Operational Resource

Considerations for Implementation to Support Registered Nurses/Registered Psychiatric Nurses Opioid Use Disorder Certified

British Columbia Centre on Substance Use
Networking researchers, educators & care providers

October 2025

TABLE OF CONTENTS

Land Acknowledgement 4

Suggested Citation 4

About the British Columbia Centre on Substance Use 5

Authors and Contributors 5

Acknowledgements 6

Legal Disclaimer 6

Audience 6

Background 7

1.0 Planning a Program for RNs/RPNs CP-OUD 8

- 1.1 Principles of Care 8
- 1.2 Certified Practice 9
- 1.3 Endorsement 9
- 1.4 Integrating People with Lived and Living Experience into Programs 10
- 1.5 Insights from RNs and RPNs: Shaping OUD Care 10
- 1.6 Professional Practice Office Engagement 11
- 1.7 Policy Stakeholder Engagement Considerations 12

2.0 Implementation Considerations 13

- 2.1 Access 13
- 2.2 Interdisciplinary Team Considerations 13
- 2.3 Collaborative Escalation Pathways 14
- 2.4 Point-of-Care Urine Drug Testing 15
- 2.5 Laboratory Considerations 15
- 2.6 PharmaNet & Documentation 16

3.0 Medication Storage, Handling, and Safety 17

- 3.1 Adjunct Medications for Opioid Agonist Treatment 17
- 3.2 Missed Dose and Appointment Management 19

4.0 Virtual Care 20

- 4.1 Rural and Remote Considerations 20

5.0 Evaluation: RNs/RPNs CP-OUD Evaluation ... 21
5.1 Reporting to the Ministry ... 21
5.2 Collecting Care Data ... 21
5.3 Lessons Learned in Local Data Tracking ... 23
6.0 Frequently Asked Questions ... 24
7.0 Support for RNs/RPNs CP-OUD ... 25
7.1 Sustainability and Continuity Planning ... 25
7.2 Human Resource Considerations ... 26
Resources ... 27
Additional Resources ... 27
References ... 28
Appendix 1: Principles of Care for RNs/RPNs CP-OUD ... 29

Land Acknowledgement

The British Columbia Centre on Substance Use would like to respectfully acknowledge that the land on which we work is the unceded territory of the Coast Salish Peoples, including the traditional territories of xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səl̓ílwətaɬ (Tsleil-Waututh) Nations.

We recognize and respond to the impact that criminalization, institutionalization, and discrimination have on individuals who use drugs and the disproportionate effect on Indigenous Peoples. Committed to active reconciliation, we pledge to undertake concrete steps to dismantle colonial legacies within the healthcare system.

Suggested Citation

Considerations for Implementation to Support Registered Nurses/Registered Psychiatric Nurses Opioid Use Disorder Certified

Author: British Columbia Centre on Substance Use (BCCSU)

Publisher: British Columbia Centre on Substance Use (BCCSU)

Document Purpose: Operational and implementation resource for Registered Nurses/Registered Psychiatric Nurses Opioid Use Disorder Certified

Publication Date: September 2024

Target Audience: Operational leaders implementing, coordinating, and supporting Registered Nurses/ Registered Psychiatric Nurses Opioid Use Disorder Certified in British Columbia

Contact:
British Columbia Centre on Substance Use
400-1045 Howe Street, Vancouver, BC V6Z 2A9
inquiries@bccsu.ubc.ca

About the British Columbia Centre on Substance Use

The BC Centre on Substance Use (BCCSU) is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. The BCCSU seeks to improve the integration of best practices and care across the continuum of substance use through the collaborative development of evidence-based policies, guidelines, and standards. With the support of the Province of BC, the BCCSU aims to transform substance use policies and care by translating research into education and care guidance, thereby serving all British Columbians. The BCCSU seeks to achieve these goals through integrated activities of its three core functions: research and evaluation, education and training, and clinical care guidance.

Research and Evaluation—Leading an innovative multidisciplinary program of research, monitoring, evaluation, and quality improvement activities to guide health system improvements around substance use.

Education and Training—Strengthening addiction medicine education activities across disciplines, academic institutions, and health authorities, and training the next generation of interdisciplinary leaders in addiction medicine.

Clinical Care Guidance—Developing and helping implement evidence-based clinical practice guidelines, treatment pathways, and other practice support documents.

Authors and Reviewers

Authors:

Rebecca Anthony, RN(C), MSN; Program Manager, Education and Implementation, BC Centre on Substance Use

Amanda Lavigne, RPN(C), MPN; Substance Use Clinical Nurse Specialist, Interior Health Authority

Reviewers:

Christina Chant, RN, MSN; Director, Education and Clinical Activities, BC Centre on Substance Use

Hattie Daumann, RN(C), BA, BsCN; Professional Practice Lead, OAT Access and Toxic Drug Response, First Nations Health Authority

Lee Erikson, RN, MA; Clinical Nurse Specialist, Fraser Health

Amber Froste, RN(C), BsN, Member of Nlaka'pamux Tribal Nation; Professional Practice Lead-RN Prescribing/Overdose Response, Four Directions Team- MHSUHRR, First Nations Health Authority

Ashley Gueret, NP(F), MScN; Clinical Implementation Lead Nurse OAT Prescribing, Northern Health

Graham Hall, MHS; Executive Lead MHSU, Northern Health

Babita Heer, RN, MSN; Clinical Nurse Specialist for Substance Use and Overdose Prevention, BC Mental Health & Substance Use Services, Provincial Health Services Authority

Sarah Hughes, RN, BScN; Clinical Nurse Educator, Island Health

Emily Jeknavorian, RN; Clinical Nurse Educator, Island Health

Sally Kupp, BSN; Interim Program Manager, Education and Implementation, BC Centre on Substance Use

Ann Laing, RN, MScN, BSN; Practice Consultant, Professional Practice, Island Health

Jill Murray, PhD; Director, Ministry of Mental Health and Addictions

Kendrah Rose, RN, MN, BcSN; Clinical Nurse Specialist, Vancouver Coastal Health

Josey Ross, MA; Acting Director, Education and Clinical Activities, BC Centre on Substance Use

Ali Vrzal; Clinical Initiatives Lead - Addiction Medicine Substance Use Services, Island Health

Acknowledgements

The BCCSU acknowledges with gratitude the provincial implementation committee for Registered Nurses/ Registered Psychiatric Nurses, Opioid Use Disorder Certified, the British Columbia College of Nurses and Midwives (BCCNM), and the RNs and RPNs who have prescribed opioid agonist treatment (OAT) who have shared their knowledge and experience with those involved in implementation. We wish to thank Niousha Gazor for copy edit support and Sharon Hu for design and graphic support on this resource.

Legal Disclaimer

This document is not a substitute for the advice or professional judgment of a health care professional. Healthcare professionals must take into consideration the individual circumstances of their patients/ clients and all applicable laws, regulations, and standards, including those set by their relevant governing bodies. The BCCSU and its affiliated organizations make no representation or warranty of any kind, either expressed or implied, as to the accuracy or completeness of the information in this document, or the fitness of the information for any use, and assume no liability, loss, or risk incurred as a consequence, directly or indirectly, of the use or application of any of the contents of this document.

