Paramedic Association of Canada
Association des Paramedics du Canada

201-4 Florence St., Ottawa, ON K2P 0W7
Tel & Fax: (613) 836-6581
info@paramedic.ca

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My name is Pierre Poirier. I am the Executive Director of the Paramedic Association of Canada. There are approximately 40,000 paramedics in this country responding to approximately 3 million calls for service annually. I want to make note that there are three professional designations: Primary Care Paramedic, Advanced Care Paramedic, and Critical Care Paramedic. This distinction is important as I will note further on in my presentation.

The Paramedic Association of Canada supports Bill C-224; though we have concerns that the Bill does not sufficiently meet its intent to save lives in a timely manner.

I have taken excerpts from other presenters.
I have parsed their words and make the following statements:

1. Opioid overdose deaths are preventable with timely intervention.
2. Good Samaritan legislation is one component of a comprehensive public health approach to overdose that fits within a harm reduction paradigm.
3. We need to improve the community response in Canada as part of a comprehensive response to overdose deaths.
4. The community response must involve a comprehensive approach:
    a. Let's make Naloxone available.
    b. Provide Naloxone to the overdose victim in a timely fashion. Seconds matter.
    c. Let's coordinate the health care system on this important issue. I make the reference with consideration to the alignment of Federal initiatives and Provincial responsibility for health care administration.

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5. Paramedics regularly attend incidents where an individual has overdosed. We provide medical care. This is a life and death event. Let me explain how a patient is treated by the paramedic and the health care system from the initiation of a 911 call:
    a. A 911 call is made and the call taker will assign the call to the paramedic dispatch center
    b. The dispatcher will assign a paramedic (most often a team of two) to respond.
    c. Police **may** be assigned to the call as well for safety and security reasons. The paramedic arrives and assesses the patient.
    d. The paramedic determines an overdose.
    e. Some paramedics in Canada will be able to administer Naloxone.
    f. **Other paramedics may be required to call a physician for permission to administer Naloxone if they are even permitted to administer the drug**.

And herein lays the problem: two fold.

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1. I noted earlier that seconds matter in this life and death situation. In the event I described, paramedics may not yet have permission to administer Naloxone (SK, ON, NS, NF). Also, if they have permission, they may be required to call for permission to administer the life saving drug.

2. It is important to note that if they Paramedic were to administer Naloxone, without sufficient permission (regulatory or a physician order), they would be subject to discipline. Bill c-224 would not provide legal cover for the paramedic's actions, because they were not considered a Good Samaritan by law. Paramedics are being remunerated, which negates provisions of Good Samaritan legislation.

Solutions: I offer the following:

1. Consider the removal of Naloxone from Schedule 1 of the CDSA. Naloxone does not need to be a controlled drug: and as such, the exemption of Naloxone (actually the administration) from the professional designation of being a 'medically delegated act'. There are important lessons to be learned from the history of Automated External Defibrillators (AEDs). The application and use of AEDs were at one considered a medically delegated act, which essentially required the permission of a physician to provide the service to individuals in cardiac arrest.

2. Consider bill c-224 as applicable to all Canadians whether or not remuneration is provided to the health care provider. Somehow the concept of Good Samaritan has to be extended to the paramedic providing care.

3. License and make accessible products that are Nasal Sprays or Auto Injectors (similar to Epi-Pens for anaphylaxis/allergic reactions). I offer the ubiquity of Epi-Pens as an intervention that is accessible to all (professional and the public) as a positive evolution in recognizing that our legal framework does not have to medicalize all life saving interventions. The public good should trump an exclusive or restricted scope of practice.

4. Improve Federal/Provincial linkage on issues of shared importance. Coordination of efforts. Let's not hide behind the Canadian constitution. The problem (actually the Naloxone epidemic) has been known for several years. Strategies have been created. The implementation across Canada has been uncoordinated. The Ontario paramedic regulatory framework will not permit Primary Care Paramedics to administer Naloxone until in July 2017, **(still 9 months away)** without a physician order. I said seconds matter. They do. And our governments are not moving fast enough to address this important public health issue.

Thank you, Pierre Poirier