a consultation with medical staff to determine an appropriate course of action.

*Note: Medical Practitioners are similarly obliged to adhere to the protocols provided in these SSTPs in the first instance, unless having sound clinical justification for deviating to an alternate or additional treatment regime.*

NT PHC Remote aspires to a best practice standard of consistent and evidence based clinical practice. Guiding clinical practice throughout PHC Remote are the following SSTPs (see Gazettal Notice for current CHO approved version for health centres). Also see [Authorised Clinical Protocol and Procedures Manuals](#).

Scheduled Substance Treatment Protocol (SSTP)	Available via
Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual (STM)	Hard copy in health centre and available <a href="#">online</a>
Minymaku Kutju Tjukurpa Women's Business Manual	
Australian Immunisation Handbook Edition	Hard copy in health centre and <a href="#">online</a>
Adult and Special Groups Vaccination Schedule	<a href="#">Online</a> via Centre for Disease Control – Immunisation website
Childhood Vaccination Schedule	
<b>Northern Territory Pneumococcal Vaccination and Revaccination Guideline</b>	
<a href="#">Vaccination Schedule when Administering Workplace Staff Immunisation Program Vaccines to Adults in the Northern Territory (NT) Scheduled Substance Treatment Protocol</a>	Intranet only
<a href="#">Declared Places Outreach Services Scheduled Substance Treatment Protocol</a>	Intranet only
<a href="#">Mango Dermatitis PHC Remote Scheduled Substance Treatment Protocol</a>	Hard copy in Additional Clinical Protocols Folder and online via links provided
<a href="#">Men's Ceremonial Business PHC Remote Scheduled Substance Treatment Protocol</a>	

### 2.3.1 Development and Review

Processes ensure the currency of each of these SSTPs. The CARPA STM and the Women's Business Manual are both documents that have been generated and reviewed by large editorial groups comprised of expert practitioners. Development of protocols in these manuals has occurred over considerable time proving themselves suitable for the NT remote context both in their clinical appropriateness and their acceptance with the whole clinical team. The CHO recognises that the process of developing the CARPA STM and the WBM is sufficiently rigorous methodologically and professionally to be satisfied to authorise them as SSTPs under section 254 of the NT MPTGA.

It is to be clearly understood that a proliferation of extra SSTPs is not desired or anticipated. Rare occasions where an SSTP may be required to be developed or amended will be managed by relevant personnel / groups.

SSTPs are firstly developed and finalised by relevant personnel / groups and endorsed by the relevant CAHS and TEHS PHC approval authorities. The proposed SSTP must be sent to CHO for review and approval by publication in the Government Gazette to become an approved SSTP under Section 254 of NT MPTGA.

Any staff member noting a potential deficit or inadequacy in the approved SSTPs may raise this for discussion utilising the [Best Practice Referral Form](#).

## 2.4 Part C – Schedule 4 and 8 Substances

[Part C](#) of the Section 250 Notices lists S4 and S8 Medicines approved by the CHO to be supplied or administered against an approved SSTP. This list identifies the medicines required for staff practising in accordance with the SSTPs. It is important to note that under the NT MPTGA, these scheduled substances may ONLY be initiated by a nurse, midwife or ATSIHP, without the direction of a medical practitioner, in conjunction with an approved SSTP. Also see Section 2.1 [Supply or Administration of Medicines by a Nurse, Midwife or ATSIHP](#).

## 2.5 Unscheduled, Schedule 2 and other Scheduled Medicines

Using the same principle, it is PHC Remote policy for unscheduled, schedule 2 and other scheduled medicines to be approved by the PHC Remote Best Practice Groups. This standardises the medicines available for a nurse, midwife or ATSIHP to supply or administer, without the direction of a medical practitioner, in accordance with the SSTPs.

These medicines are also listed on the Information Sheet - [Approved Scheduled Substance Treatment Protocols and Medicines List](#).

## 2.6 Non-Government Remote Health Centres

Under the [NT MPTGA](#) S4 and S8 medicines are approved by the CHO for use against specific SSTPs. Difference in the SSTPs utilised by Government remote health centres compared to those utilised by the Non-Government sector have necessitated separate Section 250 Gazette Notices for the two sectors. See [Government Gazette G37](#) for the Declaration of Places, Approval of Scheduled Substance Treatment Protocols and Approval for Nurses, Midwives and ATSIHPs to deal with Schedule 4 or 8 Substances.