Audience

This resource is intended to offer guidance to Health Authority and non-Health Authority services when considering adopting Certified Practice Opioid Use Disorder (CP-OUD) Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) into their programs. This document contains principles of care, logistical considerations, and links to resources that will provide insight into the implementation requirements of this practice in your organization.

Background

On September 16, 2020, Dr. Bonnie Henry issued a provincial health order enabling RNs and RPNs in British Columbia to prescribe OAT to increase access to vital treatments for opioid use disorder (OUD) amidst a critical period of drug toxicity. The BCCNM officially expanded the RN and RPN scope of practice along with limits, and conditions to prescribe controlled substances for OUD effective October 26, 2020. Effective November 1, 2023, the BC College of Nurses and Midwives (BCCNM) implemented new and amended standards, limits, and conditions creating a new permanent designation of certified practice for OUD for RNs and RPNs.

The BCCSU has overseen the authorization of OAT prescribers province-wide since 2017 through the Provincial Opioid Addiction Treatment Support Program (POATSP) online course. This initiative evolved from a focus on physicians, then expanded to training nurse practitioners (NPs), and eventually to RNs and RPNs. A phased approach began with buprenorphine/naloxone, marked by the first RN/RPN-written buprenorphine/naloxone prescription in March 2021 in the Interior Health region.

As of October 2024, RNs/RPNs opioid use disorder certified (CP-OUD) are trained to initiate, continue, titrate, and restart methadone, buprenorphine/naloxone, extended-release buprenorphine, and slow-release oral morphine (SROM) treatments. The RN/RPN CP-OUD Education and Training Pathway includes an online course, a specialized workbook, and clinical preceptorship.

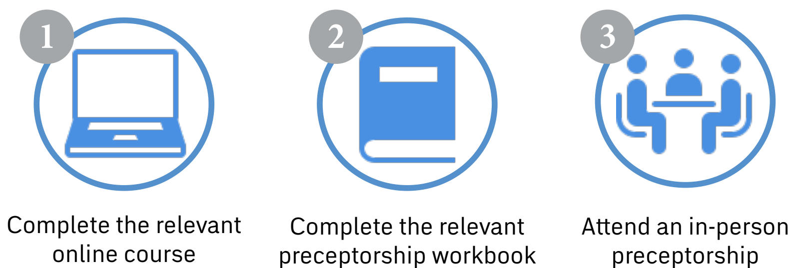


Figure 1. RN/RPN CP-OUD Education and Training Pathway

The BCCSU has developed provincial decision support tools (DSTs) to delineate RN/RPN CP-OUD practice boundaries, clinical decision-making, and referral requirements when managing OUD. These tools cover medications such as buprenorphine[1], extended-release buprenorphine, methadone, and SROM.

Medications	Initiation	Continuations *(including missed doses)*	Titrations	Restarts *(up to 30 consecutive days since last dose)*
Buprenorphine[1]	✓	✓	✓	✓
Methadone	✓	✓	✓	✓
Slow-release oral morphine	✓	✓	✓	✓

The Ministry of Health (HLTH), BCCNM, and BCCSU, in partnership with the provincial health authorities, Nurses and Nurse Practitioners of BC (NNPBC), and the BC Nurses' Union (BCNU) will continue to work together to progress the phased implementation of RNs/RPNs CP-OUD in BC.

1.0 Planning a Program for RNs/RPNs CP-OUD

This section focuses on important areas of engagement when planning services inclusive of RNs/RPNs CP-OUD, for both health authority and non-health authority services. This section outlines BCCNM standards and principles of care for OUD treatment by RNs/RPNs CP-OUD.

> "The overall goals of RN and RPN prescribing for substance use pharmacotherapy are to provide broader provincial access to pharmacotherapy to reduce overdose and overdose death; advance harm reduction services; and increase initiation and retention in treatment." (MOH & MMHA, 2021, p. 5)

1.1 Principles of Care

The BCCNM regulates RNs and RPNs in BC and sets standards that ensure nursing care is safe, competent, and ethical. This includes setting standards, limits, and conditions for when RNs/RPNs CP-OUD diagnose and treat OUD, including the prescribing of medications.

The BCCNM sets standards and expectations for how BCCNM registrants are to provide culturally safe and anti-racist care for Indigenous clients.[2] RNs and RPNs may also refer to the Health Standard Organization's *British Columbia Cultural Safety and Humility Standard*. For information specific to providing culturally safe and humble care to individuals with OUD, RNs and RPNs should refer to the First Nations Health Authority's (FNHA) Opioid Agonist Therapy for Clients. See the BCCNM From Awareness to Action: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism learning series to learn more about Indigenous cultural safety, humility, and anti-racism.

The key principles of treatment for RN/RPN CP-OUD include:

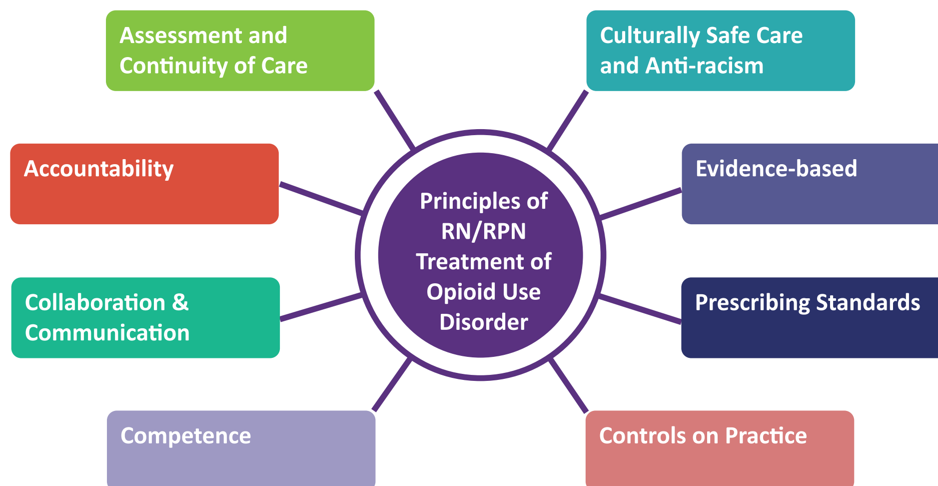


Figure 2. Diagram Outlining the BCCNM Principles of RN/RPN Treatment of Opioid Use Disorder

Additional principles of care for RNs and RPNs CP-OUD developed by the former Ministry of Mental Health and Addictions, now part of the Ministry of Health (HLTH) are detailed in Appendix 1.[3]

1.2 Certified Practice

Certified Practice (CP) is a regulatory mechanism used to permanently expand RN and RPN scope of practice as outlined in the Nurses (Registered) and Nurse Practitioner Regulation and the Nurses (Registered Psychiatric) Regulation. Nurses who obtain the BCCNM-certified practice designation have an expanded scope of practice and are authorized to carry out specific restricted activities if BCCNM standards, limits, and conditions are met. This includes being authorized to diagnose and treat a disease or disorder, including by prescribing indicated medications. Certified Practice RNs (RN[C]s) and RPNs (RPN[C]s) are solely accountable for the diagnosis and treatment of their clients.

