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Enlighten

News from the CNPBC



October 2023

Respiratory Illness Season Planning: Infection Prevention and Control Update

Last week the Minister of Health and the Provincial Health Officer announced their [plans to protect communities during the upcoming respiratory illness season](#). This includes the wearing of medical masks by all health care workers, volunteers, contractors, and visitors in patient areas of health-care facilities starting October 3, 2023. We have received clarity that masks are NOT a requirement, at this time, in private health care clinics, such as those commonly used by naturopathic physicians.

Despite this fact, the College encourages registrants to consider the risks to their own patient populations, staff and themselves as well as to review current information from the [BC Centre for Disease Control](#) to determine the most appropriate measures for infection prevention and control in their own practices.

The Minister of Health and the Provincial Health Officer can issue directives and orders to address public safety concerns at any time, including but not limited to a directive in the future to include mandatory medical masking in private health care clinics. The College will provide registrants with information as it is confirmed and urges registrants to consult government sources for more details.

[Visit the Ministry of Health's respiratory illness page for more information.](#)

[Visit HealthLink BC and see their respiratory illness page.](#)



Reminders and updates regarding the use of laser by NDs in BC

CNPBC wishes to remind registrants that naturopathic doctors in BC **do not** have the legislative authority to perform cutting and destroying tissue with a laser. The use of 'lasers to cut or destroy tissue' is a specific restricted activity that the BC government has only granted to dentists, podiatrists, physicians and surgeons. CNPBC has determined the following parameters, for the purpose of interpreting the restricted activity:

- With respect to “cutting or destroying of a tissue”, tissue is defined as a group or layer of cells that work together to perform a specific function.
- The restricted activity “lasers for the purposes of cutting or destroying tissue” would **not** include:
 - aesthetics or therapeutic procedures which serve to increase collagen formation
 - the destruction of a single hair follicle, as in laser hair removal
 - the destruction of melanin in the treatment of melasma
 - other treatments, such as laser acupuncture, low laser therapy for musculoskeletal injuries that work to stimulate body tissues rather than destroy them

However, any surgical use of laser (including minor surgery as defined in the [Naturopathic Physicians Regulation](#)), Photodynamic Therapy (PDT) and ablation is considered to fall under the restricted activity:

Additionally, the CNPBC Board has updated the [Restricted Activities Document](#) to include the following new limits and conditions for the use of lasers.

CNPBC Limits and Conditions

1. Registrants must ensure that all laser devices used are approved by Health Canada
2. Registrants obtain additional training prior to utilizing laser
3. Registrants must not delegate the use of lasers
4. Registrants **do not** use laser for the purpose of cutting and destroying tissue which includes but is not limited to:
 - a. lasers used for the treatment of cancer including tumor removal, such as carbon dioxide lasers, Nd:YAG (Neodymium: Yttrium-Aluminum-Garnet) lasers;
 - b. lasers used to remove polyps such as Argon lasers;
 - c. lasers used for photodynamic therapy (PDT);
 - d. lasers used for laser-induced interstitial thermotherapy;
 - e. lasers used for the removal of warts; and
 - f. lasers used for the treatment of periodontal disease.
5. Registrants who utilize Class 3B or Class 4 LASERS must ensure compliance with existing standards and occupational health and safety regulations including:
 - a. CSA Z386 Safe Use of Lasers in Health Care;
 - b. ANSI Z136.3 Safe Use of Lasers in Health Care; and
 - c. WorkSafeBC Occupational Health and Safety (OHS) Regulation – Part 7 Division 3 Radiation Exposure.
6. All individuals working in a laser-controlled area are responsible for maintaining safe practices. All settings in which lasers are used must have an identified person (for example, naturopathic physician) who assumes overall responsibility for the safe use of lasers and compliance with laser hazard controls. This individual has the responsibility for ensuring that:
 - a. Administrative control measures must be in place to support the safe use of lasers, including the appointment of an appropriately qualified laser safety officer (LSO) in all settings where class 3B and/or class 4 lasers are used. The minimum training requirements for the LSO are specified in CSA Z386 Safe Use of Lasers in Health Care.

- b. *All personnel possess the appropriate level of laser education and training based upon their role (e.g., laser user, laser operator, observer) in the laser-controlled area – as set out in the CSA Z386, Annex E.*
 - c. *A comprehensive laser safety program is in place (see section 6.3.1 of the CSA Z386 Safe Use of Lasers in Health Care).*
 - d. *A hazard analysis and risk assessment has been completed for each laser system, including when there is a new laser, when laser equipment is replaced, and in the event of a laser safety incident.*
 - e. *Procedural, environmental, and engineering control measures have been taken based on relative hazards to ensure the safe use of lasers; this includes the responsibility of ensuring a laser safety program is established and maintained in accordance with current standards.*
 - f. *There is a mechanism in place for evaluating the effectiveness of and compliance with the laser safety program.*
7. *All registrants providing laser therapy must ensure that:*
- a. *Laser equipment is set up and routinely monitored for safe operation.*
 - b. *The area in which the laser is used provides a safe environment to address beam hazards (e.g., tissue interaction, skin damage, eye damage, fire) and non-beam hazards (e.g., electrical, gases/dyes).*
 - c. *They possess the appropriate level of laser safety training and are competent in the safe use of the laser system being used for patient care and/or treatment. Laser safety education must be current and updated at a minimum every 2 years (see Annex E of the CSA Z386 Safe Use of Lasers in Health Care).*
 - d. *Appropriate eye protection and personal protective equipment (PPE) is used to eliminate, or control hazards associated with the laser system being used.*
 - e. *Prior to any laser procedure, they will obtain informed consent from the patient as per the [Practice Standard: Informed Consent](#).*
 - f. *Appropriate documentation is done in the patient's medical record, which includes accurate account of the patient's status, the laser system parameters and settings, the actions of the laser team and the patient's outcome.*

CNPBC recognizes that some of these limits and conditions will take time to implement, and as such, these limits and conditions will become effective on January 1, 2024.



