Practice/Policy Memo

DATE: October 24, 2017
TO: Licensed Practical Nurses & Stakeholders
FROM: The College of Licensed Practical Nurses of Alberta
RE: Cannabis for Medical Purposes Update

The use of cannabis for medical purposes is governed by a complex and evolving regulatory framework. CLPNA’s current understanding of the regulatory framework means that LPNs are authorized to administer cannabis for medical purposes in hospitals as defined in the Narcotic Control Regulations. Previous communications and documents on the use of cannabis for medical purposes remain applicable but only in care settings that do not fall under the definition of hospital in the Narcotic Control Regulations.

The Access to Cannabis for Medical Purposes Regulations (ACMPR) and the Narcotic Control Regulations are federal regulations under the Controlled Drugs and Substances Act and together they

- outline the ways Canadians can access and possess cannabis for medical purposes - the authorized individual [ACMPR];
- allow authorized health care practitioners (physicians) to prescribe, possess and administer medical cannabis [ACMPR];
- allow other individuals to possess cannabis for the purposes of assisting the authorized individual to self-administer the medical cannabis [ACMPR];
- and allow employees or agents of a ‘hospital’ to administer the cannabis to a person under treatment of the ‘hospital’ [Narcotic Control Regulations].

The Narcotic Control Regulations define hospital as a facility that is

- licensed, approved or designated by the province of Alberta to provide care or treatment to a person for any form of disease or illness; or
- that is owned or operated by the government (federal or provincial) and that provides health services.

This would include facilities beyond the common understanding of ‘hospital’ such as continuing care or supportive living facilities.

In order for an LPN to administer cannabis for medical purposes in a ‘hospital,’ the following requirements must be met:

- the LPN is an employee or agent of the ‘hospital’;
- the ‘hospital’ has authorized the use of medical cannabis and the LPN ensures compliance with any facility procedures and processes;
- the person receiving the cannabis is under treatment as an in-patient or an out-patient of the ‘hospital’; and
- there is a prescription, written order, or cannabis medical document, signed and dated by a physician that indicates the cannabis is to be administered to the particular individual.

In care settings that do not meet the definition of ‘hospital,’ such as home care, the LPN role is limited to assisting the authorized individual to self-administer the medical cannabis.
FACT SHEET

CANNABIS FOR MEDICAL PURPOSES - THE ROLE OF THE LICENSED PRACTICAL NURSE IN ALBERTA

KEY WORDS: cannabis for medical purposes, LPN, licensed practical nurse, assistance with administration, marihuana, scope of practice

This FACT SHEET provides only a snapshot of the information an LPN will need to know about the administration of cannabis and its derivatives if it is part of their practice. Use of cannabis for medical purposes is an evolving phenomenon within health care. The evidence base is still developing and the regulatory framework will likely continue to change over time. For instance, this FACT SHEET refers to cannabis instead of just dried marihuana because new legislation allows clients to access and choose between dried and/or fresh marihuana, cannabis oil, and licensed products that have been altered or derived therefrom; as use is no longer restricted to dried marihuana. As with all aspects of practice, the LPN is responsible for maintaining the profession's Standard of Practice, abiding by the Code of Ethics and working within the competencies outlined in the Competency Profile for LPNs.

Cannabis is classified as a controlled substance under the federal Controlled Drug and Substances Act (Schedule II).

Although not classified as an approved therapeutic drug in Canada, cannabis may be legally used for medical purposes to help manage the symptoms associated with a variety of disorders and conditions. There is no list of qualifying conditions or symptoms but Health Canada has identified several symptoms or conditions for which it may be used including but not limited to:

- severe refractory nausea and vomiting associated with cancer chemotherapy;
- loss of appetite and body weight in cancer patients and patients with HIV/AIDS;
- pain and muscle spasms associated with multiple sclerosis;
- chronic non-cancer pain;
- severe refractory cancer-associated pain
- insomnia and depressed moods associated with chronic diseases; and
- symptoms encountered in the palliative/end of life care setting.