In September 2023, the BCCNM included OUD as a new area of certified practice for RNs and RPNs, making it the first certified practice for RPNs in Canada. This change formally establishes RNs/RPNs CP-OUD as a permanent nursing practice outside of the temporary provincial health order. RNs/RPNs CP-OUD will be required to complete a registration renewal annually for this certified practice.

> “As a nurse prescriber, I enjoy assisting clientele in their journey toward recovery, and the pride they express in their accomplishments. I also take pride in being a part of the pioneering expansion of nursing’s scope of practice, which has added enormous value to the provision of health care in B.C.”
>
> – Terry Abetkoff, RN (Interior Health, 2023)

1.3 Endorsement

As per BCCNM Limits and Conditions for RNs/RPNs CP-OUD:

- RNs and RPNs CP-OUD must:
  - Successfully complete the relevant certified practice education program approved by BCCNM (BCCSU POATSP: RNs and RPNs education and training pathway)
  - Diagnose and treat only those diseases, disorders, or conditions outlined in the competencies of the BCCNM-recognized education program for their certified practice designation
  - Follow the decision support tools for CP-OUD, and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering, or ordering medications, and ordering diagnostic tests as outlined in the decision support tools for CP-OUD
  - Complete additional education and ensure they are competent before performing a new activity added to CP-OUD and as identified within their certified practice decision support tools such as diagnosing or treating a new disease, disorder, condition, or providing a new treatment.
  - Diagnose and treat diseases, disorders, or conditions as outlined for CP-OUD, including prescribing, compounding, dispensing, administering, or ordering medications, and ordering diagnostic tests only when policies, processes and/or resources are in place for:
    - Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.
    - Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client’s needs.

- Before prescribing, RNs and RPNs CP-OUD must:
    - Apply to the BCCNM using the Application for Certified Practice-OUD Registration (see Resource 1)
    - Apply to the BCCNM for prescribing authority
    - Obtain a BCCNM-assigned prescriber number
    - Be recognized by their organization as a RN/RPN CP-OUD
    - Enroll with the Medical Services Plan (see MSP enrolment)
    - Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances
    - Follow workplace policies, which may vary from one workplace to another
    - Be familiar with their responsibilities under the Controlled Prescription Program
    - Follow the BCCSU's Guideline for the Clinical Management of Opioid Use Disorder (2023) when treating clients
    - Only prescribe medications when BCCNM prescribing standards are met for RNs and RPNs

To streamline endorsement applications for RNs/RPNs CP-OUD in your organization, health authority leads should consider developing an internal application pathway for health authority applicants. Non-health authority nurses apply to the RN/RPN CP-OUD Eduaction and Training Pathway through the BCCSU to gain access to the RN/RPN POATSP provincial training (see Resource 2).

This allows for:

- Consistency in submitting program requests for RNs/RPNs CP-OUD in your region
- Clear expectations of the nurse and program are outlined
- Consistency in managing requests
- Ensuring there is operational manager endorsement
- Ensuring there is community support in place to support escalation of care needs for RNs/RPNs CP-OUD (See Resource 3)

1.4 Integrating People with Lived and Living Experience into Programs

In the development and execution of programs involving RNs/RPNs CP-OUD, programs are encouraged to consult people with lived and living experience (PWLLE), which may include prospective clients, peer navigators, and/or advocacy groups. People with lived and living experience provide invaluable perspectives that enhance the effectiveness and accessibility of healthcare services.

It is recommended to consult and actively involve PWLLE in all stages of program implementation. Their insights will guide the establishment of care and environments that support the needs and preferences of those receiving care. By recognizing the expertise of PWLLE, health authorities and organizational programs can ensure that services are designed with direct input from those who have lived or living experience of substance use and accessing OUD care. See the BCCDC's "Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and Other Providers" for best practices on how to engage and pay PWLLE.[4]

Strategies for incorporating PWLLE in OUD program implementation may include:

- Engaging PWLLE in advisory capacities to inform program policies and service delivery models early in the process and ongoing
- Establishing peer navigator roles to facilitate connections between clients and the health care system, providing guidance and advocacy from a place of shared experience
- Hosting regular focus groups with PWLLE to gather feedback on services and identify areas for improvement based on the needs of people with OUD
- Providing education and training opportunities for health care providers to learn together with and from PWLLE about best practices in care delivery

1.5 Insights from RNs and RPNs: Shaping OUD Care

This resource reflects collaborative perspectives from RNs and RPNs providing OUD care across BC who played a pivotal role in its development. The consultation process included a survey developed and distributed by the BCCSU, which was designed to gather insights for this resource. This ensured that the guidance provided here is rooted in practical, on-the-ground experiences of nurses who are deeply involved in OUD care.

To further contextualize these contributions, Interior Health facilitated the collection of quotes through a communication highlight, ensuring informed consent from the nurses to share their reflections. These insights not only inform the content but also underscore the importance of RNs and RPNs in enhancing accessibility, continuity, and personalization of OUD treatment.

> Becoming a nurse prescriber with Interior Health was an exciting opportunity to not only grow my professional knowledge, but to be a part of a ground-breaking team of nurses forging a new path to break down barriers for an underserved group of people. As the first nurse in B.C. to prescribe OAT, I was able to provide a lot of education and communication to a variety of community partners, including our local shelters, supported housing sites, RCMP, city cells, pharmacies, and hospitals about the role nurse prescribers can play in promoting and supporting access to OAT treatment. I am proud to have been a part of the nurse prescriber rollout, and feel I was able to play a huge part in restructuring how clients access OAT.

> – Crystal Head, RN (Interior Health, 2023),
> *the first RN/RPN OAT prescriber in BC*
> *to prescribe buprenorphine/naloxone in March 2021*

1.6 Professional Practice Office Engagement

Health authority professional practice offices are well positioned to support setting standards of excellence for health care service delivery. Professional practice offices focus on the optimization of the scope of practice and support policies and processes that guide disciplines in providing ethical, culturally safe and humble, effective, high-quality, and client- and family-centered care. Early engagement with a professional practice office nursing representative when planning OAT services including RNs/RPNs CP-OUD can help identify:

- Policies, procedures, and clinical DSTs that may need amendment or development
- Required levels of internal stakeholder engagement and endorsement
- Any need for health authority level limitations on the application of nursing scope

Employers outside of the health authority should refer to the BCCSU's *Guideline for the Clinical Management of Opioid Use Disorder (2023)* and the following BCCNM resources to inform their internal policies and procedures:

- Registered Nurses (Certified) Standards for Prescribing Medications
- Registered Psychiatric Nurse Standards for Prescribing Medications
- Practice Standard for all BCCNM Nurses–Medication
- Part 6: Certified Practice
- Section 8: Restricted Activities for Certified Practice
- Registered Nurses Acting Within Autonomous Scope of Practice: Principles
- Registered Psychiatric Nurses Acting within Autonomous Scope of Practice: Principles

Additionally, First Nation employers outside of the health authority can refer to FNHA for guidance with internal policies and procedures.

