Service Delivery Framework: Registered Nurse and Registered Psychiatric Nurse Prescribing as a Provincial Overdose Response Initiative

Ministry of Mental Health and Addictions

Ministry of Health

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Acknowledgement

We acknowledge that this Service Delivery Framework review has taken place by multiple partners on the territories of First Nations peoples in B.C.

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Forward: A Message from the Ministry of Health's Chief Nurse and Professional Practice Officer and the Ministry of Mental Health and Addiction's Overdose Emergency Response Centre

We are pleased to present *Provincial Service Delivery Framework: Registered Nurse and Registered Psychiatric Nurse Prescribing as a Provincial Overdose Response Initiative.* This Framework aligns with the strategic actions outlined in the provincial overdose response plan, *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* and the call to action to address inequities in access to treatment and substance use services for opioid use disorder. The guidance in this document is the culmination of the collective expertise of the Ministry of Health (MoH), Ministry of Mental Health and Addictions (MMHA), British Columbia College of Nurses and Midwives, British Columbia Centre on Substance Use (BCCSU), health authorities and other key service delivery partners. The intent is to articulate the operational components and approvals needed to enable RN/ RPN prescribing in any setting to provide people in British Columbia with low barrier and accessible substance use care

Increasing the number of prescribers has the potential to save lives particularly in underserved communities with limited access to addiction care. Expanding access to treatment is one of many synergistic actions from the comprehensive package of interventions which outline BC's overdose response to build health system capacity to better respond to the opioid overdose crisis. The success of the implementation of this Framework and the overarching provincial strategic direction will require ongoing intentional change management and sustained collaboration with partners at all levels.

Our collective success depends on our ability to work collaboratively and expediently to implement this guidance to ensure rapid access to lifesaving pharmaceutical options for individuals across the continuum of substance use care. We thank you for continuing the build the circle of care for individuals, families, and communities impacted by substance use and intentionally supporting the implementation of this Framework and the broader provincial overdose response plan.

Introduction and Context

In response to the increasing illicit drug toxicity deaths in BC, in September 2020, the Provincial Health Officer (PHO) issued an order authorizing registered nurses (RN) and registered psychiatric nurses (RPN) in BC to prescribe specific drugs, including controlled substances, to manage or ameliorate the effects of substance use by a person who is diagnosed as having a problem substance use condition or substance use disorder.

The temporary PHO order recognizes that a registered nurse or registered psychiatric nurse who possesses additional educational preparation and experience related to caring for individuals with a substance use condition/ disorder, can prescribe in accordance with the Standards, Limits and Conditions of the British Columbia College of Nurses and Midwives (BCCNM).

Enabling nurse prescribing for substance use conditions/ disorders is a ground-breaking initiative. As such, it requires significant health system planning and development of supportive infrastructure including regulatory changes, e.g., changes to BC College of Nurses and Midwives regulations and Standards, Limits and Conditions; development of education pathways, and decision support tools; along with effective deployment of RNs and RPNs in areas of identified need.

Background – Why Nurse Prescribing?

In the 2018, the Safer Opioid Supply (SOS) Working Group was struck at the request of the former Honourable Judy Darcy, Minister of Mental Health and Addictions. This time-limited Working Group had a singular objective: to formulate recommendations and identify necessary actions to be undertaken by the Province to protect the lives of British Columbians at high-risk of death due to the toxic illegal street drug supply. One of the working group recommendations was the need for government support to enable rapid expansion of low barrier access to buprenorphine/ naloxone opioid agonist treatment (OAT), including engaging with regulatory Colleges to amend the scope of practice of nurses to include prescribing buprenorphine/ naloxone and other forms of OAT. Enabling RN and RPN prescribing has been undertaken to realize this recommendation.

The PHO's order authorizing nurse prescribing recognizes that currently there is "insufficient health human resources to provide care for people who use drugs (PWUD) and are at risk of overdose and require pharmacotherapy to mitigate this risk. This order also recognizes that RN and RPNs who possess additional educational preparation and training related to substance use and misuse, may provide the services to persons with a problem substance use condition or diagnosis of substance use disorder, as authorized by this order, without undue risk to the health or safety of PWUD, or any other person."[1] Nurses are one of the largest health care workforces in B.C. and are uniquely positioned to expand access to substance use care, including in underserved areas in the province.