What's Legal?

Step 1: Getting Authorized

The Access to Cannabis for Medical Purposes Regulations (ACMPR) outline the ways Canadians can access and possess cannabis for medical purposes. In order to use cannabis for medical purposes a client must consult with an authorized physician and obtain a signed medical document that allows them to acquire and possess cannabis. An example of the medical document used in Alberta can be found in Appendix 1.

The College of Physicians and Surgeons of Alberta does not provide a list of physicians who will authorize cannabis for medical purposes. Interested clients are instructed to talk to their family physician for more information.

Step 2: Registering to Purchase/Produce Cannabis

The client’s medical document will state the daily quantity of dried marihuana they are able to possess. Once this document is in place, clients may register to purchase their preferred form of cannabis from a licensed producer. For clients using forms of cannabis other than dried marihuana, the equivalent amount of dried marihuana (per gram) should appear on the product label provided by the licensed producer.

Alternatively, under the ACMPR, individuals may register with Health Canada to produce a limited amount of cannabis themselves or choose to designate another person to do so for them.

Note that Health Canada has stated dispensaries, compassion clubs and other storefronts selling cannabis products continue to remain illegal and as a result may be subject to law enforcement action.

Route & Dosing Information

Cannabis may be administered through a variety of forms and
methods: inhalation of dried marijuana by smoke or vapour, oral ingestion of oils, food, tea or capsules, or topical application.

Appropriate and recommended dosing remains individualized and can range between forms and methods of administration. Evidence suggests that the majority of individuals smoking or orally ingesting cannabis use between 1-3 grams of dried cannabis per day.\(^9\)

For more detailed information on available dosing guidelines and typical routes of administration please visit Health Canada’s Information for Health Care Professionals (http://www.hc-sc.gc.ca/dhp-mps/marihuana/med/index-eng.php).\(^11\)

The LPN should also refer to the general principles of medication administration as applicable in the Competency Profile for LPNs.\(^3\)

**Adverse Side Effects** Adverse side effects of cannabis derivatives may include but are not limited to: loss of coordination, disorientation, dizziness, low blood pressure, agitation, anxiety, rapid heartbeat, chest pain, feeling faint, psychosis depression, or hallucinations. Health Canada recommends that if any of these side effects occur, therapy should be stopped immediately.\(^9\)

**THE LPN’S ROLE IN ASSISTING WITH THE ADMINISTRATION OF CANNABIS FOR MEDICAL PURPOSES**

While in the presence of a client validly authorized to possess cannabis for medical purposes the LPN may possess (i.e. hold/handle) cannabis for the purpose of providing assistance in the administration of cannabis to that client for medical purposes.\(^6\) The LPN should not provide assistance if they have concerns about the validity of a client’s authorization.

The LPN must ask the client to confirm their authorization by asking to see their Health-Canada issued registration certificate or a client label/equivalent document issued by a licensed producer. **Diligence in this area is extremely important.** Unauthorized possession of cannabis is prohibited by the Controlled Drugs and Substances Act. For a first offence a person found guilty of possession may have to pay a fine up to $1000 and/or be imprisoned for up to six months. For subsequent offences, liability increases to a fine of up to $2000 and/or to imprisonment for a term not exceeding one year. If a person is found guilty of unauthorized possession of 30 grams or more of cannabis, a person may be imprisoned for a term of 5 years less a day.\(^4\)

Health care facilities have been given the authority to further establish organizational policies for receipt, sale, provision and management of fresh and dried marihuana or cannabis oil within a facility.\(^7\) Organizational policy must be in line with the ACMPR and the LPN should be aware of any policies that exist in their practice setting. For example, in some facilities the LPN may require a physician or other prescriber order before helping the client administer cannabis for medical purposes.