1.7 Policy Stakeholder Engagement Considerations

In addition to engaging with professional practice offices, ensure you are familiar with the governing policies and procedures that exist within your organization that may limit or pose barriers to including RNs/RPNs CP-OUD in practices. Such policies may need to be amended and can take significant stakeholder engagement and sponsorship. Engage in this review as early as possible as part of your implementation-phased approach.

Consider:

- The ongoing evolvement of the provincial initiative to expand the scope of practice for RNs/RPNs CP-OUD
    - o Ensure that your policy is broad enough to include future scope expansion and will not require an additional amendment
- The controlled drugs and substances and ward stock medication policies within your organization and the dispensing needs of your program
- Developing standard workflow documents that support nursing and interdisciplinary staff to practice consistently within your program

2.0 Implementation Considerations

This section is intended to support health authority and non-health authority employers in their operational planning and implementation of RNs/RPNs CP-OUD OAT into the care team. It includes considerations related to planning, organizing clinical operations, providing longitudinal support, and evaluation of RNs/RPNs CP-OUD.

2.1 Access

RNs/RPNs CP-OUD play a key role in increasing access to OAT in their community. Depending on their worksite location and program, RNs/RPNs CP-OUD can:

- Expand OAT clinic hours
- Follow up virtually with clients who have missed in-person appointments
- Provide outreach into the community
- Provide education and connection to resources that support successful treatment initiation and ongoing retention
- Support with coverage and provide prescriptions until the client can be seen again in person by their provider

2.2 Interdisciplinary Team Considerations

Opioid agonist treatment services should be delivered in a team-based and integrated manner where possible. One of the primary benefits of an interdisciplinary team is the opportunity to leverage the services and resources of each team member to optimize care.

Clinical and operational leadership support is essential when introducing RNs/RPNs CP-OUD to stakeholders in the community

Primary care considerations

- Introduce and create awareness around RNs/RPNs CP-OUD and how their increased nursing scope of practice can support people who use substances
- Ensure prescribers understand pathways for referral and escalation of care to and from the RNs/RPNs CP-OUD to support continuity of care for clients
- Consider documentation logistics between providers for shared clients (e.g., Electronic Medical Record (EMR) access, communication via fax, “read-only” access to EMRs between agencies)

Pharmacy considerations

- If feasible, reach out to community pharmacies in advance of prescribing implementation to ensure that their PharmaNet software is updated which will allow RNs/RPNs CP-OUD to be searchable (See pharmacist-specific announcements for more details)
- If possible, inquire if the pharmacist is prepared to engage in issuing emergency OAT prescriptions in certain situations
- If possible, inquire if the pharmacist can deliver OAT to clients and/or community health facilities in certain situations

- Pharmacists and pharmacy technicians may call prescribers for new prescriptions or prescription changes
    - Ensure the pharmacist is aware of when the RN/RPN CP-OUD is available and how to reach them
    - Consider needs related to after-hours consultation and the possible escalation to on-call providers in the community
- RNs/RPNs CP-OUD should consider being proactive with communication with pharmacists before periods of unavailability, particularly as they are not formally an on-call service provider
    - Providing an opportunity to clarify prescriptions and ask questions ahead of time can reduce the chance that clients are impacted at the pharmacy when they arrive to receive their medication
- Ensure there is clarity between the RN/RPN CP-OUD and pharmacists on missed dose protocols (see the BCCSU's *Guideline for the Clinical Management of Opioid Use Disorder [2023]*)
- RNs/RPNs CP-OUD should discuss the expectations of witnessed ingestion or take-home dose schedule with clients to reduce potential confusion or conflict at the pharmacy
- Discuss with pharmacy staff how they can provide culturally safe care
- Ensure confidential spaces are available for OAT dispensing to maintain clients' privacy. The College of Pharmacists of BC works to ensure compliance with privacy standards
- Out-of-province prescriptions: BC pharmacies that have signed an agreement with Alberta Blue Cross may charge prescriptions to Alberta

Interdisciplinary considerations

- Ensure that interdisciplinary referral pathways to and from other supports (e.g., social work, occupational therapist, life skills worker, cultural advisors or support, harm reduction coordinators, peer coordinators) are clear and team members are familiar with each other's scope of service
- Engage with laboratory services early to support with setup of point-of-care testing and assess the need for specimen transport training, if applicable

2.3 Collaborative Escalation Pathways

RNs/RPNs CP-OUD can refer to the BCCNM's resource Opioid Use Disorder Prescribing–Consulting and Referring when consulting with or referring to other health professionals. The BCCNM outlines the *Limits and Conditions for Certified Practice Registered Psychiatric Nurses* that enable and support RNs/RPNs CP-OUD to prescribe specific controlled substances for people diagnosed with OUD.

RNs/RPNs CP-OUD must:
Consult with, refer to, or transfer care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, and primary care providers) about the treatment plan or as needed to meet the client's needs. For example, this could include an external resource such as the BCCSU's 24/7 Addictions Medicine Clinician Line (consult only), a regional virtual care program, a partnered clinic or program, or internal team members.
Ensure continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.

Consider developing an RN/RPN CP-OUD escalation pathway document to support clarity and formalize established consultation and referral pathways. See Resource 3 for a template that can be adapted to your clinical site. This allows for:

- Safe client care
- Timely access to an appropriate level of care
- Clarity of team-based care linkages when consulting with stakeholders
- Clear operational pathways for RNs/RPNs CP-OUD to follow
- Community referral sources are readily available
- Regular updates as required

Consider developing a competency validation checklist that confirms the nurse has reviewed the applicable BCCNM standards, employer policies, and provincial decision support tools before prescribing.

2.4 Point-of-Care Urine Drug Testing

Point-of-care urine drug testing (UDT) is a form of testing performed at or near the site of the client, outside a central laboratory environment. It is usually performed by non-laboratory employees using a variety of methods which may include strips, kits, instruments, or devices. Providing point-of-care UDT requires endorsement from laboratory services which includes agreements for ongoing quality control measures. To be set up for point-of-care UDT at your site where nurses are prescribing, there may be additional training required by your health authority lab department.

Health authority lab services should be engaged early in the implementation planning to support the setup of point-of-care testing for urine drug testing for RNs/RPNs CP-OUD.

***Note**: Operational billing will be required for both set-up costs related to point-of-care UDTs and ongoing costs of urine drug test cups.

For more information on UDTs: *A Guideline for the Clinical Management of Opioid Use Disorder (2023)* and Urine Drug Testing in Patients Prescribed Opioid Agonist Treatment: Breakout Resource

2.5 Laboratory Considerations

As part of the requirements to be an RN/RPN CP-OUD, nurses must apply for an MSP billing number. RNs/RPNs CP-OUD should use the RN MSP application form. Depending on the work site location, an MSP number can be used for both ordering laboratory tests and for encounter records**. Nurses do not use MSP for financial billing.**

The BCCSU Decision Support Tools outline the clinical tests that are within the scope of RNs/RPNs CP-OUD to inform treatment. Electronic medical records and blank lab requisitions are available for all health authorities and privately operated laboratory services. Ensure that electronic notifications of lab results are set up to return to the prescriber's MSP.