Bylaw Amendments

Amendments to several sections of the College Bylaws went into effect on October 17, 2023, following a three-month public notice period and approval by the Ministry of Health. Registrants are encouraged to review and familiarize themselves with the current version of the Bylaws on the College [website](#).

The following is a summary of the changes:

Section 1(m)

The definition of “in good standing” has been amended so that being the subject of an investigation no longer affects the standing of a registrant.

Section 12(2)

The chair of the College Board is no longer required to sign board minutes, College

certificates or other instruments executed on behalf of the College. This change reflects best operational practices and allows for more efficient functioning of the College and its board.

Section 20(3)

A provision requiring the Quality Assurance Committee to recommend continuing education courses to the board has been removed. With the exception of CE categories F and G, the College does not pre-approve the courses registrants may take to meet their continuing education requirements..

Section 21

The composition requirements for the Pharmacopoeia and Diagnostics Referral Committee have been changed. The minimum membership of the committee has been reduced from 11 to 7 members.

Section 23

The Registrar is no longer required to post notice for every committee and panel meeting. This was an impractical requirement as many committees and panels meet on an as-needed basis on short notice, and some meetings are not open to the public depending on when they deal with confidential information.

Sections 28 and 29

Provisions requiring a special resolution to allow the College to purchase or contract for any products or services in excess of \$100,000 have been removed. This is to allow the Board and the College to operate more efficiently.

Section 35

A clarification has been added to this section stating that resolutions considered at a general meeting are not binding on the College. This was the case under the previous iteration of the Bylaws, but the wording has been amended to make this clearer.

Section 46

Several changes have been made to the requirements and process of the application for registration with the College. This includes adding a time limit on the time gap between

completion of entrance examinations and submitting a registration application. It also includes the addition of requirements for proof of identity, competency, and standing in other jurisdictions where the applicant is registered. There were also changes in Bylaw language for greater clarity.

Section 56

The deadline for payment of registration renewal fees has been changed from January 1 to December 31 at 4:30 pm pacific time. This brings the deadline into alignment with the effective dates of registrants' licenses.

Sections 92 and 99

Minimum insurance requirements for registrants and Health Profession Corporations have been increased from \$1 million to \$3 million per occurrence.

Schedule A

The list of recognized naturopathic medical education programs has been updated.



Scope of Practice – Prescription Drugs

The CNPBC Board has approved 64 prescription drugs to be added to the scope of practice for naturopathic doctors certified in Prescriptive Authority. This decision was

based on research and recommendations from the Pharmacopoeia and Diagnostics Referral Committee. It is intended to support the healthcare interests of the BC public by allowing them to more easily access a wide range of medicines which can be safely and effectively prescribed and managed by naturopathic doctors.

Below is a complete list of the drugs added to the scope of practice, organized by the categories in which they were listed under Part II of the [Scope of Practice for Naturopathic Physicians: Standards, Limits and Conditions for Prescribing, Dispensing and Compounding Drugs](#). Part II has now been amended to remove these drugs from the exclusion list.

Please be aware of the conditions for use of Alteplase and Mifepristone highlighted in yellow below.

Thrombolytic, Hemostatic and Anti-platelet agents

- Alteplase – for a maximum dosage of 4mg
- Tranexamic acid

Antibiotics parenteral or with narrow therapeutic index

- Cefazolin
- Cefotaxime
- Ceftriaxone
- Daptomycin
- Ertapenem
- Imipenem
- Vancomycin
- Penicillin G Benzathine

Antipsychotics

- Chlorpromazine
- Clozapine
- Flupenthixol

- Fluphenazine
- Haloperidol
- Lithium
- Loxapine
- Lurasidone
- Methotrimeprazine
- Olanzapine
- Paliperidone
- Perphenazine
- Pimozide
- Prochlorperazine
- Quetiapine
- Risperidone
- Tetrabenazine
- Trifluoperazine
- Ziprasidone
- Zuclopenthixol

Parkinson's Drugs

- Benserazide
- Entacapone
- Rotigotine

Anti-Convulsants

- Carbamazepine
- Phenytoin
- Lamotrigine
- Levetiracetam
- Lithium
- Oxcarbazepine
- Primidone
- Topiramate
- Valproic acid

- Divalproex

Disease-modifying antirheumatic drugs (DMARDs)

- Palifermin
- Denusomab

Antineoplastic Agents

- Apalutamide
- Cyproterone
- Flutamide
- Hydroxyurea
- Vinblastine
- Vincristine
- Vinorelbine

Drugs Administered Intravenously

- Eptinezumab

Emergency Medicine Agents

- Leucovorin

Endocrine Agents

- Gonadorelin
- Nafarelin

Emergency Purposes

- Amiodarone
- Atropine
- Propafenone

Obstetrical Agents Outpatient Setting

- Carbetocin
- Oxytocin
- Ullipristal
- Mifepristone – approved only for NDs who have completed one of the following courses:
 - [Medical Abortion Training Program](#) - Society of Obstetricians and Gynaecologists of Canada (SOGC)
 - [Medical Abortion Virtual Course](#) - National Abortion Federation of Canada

Antiarrhythmic Agents

- Verapamil

We acknowledge with respect that the land on which we gather is the unceded and traditional territories of the Coast Salish peoples - sk̓wxwú7mesh (Squamish), sel̓íl̓wítulh (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam) nations whose historical relationships with the land continue to this day.



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