**THE LPN’S ROLE IN ADMINISTERING CANNABIS FOR MEDICAL PURPOSES**

Under authorization granted by the Narcotic Control Regulations, an LPN may administer cannabis for medical purposes as an employee or agent of a ‘hospital’ provided the following criteria are met:

1. The ‘hospital’ has authorized the use of medical cannabis;

2. There is a valid prescription, written order, or cannabis medical document that has been signed and dated by an authorized physician.
indicating cannabis is to be administered to a particular patient;

3. The particular patient is under treatment as an in-patient or out-patient of the ‘hospital’, and

4. The ‘hospital’ is a facility that
   - is licensed, approved or designated by a province in accordance with the laws of the province to provide care or treatment to persons or animals suffering from any form of disease or illness, or
   - is owned or operated by the Government of Canada or the government of a province and that provides health services.

To provide this service, the LPN must follow established employer policy and is expected to demonstrate the competencies relevant to medication administration as outlined in the Competency Profile for LPNs.

The CLPNA would like to note that as this is a new area of practice and the legislation has yet to be conclusively interpreted, our practice and policy recommendations on this matter may evolve over time. All LPNs who may be involved in assisting with the administration of cannabis for medical purposes are encouraged to read the governing legislation, which includes the Controlled Drugs and Substances Act, the Access to Cannabis for Medical Purposes Regulation and the Narcotic Control Regulations.

If after reading this document you have questions about assisting with the administration of cannabis for medical purposes, or administering medical cannabis please contact a CLPNA Practice Consultant at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

### Points for Best Practice

- The LPN should be familiar with the forms, methods of administration and dosing recommendations of cannabis used for medical purposes.
- The LPN should know how to manage the adverse effects that may present in a client taking cannabis.
- The LPN should be aware of any policies that exist in their practice setting related to this topic.
- The LPN should be familiar with the governing legislation, applicable competencies, and sections of the Code of Ethics and Standards of Practice that may impact this area of practice.
- Before providing any assistance the LPN must ensure the client has a valid authorization to possess cannabis for medical purposes.
- The LPN should not proceed in assisting a client with the administration of cannabis for medical purposes if the LPN has any questions about the legality of the client’s authorization and/or the way in which the client has obtained the cannabis the LPN is being asked to help administer. Unauthorized possession of cannabis is still prohibited by the Controlled Drugs and Substances Act and individuals found guilty of possession may be subject to a fine and/or term of imprisonment.
APPENDIX 1. College of Physicians and Surgeons’ Patient Medical Document – Marihuana for Medical Purposes

Marihuana for Medical Purposes
Patient Medical Document

This document outlines the information an Alberta physician must collect from a patient seeking marihuana for medical purposes.

PATIENT INFORMATION

Surname: ____________________________  Given Name(s): ____________________________
Date of Birth (DD/MM/YYYY): ____________________________  Personal Health Number: ____________________________
Daily quantity of dried marihuana to be used by the patient: ______ g/day
Period of use: _______ day(s) _______ week(s) _______ month(s)
(Note: The period of use cannot exceed one year)
General Comments: __________________________________________
________________________

PHYSICIAN INFORMATION

Surname: ____________________________  Given Name(s): ____________________________
Physician’s business address: __________________________________________
Address at which the physician treated the patient (If different from above):
Phone Number: ____________________________  Fax Number: ____________________________
Email Address: ____________________________
Province(s) Authorized to Practice in: __________________________________________
Physician Registration Number: ____________________________

By signing this document, I attest that the information contained in this document is correct and complete.

Physician’s Signature: ____________________________
Date Signed (DD/MM/YYYY): ____________________________

FAX FORM (WITHIN 1 WEEK OF COMPLETION)

To: College of Physicians & Surgeons of Alberta at 780-429-1981
Attention: Physician Prescribing Practices
PUBLISHED SUPPORTIVE DOCUMENTS

This FACT SHEET is linked to other supportive documents:

Practice Statement: Professional Responsibility & Accountability  
Fact Sheet: Scope of Practice for Licensed Practical Nurses

REFERENCES


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