Consider:

- Developing a health authority regional lab requisition that is specific to the scope of a RN/RPN CP-OUD (see Resource 5). This supports lab services when assessing for scope of tests.

2.6 PharmaNet & Documentation

All prescribers in BC require access to PharmaNet,[5] the province-wide data network that keeps a record of every prescription dispensed in a BC community pharmacy. Health professionals who require access to PharmaNet to deliver client care must request Ministry of Health approval to access PharmaNet through a PRIME online application.[6]

RNs and RPNs are required to follow their employer policies related to documentation of clinical care that meets their BCCNM standards, limits, and conditions related to prescribing and documentation. See the BCCNM Documentation Standards.

Note: Prescribing and documentation standards are the same for both RNs and RPNs.

3.0 Medication Storage, Handling, and Safety

To operate an RN/RPN CP-OUD program, access to a community pharmacy that dispenses OAT is required. The BCCSU Integrated Interdisciplinary Model of Opioid Agonist Treatment model underlines the necessity for interdisciplinary team collaboration, allowing nurses to witness and manage doses of pharmacy-prepared medications. It emphasizes the documentation of adjustments to OAT medications via the Transaction Medication Update (TMU) process and supports the implementation of ward stock medications to ensure continuity and safety in patient care across various healthcare settings.

If access to a community pharmacy that dispenses OAT medication is limited, consider:

- Having client-specific medications delivered to your site for storage and administration
    - Refer to your organizational policies and procedures for information on storage, handling, and safety related to controlled drugs and substances
        - Generally, all controlled drugs or substances that are stored on-site for any period should be stored in a lockable fridge or safe, inside of a locked room; this is commonly referred to as a double lock system[7]
    - A narcotic record must be maintained, and archived records kept in a locked file cabinet for 2 years for auditing purposes
        - Two nurses should complete a narcotic count and any doses that are wasted must be witnessed and co-signed
    - Consult with the community pharmacy about delivery options and return of missed doses
- Setting up ward stock at your site for controlled substances and adjunct medication
    - There are specific environmental, procedural, and financial requirements related to the purchasing, storage, dispensing, and administration of ward stock medications
    - Consult with your health authority pharmacy leads and Professional Practice Office, or with your community pharmacy partners if your site is a non-health authority program, to assess if your site meets the requirements for ward stock of controlled substances or adjunct medications

*While it may not be feasible at your site to implement ward stock of medications, ensure that there is planning to address the treatment of opioid withdrawal needs that are within the scope for RNs/RPNs CP-OUD to support treatment initiation and retention.

3.1 Adjunct Medications for Opioid Agonist Treatment

RNs/RPNs CP-OUD are trained to prevent, manage, monitor, and treat the symptoms of precipitated withdrawal related to buprenorphine/naloxone inductions. While great efforts are made by all prescribers to reduce incidents of precipitated withdrawal, it is important to be able to support clients to alleviate symptoms of discomfort when this occurs.

"Precipitated withdrawal can occur when the first dose of the partial opioid agonist buprenorphine/ naloxone is administered to a patient using full agonist opioids (e.g., heroin, fentanyl, oxycodone) before they have achieved a moderate stage of opioid withdrawal. Because buprenorphine has a high affinity but low activity at the mu receptor, it rapidly displaces any full agonist opioids that are present at the receptor, which can result in a net decrease in overall opioid effects. Among patients who have used full agonist opioids recently, the sudden replacement of the full agonist opioid with buprenorphine and rapid decrease in net opioid agonist effects can precipitate significant opioid withdrawal symptoms" (BCCSU, 2023)8

Below are the medications within the scope for RNs/RPNs CP-OUD to manage symptoms of withdrawal in the context of a traditional buprenorphine/naloxone induction. RNs/RPNs CP-OUD must consult the relevant DSTs and follow organizational policies when engaging in decision-making about prescribing medications to alleviate opioid-related withdrawal symptoms.

BOX 21. MEDICATIONS TO ALLEVIATE WITHDRAWAL SYMPTOMS

Prior to the first dose or during the first few doses of bup/nlx, consider providing medications to prevent or alleviate opioid-related withdrawal symptoms

- Prescribe, administer, or dispense non-opioid adjuncts to treat withdrawal symptoms

Table 7. Non-opioid Adjuncts Used to Alleviate Withdrawal Symptoms

	Assessment	Indications	Dosage
Clonidine	• Substance use history • Opioid withdrawal symptoms • Check blood pressure and avoid if the client is hypotensive	• Mild to moderate symptoms of opioid withdrawal or precipitated withdrawal such as sweating, hot flashes, watery eyes, restlessness, anxiety	• 0.1–0.2mg PO every 6 hours as needed (PRN) • Maximum 0.8mg/day
Acetaminophen	• Substance use history, planned OAT induction • Pharmaceutical and therapeutic suitability, as well as individual preference and age	• Mild to moderate pain or headache related to opioid withdrawal or precipitated withdrawal	• 325–1000mg PO every 4 to 6 hours PRN • Maximum 4,000mg/day; 2,000mg for older adults or those with liver impairment
Dimenhydrinate	• Substance use history, planned OAT induction • Assess for hypovolemia (dark yellow urine, decreased urine output, decreased skin turgor, thirst, tachycardia, hypotension, dry mucous membrane, new onset of confusion and/or delirium, lethargy) • If unable to maintain adequate hydration status and/or currently exhibiting signs of hypovolemia, refer to an MD/NP	• Treatment and prevention of nausea and vomiting related to opioid withdrawal or precipitated withdrawal	• 50–100mg PO every 6 hours PRN • Maximum 400mg/day
Ibuprofen	• Substance use history, planned OAT induction • Pharmaceutical and therapeutic suitability, as well as individual preference and age	• Mild to moderate pain or headache related to opioid withdrawal or precipitated withdrawal	• 400mg PO every 4 hours PRN • Maximum 3,200mg/day
Loperamide	• Substance use history, planned OAT induction • Assess for hypovolemia • If unable to maintain adequate hydration status and/or currently exhibiting signs of hypovolemia, refer to an MD/NP	• Sudden onset of diarrhea related to opioid withdrawal or precipitated withdrawal	• 2–4mg PO every 6 hours PRN • Maximum 16mg/day

Figure 3. Box 21: Medications to Alleviate Withdrawal Symptoms (BCCSU, 2023)[1]

Clonidine requires a non-controlled prescription order and can be dispensed from most pharmacies. In most cases, acetaminophen, dimenhydrinate, ibuprofen, loperamide, and can be purchased from a pharmacy without a prescription. There are, however, specific circumstances in which these medications are scheduled:

Pharmacare coverage for these medications depends on the client's PharmaCare plan.[9]

Consider:

- Organizing ward stock supply of adjunct medications at your site
- Providing buprenorphine/naloxone to-go kits that provide interim medication to support gaps between follow-up with providers and pharmacy
- Developing autonomous dispensing guidance for RNs/RPNs CP-OUD related to the one-time treatment of the condition of opioid withdrawal or precipitated withdrawal. (See Resource 6)

3.2 Missed Dose and Appointment Management

RNs/RPNs CP-OUD are required to assess clients in person or virtually with a visual assessment **prior** to writing a prescription. If a visual assessment is not possible, RNs/RPNs CP-OUD can only prescribe to known clients and/or those who have been assessed in person by another health care provider. If a client misses an in-person or virtual appointment, prescriptions can be at risk of lapsing without renewal, resulting in gaps in treatment. Creating a local missed appointment procedure with pharmacy partners is helpful to RNs/RPNs CP-OUD to navigate scenarios where a client misses a scheduled appointment, and a renewal prescription is required.

