



MEMO

TO: Stakeholders

FROM: Lynn Power, Executive Director, ARNNL
Wanda Wadman, Chief Executive Officer/Registrar, CLPNL

DATE: December 3, 2018

RE: Direction on Role of RNs, NPs and LPNs in Administering and Distribution¹ of Medical Cannabis

ARNNL and CLPNL has been asked by stakeholders to provide direction on the role of RNs, NPs and LPNs in the administering and distribution of medical cannabis. The following collaborative memo sets out our organizations' position at this point in time. It reflects information from multiple sources including professional legal options such as the Canadian Nurses Protective Society.

This information has been provided to assist employers to develop their own policies and processes and for members to understand the regulatory implications when their practice involves the administration or distribution of medical cannabis.

The information is distributed to members and will also be posted to our respective websites.

If and when either the ARNNL or CLPNL's position changes or expands, this memo could be changed accordingly, so please check the website or call your respective organization and or employer if you have any questions or concerns.

Please note: This memo does not address the NP's role in providing access to the medical document for the client to access medical cannabis through a licensed producer.

NPs, RNs, and LPNs may engage in activities related to the care of clients receiving medical cannabis, which may include the administration or distribution of medical cannabis **if the following conditions are met:**

¹ Under the *Cannabis Regulations (2018)*, distribute is defined as "administering, giving, transferring, transporting, sending, delivering, providing or otherwise making available in any manner, whether **directly or indirectly**, and offering to distribute.

The NP, RN, and, LPN must:

- be knowledgeable of applicable federal legislation, e.g., *Cannabis Act* and *Cannabis Regulations*; and provincial legislation, e.g., *Cannabis Control Act*, that came into force on October 17, 2018;
- have the individual competence (be educated and authorized) to administer or distribute medical cannabis:
 - have the necessary knowledge, skill and judgement and individual competence to administer or distribute medical cannabis safely, evaluate its effectiveness, and identify and manage adverse effects following administration or distribution (e.g. including but not limited to, proper understanding of the substance in its various forms and how the form may impact dosage, knowledge of possible drug interactions, risks of usage, side effects, contraindications, the risks to children and pets, etc.),
 - have employer authorization through policy, guidelines, etc. Administration and distribution **can only** be undertaken if the **hospital² permits** it. NPs, RNs, and LPNs should also refer to ARNNL's Medication Standards or to their regulatory body for requirements for medication management. It is important for NPs, RNs, and LPNs to know their organizational policy and, if no policy exists, to advocate with their employer for the development of a policy;
- verify that the client has a medical document or written order to authorize administration or distribution. Within a hospital setting, there is generally a requirement for a client specific order. NPs, RNs, and LPNs should review the written order authorizing medical cannabis for a patient to ensure it meets all required elements, including the daily quantity that the health care practitioner authorizes;
- have a reliable means of authenticating the substance and determining the dosage (i.e., it has been received from a licensed producer and the nurse has a means to determine if cannabis is from a reliable source. Patients who receive medical cannabis from a licensed producer are expected to present to the nurse the substance in a container that will generally include a description of the content);
- ensure that informed consent is obtained from the client. NPs, RNs, and LPNs should consider if they require special consent for the administration or distribution of medical cannabis to a youth; and
- document their assessment of the client, discussions regarding consent, procedures, collaboration and communication with the health care team, and any other pertinent information in accordance with legislative and regulatory requirements, documentation standards and employer policy.

NPs, RNs, and LPNs can conscientiously object to the administration or distribution of medical cannabis. They should reflect on their Code of Ethics and determine if they are willing to participate when faced with this ethical dilemma. If nursing care is requested that conflicts with the nurse's moral beliefs and values but in keeping with professional practice, the nurse is expected to provide safe, compassionate, competent and ethical care until alternate care arrangements are in place to meet the person's needs or desires. If nurses can anticipate a conflict with their conscience, they have an obligation to notify their employers in advance so that alternate care arrangements can be made.

If NPs, RNs, and LPNs have specific questions related to medical cannabis, they can contact their regulatory body. NPs, RNs and LPNs may also wish to seek legal advice (e.g., CNPS) to better understand the relevant provisions of the *Cannabis Act* and the *Cannabis Regulations*.

² Under the *Cannabis Regulations (2018)*, a "hospital" is defined as "a facility that is licensed, approved or designated by a province under the laws of the province to provide care or treatment to individuals suffering from any form of disease or illness; or that is owned or operated by the Government of Canada or the government of a province and that provides health services". NPs, RNs, and LPNs should consult with their employer to determine which facilities within the province of Newfoundland and Labrador would satisfy the definition of "hospital" within the *Cannabis Regulations*.