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Burlington Pain Care, 24-1960 Appleby Line, Burlington ON L7L 0B7

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Darrell Hicks
Chief of Training
Hamilton Fire Department
1227 Stone Church Road East
Hamilton, L8W 2C7

Dear Darrell,

Re: Hamilton Fire Department: Naloxone (Narcan) Medical Assist Program

I have recently been approached regarding the potential implementation of a medical directive for the use of Naloxone by Hamilton Fire Department. Given the current environment with respect to opiate use and abuse this is a valid suggestion. There are already a number of fire departments in Canada that have implemented a medical directive for the use of intranasal Naloxone in the operational environment.

The emergency delivery of Naloxone in the face of an opiate overdose would be an exceptional addition to the medical skillset for the firefighters in this province. To address this topic further it is necessary to review a few of the general concepts surrounding the delegation of a medical act for fire personnel. Currently, fire departments follow directives that offer the delegation of certain medical procedures to provide 'symptom assist.' Essentially, this means that if during the assessment of a patient, it is apparent that certain life-threatening illnesses are present, under directive, measures may be undertaken to provide certain medications to help reverse the pathological process. The concept of 'symptom assist' infers that the patient has had a previous diagnosis of the medical problem and has previously utilized the medication being recommended under direction to reverse the pathology diagnosed. In short, the person must have a pre-existing history of the disorder before the firefighter can provide symptom assist. In most cases the patient will already have the medication with them; if they do not have the medication, some of these medications are kept on the fire department vehicle for use under these circumstances (examples being ASA, Ventolin, etc.).

The provision of Naloxone would fall under the heading of 'symptom relief.' This should in no way be confused with the concept of 'symptom assist.' Symptom relief would require the firefighter to actively make a diagnosis on scene and then provide pharmaceutical intervention based on the assessment and diagnosis. In this situation the patient would not need to have a pre-existing diagnosis of a disorder prior to implementation of the directive.

While this is possible, and has been implemented in British Columbia and Manitoba (example directives attached), the current challenge with the use of Naloxone by our firefighters will be revision of current policies at the College of Physicians and Surgeons of Ontario (CPSO) to

permit symptom relief procedures. Since I am a strong proponent for the addition of this procedure to our medical directives I am currently in discussion with staff at the CPSO with respect to potentially changing this policy. My hope would be that we be given authorization to eventually provide qualified firefighters with the medical direction to utilize symptom relief for Naloxone, epinephrine, aspirin, Ventolin, and nitroglycerin. Unfortunately, at this time, this is not currently within the scope of practice authorized for fire personnel in Ontario.

If Naloxone were to be authorized for firefighters use in the field environment, this could potentially allow us to permit the firefighter to make a diagnosis of an opioid overdose and then, if deemed appropriate, provide intranasal Naloxone. This, in my opinion, would lead to a much higher level of medical service provided to our community. This is an unattainable goal but will require further efforts to implement. Departments in Canada are already providing this level of care to their community in other jurisdictions.

I think it would be wonderful for the Hamilton Fire Department to be on the leading edge of this venture in Ontario. If policies are altered at the CPSO, this is an attainable goal. Realistically we are likely a few years away from active implementation, this should not, however defer us as a department and as a community from working towards this goal in the future.

I have attached both two department medical directives for reference. I remain available to assist as needed. Should you have further questions please do not hesitate to contact me at 905-902-6646.

Kind regards,



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Attachments: 2