Consider:

- Contacting the client via phone if they have missed an in-person appointment
- Contacting the pharmacy to notify the client to contact the prescriber for prescription renewal if they present for prescription pick up
- Discussing with the pharmacist if issuing an emergency prescription or providing a prescription renewal is a feasible option until an appointment can be rescheduled with the regular prescriber
- Collaborate with community care teams, considering the social determinants of health that may affect a client's ability to attend appointments, and explore alternative care delivery models such as community outreach or mobile health services
- If clients who have been previously assessed in person by another healthcare provider can be cared for by another member of team using a teams-based approach for wraparound care (such as in Assertive Community Treatment (ACT) Teams)
- Consulting with virtual addiction medicine services (if available in your region) for prescription renewal until an appointment can be rescheduled.
- Call an addiction medicine specialist at the 24/7 Addiction Medicine Clinician Support Line:[10] (778) 945-7619
- Documenting efforts to contact and support the client, including any barriers to treatment adherence identified during these interactions. This documentation can be crucial for continuity of care and for any necessary handover to other health care providers.

Note: Under a section 56 exemption to the *Controlled Drugs and Substances Act*, a pharmacist may use their professional judgement to provide a renewal for a narcotic, controlled drug, or targeted substance under Professional Practice Policy-58, including OAT drugs.

4.0 Virtual Care

RN/RPN CP-OUD Practice Standard related to virtual prescribing[11]:

- Assess the client in person, or, if clinically appropriate, through a virtual health care encounter with a visual assessment. If a visual assessment is not possible, RNs/RPNs CP-OUD can prescribe without a visual assessment only after determining that it is clinically appropriate and only
- If the client is known to the nurse, and/or
- The client is being assessed in person by another (OAT care competent) health care provider

Note: RNs/RPNs CP-OUD are limited in their practice scope to be able to renew prescriptions for clients who are not assessed that day, either in person, or by virtual or telehealth. Ensure that this is communicated to clients and that prescription practices reflect and plan around this limitation. Ensure that when relying on another clinician's assessment for prescribing practice, the clinician is competent in OAT care.

Consider:

- Ensure the RN/RPN CP-OUD has adequate access to a work phone for follow-up communication with clients, pharmacy, and other care providers
- A safe and secure virtual care platform program, such as Zoom, should be accessible to the RN/RPN CP-OUD to enable a visual assessment of clients when appropriate
- See above "Missed Dose and Appointment Management" for strategies to partner with pharmacy to enhance continuity of care

4.1 Rural and Remote Considerations

Nursing care in rural and remote communities often differs from care provided in urban centers. Due to the limited availability of healthcare professionals in these areas, RNs and RPNs may be the only available health providers at times. Understanding this dynamic is crucial, as rural and remote communities may be working with limited resources.

Rural shared care and escalation considerations:

- Utilizing a virtual OAT prescriber (MD or NP) to support the RN/RPN CP-OUD with care escalation needs
- Partnering with nearby community health care services to provide regional prescriber coverage to a broader area
- Virtually train nurses in nearby communities as RNs/RPNs CP-OUD to support a regional approach to increase community nursing coverage
- Partner with First Nations Health Authority and other relevant agencies to determine opportunities in rural areas to collaborate on resources to support RNs/RPNs CP-OUD

Note: All First Nations people and their family members living in BC, including family members who are not Indigenous, can access care via First Nations Health Authority's Virtual Substance Use and Psychiatric Service[12]

5.0 Evaluation: RNs/RPNs CP-OUD Evaluation

The HLTH has conducted a provincial evaluation of the implementation of RNs/RPNs CP-OUD, using a Logic Model Framework. The goals of the provincial evaluation are to assess:

- Increased access to OAT treatment for opioid use disorder
- Increased workforce of OAT providers
- More equitable access to OAT in rural and remote areas

5.1 Reporting to the Ministry

Health Authorities supporting RNs/RPNs CP-OUD will be required to track and report on:

- Any Ministry-funded RNs/RPNs CP-OUD positions (e.g., posting, hiring, orientation)
- The number of RNs/RPNs CP-OUD who are actively prescribing post-completion of training
- The number of communities or Health Service Delivery Areas with RN/RPN CP-OUD access

Please clarify with your Ministry contact to determine what specific reporting is required.

5.2 Collecting Care Data

PharmaNet is the provincial source of data regarding prescribing activity related to OAT. PharmaNet data confirms the number of active prescriptions for OAT as well as provides data on the location of OAT providers. The BCCSU reports RN/RPN CP-OUD training completion data to HLTH for all nurses, regardless of employer.

As per the BCCNM standards, RNs/RPNs CP-OUD are required to connect people to a broader range of service providers to ensure the necessary social determinants of health are addressed (e.g., psychosocial supports, financial, food security, housing, health system navigation, and harm reduction).

Programs supporting RNs/RPNs CP-OUD should consider tracking:

Data to Track	Utility of Data
Number of prescriptions written by RNs/ RPNs CP-OUD	While this information is available in PharmaNet reports, locally monitoring the number of prescriptions written by RNs/RPNs CP-OUD within the program can more readily inform prescribing activity and highlight where gaps in the application of the prescribing skillset must be supported
Type of prescriptions written by an RN/RPN CP-OUD	Supports understanding of autonomous patterns of prescribing and relationships between other providers
Referral sources to RNs/RPNs CP-OUD	By tracking referral sources to RNs/RPNs CP-OUD, operations can develop a better understanding of how people come to access this program, what gaps exist in the community, and what relationships require strengthening to improve the quality of the program
Number of escalations to primary care	Supports understanding of the relationship with primary care and the need for access to service
Number of escalations to another OAT provider	Supports understanding the volume of people whose treatment needs are out of scope for RNs/RPNs CP-OUD
Number of consultations with addiction medicine experts, nurse practitioner, medical practitioner, other RN/RPN CP-OUD, the 24/7 Line, pharmacy, regional virtual care program, and/or partnered clinic or program	Supports understanding of the utilization of the BCCSU's 24/7 Line as well as other health care professionals. This data can help inform key stakeholders about the relative utilization of each resource, allowing adequate supports and/or funding based on use.
Type of additional nursing support provided (e.g., wound care, education, harm reduction supplies)	Supports understanding of the nursing role in addition to prescribing
Type of community referrals made by RNs/ RPNs CP-OUD (e.g., housing, financial, Mental Health and Substance Use services, community services)	Supports understanding of the nursing role in health system navigation
Number of precipitated withdrawal incidents	Supports understanding of the need for client education strategies and titration approaches
Safety or near-miss events	Supports investigations and promotes awareness of events to learn about and improve the quality and safety of client care