[1] For a full copy of the PHO order please see Appendix 3.

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.

RNs and RPNs can enhance the capacity of the substance use system of care as well as improve access by reaching those who have limited connection to prescribers. RN and RPNs provide care in settings where other prescribers (physicians and nurse practitioners) may have limited engagement including outreach, public health, harm reduction sites, and often rural and remote areas where the availability of medical care may be limited.

The need for an expanded workforce is driven by the ongoing and alarmingly high number of overdose deaths and events in B.C. On April 14, 2016, the B.C. Provincial Health Officer declared a public health emergency under the *Public Health Act* following an unprecedented increase in overdose-related harms due to an unregulated drug supply that is unpredictable and highly toxic. After a significant decrease in illicit drug toxicity deaths in 2019 (981 compared to 1,547 in 2018), 2020 saw the highest number of illicit drug toxicity deaths ever recorded in one year at 1716 fatalities, a 74% increase.[2] Overdose is now the leading cause of unnatural death in B.C. surpassing homicides, suicides, and motor vehicle collisions combined.[3] At the population level, BC's life expectancy at birth, for males has declined as a direct consequence of the overdose crisis. [4]

The rise in overdose deaths has been accompanied by a host of other drug-related harms affecting communities across the province, including brain injuries from non-fatal overdoses, which have contributed to morbidity and mortality, as well as significant costs to the health care system. The health costs of opioid use in BC are estimated to exceed $90 million annually and the economic costs of lost productivity associated with opioid use are close to $1 billion annually.[5]

The primary driver of the overdose emergency is the growing toxicity and unpredictability of illegally manufactured and distributed drugs adulterated with fentanyl and other highly potent synthetic opioids. Higher fentanyl concentrations and an increase in unexpected, dangerous combinations of drugs (e.g., benzodiazepines) have been observed across multiple drug surveillance data sources across the province in 2020.

The provincial overdose response has focused on the implementation of a comprehensive package of essential health sector interventions and strategies for a supportive environment to reduce overdose deaths and drug related harms. Essential health care interventions have included increasing availability of naloxone; expanding overdose prevention services(including pharmaceuticals alternatives to the toxic drug supply); increasing proactive follow-up support for people at high risk of overdose; and expanding access to evidence-informed opioid use disorder (OUD) medications; and comprehensive treatment and recovery services. The comprehensive package also includes essential strategies for a supportive

[2] BC Coroners Services (2021).Ministry News Release, Available at https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/news/2021/illicit-drug-news-release.pdf
[3] Ibid.
[4] Statistics Canada. Table 13-10-0370-01 Health-adjusted life expectancy, by sex
DOI: https://doi.org/10.25318/1310037001-eng .
[5] Canadian Substance Use Costs and Harms Scientific Working Group. (2020). Canadian substance use costs and harms 2015–2017. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. (Note: this data is unpublished and should be removed)

environment inclusive of social stabilization, peer empowerment and employment; cultural safety and humility; and addressing stigma, discrimination, and human rights.

Improving access to medications including opioid agonist treatment (OAT) and pharmaceutical alternatives to toxic illicit drugs has the potential to save lives. Increasing access to OAT has been an important part of the overdose response and is a key part of the treatment and recovery component of the comprehensive package of health sector interventions to reduce overdose and safe lives in B.C. Analysis of the scale-up of OAT shows that these services have averted 1,475 death events between January 2015 and June 2019.[6] Despite these important advancements in the overdose response, we know that as of 2019, 66,199 individuals in B.C. have been diagnosed with OUD; however, only 22,403 individuals have recently been on any form of OAT, highlighting the need to improve treatment rates. Further to this, only 10,292 individuals are retained in treatment for over 12 months.[7]

Access to and retention in OAT continues to be an important consideration for overdose risk reduction. Prior to the declaration of a public health emergency the risk of mortality while off OAT medications was 1.8 to 2.4 times higher compared to periods while people with OUD were on OAT medications. This has since increased to a 2.8 to 4.3 times higher mortality risk after the declaration of the public health emergency (65% increase from pre-fentanyl period).[8]

Since March 2020, COVID-19 measures have amplified the overdose crisis and are having significant unintended, negative consequences for PWUD. The causes are multifactorial: increased toxicity of the drug supply; changes to the settings for drug use (e.g. using drugs alone); changes to support service provision for PWUD as a result of COVID-19; and physical distancing recommendations established to reduce the spread of COVID-19 that has resulted in increased isolation of PWUD.

