

Additional Clinical Protocols PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions	N/A
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Approval Authority	Chair Primary Health Care NT Wide Leaders Committee
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Purpose

To inform staff that additional clinical protocols may be developed to address a deficit or error that comes to light in existing Scheduled Substance Treatment Protocols (SSTP) approved under Section 254 of the [Medicines, Poisons and Therapeutic Goods Act](#), or respond to a significant change in best practice standards that has developed.

Guideline

1. General Information

Primary Health Care (PHC) aspires to a best practice standard of consistent and evidence based clinical practice. Clinical practice must be undertaken in accordance with the following approved clinical protocol and procedures manuals and within the scope of practice according to individual Australian Health Practitioner Regulation Authority ([AHPRA](#)) registration:

- [CARPA Standard Treatment Manual](#) ¹
- [Minymaku Kutju Tjukurpa - The Women's Business Manual](#) ¹
- [NT Immunisation Schedules](#) ¹
- [Additional Clinical Protocols](#) ²
- [Clinical Procedures Manual](#) (CRANAPlus)

See [Authorised Clinical Protocol & Procedures Manuals](#) for further information.

The Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual (STM) and Women's Business Manual (WBM) are widely recognised and embraced as the approved clinical protocols for PHC remote staff, affording clear guidance for practice. It is to be clearly understood that a proliferation of extra protocols is not desired or anticipated, and there is no intention of deviating from the mandated use of CARPA STM and the WBM, unless there is a definite need to do so.

¹ These are gazetted Scheduled Substance Treatment Protocol (SSTP) for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer (CHO) under Section 254 of the NT MPTGA

² Additional Clinical Protocols also include approved SSTPs

The requirement for PHC to develop an additional clinical protocol or Scheduled Substance Treatment Protocols (SSTP), will be to address a deficit or error that comes to light in the above manuals, or respond to a significant change in best practice standards that has developed, either of which may warrant attention prior to the release of a new edition of the relevant manual.

The *Additional Clinical Protocols* folder provides a mechanism for housing these additional clinical protocols, including other approved SSTPs under Section 254 of the [Medicines, Poisons and Therapeutic Goods Act](#).

It is important to note that these protocols and approved SSTPs are authorised for NTG remote health centre application.

Note: Occasionally, the Editorial groups of CARPA STM or WBM may issue an erratum in the form of a sticker to be placed in the manual. This is a distinctly different arrangement, and is offered to all owners of the manuals.

The use of all protocols included in the *Additional Clinical Protocols* folder will be the same as that of the CARPA and WBM manuals; ie staff are obliged to adhere to their content, and are thus indemnified for their practice.

The folder is issued in hard copy to each health centre and the protocols are also available online via the Policy Guideline Centre (PGC - intranet) and Remote Health Atlas [Clinical Protocols](#) webpage. It is recommended that the default location of the folder be in the emergency area of the health centre. Queries regarding the folders, including requests for replacement folders or components, can be directed to the Professional Practice Nurse (PPN).

2. Definitions

Scheduled Substance Treatment Protocol (SSTP): 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.

3. Responsibilities

3.1 Clinical Staff

- Adherence to the protocols that are included in the folder is mandated. (Medical Officers may deviate from the protocols if deemed necessary in their professional judgement, however adherence is generally expected, promoting consistency of practice).

3.2 Primary Health Care Manager (PHCM)

- Ensure the current maintenance of the Additional Clinical Protocols folder in the health centre
- Ensure the appropriate flagging of all copies of CARPA and WBM in the health centre occurs when an altered protocol is issued (See [Procedure](#), below)

3.3 District Manager / Nursing Coordinator Workforce Support

- Review presence and completeness of folders during site visits
- Monitor clinical compliance for appropriate use of protocols

3.4 Professional Practice Nurse

- Supply replacement folders / components as required

3.4 Best Practice Group

- Determine that the need for the release of an additional protocol is definitely warranted
- Ensure protocols are best practice and applicable to the context
- Ensure relevant approval mechanisms are followed, including legislated CHO approval and gazettal for SSTP under Section 254 of the NT MPTGA
- Provide clear instructions and distribution at the release of any new protocol

4. Procedure

Rare occasions where an additional clinical protocol may be required will be managed by the Best Practice Group or PHC Pharmacy Group.

Additional clinical protocols may be developed by the Best Practice Group, or may be the work of other program areas. Regardless of the development of the protocol, all protocols to be included in the folder will be reviewed by the Best Practice Group to assess their suitability and application for use within PHC. All protocols must be endorsed by Best Practice Group and PHC NT-wide Leaders Committee. Furthermore all protocols that direct clinical staff to supply or administer a medicine without a Medical Practitioner order must be approved by the CHO by Gazette Notice under Section 254 of the NT MPTGA. For further information see [Section 250 NT MPTGA](#).

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

When a protocol is released:

- Both electronic and hard copies are distributed to all health centres, and others holding the folders
- If applicable, stickers are distributed (with the hard copy protocols) to be placed in all copies of the CARPA STM or WBM. These stickers will indicate that a replacement protocol exists.
- Electronic files of the protocol are added to the PGC (intranet) and [Section 14](#) of the internet based Atlas

If a new edition of the CARPA STM or WBM is released, rendering protocols included in the folder redundant, there will be formal notification requesting their disposal.

Implementation, Review & Evaluation Responsibilities

	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program Atlas Development Officer, Primary Health Care CAHS
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

Key Associated Documents

Forms	Best Practice Referral Form
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Authorised Clinical Protocol & Procedures Manuals Section 250 NT Medicines, Poisons & Therapeutic Goods Act Section 14 Clinical Protocols Section 16 Pharmacy Information Sheet – Section 250 – Part B & C (List of approved SSTPs and Scheduled Substances) NT Medicines, Poisons and Therapeutic Goods Act and Regulations DoH Medicines and Poisons Control website

	Section 250 Notices webpage – provides links to relevant Gazettal Notices
References	As above

Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A