

ADVISORY STATEMENT

REVISED: October 19, 2017



Administration and Distribution of Naloxone by Occupational Therapists

Occupational therapists practise within the scope of the profession, with knowledge of, and adherence to, national and provincial legislation, regulations, standards of practice and policies relevant to the practice of occupational therapy — COTBC Code of Ethics (p. 4)

Purpose

This advisory statement clarifies the roles occupational therapists may have in administering and/or distributing naloxone. Specifically, it discusses the impact that amendments to the *Health Professions General Regulation* and the unscheduling of emergency use naloxone have on occupational therapists' practice.

Background

In April 2016 British Columbia's (BC) provincial health officer declared a public health emergency in response to a significant rise in deaths from opioid-related overdoses¹. This alarming trend continues and the most recent BC Coroners Service report detailing the statistics can be found on the BC government website².

Naloxone is a medication that is used to treat overdoses from opioids such as fentanyl, heroin, and morphine. Given the current public health emergency and naloxone's life-saving abilities, several federal and provincial initiatives have been taken to improve its access, including the ability for health professionals such as occupational therapists to distribute and administer it.

Occupational Therapy Roles Related to Naloxone

Occupational therapists work in a variety of practice settings with individuals who are at risk of an opioid-related overdose (e.g., community mental health settings). While the administration of medications remains out of scope for occupational therapists, recent regulatory changes specific to emergency use of naloxone impact the following occupational therapy roles:

Distribution of naloxone

In September 2016, emergency use of naloxone became unscheduled in British Columbia, effectively allowing emergency use naloxone to be "available anywhere and purchased by anyone" without a prescription³. Given this change, when appropriate, occupational therapists may distribute naloxone, typically as a take home kit, to their clients or their clients' friends

¹ Province of British Columbia, 2016, p. 1

² British Columbia Coroners Service, 2017.

³ College of Pharmacists of British Columbia, 2016, para. 1

and family. This is different than *dispensing* a scheduled medication which remains a restricted activity and out of scope for occupational therapists.

Administration of naloxone

In October 2016, an amendment was made to the *Health Professions General Regulation (HPGR)* as follows:

“If a person who is not otherwise authorized to administer naloxone to another person suspects that another person is suffering from an overdose of opioids, the person may assess and treat the other person if treatment is limited to the emergency administration of

- (a) naloxone, by intramuscular injection or intranasally, and
- (b) first aid” (s. 9(2)).

In January 2017 an additional amendment was made, effectively allowing anyone to administer emergency use naloxone regardless of whether or not they are in a hospital setting⁴. This amendment is consistent with recent changes to Health Canada’s Prescription Drug List⁵.

Training

According to the BC Centre for Disease Control, best practice dictates that the administration and distribution of emergency use naloxone be accompanied by providing competency based training, such as that offered by regional health authorities or including content described within *Toward the Heart’s training manual* (see section: Learn More below). This includes training by occupational therapists to other health care professionals.

While these regulatory changes allow occupational therapists to distribute and/or administer naloxone, employers (e.g., health authorities) may limit or more narrowly define an occupational therapist’s role. Occupational therapists are advised to speak with their leadership team and familiarize themselves with related employer policies, procedures, and processes.

Learn More

Occupational therapists are accountable for obtaining and maintaining the necessary competencies to perform their roles. Given the potential risk factors associated with distributing and administering medications such as naloxone, occupational therapists are advised to pay specific attention to completing any employer mandated and/or self-directed professional development in this area.

In addition to any employer-provided materials or training offered, the College website offers a list of [current naloxone-related resources](#). As always, occupational therapists are invited to contact COTBC with their practice questions at practice@cotbc.org

⁴ Province of British Columbia, 2017.

⁵ Health Canada, 2017.

Definitions

Dispense includes the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use⁶.

Drug means a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation.

References

- British Columbia Coroners Service. (2017 September 7). *Illicit drug overdose deaths in BC*. Retrieved from <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>
- College of Pharmacists of British Columbia. (2016, September 21). *Non-prescription naloxone now available outside of pharmacies*. Retrieved from <http://www.bcpharmacists.org/news/non-prescription-naloxone-now-available-outside-pharmacies>
- Drug Schedules Regulation, BC Reg 9/98. Retrieved from BC Laws website: http://www.bclaws.ca/civix/document/id/complete/statreg/9_98
- Health Canada. (2017, February 2). *Notice: Prescription drug list (PDL): Naloxone qualifier change*. Retrieved from <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/prescription-drug-list/notice-naloxone-qualifier-change.html>
- Health Professions General Regulation, BC Reg 275/2008. Retrieved from the BC Laws website: http://www.bclaws.ca/civix/document/id/lc/statreg/275_2008
- Occupational Therapists Regulation, BC Reg 286/2008. Retrieved from the BC Laws website: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/286_2008
- Pharmacy Operations and Drug Scheduling Act. (2003, c. 77). Retrieved from BC Laws website: http://www.bclaws.ca/civix/document/id/complete/statreg/03077_01#section1
- Province of British Columbia. (2016, September). *B.C.'s public health emergency progress updated on B.C.'s response to the opioid overdose crisis*. Retrieved from <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/overdose-response-progress-update-sept2016.pdf>
- Province of British Columbia. (2017, January 26). *Ministerial order no. M 025*. Retrieved from BC Laws website: http://www.bclaws.ca/civix/document/id/mo/mo/2017_m025

Advisory Statements are published by the College of Occupational Therapists of British Columbia to increase registrants' awareness of important issues relevant to the practice of occupational therapy and/or critical issues that have the potential to affect, or have a direct impact on, occupational therapy practice.

⁶ Pharmacy Operations and Drug Scheduling Act, s. 1