



Practice Guidelines for Medication Practices

Appendix: Administration of Naloxone

In October 2016, in response to the opioid crisis, the Ministry of Health and Long-Term Care (now the Ministry of Health) expanded public access to Naloxone by making it available without a prescription at pharmacies and Public Health Units, to opioid users and friends and family members of users. Naloxone (also known by its brand name Narcan) is a medication used to treat the effects of opioid overdose and can be administered through intra-nasal spray or intra-muscular injection.

As previously described on page 4 of these Practice Guidelines, administering a substance by inhalation or injection is a controlled act under the RHPA. College members do not have the authority to perform this controlled act under the RHPA. Only those regulated health professionals where their health profession Act authorizes them to perform the controlled act (e.g. a physician, nurse, pharmacist) have the authority to perform this controlled act. Another regulated health professional or other person is authorized to perform a controlled act if it has been delegated to them by a member of a regulated health profession College where the health profession Act authorizes members of such profession to perform the controlled act.

The RHPA also provides exceptions under which a controlled act may be performed by a person who is not authorized by the RHPA under their health profession Act or by delegation of the controlled act. One of the exceptions is if the controlled act is done in the course of giving first aid or temporary assistance in an emergency.

Delegation of a controlled act procedure

Delegation is a formal process whereby a regulated health professional authorized to perform a controlled act procedure under their health profession Act transfers the authority to perform that controlled act procedure to another individual who would not otherwise have that authority. A delegation may be conferred or established through a direct order or medical directive.¹ A direct order is client specific, whereas a medical directive is given in advance and enables a person to perform a procedure for a number of clients when specific conditions are met and specific circumstances exist.²

There are a number of factors to be considered in assessing the appropriateness of the delegation of a controlled act procedure. It is key that the person to whom a controlled act procedure is delegated is competent to perform the procedure safely and effectively and can manage the outcome of performing the procedure.³

Formal delegation in place – the administration of Naloxone is expected as part of a member's role

The risk of client overdose exists with most client groups, however members who work in mental

¹ Health Profession Regulators of Ontario (HPRO). "Explaining Orders, Directives and Delegation." <http://www.regulatedhealthprofessions.on.ca/orders,-directives,-delegation.html>.

² HPRO. "Explaining Orders, Directives and Delegation." <http://www.regulatedhealthprofessions.on.ca/orders,-directives,-delegation.html>

³ HPRO's "Interprofessional Guide on the Use of Orders, Directives and Delegations for Regulated Health Professionals in Ontario" contains valuable information and tools related to delegation and performance readiness assessment for delegation of a controlled act.



health and substance use settings (supervised injection sites, or mental health outreach teams for example) can expect that at some point they are likely to encounter a client who is overdosing. Members in these practice settings may be expected to administer Naloxone as part of their role in that practice. In these situations, the College expects that a formal delegation by a regulated health professional authorized to perform the controlled act will be in place in order for a member to administer Naloxone.

Members in these situations should ensure that a formal delegation process is in place which meets legislative and professional requirements and provides direction (through mechanisms such as a Performance Readiness Assessment) as to how they can develop and maintain their competence. If the member is expected to administer Naloxone as part of their role and/or practice setting, a formal delegation should also describe how the member can obtain and maintain competence in how to use a Narcan kit safely.

Members who are required to administer Naloxone on a regular basis, as part of their practice, with no formal delegation in place, may find themselves in conflict with the Standards of Practice.

The Standards of Practice state that “College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly”⁴ and provide that “...an employer may require a social worker or social service worker to perform activities that are not described in their scope of practice provided that the College member is permitted by law to perform those activities and the College member is competent to do so.”⁵

The Standards of Practice also state that “(i)f there is a conflict between College standards of practice and a College member’s work environment, the College member’s obligation is to the “Ontario College of Social Workers and Social Service Workers Code of Ethics” and the “Standards of Practice Handbook.””⁶ The member may decide to “advocate for workplace conditions and policies that are consistent with the Code of Ethics and Standards of Practice...” using professional judgment in determining how to advocate. Their advocacy may include documenting their concerns and discussing them with a supervisor, manager, or other key person in the organization.⁷

The Standards of Practice state that members must “assist potential clients to obtain other services if members are unable or unwilling, for appropriate reasons, to provide the requested professional help.”⁸ If a member determines that they should not be administering Naloxone because there is no formal delegation in place, they should take steps to ensure that there is a plan in place to ensure that clients receive Naloxone treatment from another professional who is both competent and authorized to do so.

Administering Naloxone in an emergency

As previously discussed, certain exceptions in the RHPA permit controlled acts to be performed in the absence of authority under a health profession Act or delegation. One of the exceptions is if the

⁴ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.1.1

⁵ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, footnote 1

⁶ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.2.10

⁷ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, footnote 10

⁸ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle III: Responsibility to Clients, Interpretation 3.5.



controlled act is done in the course of providing first aid or temporary assistance in an emergency.⁹ For example, a member who would not be expected, as part of their professional role, to administer Naloxone may find themselves in a circumstance where they are responding to a client or other individual who appears to be having an opioid overdose. If the member had a Narcan kit and had been trained to administer Naloxone, the member may be able to rely on the RHPA exception to provide first aid or temporary assistance in an emergency.

If a member in this situation chooses to carry a Narcan kit, they should ensure that they have and maintain the required competence to administer Naloxone in emergency situations.

Competence

The Standards of Practice state that “College members are committed to ongoing professional development and maintaining competence in their practice”¹⁰. This is particularly important for members performing a controlled act that is not typically considered appropriate for College members. The Standards of Practice also state that a College member must be “aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly. When a client’s needs fall outside the College member’s usual area of practice, the member informs the client of the option to be referred to another professional.”¹¹

Members must always determine whether or not they are competent to provide a particular treatment or intervention. In some instances, members may decide that they are unprepared or not fully competent to provide a particular intervention, perhaps because they believe that the training they received was inadequate. In other instances, regardless of the level or quality of training they received, members may feel that they will never be sufficiently skilled or prepared to perform a particular intervention. In these instances, members must use their professional judgment to determine whether they are the appropriate professional to provide the service; if they are not, they must communicate this to their supervisor and make alternate plans to ensure their clients’ needs are met.

Summary

In the context of the opioid crisis, members may increasingly find themselves in practice situations in which they are expected to administer Naloxone as part of their role. Members must ensure that they understand how the Standards of Practice, relevant legislation and workplace policies apply to these situations, in order to determine if they have the required competence and authority.

For more information, contact the College’s Professional Practice Department at 416-972-9882 or 1-877-828-9380, or practice@ocswssw.org. Members may also wish to review the College’s Practice Note on the Administration of Naloxone.¹²

⁹ Subsection 29(1) of the RHPA.

¹⁰ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.1.

¹¹ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.1.1.

¹² OCSWSSW, “Practice Notes, Administration of Naloxone,” https://www.ocswssw.org/wp-content/uploads/2020/05/PN_Administration_Naloxone.pdf