

## Federal Exemptions for Administration of Controlled Substances

The College of Registered Psychiatric Nurses of Manitoba (CRPNM) joined forces with the regulatory colleges for registered nurses, licensed practical nurses, physicians and pharmacists in Manitoba to start a conversation with Health Canada about changes needed to federal legislation to facilitate access to opioid replacement therapy in urban, rural and remote parts of Canada. All five colleges involved also forwarded letters in support of these changes.

Federal government representatives indicated that they had received similar feedback from other Canadian provinces. In response, two important new federal exemptions came into effect on September 5<sup>th</sup>, 2018. The new exemptions can be found at the links below along with supplementary information which explains the exemptions in plain language.

- [Subsection 56\(1\) Class Exemption for Nurses providing Primary Health Care at a Community Health Facility](#)
- [Subsection 56\(1\) Class Exemption for the Person in Charge of a Hospital and/or a Pharmacist who Supplies Controlled Substances to a Community Health Facility](#)
- [Supplementary Information](#)

Since these exemptions came into effect, the five colleges have had ongoing conversations and correspondence with Health Canada to clarify the intent of the new exemptions and how they will impact current interdisciplinary practice as it relates to opioid replacement therapy.

In a nutshell, we understand that the exemptions will mean the following for Manitoba practitioners:

- With this new exemption in place, starting Sept 5<sup>th</sup>, 2018, hospitals and pharmacists may now deliver controlled substance (including methadone and/or buprenorphine products) to a community health facility. This includes individually labelled doses for specific patients, as well as orders for clinic stock.
- LPNs, RNs and RPNs are now authorized under federal legislation to receive controlled substances (including methadone and/or buprenorphine products) when they are providing primary health care at a community health facility.
- LPNs, RNs and RPNs are also authorized under the legislation to administer controlled substances when providing primary health care at a community health facility, assuming this activity falls within

facility policy and is carried out in a manner consistent with professional practice expectations. This includes the witnessed administration of methadone and buprenorphine products used in the context of opioid replacement therapy.

- When clinic stock for controlled drugs or substances is ordered by a community health facility, including clinic stock of methadone and/or buprenorphine, a nurse working at the community health facility **and** an authorized prescriber or pharmacist must both sign the order for the clinic stock. This order may be a separate document accompanied by a valid M3P prescription (duplicate prescription) signed by an authorized prescriber, or the nurse and authorized prescriber may sign the M3P form itself.

If you are a nurse who provides primary health care in a community health care facility, please review the exemptions and supplementary information carefully, noting all conditions that apply.

Also note that, while the federal exemptions include references to nurses “selling” controlled substances, in Manitoba, selling controlled substances is not an activity that falls within scope of practice for LPNs, RNs, or RPNs.

As always, nurses must practise in accordance with the professional standards, practice expectations and codes of ethics for each of their respective regulatory college, as well as within their own level of individual competence.

**If you have questions about the exemptions and their impact on nursing practice in Manitoba, please contact:**

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