



## REGISTRANT ADVISORY

RELEASED: SEPTEMBER 7, 2017

### Administration and Distribution of Naloxone by Physical Therapists

*CPTBC would like to acknowledge the College of Occupational Therapists of British Columbia for allowing the adaptation of their advisory document*

#### **Purpose**

This advisory statement clarifies the roles physical 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 physical therapists' practice.

#### **Background**

In April 2016 British Columbia's provincial health officer declared a public health emergency in response to a significant rise in deaths from opioid-related overdoses<sup>1</sup>. In British Columbia, 755 deaths from apparent illicit drug overdoses were reported between January and November 2016, a 70.4% increase from 2015<sup>2</sup>.

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 physical therapists to distribute and administer it.

#### **Physical Therapy Roles Related to Naloxone**

Physical therapists work in a variety of practice settings with individuals who are at risk of an opioid-related overdose (e.g., community settings, pain clinics). While the administration of medications remains out of scope for physical therapists, recent regulatory changes specific to emergency use of naloxone impact the following physical 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 prescription<sup>3</sup>. Given this change, when appropriate, physical therapists may distribute naloxone, typically as a take home kit, to their clients or their clients' friends and

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<sup>1</sup> Province of British Columbia, 2016, p. 1

<sup>2</sup> British Columbia Coroners Service, 2016, p. 1

<sup>3</sup> College of Pharmacists of British Columbia, 2016, para. 1

family. This is different than *dispensing* a scheduled medication which remains a restricted activity and out of scope for physical 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 setting<sup>4</sup>. This amendment is consistent with recent changes to Health Canada’s Prescription Drug List<sup>5</sup>.

### ***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 physical therapists to other health care professionals.

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

### **Learn More**

Physical 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, physical 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 offers a list of current naloxone-related resources below. As always, physical therapists are invited to contact CPTBC with their practice questions at [susan\\_paul@cptbc.org](mailto:susan_paul@cptbc.org).

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<sup>4</sup> Province of British Columbia, 2017.

<sup>5</sup> 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 use<sup>6</sup>.

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

## Resources

BC Centre for Disease Control – Toward the Heart

<http://towardtheheart.com/naloxone/>

College of Pharmacists of BC - Emergency Use Naloxone in BC

<http://www.bcpharmacists.org/naloxone>

HealthLinkBC – Naloxone: Treating Opioid Overdose

<https://www.healthlinkbc.ca/healthlinkbc-files/naloxone>

Province of BC: Overdose Prevention and Response in BC

<http://www2.gov.bc.ca/gov/content/overdose>

## References

British Columbia Coroners Service. (2017, August 4). *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](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](http://www.bclaws.ca/civix/document/id/lc/statreg/275_2008)

Physical Therapists Regulation, BC Reg 286/2008. Retrieved from the BC Laws website:

[http://www.bclaws.ca/civix/document/id/lc/statreg/288\\_2008](http://www.bclaws.ca/civix/document/id/lc/statreg/288_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](http://www.bclaws.ca/civix/document/id/complete/statreg/03077_01#section1)

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<sup>6</sup> Pharmacy Operations and Drug Scheduling Act, s. 1

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](http://www.bclaws.ca/civix/document/id/mo/mo/2017_m025)

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