NOVA SCOTIA CHIROPRACTIC AND NATUROPATHIC REGULATOR

SP-NDRPP-ITI/IT2/IT3 and +IV
Standard of Practice: Reserved Practice Permit - Injection Therapies and IV Authorizations
Approved Date: Effective May 27, 2026
Amended: n/a
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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.***

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.

The NSCNR serves and protects the public interest to advance ethical and competent chiropractic and naturopathic care in Nova Scotia.

This Standard of Practice establishes the minimum professional practice expectations for Registrants holding an active naturopath license with the NSCNR who also hold a Reserved Practice Permit to perform **Injection Therapies** and are therefore authorized to perform these Reserved Practices.

2. APPLICATION AND ADMINISTRATION

This Standard of Practice shall apply to all naturopathic doctors registered and holding an active naturopath license with the NSCNR (the "**ND Registrant**" or collectively the "**ND Registrants**").

The administration and application of this Standard of Practice shall be the responsibility of the Registrar of the NSCNR. 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 the ND 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 the ND Registrant's Reserved Practice Permit.

3. OBJECTIVES

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

a) ensuring the reserved practice of injection therapy is performed only by competent and authorized ND Registrants;
b) identifying the conditions under which ND Registrants may perform Injection Therapies;

c) providing clear requirements for training, authorization, and performance of injection practices; and
d) supporting safe, ethical, and evidence-informed care.

4. DEFINITIONS

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

Board refers to the Board of the Nova Scotia Chiropractic and Naturopathic Regulator.

"central venous access device" means vascular access in which a catheter terminates in a central vein (e.g., the lower superior vena cava or cavoatrial junction), including access obtained via a peripherally inserted central catheter (PICC), a tunneled central venous catheter, or an implanted venous access port, and any similar device intended for central venous infusion.

"drug," as per the Chiropractic and Naturopathy Regulations, has the same meaning as in the Food and Drugs Act (Canada) and includes any substance or combination of substances included in a prescription or incorporated in a schedule set out in the NSCNR Bylaws or Standards of Practice.

I**njection Therapies** are Reserved practice clinical activities that involve the administration of a substance into the body by penetrating the skin or a mucous membrane using a sterile needle or similar device, including subcutaneous, intramuscular, intra-articular, and other injections into or around anatomical structures (e.g., ligaments, tendons, muscles, joints, or soft tissues), for diagnostic, therapeutic, preventive, or supportive purposes, performed by a ND Registrant in accordance with NSCNR authorization, applicable Standards of Practice, and infection prevention and control requirements.

Intravenous Therapy (IV Therapy) is a Reserved Practice that is a subset of injection therapies which involves the initiation, administration, monitoring, and termination of substances delivered via intravenous infusion for therapeutic benefit.

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

ND Registrant means, for the purposes of this standard, a naturopathic doctor registered with the NSCNR and holding an active naturopath license.

Reserved Practice has the same meaning as set out in the *Chiropractic and Naturopathic Regulations* and means an activity, procedure, or service within the scope of practice of naturopathy that:

a) involves sufficient public risk, as determined by the Board;
b) the Board requires licensed person to meet additional education, additional training, or other requirements beyond an entry to practice level to engage in, and;
c) a licensed person may engage in only with the approval of the registrar and may require a specific permit.

Reserved Practice Permit refers to a permit issued by the NSCNR authorizing a Registrant to perform specified restricted activities upon successful completion of NSCNR-approved training and competency requirements. Reserved Practice Permits must be applied for and renewed annually in accordance with the requirements set out in the applicable Standard of Practice.

"specific component training" refers to structured education or supervised learning that provides the theoretical knowledge and practical competencies required to competently and safely administer a specific injectable substance or class of substances. Training may include workshops, supervised clinical practice, mentorship, coursework, or equivalent structured learning that includes both theory and application. Self-directed reading or self-study alone does not meet this requirement.

"substance" has the same meaning as set out in the *Chiropractic and Naturopathic Regulations* and means anything, other than a drug, permitted by scope of practice legislation or bylaws, that is publicly available, and which may include botanical tinctures, botanical powders, herbals, extracts, base creams, slaves, ointments, vitamins, minerals, and amino acids.

5. RESERVED PRACTICE PERMITS FOR INJECTION THERAPIES – PERMIT TYPES AND SCOPE OF AUTHORIZATION

There are four categories of Reserved Permits for Injection Therapies. A ND Registrant may hold any category of Reserved Practice Permit which may be issued by the NSCNR upon successful completion of NSCNR-approved training and competency requirements as outlined in this standard of practice:

1. ND Registrants holding a **Reserved Practice Permit - Injection Therapies - Area 1 (NDRPP-IT1)** are authorized to perform only intradermal, subcutaneous, and intramuscular injections within the naturopathic scope of practice.

2. ND Registrants holding a **Reserved Practice Permit - Injection Therapies - Area 2 (NDRPP-IT2)** are authorized to perform injections in all areas covered by NDRPP-IT1, as well as peripheral musculoskeletal injections within the naturopathic scope of practice.

