

Site Readiness Checklist

For Organizations Supporting Registered Nurses and Registered Psychiatric Nurses who are Certified in Opioid Use Disorder

Purpose

This document is part of the BC Centre on Substance Use's (BCCSU) educational resources designed to support non-health authority registered nurses (RNs) and registered psychiatric nurses (RPNs) who are either interested in pursuing or are currently opioid use disorder certified (CP-OD). It serves as a guideline for organizational and program readiness, ensuring that the necessary infrastructure, practices, and support systems are in place for the effective employment of RNs and RPNs.

Disclaimer: This document is intended as a guide and provides examples of practices, procedures, and resources aimed at supporting autonomously practicing CP-OD RNs and RPNs to meet their professional practice standards. It also outlines the recommended responsibilities for employers. However, adherence to this guide does not guarantee compliance with all applicable laws or professional regulations. Employers and healthcare professionals should consult additional resources and the BCCNM as the professional regulatory body for nurses for up-to-date information on practice standards and regulatory updates.

Background

Certified Practice in OUD (CP-OD) can support increased capacity for, and access to, evidence-based OUD care, such as opioid agonist treatment (OAT). In collaboration with a site's clinical and operational leadership, registered nurses and registered psychiatric nurses with CP-OD can practice within their defined scope autonomously within the context of a shared care model.

Scope of Practice: Standards, Limits, and Conditions

The BC College of Nurses and Midwives (BCCNM) requires certified practice nurses to “prescribe only when they have the approval or are recognized by their organization/employer as a prescriber.” BCCNM standards, limits, and conditions that define certified practice RN/RPNs are:

- Limits and Conditions for Certified Practice ([RN](#), [RPN](#))
- [Use of Title](#) Practice Standard

Prescribing Standards:

- [RN standards for prescribing medications](#)
- [RPN standards for prescribing medications](#)

- [BCCNM Controlled Prescription Program + FAQ](#)
- Medication Practice Standards ([RN](#), [RPN](#))
- Acting within Autonomous Scope of Practice standards ([RN](#), [RPN](#))
- [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard](#)

For additional information on CP-OD, please see the following BCCNM pages: [RN](#), [RPN](#)

Decision Support Tools

These decision support tools (DSTs), developed by the BCCSU, set out the activities that are within the scope of RNs/RPNs CP-OD who are prescribing OAT for individuals with OUD, as well as the situations in which consultation or referral is required:

- [Methadone and Slow-Release Oral Morphine](#)
- [Buprenorphine/naloxone and Extended-release Buprenorphine](#)

Education Pathway Overview

The [RN/RPN CP-OD Education and Training Pathway](#) is the designated course for training RN/RPNs CP-OD. There are three sequential components to CP-OD training offered by the BCCSU:

1. **Provincial Opioid Addiction Treatment Support Program (POATSP): RN/RPN:** a self-paced, 30-module online course. Approximately 14-16 hours or more to complete.
2. **Workbook:** Contains case scenarios, reflective questions, and practical exercises that help apply the learnings from the online course. It will also help guide the next step, the in-person preceptorship. The workbook will be provided to RNs/RPNs by the BCCSU once they complete the online modules. Approximately 5-6 hours to complete.
3. **In-Person Preceptorship:** A 5-day in-person preceptorship (depending on pathway) with an experienced BCCSU-approved preceptor (MD or NP). This hands-on clinical learning opportunity allows RN/RPNs to consolidate and apply their learnings from POATSP and the clinical workbook, which is reviewed with the preceptor to facilitate assessing the learner's clinical and prescribing readiness. Learners are responsible for scheduling their preceptorship training, however.

All three components of the RN/RPN CP-OD Education and Training Pathway must be completed within a 3-month time frame, and the completion must be confirmed by the BCCSU. There may be an opportunity for a one time [3-month extension](#) of the training window under certain circumstances (e.g., rural and remote areas where preceptor availability may be constrained or involve travel). After completing the in-person preceptorship, RN/RPNs can apply to BCCNM for prescribing authority under the certified practice OUD and controlled prescription program. BCCNM provides guidance on how to apply for an MSP billing number.

Prescriber and MSP Numbers

Prescriber numbers are assigned by BCCNM to registered CP-OD nurses. Prescriber numbers are different than RN/RPN BCCNM registration numbers. A prescriber number is used when writing prescriptions and ordering clinical tests related to OUD care such as lab tests.