Quality Assurance		
	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	PGC Administrators
<b>Review</b>	Document is to be reviewed within three years, or as changes in practice occur	Senior Pharmacist Primary Health Care CAHS; Senior Pharmacist Primary Health Care TEHS;
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Senior Pharmacist Primary Health Care CAHS; Senior Pharmacist Primary Health Care TEHS;
<b>Compliance</b>	Adverse incidents will be recorded in client's electronic health record, entered into RiskMan and will be followed up by the relevant manager.	Relevant Manager

Key Associated Documents	
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	<p><a href="#">NT Best Practice Reference Working Group Referral PHC Remote Form</a></p> <p>Remote Health Stock Forms – <a href="#">CAHS</a>   <a href="#">TEHS</a></p> <p><a href="#">Authorised Clinical Protocol and Procedures Manuals PHC Remote Guideline</a></p> <p><a href="#">Duty RMP Telephone Consultations PHC Remote TEHS Guideline</a></p> <p><a href="#">Medical Officer Telephone Consultation PHC CAHS Guideline</a></p> <p><a href="#">Remote Health Stock PHC Remote TEHS Guideline</a></p> <p><a href="#">Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline</a></p> <p><a href="#">Stores and Ordering Overview PHC Remote CAHS Guideline</a></p> <p><a href="#">Approved Scheduled Substance Treatment Protocols and Medicines List PHC Remote</a></p> <p><a href="#">Mango Dermatitis PHC Remote Scheduled Substance Treatment Protocol</a></p> <p><a href="#">Men's Ceremonial Business PHC Remote Scheduled Substance Treatment Protocol</a></p> <p><a href="#">Declared Places Outreach Services Scheduled Substance Treatment Protocol</a></p> <p><a href="#">Vaccination Schedule when Administering Workplace Staff Immunisation Program Vaccines to Adults in the Northern Territory (NT) Scheduled Substance Treatment Protocol</a></p> <p>NT <a href="#">Medicines, Poisons and Therapeutic Goods Act and Regulation</a></p> <p>DoH <a href="#">Medicines and Poisons Control</a> website:</p> <p><a href="#">Gazette Notices</a> (Section 250, 252, 254) – <i>provides links to relevant Gazettal Notices</i></p> <p><a href="#">Government Gazette G37</a> for the “Primary Health Care Centres: Department of Health: Revocation of Notice and Declaration of Places, Approval of Scheduled Substance Treatment Protocols and Approval for Nurses and Midwives to Deal with Schedule 4 or 8 Substances”.</p> <p><a href="#">Poisons Standard</a></p> <p><a href="#">Australian Government Therapeutic Goods Act</a></p> <p><a href="#">Health Practitioner Regulation (National Uniform Legislation) Act</a></p>
<b>References</b>	As Above

Definitions, Acronyms and Alternative Search Terms	
Term	Description
<b>Declared Places:</b>	<p>are health centres or clinics declared by the CHO under Section 252 of the Act to be places at which the provisions of Section 250 apply for nurses, midwives or ATSIHPs. These health centres are listed in Part A of the <a href="#">Gazettal Notice S34</a>. All Department of Health (DoH) PHC Remote health centres are included in Part A.</p> <p><i>Note: Outreach services from a declared place are authorised by the <a href="#">Declared Places Outreach Services SSTP</a>.</i></p>
<b>Health Practitioner:</b>	is a person registered under the <a href="#">Health Practitioner Regulation (National Uniform Legislation) Act</a> to practice a health profession (other than a student). Ref: S23 of the NT MPTGA.

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<b>Health Profession Manager:</b>	for the purpose of this document refers to the PHC Director of Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP), PHC Director of Nursing and Midwifery and PHC Director of Medical Services.
<b>Scheduled Substance Treatment Protocol (SSTP):</b>	is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer (CHO) under Section 254 of the Act.

Evidence			
Reference	Method	Evidence Level (I-V)	Summary of Recommendation from this Reference
N/A	N/A	N/A	N/A

National Safety and Quality Health Service Standards							
							
Clinical Governance	Partnering with Consumers	Preventing and Controlling Healthcare Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>