3. ND Registrants holding a **Reserved Practice Permit - Injection Therapies - Area 3 (NDRPP-IT3)** are authorized to perform injections in all areas covered by NDRPP-IT1 and NDRPP-IT2, as well as axial injections within the naturopathic scope of practice.

4. ND Registrants holding an **additional authorization for IV Therapy - NDRPP-IT1+IV, NDRPP-IT2+IV, or NDRPP-IT3+IV** are authorized to perform general Intravenous Therapies within the naturopathic scope of practice and within the associated permit area, which may also include:

    a) the provision of chelation therapy *only where the ND Registrant has attained additional individual training and competency*; and
    b) the provision of intravenous iron therapy *only where the ND Registrant has attained additional individual training and competency*.

6. STANDARDS OF PRACTICE

A. Prohibition on Injection Therapies

a) ND Registrants who do not hold a Reserved Practice Permit – Injection Therapy are prohibited from performing injection therapy.
b) ND Registrants who do not hold an additional category of authorization for Intravenous Therapy are prohibited from performing intravenous therapy under any Reserved Practice Permit – Injection Therapy.
c) ND Registrants **may only** perform injection therapy if they hold an active naturopath license with the NSCNR **and** if they have been issued a Reserved Practice Permit to perform injection therapy by the NSCNR.
d) ND Registrants **may only** perform injection therapy on the areas permitted by the level of Reserved Practice Permit that they have been issued (NDRPP-ITI or NDRPP-IT2 or NDRPP-IT3).
e) ND Registrants **may only** perform IV therapy where they hold the specific authorization as part of their Injection Therapies Reserved Practice Permit (NDRPP – IT1+IV, NDRPP- IT2+IV, NDRPP-IT3+IV).

B. Reserved Practice Permit for Injection Therapies: Area 1 (NDRPP-IT1)

The NDRPP-IT1 Reserved Practice Permit permits ***intramuscular, subcutaneous, and intradermal injection procedures*** and administration of NSCNR-approved drugs or substances.

To be eligible for and maintain an NDRPP-IT1, ND Registrants must:

a) provide evidence acceptable to the Registrar of successful completion of one of the following:

i. Canadian Prescribing and Therapeutics Examination; or
ii. NSCNR Board-approved equivalent examination.

b) have completed NSCNR-approved specific component training in the administration of injections intramuscularly, subcutaneously, and intradermally (refer to the NSCNR list of pre-approved training programs or submit course for approval);

c) have completed NSCNR-approved specific component training in the administration of iron prior to inclusion of this substance in any form of injection (see the NSCNR list of pre-approved training programs);

d) maintain current Advanced Emergency Life Support for Reserved Practice Permits approved by the NSCNR and as noted in the **NSCNR Emergency First Aid Standard of Practice**;

e) have an emergency response protocol appropriate to the clinical setting and associated risk and in accordance with the **NSCNR Emergency Preparedness Standard of Practice**; and

f) provide evidence of required professional liability protection/insurance in compliance with the **NSCNR Professional Liability Standard of Practice** which provides coverage for entry-to-practice activities and any additional services authorized under an NSCNR-issued Reserved Practice Permit. Where required by the insurer, specific additional practice activities must be explicitly identified in the policy.

C. Reserved Practice Permit - Injection Therapies Area 2 (NDRPP-IT2)

The NDRPP-IT2 Reserved Practice Permit permits, in addition to those areas covered by the NDRPP-IT1, injection procedures involving **peripheral appendicular joints and peri-articular structures** (e.g., toes, ankles, knees, hips; fingers, wrists, elbows, shoulders) and NSCNR-approved drugs or substances.

To be eligible for and maintain an NDRPP-IT2, ND Registrants must meet all of the requirements for an NDRPP-IT1, **plus**:

a) have completed NSCNR-approved specific component training in the peripheral administration of NSCNR-approved substances to be administered (refer to the NSCNR list of pre-approved training programs or submit course for approval);

b) for the peripheral administration of Autologous Blood Products, also hold and maintain a **Reserved Practice Permit - Autologous Blood Products**; and

c) for the peripheral administration of ozone, also hold and maintain a **Reserved Practice Permit - Ozone & Oxidative Therapies**.

D. Reserved Practice Permit - Injection Therapies Area 3 (NDRPP-IT3)

The NDRPP-IT3 Reserved Practice Permit permits, in addition to those areas covered by the NDRPP-IT1 and NDRPP-IT2, injection procedures involving **axial structures including the cervical, thoracic, lumbar, and lumbosacral spine; sacroiliac joints; and intercostal and rib articulations**, and NSCNR-approved drugs or substances.

To be eligible for and maintain an NDRPP-IT3, ND Registrants must meet all of the requirements for an NDRPP-IT1 and NDRPP-IT2, plus:

a) have completed NSCNR-approved specific component training in the axial administration of any board-approved substances to be administered (refer to the NSCNR list of pre-approved training programs or submit course for approval);

b) for the axial administration of Autologous Blood Products, also hold and maintain a **Reserved Practice Permit - Autologous Blood Products**; and

c) for the axial administration of ozone, also hold and maintain a **Reserved Practice Permit - Ozone & Oxidative Therapies**.

