

FAQ

Opioid crisis and naloxone administration in New Brunswick: Highlights (Office of the Chief Medical Officer of Health (OCMOH), 2018).

- In 2017, naloxone was administered to 282 suspect opioid overdose patients, of which 152 responded to naloxone (53.9%).
- There were 37 apparent opioid deaths in 2017 of which 33 were deemed accidental or with pending intent, including 8 related to fentanyl or fentanyl analogs (5 fentanyl, 2 furanyl-fentanyl and 1 carfentanyl).
- Data for 2017 are incomplete and numbers are expected to increase as coroner investigations continue.



When can registered nurses (RN) administer naloxone?

What is naloxone?

Naloxone is an Opioid Antagonist which will block or reverse the effects of opioids and treat respiratory depression associated with opioid overdose. This medication has been available as a prescription drug in Canada for more than 40 years and was generally used in hospital settings. In response to the opioid crisis, the National Drug Scheduling Advisory Committee in 2016 granted naloxone (both injectable and nasal spray) Schedule II status on the National Drug Schedules (New Brunswick College of Pharmacists (NBCP), 2017). Schedule II medications can be purchased without a prescription but are kept behind the counter and provided with education from the pharmacist.

When I am at work can I administer naloxone?

When you are at work you need to practice in accordance with relevant legislation, standards and employer policies.

Some employment settings (i.e. hospital Emergency Departments, Community Health Centers) have policies or directives¹ in place which may allow the RN to administer naloxone when specific client conditions are met. However, many employment settings require RNs to have a prescription from an authorized prescriber before administering or recommending naloxone (Nurses Association of New Brunswick (NANB), 2016). Always familiarize yourself with your employer policy.

I am working with a student nurse. When can he or she administer naloxone?

Student nurses are required to follow policies or directives during clinical practice. As with administering any medication students should also have the proper knowledge, skill and supervision required to administer naloxone.

What if naloxone is available as an over-the-counter drug at work?

Some settings may have naloxone over-the-counter (OTC) stock available². When supported by employer policy a RN may administer or recommend OTC medications without an order provided they are in their original container (NANB, 2016). For example, in Detox Centers and Addiction Services naloxone kits are distributed mainly by the RNs to clients that are at risk.

How to recognize an overdose and respond?

Here are resources that could help you:

- [About Opioids \(GNB\)](#)
- [Guidance on Personal Protective Equipment and Safety Considerations for First Responders, First Receivers, Provincial Correctional Officers and Provincial Sheriffs Dealing with Illicit Fentanyl \(New Brunswick Department of Health\)](#)
- [Naloxone \(Government of Canada\)](#)

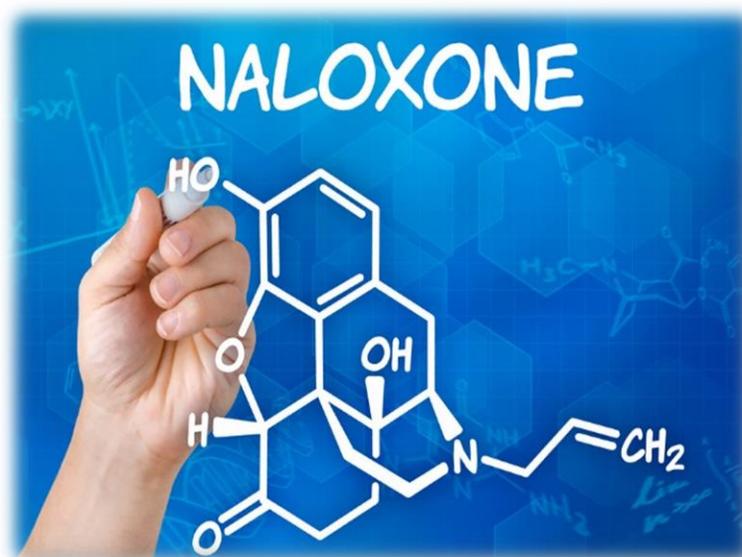


Can I administer naloxone when I am off duty?

Since it is considered a Schedule II medication, RNs can recommend and/or administer naloxone when off duty without a prescription (NANB, 2016). RNs are protected from civil liability pursuant to section 49 in the [Nurses Act \(1984, revised in 1997 and 2002\)](#) and the New Brunswick *Volunteer Emergency Aid Act* which provides that “a person who in good faith voluntarily and without reasonable expectation of compensation or reward provides aid, advice or emergency medical services to the victim of an accident or a medical emergency at the immediate scene of the accident or emergency is not liable for damages that result from the person’s negligence in acting or failing to act, unless it is established that the damages were caused by the gross negligence of the person (Government of New Brunswick, 2016)”.

To learn more about naloxone administration, you can refer to these links:

- [Overdose Survival Guide-Tips to Save a Life \(GNB\)](#)
- [Opioid Crisis \(Canadian Pharmacists Association\)](#)





How can I take action to address the opioid crisis?

- Optimize assessments skills related to substances use and misuse;
- Educate individual clients, families, and the public regarding substance use and misuse;
- Optimize pain management skills;
- Support Palliative and End of Life (PEOL) clients' and their families for the use of opioids to control pain;
- Advocate for best practices in harm reduction strategies;
- Refer clients and families to community resources;
- Respond to overdoses;
- Adopt a trauma-informed approach³;
- Destigmatize addiction;
- Collaborate interprofessionally, intraprofessionally and intersectorally to address the crisis.

(Canadian Association of Schools of Nursing, 2017).

To learn more about the opioid crisis in Canada, you can refer to these links:

- [Opioid Awareness in Canada \(Statistics Canada\)](#)
- [Provincial Opioid Toolkit \(GNB\)](#)

What are my underlying guiding principles when providing care?

RNs, as regulated members, are responsible to provide safe, competent and ethical care whether they are on or off duty. They are required to follow the *Practice Standard: Medication Administration* (2016) in order to apply their knowledge about the client and the medication when assessing, planning, implementing and evaluating the medication administration process, which includes the recommendation or administration of OTC medications (NANB, 2016). RNs need to be knowledgeable of and respect the *Standards of Practice for Registered Nurses* (2012) and the *Code of Ethics* (2017) when providing care to clients at all times.

Can I purchase a naloxone kit?

Naloxone can be purchased by a RN, a student nurse or any public member, without a prescription in local pharmacies. Because naloxone is a Schedule II medication, it is considered an OTC medication which is kept in an area of a pharmacy where there is no public access and no opportunity for client self-selection (NANB, 2016). The pharmacist will educate the person on how to determine if naloxone is required, how to administer naloxone and on how to follow-up to assure the effective use of this drug (NBCP, 2017).



Glossary

¹ A written order from an authorized prescriber for a procedure, treatment or drug for a number of clients when specific conditions are met. See p. 8 of the “*Practice Standard: Medication Administration (2016)*” for further information.

² Medications that can be purchased, without a prescription, in local pharmacies and other retail stores. See page 9 of the “*Practice Standard: Medication Administration (2016)*” for further information.

³ A response to caring for clients that:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. *Seeks* to actively resist *re-traumatization*.

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing (Substance Abuse and Mental Health Services Administration, 2018).

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