5.3 Lessons Learned in Local Data Tracking

Interior Health Authority has been actively supporting RNs/RPNs CP-OUD since March 2021 and the above data tracking considerations are implemented for their positions across the region. Key lessons learned and recommendations in managing this local tracking are:

Data input/source:	Recommend utilizing a centralized survey program, like REDCap, where RNs/RPNs CP-OUD can input their prescribing, care, and referral information and reports can be easily generated.
Managing the volume of nurses:	Health authority implementation leads are required to submit nurses forward to BCCSU for the authorized POATSP training pathway. Managing the volume of RNs/RPNs CP-OUD and their training progress can be challenging as programs expand. Nurses employed outside of health authority sites may apply for a limited number of training seats per year. Utilizing a tracking sheet to document nurses progression through the BCCSU training pathway may be beneficial.
Nursing turnover:	Due to various reasons, it can be assumed that all regions will experience some level of nursing turnover in both funded and unfunded RNs/RPNs CP-OUD. As a health authority implementation lead, it is important to track these changes and inform the BCCSU of any changes in status within the POATSP training, as well as HLTH any changes to active prescriber status within communities. *The BCCNM will regulate the active RN/RPN CP-OUD status through annual registration of certified practice. Employers may however further limit the application of scope if nurses change positions where this skillset does not apply.

6.0 Frequently Asked Questions

Consider:

Circulating Q&A documents to the interdisciplinary team and relevant stakeholders that promotes understanding of the role and scope of RNs/RPNs CP-OUD:

- BCCNM resource | RN/RPN Opioid use Disorder Prescribing – Consulting and Referring
- RN/RPN CP-OUD – Frequently Asked Questions

7.0 Support for RNs/RPNs CP-OUD

The following statements are from a 2023 BCCSU survey of RNs/RPNs practicing in OUD care across BC.

*Note: the previously called "Nurse Prescribing" is now called an RN/RPNs CP-OUD to align with protected titles as outlined in the BCCNM Use of Title Practice standard and Bylaws in Bylaws (see schedule H).

When asked what RNs/RPNs CP-OUD needed from their leadership to support the completion of the provincial training, **paid time, separate from day-to-day duties, to complete the online portion of the POATSP course** was a unanimous ask. Multiple nurses described having to use personal time to complete the training and some required more time to complete the course than originally estimated.

When asked what they needed from their leadership to support their integration into an interdisciplinary team, RNs/RPNs CP-OUD across the province suggested:

- Formal introductions to pharmacists, fellow RNs/RPNs CP-OUD, and other disciplines working to support people with OUD
- Time with pharmacists and other prescribers to discuss missed doses and escalation pathways
- Clear descriptions of the roles and responsibilities of disciplines, shared broadly with teams and relevant community members
- Support with advertising their availability in the community
- Ongoing connections coordinated with the interdisciplinary OAT team to communicate practice updates and reinforce care pathways
- Ongoing support to manage resistance from and provide role clarity to community stakeholders

7.1 Sustainability and Continuity Planning

When nurses in your program are taking on new training, skills, and responsibility of being an RN/RPN CP-OUD, consider:

- Work time required to support upfront provincial training needs
- The full-time equivalent (FTE, i.e., hours of coverage) of the nurse and their ability to meet the prescribing needs of the program
- The current workload of the RN/RPN CP-OUD and how the added skill of prescribing will impact their current workload

Continuity and sustainability considerations:

- Coverage planning for the RNs/RPNs CP-OUD planned and unplanned absences (e.g., cross-training casual employees or nurses in programs that serve similar populations)
- Ability and opportunities for the trained casual nurses to be able to engage in OUD care and maintain their competency to prescribe
- Clinical support or mentorship opportunities available to RNs/RPNs CP-OUD (e.g., via a community of practice, clinical resource nurses or clinical nurse educators, nurse practitioners, clinical nurse specialists, addiction medicine physicians, experienced RNs/RPNs CP-OUD)
- Leadership support with role clarity within interdisciplinary teams

- Leadership support with integration and communication with other prescribers and stakeholders in the community
- Leadership support to provide opportunities to debrief losses in the community
- Ongoing promotion to support the emotional and mental wellbeing of nurses to reduce burnout

Note: Taking on the added role and responsibility of being an RN/RPN CP-OUD can lead to several changes within a nurse's identity on their team and with the clients they are serving. Support, mentorship, and ongoing evaluation are important for the nurse's sustainability and the successful integration of this initiative.

> "Nurse prescribing gives us the opportunity to increase capacity of OAT clinics, as well as decrease wait times for individuals who are ready for change. It increases access points for clients to start on opioid use disorder treatment, as well as opportunities for us to follow up and meet clients where they are at."
>
> – Kristy Goosney, RN (Interior Health, 2023)

7.2 Human Resource Considerations

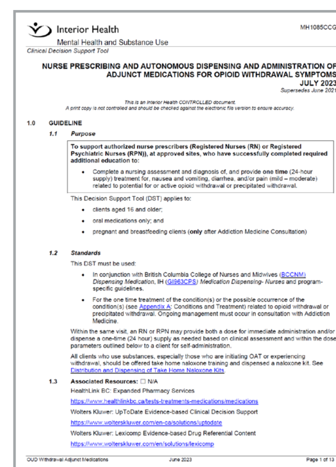
When an RN/RPN CP-OUD is ending their employment or ceasing to prescribe within the approved prescribing program, ensure that:

- There is a plan for the care and transition of connected clients
- Communications are shared with escalation pathway partners and community referral sources
- As per the BCCNM Controlled Prescription Program, nurses must confidentially shred their prescription pads if they:
  - Are on an extended leave
  - Change registration status to non-practicing or inactive
  - Change employers, or the information on their pad is no longer current
  - Are instructed to do so by BCCNM staff
- Yellow duplicate copies of prescription forms are to be removed from the controlled prescription pad and should be appropriately filed in the client's health record
- If your site does not have confidential waste to dispose of your pads securely, please contact cpp@bccnm.ca and they will send you a pre-paid addressed envelope to return your pads to BCCNM

Note: If an RN/RPN CP-OUD is transitioning to a new approved prescribing program, they must update their prescription pad with BCCNM to reflect their new work location.

Resources

1. BCCNM Application for Certified Practice – OUD Registration
2. The BCCSU RN/RPNs CP-OUD Lab Requisition Form is a standardized template for RNs and RPNs CP-OUD to order necessary lab tests in line with BCCSU DSTs. It can be adapted and used to ensure comprehensive lab testing practices essential for the effective treatment and management of OUD. Health organizations are encouraged to customize this template to meet local operational needs while maintaining adherence to the outlined lab test requirements such as those outlined by the BCCDC.
3. BCCSU RN/RPN, CP-OUD Program Application Health Authority Endorsement
4. BCCSU Registered Nurses/Registered Psychiatric Nurses Opioid Use Disorder Certified – Frequently Asked Questions
5. RN/RPN CP-OUD Autonomous Dispensing and Administration of Adjunct Medications for Opioid Withdrawal Symptoms. Contact the professional practice office in your health authority for the most current version of this form. On the right is a sample screenshot of the document from Interior Health.