E. Additional IV Therapy Authorization for Injection Therapies Reserved Practice Permits (NDRPP1+IV, NDRPP-IT2+IV and NDRPP-IT3+IV)

The NDRPP-IT1+IV, NDRPP-IT2+IV and NDRPP-IT3+IV Reserved Practice Permits **authorizes the additional use of IV administration** within the area of permit of any board-approved substance within the naturopathic scope of practice.

To be eligible for and maintain additional IV authorization, ND Registrants must meet all of the requirements for the Injections permit level sought **plus:**

a) have completed NSCNR-approved specific component training in the Intravenous administration of NSCNR-approved substances to be administered (refer to the NSCNR list of pre-approved training programs or submit course for approval);

b) for the practice of chelation therapy or the administration of iron, have completed training specific to the substance administered (refer to the NSCNR list of pre-approved training programs or submit course for approval);

c) for the IV administration of ozone, also hold and maintain a **Reserved Practice Permit - Ozone & Oxidative Therapies**.

F. Training and Competency Requirements for Injection Therapies Areas 1-3:

ND Registrants must provide evidence of successful completion of NSCNR-approved training relevant to the Reserved Practice Permit Area sought (refer to the NSCNR list of pre-approved training programs or submit course for approval):

a) a theoretical component addressing:
   i. anatomy and physiology related to injection procedures;
   ii. pharmacology of injectable agents;
   iii. sterile technique and infection prevention and control;
   iv. injection indications, contraindications, and risks; and
   v. documentation and informed consent requirements;

b) a practical component that includes:
   i. hands-on injection technique instruction;
   ii. anatomical landmarking and safety considerations; and
   iii. direct skills assessment;

c) training in emergency recognition and management, including:
   i. anaphylaxis and adverse reactions;
   ii. vasovagal response and syncope; and
   iii. post-injection complications.

G. Training and Competency Requirements for Additional IV Therapy authorization

In order to qualify for **an additional IV authorization** to administer Intravenous Therapy to any Injection Therapies Reserved Practice Permit, ND Registrants must provide evidence of successful completion of NSCNR-approved training in IV (refer to the NSCNR list of pre-approved training programs or submit course for approval):

a) a theoretical component addressing:

   i. venous anatomy and physiology;
   ii. pharmacology and systemic effects of intravenously administered substances;
   iii. indications, contraindications, and patient selection for IV therapy;
   iv. sterile technique and infection prevention and control;
   v. recognition and management of adverse reactions, including anaphylaxis, vasovagal response, hypotension, and infusion-related complications; and
   vi. informed consent and documentation requirements.

b) a practical component that includes:

i. venous access techniques;
ii. IV initiation, monitoring, and termination;
iii. infusion safety and rate considerations; and
iv. direct skills assessment.

c) training in emergency recognition and management, including:
i. anaphylaxis and adverse reactions;
ii. vasovagal response and syncope; and
iii. post-injection complications.

d) NSCNR-approved specific training in chelation therapies and/or iron therapy to allow administration of these respective substances within individual competencies.

H. Continued Competence and Maintenance of Permit

ND Registrants who are issued any level of **Reserved Practice Permit - Injection Therapies** are required to renew their permit on an annual basis. At the time of renewal, ND Registrants will be required to provide proof of the following to the NSCNR:

a) completion of a minimum of **four (4) hours** of NSCNR-approved injection-related continuing education (may be completed in-person or online) within the ND Registrant's prior Continuing Education cycle. Online learning activities must include an evaluative component (e.g. Q&A session, written quiz, etc.) to confirm successful completion ((refer to the NSCNR list of pre-approved training programs or submit course for approval);

b) demonstration of continued competence in non-IV injection therapies through a **minimum of twelve (12) injection-related patient contacts per year**, or substantially equivalent as determined by the NSCNR.

i) ND Registrants holding an NDRPP-IT2 must ensure at least 8 of those patient contacts are specific to the additional area of practice permitted for Area 2.

ii) ND Registrants holding an NDRPP-IT3 must ensure at least 8 of those patient contacts are specific to the additional area of practice permitted for Area 3

c) for those with additional IV authorization, demonstration of continued competence in IV injection therapies through a **minimum of eight (8) IV-related patient contacts per year**, or substantially equivalent as determined by the NSCNR.

d) for the peripheral or axial administration of Autologous Blood Products, renewal of a **Reserved Practice Permit in Autologous Blood Products**;

e) for the IV, peripheral or axial administration of ozone and oxidative therapies, renewal of a **Reserved Practice Permit in Ozone & Oxidative Therapies**;

f) evidence of professional liability protection/insurance as required by the **NSCNR Professional Liability Standard of Practice**, which provides coverage for entry-to-practice activities and any additional services authorized under an NSCNR-issued Reserved Practice Permit. Where required by the insurer, specific additional practice activities must be explicitly identified in the policy

g) current Advanced Emergency Life Support certification for Reserved Practice Permits as noted in the **NSCNR Emergency First Aid Standard of Practice**;

h) an emergency response protocol appropriate to the clinical setting and associated risk and in accordance with the **NSCNR Emergency Preparedness Standard of Practice**; and

i) completion of all continuing professional development activities mandated by the NSCNR since the ND Registrant's last renewal in advanced injection techniques and/or IV therapy and related emergency management.