Registered Nurse and Registered Psychiatric Nurse Prescribing

RN and RPN prescribing is enabled and supported by these key provincial components:

- Training and education provided by the BC Centre on Substance Use
- BCCSU Decision support tools (DSTs) protocols
- BC College of Nurses and Midwives (BCCNM) RN prescribing standards, limits, conditions and RPN Prescribing standards, limits, conditions
- A temporary order issued under the Provincial Health Officer as noted above
- Nurses (Registered) and Nurse Practitioners Regulation and the Nurses (Registered Psychiatric) Regulation authorizes RNs and RPNs to prescribe Schedule II medications and a limited number of Schedule I medications for adjunct medication prescribing and symptom management.
- Medical Health Officer approval of sites where RN and RPN prescribers' practice. Refer to criteria in Appendix 4.

[6] BC Centre for Disease Control (2019). British Columbia Deaths Averted (unpublished). Vancouver: BCCDC.
[7] Min JE, Pearce L, Barocas J, Irvine M, Slaunwhite A, McGowan G, Torban M, Nosyk B. (2020). Estimates of opioid use disorder prevalence from a regression-based multi-sample stratified capture-recapture analysis. *Drug and Alcohol Dependency*, Doi: 10.1016/j.drugalcdep.2020.108337. Epub 2020 Oct 8
[8] Pearce LA, Min JE, Piske M, Zhou H, Homayra F, Slaunwhite A, Irvine M, McGowan G, Nosyk B. (2020). Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study. *BMJ,*368. doi:10.1136/bmj.m772.

- Referring Practitioner-Related Ministerial Orders under the Laboratory Services Act
- Drug Plans Regulation under the *Pharmaceutical Services Act*
- Prescriber numbers and prescription pads through the BC Controlled Prescription Program as managed by the BCCNM.

The temporary nursing scope of practice for RNs and RPNs is outlined in the BCCNM documents as noted above. Decision support tools created by the BCCSU guide practice and prescribing decisions and outline parameters of specific clinical activities. Organizations employing RN and RPN prescribers must recognize the RN or RPN as a prescriber and have supportive policies in place to permit this practice.

In addition to the authority to prescribe the controlled drugs and substances as outlined in the BCCNM's Standards, Limits and Conditions, RNs and RPNs also have the authority to:

- Diagnose opioid use disorder
- Order certain laboratory and point-of-care tests related to OUD care
- Initiate, continue, and restart PWUD on some Schedule IA and Schedule I, II, & III medications related to OUD care as per BCCSU RN and RPN prescribing guidelines
- Consult or refer a person to addiction medicine specialists and psychiatrists for matters beyond their scope of practice for substance use care

These activities should be performed as per the BCCSU clinical DSTs and regional protocols or policy.

Purpose of Framework

This Service Delivery Framework will assist Health Authorities (HAs) and other service delivery partners in designing and implementing an approach for RNs and RPNs who have prescribing authority related to substance use and substance use disorders. This document outlines criteria and principles to support this practice and the operational program structure to ensure safe and quality patient care for PWUD.

The intended audience for this document is service providers, educators, managers, and planners who are implementing and supporting RN and RPN prescribers involved in substance use care in their respective regions. While this Framework sets broad provincial direction and ensures considerations for key "musts", local flexibility is anticipated in the implementation of these RN and RPN prescribers to integrate, innovate and build on existing service delivery models.

Specific clinical guidance as well as specific operational protocols regarding RN and RPN prescribing is out of the scope of this document.

Commitment to Reconciliation

The Province of B.C. is committed to a lasting reconciliation with Indigenous peoples. As part of this commitment, government will fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples, the Calls to Action of the Truth and Reconciliation Commission, the Calls for Justice in the Missing and Murdered Indigenous Women and Girls Report, the Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples, and the recommendations outlined in In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care.

