



Professional Standards Regarding the Exemption to the Requirement for Direct Patient Contact When Prescribing ‘Take Home’ Naloxone

This document is a physician **standard** approved by the Council of the College of Physicians and Surgeons of Nova Scotia.

A **standard** reflects the minimum professional and ethical behavior, conduct or practice expected by the College of Physicians and Surgeons of Nova Scotia. Physicians licensed with the College are required to be familiar with and comply with the College standards.

Preamble

Rates of death and injury related to overdose from prescription and illicit opioids have reached unprecedented levels in Canada. Prompt administration of the opioid receptor antagonist Naloxone can be lifesaving. Some, but not all forms of Naloxone, are now available without a prescription.

Programs designed to enhance community and institutional access to Naloxone have already proven effective in saving lives with relatively little risk. However, physicians participating in such programs may be placed in conflict with [the College’s standard requiring direct patient contact when prescribing](#).

The College wishes to support programs that improve access to ‘take home’ Naloxone for high-risk populations and individuals.

It is understood and accepted that, in the setting of a community health emergency, Naloxone may be administered by or to someone other than the original recipient of the prescription.

Professional Standards

Physicians may prescribe Naloxone in the absence of direct patient contact, provided there is assurance that the recipient of the prescription will receive necessary education and training in Naloxone’s administration, in the context of a suspected opioid overdose, by an appropriate third party.

An appropriate third party may include:

1. A regulated health professional, knowledgeable in the recognition of opioid overdose, the provision of necessary first aid and the appropriate administration of Naloxone.
2. A lay person who has been specifically trained to provide such services in the context of a community or public health program.

Document History

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