G. Quality Assurance

a) The NSCNR may at any time request that a ND Registrant submit training or education records, appointment calendars, patient records, emergency protocols, and any other documentation required to demonstrate continued compliance with this Standard of Practice. Failure to do so may result in suspension or revocation of the Registrant's Reserved Practice Permit.

b) The NSCNR may conduct inspections at any time as set out in the *Chiropractic and Naturopathy Regulations* and Nova Scotia Chiropractic and Naturopathic Regulator Bylaws.

c) Failure to maintain continued competence or required emergency first aid certification, submit records when requested, or meet any permit maintenance requirements may result in immediate suspension or revocation of the Registrant's Reserved Practice Permit and authorization to perform associated activities.

d) The NSCNR may refuse to issue or may impose conditions on a Reserved Practice Permit for injection therapy if the ND Registrant does not meet the requirements set out in this Standard of Practice.

H. General Standards

a) Specific techniques or procedures performed by an authorized ND Registrant within Injection Therapies may, where all other Standard of Practices are met, include:

i. **Autologous Blood Products**: biologic solutions derived from a patient's own blood, including Platelet-Rich Plasma (PRP) or an NSCNR-approved equivalent, prepared and/or administered for therapeutic purposes and where such therapies are specifically authorized for ND Registrants holding a current NSCNR Reserved Practice Permit – Autologous Blood Products;
ii. **Corticosteroid Injections**: administration of corticosteroids by non-intravenous injection route(s) for anti-inflammatory and immunomodulatory effects consistent with established clinical guidance;
iii. **Perineural injection therapy:** a form of injection therapy involving the injection of dilute proliferant solution into subcutaneous tissues along the course of superficial nerves or into areas of neuropathic pain, intended to support pain modulation and tissue healing.
iv. **Nutrient Therapies:** the administration of vitamins, minerals, botanicals, amino acids, or other nutrient or herbal substances by the authorized route of administration indicated in Appendix A (e.g., intramuscular or subcutaneous) for therapeutic or supportive purposes;
v. **Oxidative Therapies:** the administration of oxidative agents by the route(s) of administration noted in Appendix A for therapeutic purposes and where such therapies are specifically authorized for ND Registrants holding a current NSCNR Reserved Practice Permit – Ozone and Oxidative Therapies;
vi. **Perineural Injection Therapy:** a form of injection therapy involving the injection of an isotonic or analgesic solution into subcutaneous tissues along the course of superficial nerves or into areas of neuropathic pain, intended to support pain modulation and tissue healing;
vii. **Prolotherapy**: the injection of an irritant or proliferative solution into or around tendons, ligaments, joint capsules, or related soft tissue structures to support repair and function of musculoskeletal tissues; and
viii. **Viscosupplementation**: the injection of hyaluronic acid or similar substances into a synovial joint to restore synovial fluid viscoelasticity and support joint function;

b) ND Registrants who hold a Reserved Practice Permit under this Standard of Practice may only administer a substance within the ND scope of practice by injection or IV where they have personal individual competency specific to that substance or class of substances and can demonstrate competence in its safe and effective use, including:
   i. indications and contraindications;
   ii. dosing and preparation;

iii. technique and anatomical considerations;
iv. monitoring and follow-up; and
v. adverse event recognition and emergency management.

c) ND Registrants who hold a Reserved Practice Permit under this Standard of Practice must:
   i. determine when additional training is required;
   ii. ensure such training is completed prior to introducing delivery of an injectable or IV substance or class of substances which must fall within the ND scope of practice and the area and method of delivery is within the specific Permit area held; and
   iii. maintain documentation of substance-specific training and competence and provide evidence upon request by the NSCNR.

d) ND Registrants who hold a Reserved Practice Permit under this Standard of Practice must:

   i. provide clinical advice and perform injections and/or IVs only within the naturopathic scope of practice;

   ii. ensure that each clinical treatment performed or advised aligns with the ND Registrant's individual training, competence, and specifically authorized permit;

   iii. ensure all substances, solutions, and devices are authorized for use in naturopathic practice and comply with applicable NSCNR and Health Canada requirements and regulations;

   iv. obtain and document informed consent in accordance with the **NSCNR Standard of Practice: Informed Consent**;

   v. maintain sterile/aseptic technique, as appropriate, applicable infection control practices, and medical waste disposal procedures;

   vi. ensure that patients receiving treatment are appropriately monitored with the Registrant available on-site for immediate assistance;

   vii. follow all other related standards of practice, including those related to **immediate use compounding** of drugs or substances to be injected or administered by IV;

   viii. be able to demonstrate competence in the chosen injection or IV techniques used (landmark-based or ultrasound-guided) and that the selected technique meets the standard of safe and effective practice for the specific procedure and substance administered.

   ix. where injections or intravenous therapies involve ozone or oxidative therapies, hold a current Reserved Practice Permit for Ozone and Oxidative Therapies issued by the

NSCNR, and comply with all applicable NSCNR Standards of Practice governing those therapies;

x. maintain accurate, specific, and contemporaneous records of all aspects of the injection therapy consistent with **NSCNR Record Keeping Standard of Practice**, including but not limited to:
   (a) solution, dose, and lot/expiry;
   (b) injection site and technique; and
   (c) patient response and adverse event monitoring; and

xi. where the ND Registrant practises in a shared or multi-professional setting, ensure their injection practice complies with this Standard of Practice and that their procedures, documentation, and emergency protocols meet NSCNR requirements independent of other providers' practices or protocols;

I. Point-of-Care Ultrasound Guidance and Technical Delivery

Point-of-care ultrasound guidance enhances anatomical accuracy, improves safety, and supports optimal therapeutic outcomes in injection procedures. ND Registrants must obtain additional training prior to using ultrasound guidance or introducing any new image-guided technique in practice.