Government is contributing to the work of reconciliation by partnering with First Nations, Métis, and Inuit communities to develop culturally safe programs, including efforts to help rebuild cultural identity and cultural connections to strengthen Indigenous wellness. This Service Delivery Framework is underpinned by a commitment to ensure that First Nations, Métis and other Indigenous organizations are full and equal partners in the development of RN and RPN prescribing service delivery at the provincial level and in the design and implementation at a local level. Government will be guided in these efforts by the documents referenced above.

Service Delivery Model

Expected Service Delivery Outcomes

This initiative is meant to increase the available workforce for substance use care across the Province. RNs and RPNs established as part of this initiative will:

- Help engage and retain people in substance use services by:
  - Providing direct clinical services to clients including access to prescription medications.
  - Providing referrals to multidisciplinary clinical and community-based services, as well as to Indigenous land-based healing, traditional practices, and cultural activities.
  - Supporting clients to move seamlessly between services in the system of care for substance use.

Attributes

The following is a list of attributes that should be considered in the design and implementation of RN and RPN prescribing initiatives or programs.

Team-Based Care

OAT 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. Team members may include a range of professionals including Nurses, Peer Navigators and Indigenous Peer Navigators, Social Workers, Nurse Practitioners, Outreach Workers, Elders, Medical Doctors, and others as appropriate.

Given the range of settings in which RNs and RPNs provide care, it will not always be possible to be co-located with other care providers in team-based settings. To facilitate service delivery, it will be necessary to establish relationships and referral pathways to enable comprehensive care and referrals where needed.

Service Intensity and Service Continuity

People accessing RN and RPN prescribing services may require additional supports beyond those provided by RNs and RPNs. These supports may include other types of medical care beyond the scope of practices for RNs and RPNs, referrals to other substance use services, access to supports such as housing and residential treatment services or additional supports by other team members. Ideally RN and RPN prescribing services should have the capacity and flexibility to adjust the level of service intensity and linkages to appropriate resources to match the needs of individuals accessing care. If these resources are not available, then other service supports such as using virtual care or external clinics should be leveraged.

RN and RPN prescribing related to substance use care can be delivered using a stepped care approach where interventions of different levels of intensity are available through pathways to either other team members or to health care providers beyond the immediate team setting. There is some evidence that convenient access to substance use services via collaborative care models does improve the likelihood that an individual will accept care for problematic substance use[9]. RN and RPN prescribers can assist clients to access to other substance use services (e.g., harm reduction, withdrawal management, counselling, in-patient treatment programs and recovery services). Services and care decisions are based on client stability and patient-centred goals. The determination for when a higher or lower level of service intensity is needed should be made in collaboration with the person accessing services and their health care providers using a shared decision-making model.

Referrals to other clinical substance use supports, such as other providers, should be based on RN and RPN scope of practice as outlined in the BCCNM Standards, Limits and Conditions, BCCSU's DSTs, employer policies, and the person who is accessing services' health status, intended goals, and decisions.

Some examples of how stepped care and service continuity could apply to RN and RPN prescribing:

- Referral to another clinician or prescriber for care which is outside of RN or RPN scope of practice as per regional workflows and BCCSU DSTs.
- Consultation related to care as outlined by BCCSU DSTs (e.g. Youth aged 16-18, pregnant patients, contraindicated co-morbidity) with regional resource or the BCCSU 24/7 consultation line.
- Referral for prenatal care for a PWUD who has been assessed to be pregnant by and RN or RPN.
- Transfer of care in certain circumstances (e.g., when a patient wants to transition to a pharmacotherapy or treatment modality that is outside the boundaries of the RN and RPN prescribing limits).
- Referral to community liaison worker or outreach or peer worker when patients require additional psychosocial or other supports such as outreach and housing referrals.
- Transfer of regularly scheduled assessments, titrations and/or renewals from another prescriber to an RN or RPN for shared care when these prescribing activities are within RN or RPN scope of practice.
- Collaboration in decision related to prescribing pharmaceutical alternatives where and when within scope and with regional protocols.
- Referral to virtual care provider or specialist to escalate complex care management issue.
- RN or RPN prescribing for continuation or restart of an OAT medication when within scope and when that person is unable to access regular provider and has no continuing prescription available at pharmacy (e.g. recent relocation, release from corrections facility, regular clinic closed).