BCCNM provides instructions to CP-OD nurses on how to apply for an MSP number. These are used for ordering laboratory tests and entering encounter records. CP-OD nurses do not bill or recuperate finances for any care activities through MSP.

Considerations for Implementation to Support RNs/RPNs CP-OD

Refer to the [*Operational Resource: Considerations for Implementation to Support Registered Nurses/Registered Psychiatric Nurses Opioid Use Disorder Certified \(BCCSU\)*](#).

The Operational Resource was developed to support clinical and operational leaders implementing and coordinating CP-OD within BC. The Operational Resource provides a comprehensive overview of clinical practices, medication safety, virtual care, implementation considerations, and program evaluation strategies for CP-OD, and includes considerations for both health authority and non-health authority-run services.

Employer Site Readiness Checklist

Below is a checklist of requirements and additional considerations that employers must review to help ensure CP-OD nurses and other staff are well supported to provide OUD care.

☐ Administrative and Clinical System Supports – MANDATORY

Employers must ensure that RNs/RPNs CP-OD roles have access to the required clinical systems and tools to deliver OUD care effectively, including:

- Access to [PharmaNet](#) for prescription management
- [PRIME](#) enrolment (the online application for RNs/RPNs to access PharmaNet)
- A patient charting system (such as Electronic Medical Records (EMR))
- Adherence to [record retention](#) procedures for storage of duplicate copy of controlled prescription that aligns with the [BC controlled prescription program](#)
- Safe storage for Controlled Drugs and Substances' prescription pads. See info on the [Controlled Prescription Program](#) info by the College of Pharmacists of British Columbia for more information.

☐ Escalation of Care - MANDATORY

Employers are required to establish and maintain policies and processes for the continuity and escalation of care. This must include clear pathways for RNs/RPNs CP-OD to consult, refer, or transfer care in line with BCCNM's certified practice scope (see [BCCNM Section 8: Restricted activities for certified practice](#)). Employers should ensure these practices are well integrated into

their operations to facilitate seamless patient care transitions. These include:

- Ensuring continuity of care, such as appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of outcomes related to a person's treatment plan.
- Using BCCNM's [Opioid use disorder prescribing – consulting and referring](#) resource for how to consult with, refer to, or transfer care to other health professionals (e.g., nurse practitioners, physicians, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.
 - Develop a formal RN/RPN CP-OD escalation pathway to support clarity and formalize established consultation and referral pathways. This should be based on the BCCSU Decision Support Tools (DSTs) that outline when CP-OD nurses are required to consult or refer care to another provider.

□ Pharmacy Engagement

Clients receiving an OAT prescription from CP-OD nurses will require access to a pharmacy to obtain their medication(s). To support CP-OD nurse engagement and collaboration with pharmacy partners, employers should consider:

- Whether there are locally accessible pharmacies that dispense OAT. What are their operating hours? It's important for CP-OD providers to be aware of the pharmacy resources available to their clients, including the locations, operating hours, and the pharmacies' readiness to dispense OAT. This awareness ensures that prescriptions are written in a way that facilitates accessible and timely medication pickup, supporting effective patient care and retention in treatment programs.
 - If there are no nearby pharmacies dispensing OAT, consider advocating for a pharmacy to begin dispensing OAT.
- Proactively reach out to local pharmacies prior to writing prescriptions to ensure they are aware of CP-OD nurse prescribing.
- Discuss missed dose protocols according to [CP-OD DSTs](#) with pharmacy partners. Pharmacists can renew a prescription or provide an emergency fill.
- RN/RPNs CP-OD are required to consult with clients in person or virtually to review their treatment needs before issuing any prescription, ensuring all aspects including the management of missed doses are addressed.

□ Sustainability and Continuity Planning

Consider the following to support sustainability and continuity planning for CP-OD RNs/RPNs in your organization:

- The RN/RPN's workload (if currently employed), and how the addition of CP-OD activities (e.g., diagnosing, treating, and prescribing for OUD) could impact their workload, and therefore the shared work of an interdisciplinary team.
- Is there support from OAT providers within the organization to collaborate with RN/RPNs CP-OD for ongoing consultation and referrals as needed?
- Do OAT providers in the community have the capacity and availability to support receiving consultations and referrals for additional clients generated from RNs/RPNs CP-OD?