ND Registrants must:

a) consider ultrasound guidance when anatomical landmarks alone may not reliably ensure accurate or safe delivery of the substance;
b) consider ultrasound guidance for injection procedures involving deep, small, or anatomically complex structures, or where proximity to neurovascular structures increases procedural risk;
c) consider ultrasound guidance where the injection is dependent on visualizing the anatomical structure or space;
d) follow the **NSCNR Standard of Practice: In-Office Ultrasound**; and
e) possess the knowledge, skills, and judgment to safely use ultrasound before incorporating it into practice.

7. EXEMPTIONS

a) The administration of **IM Vitamin B12 is the only injection permitted by preceptees** under direct supervision, as approved under **NSCNR Standard of Practice: Preceptorships.**

   ND Registrants supervising a preceptor administering IM B12 must:

   i. hold a Reserved Practice Permit – Injection Therapies Area 1 (NDRPP-IT1) or higher;

ii. be present and available on site during the procedure;
iii. have at least one year of licensed clinical experience in injection therapy; and
iv. comply with NSCNR Standard of Practice: Preceptorships.

b) A bridging period will be provided to ND Registrants for compliance with this standard and provides **temporary authorization for the administration of intramuscular Vitamin B12 and subcutaneous viscum albumn (mistletoe) only**.
   i. ND Registrants qualifying for this temporary authorization must:
      (a) carry Professional Liability Insurance at the level of $5,000,000.00;
      (b) be able to provide, upon request of the NSCNR, evidence of current authorization to perform similar injections in another Canadian regulated jurisdiction at time of the NSCNR effective date (May 27, 2026).
   ii. There is no renewal of this temporary authorization.
   iii. **A Reserved Practice Permit, at a minimum level of NDRPP-IT1, is required to continue the provision of any injected treatments beyond midnight December 31, 2026, including IM B12 and subcutaneous viscum albumn**.
   iv. Those not unable to meet the requirements of the NDRPP-IT1 are no longer permitted to perform or advise any injection therapies, including IM B12 and subcutaneous viscum albumn beginning January 1, 2027.

c) During the transitional licensure period, ND Registrants who are authorized to perform injection and/or IV therapies in another regulated Canadian jurisdiction at the time the NSCNR is established **may continue to practise these therapies on a temporary basis, consistent with their existing authorization**.
   i. **This transitional authorization period applies until midnight August 24, 2026.**
   ii. During this transitional authorization period ND Registrants must:
      (a) be able to provide, upon request of the NSCNR, evidence of current authorization to perform similar injections or IV therapy in another Canadian regulated jurisdiction at time of the NSCNR effective date (May 27, 2026);
      (b) comply with all compounding and aseptic technique requirements of the NSCNR;
      (c) carry Professional Liability Insurance of $5,000,000.00;
      (d) only provide services within the scope of the permit or authorization issued by the preceding jurisdiction; and
      (e) only provide services that were provided by the Registrant prior to the effective date of the NSCNR (May 27, 2026).
   iii. ND Registrants may provide substances approved for use in Nova Scotia (see Appendix A) and are **specifically prohibited from administering iron or corticosteroids** during this transitional authorization period unless they have been issued the applicable NSCNR Reserved Practice Permit.
   iv. ND Registrants are **prohibited from initiating any injection or IV services or substances** which are were not previously used and previously authorized during

this transitional authorization period unless they have been issued the applicable NSCNR Injection Therapies permit.

v. ND Registrants may apply for and be issued a NSCNR Reserved Practice Permit under the provisions of this standard of practice at any time during the transitional authorization period.

vi. ND Registrants who do not hold a NSCNR Reserved Practice Permit in Injection Therapies or Injections Therapies + IV are prohibited from providing any injection or IV services beyond midnight August 24, 2026, and must discontinue all patient care pertaining to these Reserved Practices.

d) For the purposes of transition to the Nova Scotia Chiropractic and Naturopathic Regulator, applicants who have successfully completed **NPLEX – Clinical Elective Pharmacology Examination prior to May 27, 2026,** will be considered compliant with the requirement of examination in 6(A)(a) of this Standard of Practice.

e) Notwithstanding the above, ND Registrants are permitted to perform Injection Therapies and IV therapy **while participating in a NSCNR-approved specific component training program or associated preceptorship** provided they:

i. provide Injection Therapies and IV therapy only within the limits of their current personal competency and the specific component training completed to date;

ii. provide Injection Therapies and IV therapy within the specific Injection Therapies area of injection and/or IV permit being taught in the specific component training program of participation; and

iii. inform and obtain written consent of the patients under care that they have enrolled and are participating in, but have not yet completed, the specific component training program for the approved Reserved Practice Permit sought.

f) Recognized instructors of a NSCNR approved specific component training program with NSCNR-approved credentials are permitted to provide injection and/or IV services only as part of the curriculum of the approved program.