Interior Health
Mental Health and Substance Use
MH1085CCG
Clinical Decision Support Tool

NURSE PRESCRIBING AND AUTONOMOUS DISPENSING AND ADMINISTRATION OF ADJUNCT MEDICATIONS FOR OPIOID WITHDRAWAL SYMPTOMS
JULY 2023
Supersedes June 2021

This is an Interior Health CONTROLLED document.
A print copy is not controlled and should be checked against the electronic file version to ensure accuracy.

1.0 GUIDELINE

1.1 Purpose

To support authorized nurse prescribers (Registered Nurses (RN) or Registered Psychiatric Nurses (RPN)), at approved sites, who have successfully completed required additional education to:

- Complete a nursing assessment and diagnosis of, and provide **one time** (24-hour supply) treatment for, nausea and vomiting, diarrhea, and/or pain (mild – moderate) related to potential for or active opioid withdrawal or precipitated withdrawal.

This Decision Support Tool (DST) applies to:

- clients aged 16 and older;
- oral medications only; and
- pregnant and breastfeeding clients (**only** after Addiction Medicine Consultation)

1.2 Standards

This DST must be used:

- In conjunction with British Columbia College of Nurses and Midwives (BCCNM) *Dispensing Medication*, IH (GI963CPS) *Medication Dispensing- Nurses* and program-specific guidelines.
- For the one time treatment of the condition(s) or the possible occurrence of the condition(s) (see Appendix A: Conditions and Treatment) related to opioid withdrawal or precipitated withdrawal. Ongoing management must occur in consultation with Addiction Medicine.

Within the same visit, an RN or RPN may provide both a dose for immediate administration and/or dispense a one-time (24 hour) supply as needed based on clinical assessment and within the dose parameters outlined below to a client for self-administration.

All clients who use substances, especially those who are initiating OAT or experiencing withdrawal, should be offered take home naloxone training and dispensed a naloxone kit. See Distribution and Dispensing of Take Home Naloxone Kits.

1.3 Associated Resources: ☐ N/A

HealthLink BC: Expanded Pharmacy Services

https://www.healthlinkbc.ca/tests-treatments-medications/medications

Wolters Kluwer: UpToDate Evidence-based Clinical Decision Support

https://www.wolterskluwer.com/en-ca/solutions/uptodate

Wolters Kluwer: Lexicomp Evidence-based Drug Referential Content

https://www.wolterskluwer.com/en/solutions/lexicomp

OUD Withdrawal Adjunct Medications June 2023 Page 1 of 13

Additional Resources

BCCSU

- DST – Certified Practice – SROM and Methadone
- DST – Certified Practice – Buprenorphine
- *Guideline: Guideline for the Clinical Management of Opioid Use Disorder (2023)*
- RN/RPN CP-OUD Education and Training Pathway

BCCNM

- Prescribing for Certified Practice Nurses
- Indigenous Cultural Safety, Cultural Humility, and Anti-racism
- From Awareness to Action: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism learning series

First Nations Health Authority

- First Nations Virtual Substance Use and Psychiatry Service
- FNHA Opioid Agonist Therapy

BC Health Standards Organization

- BC HSO 75000:2022 - British Columbia Cultural Safety and Humility Standard: Cultural Safety and Humility - HSO Health Standards Organization

Province of British Columbia

- Provincial Opioid Treatment Access Line

References

1. British Columbia Centre on Substance Use. Decision Support Tool for RN and RPN Prescribing of Buprenorphine. 2024. https://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program-poatsp/resources/
2. British Columbia College of Nurses and Midwives. Indigenous Cultural Safety, Cultural Humility, and Anti-Racism. 2024. https://www.bccnm.ca/RN/PracticeStandards/Pages/CulturalSafetyHumility.aspx
3. Ministry of Mental Health and Addictions and Ministry of Health. Service Delivery Framework: Registered Nurse and Registered Psychiatric Nurse Prescribing as a Provincial Overdose Response Initiative 2021. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/service-delivery-framework-rn-rpn-prescribing.pdf
4. Greer A, Newman, C., Burmeister, C., et al. Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and Other Providers (version 2). BC Centre for Disease Control. 2017. https://towardtheheart.com/assets/uploads/1516141269o4KkCMkq2ytmhxVyGjcQ9DSWtUoI1d8FLnzYdIv.pdf
5. Government of British Columbia. PharmaNet for practitioners. 2024. https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmanet-bc-s-drug-information-network
6. Government of British Columbia. PRIME. 2024. https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmanet-bc-s-drug-information-network/prime
7. Government of Canada. Directive on Physical Security Requirements for Controlled Substances and Drugs Containing Cannabis. 2018. https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/regulations-support-cannabis-act/directive-physical-security-requirements.html
8. British Columbia Centre on Substance Use. Clinical Guideline for the Management of Opioid Use Disorder. 2023. Last Update 2023. www.bccsu.ca/opioid-use-disorder
9. Government of British Columbia. BC PharmaCare plans. 2024. https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover
10. British Columbia Centre on Substance Use. 24/7 Addiction Medicine Clinician Support Line. https://www.bccsu.ca/24-7/#:~:text=The%20Support%20Line%20is%20staffed,call%20778%2D945%2D7619
11. College of Pharmacists. Professional Practice Policy-66. 2022. https://library.bcpharmacists.org/6_Resources/6-2_PPP/5003-PGP-PPP66.pdf
12. First Nations Health Authority. Virtual Substance Use and Psychiatry Service. 2024. https://www.fnha.ca/what-we-do/ehealth/virtual-substance-use-and-psychiatry-service

Appendix 1: Principles of Care for RNs/RPNs CP-OUD

Introduction

This appendix outlines the principles of care for RNs and RPNs in CP-OUD as developed by the Ministry of Mental Health and Addiction, now part of HLTH. (Ministry of Mental Health and Addictions, 2021, p. 14)

Principles of Care:

1. Cultural Safety and Humility: Promoting an environment free of racism and discrimination where mutual trust and respect are foundational. Key elements include acknowledging the impact of history and society, promoting self-reflection among healthcare professionals, and maintaining awareness of each person's unique cultural experience.
2. Trauma-Informed Practice: Providing care that recognizes the prevalence and impact of trauma on the individual, emphasizing safety, trustworthiness, choice, collaboration, and a strengths-based approach to enhance wellness.
3. Person-centered and Family-Centered Care: Care that is oriented towards the individual's and family's needs, values, and choices, encouraging active family involvement and respecting the patient's goals for treatment, such as safer use, abstinence, or maintenance.
4. Evidence-Informed Care: Utilizing current evidence from nursing science and other disciplines to ensure safe, competent, and ethical care. Support for continuous professional development through educational opportunities like webinars is recommended.
5. Recovery-Oriented Care: Defining recovery not by the absence of disease but through the achievement of personal wellbeing, emphasizing the person's goals and avoiding stigmatizing labels.
6. Harm Reduction Orientation: Implementing practices that minimize negative outcomes associated with substance use, such as overdose risk, while upholding the ethical standards of nursing practice in alignment with harm reduction principles.