- Consider virtual support options for RN/RPN CP-ODD referral and consultation needs, such as the [BCCSU 24/7 Addiction Medicine Clinician Support Line](#): 778-945-7619
- Is there a plan in place for providing backfill coverage for vacations, sick time, and unexpected absences among RNs/RPNs CP-ODD? It is recommended that organizations engage in collaborative discussions with NPs and/or MDs regarding coverage strategies and consider employing multiple RNs/RPNs CP-ODD to ensure continuity of service provision within the team.
- Are there procedures in place for reviewing laboratory results, communicating with pharmacies, and handling client inquiries by appropriate team members when the RNs/RPNs CP-ODD is off shift and clinic/program is open?
- Organizational leaders are encouraged to support RNs/RPNs CP-ODD to participate in a community of practice and continuing education about CP-ODD.

□ Program and Clinical System Supports

Consider the following strategies to enhance the CP-ODD support framework in your organization:

- Organizing ward stock supply of adjunct medications that can support symptoms associated with OUD care such as withdrawal, pain management, etc. (e.g., acetaminophen, ibuprofen, dimenhydrinate and loperamide as per DSTs)
- Creating buprenorphine/naloxone to-go kits to support titration and ensure continuity between induction and follow-up pharmacy visit. Please refer to [burprenorphine/naloxone -to-go resource](#) for more information.
- Engaging lab services to set up point-of-care (POC) urine drug screen testing is recommended to ensure compliance with CP-ODD DSTs and BCCSU's [Guideline for the Clinical Management of Opioid Use Disorder](#). Lab services can provide the necessary equipment, training for staff, and ensure that testing protocols align with current standards. While programs can order UDTs and related supplies for on-site testing, partnering with a lab ensures that results are verified and managed according to best practices including confirmatory tests if needed.
- Refer to the [Operational Resource: Considerations for Implementation to Support Registered Nurses/Registered Psychiatric Nurses Opioid Use Disorder Certified \(BCCSU\)](#) for additional administrative and clinical supports for CP-ODD.

Resources

BCCNM

- Acting Within Autonomous Scope of Practice: Principles [RN](#) | [RPN](#)
- Certified Practice [RN](#) | [RPN](#) – Overview of the certified practice designation, what certified practice areas are available, the scope of practice is for a certified practice nurse, and other information on certified practice and prescribing medications.
- [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard](#)
- Limits and Conditions for Certified Practice [RN](#) | [RPN](#)
- Medication Practice Standards [RN](#) | [RPN](#)

- [Section 8: Restricted Activities for Certified Practice](#)
- [Use of Title Practice Standard](#)
- [Opioid Use Disorder Prescribing – Consulting and Referring](#)
- Principle 8 of BCCNM’s standards for prescribing medications ([RN](#), [RPN](#)) - emphasizes the responsibility of healthcare providers to ensure that all prescriptions are based on accurate diagnosis, are appropriate for the patient’s condition, and are issued following a thorough assessment.

BCCSU

- [RN/RPN CP-OD Resource List](#) – includes information related to Certified Practice Competencies, Preceptorships, DSTs, prescribing, the 24/7 support line, screening and diagnosis, and medication-specific resources
- [Operational Resource: Considerations for Implementation to Support Registered Nurses/Registered Psychiatric Nurses Opioid Use Disorder Certified](#)
- [Decision Support Tools for Opioid Use Disorder](#)
 - [Methadone and Slow-release Oral Morphine](#)
 - [Buprenorphine/naloxone and Extended-release Buprenorphine](#)
- [RN Certified Practice Opioid Use Disorder & RPN Certified Practice Opioid Use Disorder – Frequently Asked Questions](#)
- [RN/RPN Opioid Use Disorder Certified Education and Training Pathway](#)
 - [Provincial Opioid Addiction Treatment Support Program](#) (eLearning course)

Additional Resources

- [Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies \(NNPBC\)](#)
- CP-OD Community of Practice (CoP)
 - The Ministry of Health (HLTH) hosts a monthly provincial CP-OD CoP for RN/RPNs CP-OD to provide updates, ask questions, and discuss issues. Interested RN/RPNs CP-OD can email OERC@gov.bc.ca to participate.
- [Cultural Safety and Humility Standard](#) (Health Standard Organization)
- [Opioid Agonist Therapy for Clients](#) (First Nations Health Authority)