8. RESTRICTIONS

A Reserved Practice Permit - Injection Therapies, with or without an IV authorization **does not permit:**

a) performing injections of Autologous Blood Products, unless the ND Registrant holds a Reserved Practice Permit in Autologous Blood Products;
b) performing injections of ozone, unless the ND Registrant holds a Reserved Practice Permit in Ozone & Oxidative Therapies;
c) performing injections for cosmetic purposes;
d) accessing a Central Venous Access Device;

e) performing injections of botulinum toxin (Botox) or other neurotoxins;
f) performing injections of substances that require complex monitoring, intended for inpatient or hospital settings, or that, by their nature, are restricted to use by specialists and fall outside of primary care management;
g) performing intra-vaginal, rectal, intra-cavernous, or intra-ocular injections;
h) performing stellate ganglion blocks, nerve blocks, bone marrow–derived stem cell injections, stromal vascular fraction injections, or other procedures outside NSCNR-approved scope,
a) delegation of injection therapy to any other person, unless authorized by the NSCNR to do so as part of a Reserved Practice preceptorship; or
i) exceeding any individual ND Registrant's competence, training, or authorized scope of practice.

A Reserved Practice Permit - Injection Therapies without an additional authorization for IV Therapy does not permit the use of intravenous administration of any substance.

9. LEGISLATIVE CONTEXT

Regulated Health Professions Act (2023)
Regulated Health Professions General Regulations
Regulations Respecting Chiropractic and Naturopathy
Nova Scotia Chiropractic and Naturopathic Regulator Bylaws

All additional Health Canada regulations governing drug and device approval.

8. 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
- Professional Communications
- Professional Liability Insurance
- Emergency First Aid
- Emergency Readiness
- Infectious Disease Prevention and Control
- Immediate Use Compounding
- In-Office Ultrasound
- Reserved Practice Permit: Ozone and Oxidative Therapies
- Reserved Practice Permit: Autologous Blood Products (pending)

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Approved Date: Effective May 27, 2026
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APPENDIX A - Approved Substances and Drugs for injection and/or IV Therapy Use

Interpretation

Inclusion of a substance or drug on this Schedule does not, on its own, authorize a Registrant to obtain, possess, prepare, compound, dispense, or administer that substance or drug. The Registrant must also comply with all applicable legislation, NSCNR Standards of Practice, scope of practice requirements, Reserved Practice Permit requirements, manufacturer instructions, and individual competency requirements.

Where a substance appears with more than one route of administration, only those routes within the Registrant's authority, applicable Reserved Practice Permit, and competence may be used.

All substances and drugs listed in this Schedule are for immediate in-office use only, unless otherwise specified.

Part 1 - IV Nutrients, Amino Acids, Vitamins, and Minerals

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Amino Acid	Acetylcysteine	IV	IV nutrient infusion	Must be used with other amino acids.
Nutraceutical	Adenosine monophosphate	IV	IV nutrient infusion	
Nutraceutical	Adenosine triphosphate	IV	IV nutrient infusion	
Amino Acid	Alanine	IV	IV nutrient infusion	Must be used with other amino acids.
Nutraceutical	Alpha Lipoic Acid	IV	IV nutrient infusion	
Amino Acid	Arginine	IV	IV nutrient infusion	Must be used with other amino acids.
Vitamin	Ascorbic Acid (Vitamin C)	IV	IV nutrient infusion	
Amino Acid	Aspartic Acid	IV	IV nutrient infusion	Must be used with other amino acids.
Vitamin	Vitamin B1 (Thiamine)	IV or IM injection	IV/IM nutrient therapy	
Vitamin	Vitamin B2 (Riboflavin)	IV or IM injection	IV/IM nutrient therapy	
Vitamin	Vitamin B3 (Niacinamide)	IV or IM	IV/IM nutrient therapy	
Vitamin	Vitamin B5 (Pantothenic Acid)	IV or IM	IV/IM nutrient therapy	
Vitamin	Vitamin B6 (Pyridoxine)	IV or IM	IV/IM nutrient therapy	

