

<b>SP – P007</b>
<b>Standard of Practice: Emergency Preparedness</b>
<b>Approved Date: effective May 27, 2026</b>
<b>Amended: n/a</b>
<b>Next Review Date: 2029</b>

**Note to Readers: *In the event of any inconsistency between this document and the legislation that governs chiropractic and naturopathic practice in Nova Scotia, the legislation prevails.***

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## 1. INTRODUCTION

The Nova Scotia Chiropractic and Naturopathic Regulator (NSCNR) is the regulatory authority for the practice of chiropractic and naturopathy in the Province of Nova Scotia.

Emergency situations can occur at any time in a clinical setting. Registrants must be prepared for and competent in managing emergencies in order to protect the health and safety of patients, staff, and the public. This Standard establishes the minimum requirements for emergency readiness across all clinical contexts.

## 2. APPLICATION AND ADMINISTRATION

This Standard of Practice shall apply to all health professionals registered and holding an active license with the NSCNR (the “**Registrant**” or collectively the “**Registrants**”).

The administration and application of this Standard of Practice shall be the responsibility of the Registrar. Should the NSCNR become aware of any alleged breach or noncompliance with this Standard of Practice, it may take any action it considers appropriate, including but not limited to:

- a. contacting a Registrant to request the immediate remedy of any suspected breach or non-compliance;
- b. filing a formal complaint under the *Regulated Health Professions Act* regarding the suspected breach or non-compliance as professional misconduct; and/or
- c. immediate suspension or revocation of Reserved practice permit.

## 3. OBJECTIVES

The objectives of this Standard are to uphold public interest and safety by:

- a) ensuring registrants are prepared to respond effectively to emergencies;
- b) establishing preparatory requirements for emergency planning and response related to the risk associated with professional practices; and
- c) ensuring accountability across professions and therapies.



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#### **4. DEFINITIONS**

The following terms have the following meanings when used in this Standard of Practice:

**Clinical Setting** means any location in which a registrant provides patient care.

**Board** means the Board of the Nova Scotia Chiropractic and Naturopathic Regulator.

**Emergency Preparedness**, also referred to as **Emergency Readiness**, refers to the state of being prepared, both in knowledge and resources, to respond to emergency situations that may occur in a clinical setting.

**Emergency Situation** means a situation that poses immediate risk to the health or life of a person within the clinical setting.

**Professional Misconduct** has the same meaning as set out in the *Regulated Health Professions Act* and includes failing to maintain the standards of practice.

**Registrant** means a chiropractor or naturopathic doctor who are registered and licensed with the NSCNR.

#### **5. STANDARDS OF PRACTICE**

##### **A. General Standards**

All NSCNR Registrants must:

- a) Maintain current Emergency First Aid credentials relevant to their scope of practice and risks of procedures, in compliance with the **NSCNR Standard of Practice: Emergency First Aid**;
- b) Assess their practice environment for potential emergency risks, considering patient population, therapies performed, and proximity to emergency services;
- c) Establish and maintain a written emergency plan for their clinical setting and practice activities that is readily accessible to staff, including:
  - i. when and how to activate emergency medical services and
  - ii. access to appropriate emergency equipment and supplies consistent with their practice and the risks involved.;

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- d) Ensure WHMIS (Workplace Hazardous Materials Information System) information and training is current for applicable substances in the clinic;
- e) Maintain at all times the emergency equipment and supplies listed per Appendix A consistent with the scope of practice of the Registrant in good working order, accessible at point-of-care, and within expiry dates; and
- f) Document any adverse events, reactions, responses, and follow-up actions in accordance with the **NSCNR Standard of Practice: Patient Record Management**.

**B. Hypersensitivity Reactions: Assessment, Monitoring, and Emergency Response**

All Registrant must maintain and follow a **written protocol** for the assessment, monitoring, and management of hypersensitivity reactions (including anaphylaxis) associated with therapies authorized under their scope of practice.

At a minimum, all ND Registrants must include in the protocol:

- a) a pre-administration assessment of risk factors and contraindications, including prior hypersensitivity reactions, relevant medical history, current medications, and appropriateness of the clinical setting;
- b) monitoring requirements proportionate to the therapy and patient risk, including baseline assessment as appropriate and observation during and after administration for signs of hypersensitivity;
- c) immediate management steps for suspected hypersensitivity reactions, including stopping administration (where applicable), activating emergency supports, patient positioning, airway/breathing/circulation assessment, and administration of emergency medications in accordance with current clinical guidance and within the ND Registrant’s authorized scope;
- d) resuscitation readiness, including:
  - i. staff training and certification as appropriate to practice risk and
  - ii. immediate access to emergency equipment and medications appropriate to the risk profile of the therapies provided;
- e) documented processes for routine checks of emergency supplies;
- f) emergency drills performed by all applicable staff and clinicians at a minimum of annually for all licensees and a minimum of every 6 months where Reserved Practice activities are permitted; and



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- g) a transfer and escalation plan, including criteria for activating emergency medical services, roles and responsibilities of clinic personnel, availability of communication resources, and procedures for transfer of care to a higher level of care (including provision of relevant clinical documentation).

## **6. EXEMPTIONS**

There are no applicable exemptions to this Standard of Practice.

## **7. RESTRICTIONS**

There are applicable restrictions to this Standard of Practice.

## **8. LEGISLATIVE CONTEXT**

[Regulated Health Professions Act \(2023\)](#)

[Regulated Health Professions General Regulations](#)

Regulations Respecting Chiropractic and Naturopathy

Nova Scotia Chiropractic and Naturopathic Regulator Bylaws

## **9. ADDITIONAL RELEVANT STANDARDS OF PRACTICE:**

Registrants are advised that all NSCNR Standards of Practice apply, including but not limited to, specific application of:

- Patient Record Management
- Emergency First Aid
- Infectious Disease Prevention and Control



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Appendix A:

Supplies and Equipment	Required for all registrants	May be required based on assessed risk	May be required if performing: acupuncture manipulation	Required if performing: ND Reserved practices requiring a permit
basic dressing supplies	✓	✓	✓	✓
isopropyl alcohol	✓	✓	✓	✓
gauze, bandages, micropore tape, cotton balls, scissors	✓	✓	✓	✓
single-use, disposable non latex gloves	✓	✓	✓	✓
smelling salt (amyl nitrate) or essential oil (peppermint)		✓	✓	✓
fast-acting glucose (i.e. tablets, juice)		✓	✓	✓
syringes		✓	✓	✓
needles		✓	✓	✓
oxygen tank with regulator 0-10L/min with mask or nasal cannula		✓	✓	✓
charged automated external defibrillator		✓	✓	✓
Pulse-oximeter		✓	✓	✓
diphenhydramine (Benadryl) for oral administration;		✓	✓	✓
non latex tourniquets;		✓		✓
IM epinephrine or epipen		✓		✓
normal saline bags;				✓
dextrose 5% (D5W) bags;				✓
calcium gluconate 10% or calcium chloride (100mg/ml);				✓



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Supplies and Equipment	Required for all registrants	May be required based on assessed risk	May be required if performing: acupuncture manipulation	Required if performing: ND Reserved practices requiring a permit
magnesium chloride 20% or magnesium sulfate 50%;				✓
applicable antidotes for all IV drugs being administered;				✓
IV tubing, administration sets, and angiocatheters and/or infusion needles.				✓
Heparin (1000 IU/ml)				✓ Autologous Blood Products RPP
resuscitation bag with O2 attachment		✓		
pocket mask for cardiopulmonary resuscitation		✓		