NOVA SCOTIA CHIROPRACTIC AND NATUROPATHIC REGULATOR

SP-NDRPP-ITI/IT2/IT3 and +IV
Standard of Practice: Reserved Practice Permit - Injection Therapies and IV Authorizations
Approved Date: Effective May 27, 2026
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Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Vitamin	Vitamin B12 in all forms	IV or IM or SC injection	IV/IM/SC nutrient therapy	
Vitamin	Biotin	IV	IV nutrient infusion	
Mineral	Calcium Chloride	IV	IV mineral therapy	
Nutraceutical	Calcium EDTA	IV	In-office procedural use	
Mineral	Calcium Gluconate	IV	IV mineral therapy	
Mineral	Calcium Glycerophosphate	IV	IV mineral therapy	
Nutraceutical	Choline	IV or IM	IV/IM nutrient therapy	
Mineral	Chromium	IV	IV mineral therapy	
Mineral	Copper Sulfate	IV	IV mineral therapy	
Mineral	Copper II Chloride	IV	IV mineral therapy	
Vitamin	Folate in all forms	IV or IM injection	IV/IM nutrient therapy	
Amino Acid	Glutamine	IV	IV nutrient infusion	Must be used with other amino acids.
Amino Acid	Glutamic Acid	IV	IV nutrient infusion	Must be used with other amino acids.
Nutraceutical	Glutathione	IV or IM	IV/IM nutrient therapy	
Amino Acid	Glycine	IV	IV nutrient infusion	Must be used with other amino acids.
Amino Acid	Histidine	IV	IV nutrient infusion	Must be used with other amino acids.
Nutraceutical	Inositol	IV or IM	IV/IM nutrient therapy	
Amino Acid	Isoleucine	IV	IV nutrient infusion	Must be used with other amino acids.
Amino Acid	L-Tryptophan	IV	IV nutrient infusion	
Amino Acid	Leucine	IV	IV nutrient infusion	Must be used with other amino acids.
Amino Acid	Levocarnitine and its salts	IV	IV nutrient infusion	
Amino Acid	Lysine	IV or IM	IV/IM nutrient therapy	Must be used with other amino acids.

NOVA SCOTIA CHIROPRACTIC AND NATUROPATHIC REGULATOR

SP-NDRPP-ITI/IT2/IT3 and +IV
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Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Mineral	Magnesium Sulfate	IV or IM	IV/IM mineral therapy	
Mineral	Magnesium Chloride	IV or IM	IV/IM mineral therapy	
Mineral	Manganese	IV	IV mineral therapy	
Nutraceutical	Methionine	IV or IM	IV/IM nutrient therapy	
Mineral	Molybdenum	IV	IV mineral therapy	
Nutraceutical	MSM	IV	IV nutrient infusion	
Nutraceutical	Nicotinamide Adenine Dinucleotide	IV or SC injection	IV/SC nutrient therapy	
Amino Acid	Ornithine	IV	IV nutrient infusion	Must be used with other amino acids.
Amino Acid	Phenylalanine	IV	IV nutrient infusion	Must be used with other amino acids.
Nutraceutical	Phosphatidylcholine	IV	IV nutrient infusion	
Mineral	Potassium Chloride	IV	IV mineral therapy	Not more than 0.3 mEq/kg/hr; may not be administered on its own or by IV push.
Mineral	Potassium Phosphate	IV	IV mineral therapy	Not more than 0.3 mEq/kg/hr; may not be administered on its own or by IV push.
Amino Acid	Proline	IV	IV nutrient infusion	Must be used with other amino acids.
Mineral	Selenium	IV	IV mineral therapy	
Amino Acid	Serine	IV	IV nutrient infusion	Must be used with other amino acids.
Mineral	Sodium Bicarbonate	IV	IV mineral / buffer therapy	
Mineral	Sodium Iodide	IV	IV mineral therapy	Must be used with other minerals.
Mineral	Strontium and its salts	IV	IV mineral therapy	
Amino Acid	Taurine	IV	IV nutrient infusion	
Amino Acid	Threonine	IV	IV nutrient infusion	Must be used with other amino acids.

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Amino Acid	Tyrosine	IV	IV nutrient infusion	Must be used with other amino acids.
Mineral	Vanadium	IV	IV mineral therapy	
Vitamin	Vitamin A	IV or IM	IV/IM vitamin therapy	
Vitamin	Vitamin D	IV or IM	IV/IM vitamin therapy	
Vitamin	Vitamin E	IV	IV vitamin therapy	
Vitamin	Vitamin K1	IM	IM vitamin therapy	
Mineral	Zinc Chloride	IV	IV mineral therapy	
Mineral	Zinc Sulphate	IV	IV mineral therapy	

Part 2 - IV Fluids and Injection Fluids

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
IV Fluid	Dextrose	IV, IM, intra-articular, extra-articular, SC, intradermal	In-office procedural use	
Injection Fluid	Dextrose D50W	Intra-articular	Prolotherapy	
IV Fluid	Lactated Ringer's Solution	IV	IV fluid therapy	
Injection Fluid	Mannitol 25%	SC	Perineural injection fluid	
IV Fluid	Ringer's Solution (sodium, chloride, potassium and calcium)	IV	IV fluid therapy	
IV Fluid	Saline Solution	IV	IV fluid therapy	
IV Fluid	Sodium Chloride	IV	IV fluid therapy	IV with MAH.
Mineral	Sodium Citrate	SC, IM, IV, intra-articular	In-office procedural use	
IV Fluid	Sterile Water	IV	IV fluid therapy	Isotonic - must become hypertonic before injection.

Part 3 - Iron Preparations

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Iron	Ferric derisomaltose	IV	In-office iron infusion	
Iron	Ferric gluconate	IV	In-office iron infusion	
Mineral	Ferrous Sulphate	IM	Iron therapy	Use Z track.
Iron	Iron sucrose	IV	In-office iron infusion	
Iron	Saccharated Iron Oxide	IV	In-office iron infusion	Product-specific entry.
Iron	Ferric Sodium Gluconate Complex	IV	In-office iron infusion	Product-specific entry.
Iron	Ferric Derisomaltose	IV	In-office iron infusion	Product-specific entry.

Part 4 - Corticosteroids and Procedural Injection Medications

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Medication / Corticosteroid	Betamethasone	IM or intra-articular	In-office corticosteroid injection	
Medication	Bupivacaine	IM	In-office procedural use	
Medication / Corticosteroid	Dexamethasone	IM and intra-articular	In-office corticosteroid injection	Restriction from ophthalmic applications
Medication	Heparin	SC, IM, IV, intra-articular	In-office procedural use	Limited for use with PRP and MAH/Ozone with Reserved Practice Permit(s) applicable
Nutraceutical	Hyaluronidase	SC	In-office procedural use	
Medication / Corticosteroid	Hydrocortisone	IM and intra-articular	In-office corticosteroid injection	
Medication	Lidocaine	IV, IM, intra-articular, extra-articular, SC, intradermal	In-office procedural use	

NOVA SCOTIA CHIROPRACTIC AND NATUROPATHIC REGULATOR

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Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Nutraceutical	Methylene Blue	IV	In-office procedural use	
Medication / Corticosteroid	Methylprednisolone / Methylprednisolone acetate	IM or intra-articular	In-office corticosteroid injection	
Medication	Ondansetron	IV	Nausea	
Nutraceutical	Phosphatidylcholine with Deoxycholate	SC	In-office procedural use	
Medication	Procaine	SC, IM, IV, intra-articular, extra-articular, intradermal	In-office procedural use	
Medication / Corticosteroid	Triamcinolone acetonide / Triamcinolone hexacetonide	IM and intra-articular	In-office corticosteroid injection	
Corticosteroids	Methylprednisolone acetate (Depo-Medrol®)	IM or intra-articular	In-office corticosteroid injection	Product-specific entry.
Corticosteroids	Triamcinolone acetonide (Kenalog®)	IM and intra-articular	In-office corticosteroid injection	Product-specific entry.
Corticosteroids	Triamcinolone hexacetonide (Aristospan® / Trispan®)	IM and intra-articular	In-office corticosteroid injection	Product-specific entry.
Corticosteroids	Betamethasone (Celestone Soluspan®)	IM or intra-articular	In-office corticosteroid injection	Product-specific entry.
Corticosteroids	Dexamethasone	IM and intra-articular	In-office corticosteroid injection	Product-specific entry.
Corticosteroids	Hydrocortisone	IM and intra-articular	In-office corticosteroid injection	Product-specific entry.

Part 5 - Viscosupplementation / Hyaluronan Products

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Nutraceutical / Hyaluronan	Hyaluronic Acid	IV and intra-articular	In-office viscosupplementation / procedural use	
Hyaluronan / Viscosupplementation	Durolane	Intra-articular	In-office viscosupplementation injection	Product-specific entry.
Hyaluronan / Viscosupplementation	Cingal	Intra-articular	In-office viscosupplementation injection	Product-specific entry.
Hyaluronan / Viscosupplementation	Monovisc	Intra-articular	In-office viscosupplementation injection	Product-specific entry.
Hyaluronan / Viscosupplementation	Synvisc / Synvisc-One	Intra-articular	In-office viscosupplementation injection	Product-specific entry.
Hyaluronan / Viscosupplementation	Orthovisc	Intra-articular	In-office viscosupplementation injection	Product-specific entry.
Hyaluronan / Viscosupplementation	SportVis	Intra-articular	In-office viscosupplementation injection	Product-specific entry.

Part 6 - Emergency Medications

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Emergency Medication	Atropine	IV	In-office emergency use	For use only during in-office emergency.
Emergency Medication	Diphenhydramine Hydrochloride	IV or IM	In-office emergency use	For use only during in-office emergency.
Emergency Medication	Epinephrine Hydrochloride	IM or SC	In-office emergency use	For use only during in-office emergency.

Part 7 - Biologics / Specialized Procedures

Drug / Substance Class	Name of Substance	Permitted Route(s) of Administration	Permitted In-Office Purpose	Additional Information
Other	Autologous blood products (PRP)	IV, IM, intra-articular, extra-articular, SC, intradermal	In-office procedural use	Requires applicable Reserved Practice Permit.
Nutraceutical	DMPS	IV	In-office procedural use	
Nutraceutical	DMSA	IV	In-office procedural use	
Nutraceutical	DMSO	IV	In-office procedural use	
Nutraceutical	EDTA	IV	In-office procedural use	
Nutraceutical	Hydrochloric Acid	IV	In-office procedural use	
Nutraceutical	Hydrogen Peroxide 3%	IV	In-office procedural use	
Other	Ozone	IV, IM, intra-articular, extra-articular, SC, intradermal	In-office procedural use	Requires applicable Reserved Practice Permit.
Nutraceutical	Viscum Album	IV or SC injection or intra-articular	In-office procedural use	Used for arthritis.