The above list provides some examples of the how RNs and RPNs with OAT prescribing competencies can collaborate, consult and refer, when necessary within various models of care and illustrates how these RNs and RPNs can support patients in accessing the full continuum of care. It is not meant to be

[9] Government of British Columbia, Ministry of Health (2012) *Integrated Models of Primary Care and Mental Health & Substance Use Care in the Community. Available at:* https://www.colleaga.org/sites/default/files/attachments/integrated-models-lit-review.pdf

comprehensive in describing RN and RPN scope of practice, limits on practice or all possible clinical scenarios. Please refer to the BCCNM for updated scope of practice as well as the the BCCSU DSTs.

Rural and Remote Considerations

Illicit drug toxicity events and deaths are both an urban and rural challenge in B.C. Data on paramedic attended overdose events shows that Northern Health, where most communities are small or medium sized, has some of the highest rates of overdose events per 100,000 population. In 2020, Northern Health had the highest rate of illicit drug toxicity deaths at 44 per 100,000 population with Vancouver Coastal coming in second at 38 per 100,000.[10]Additionally, Heath Service Delivery Areas with the highest rates of death included Northern Interior, Northeast, and Thompson Cariboo.

In a given geographic area, increased access to prescribers is an important factor in improving long-term outcomes for people with OUD and, reducing the serious risks of overdose in B.C. Communities with moderate to high rates of overdose events and deaths but relatively few prescribers in the immediate area should be considered as locations for RN and RPN prescribers.

This Service Delivery Framework recognizes that nursing care in rural and remote communities can be different from nursing care in urban centres. In some communities, RNs and RPNs are often the only available health provider as small communities do not always have a full complement of providers. Planning for nurse prescribing should take into consideration the unique role that nurses may play in their communities and ensure that practice for RNs and RPNs is optimized to support patients with substance use challenges including prescribing for substance use conditions and disorders. Where possible, existing, or planned virtual/ telehealth services could be used to offer patients additional supports for PWUD in rural and remote areas. Flexibility and innovation will shape service delivery models.

Sustainability

RN and RPN prescribing provides broader access and can fill current gaps in substance use care in some communities. However, sustainability of services should be a consideration in planning by employers to avoid people who have accessed RN and RPN prescribing services being left without ongoing care in certain circumstances. Having multiple nurses trained in prescribing at one site and/ or other contingency planning should be in place for incidence of employee leave and recruitment challenges.

Process

The following outlines the recommended process for selection and enrollment of RNs and RPNs and site approval as well as the baseline requirements for programs which has RN and RPN prescribers.

Health authorities and service providers are well positioned to determine the need for enhancing access and capacity through RN and RPN prescribers for substance use care in the communities they serve. For the selection of program sites and communities where RN and RPN prescribers will be embedded, leaders should consider at current gaps in services related to limited prescriber hours and availability, need for increased capacity of current services, lack of OAT prescribers, and overdose rates in the community.

[10] BC Coroners Service, 2020.

RN and RPN prescribing under the emergency PHO order is overseen in partnership through the Ministry of Mental Health and Addictions, Ministry of Health, and Office of the Provincial Health Officer who have determined the following process should be followed to implement RN and RPN prescribers for coordinated monitoring:

1. Determine community need and potential for innovative models using RN and RPN prescribers for substance use services.

2. Review program/site and ensure the required organizational practice supports are in place (listed below) and notify ministry of mental health and addictions and ministry of health leads.

3. Obtain MHO approval (refer to Appendix 4).

4. Enroll RN or RPN in BCCSU education.

Prescription pads and prescriber ID numbers will be processed once an RN or RPN and BCCNM have received a signed proof of completion letter from the BCCSU, stating the successful completion of the education and training pathway. The BCCNM will contact the RN/RPN directly for the processing of prescriber ID numbers and authorization for Controlled Prescription Program (CPP) prescription pad ordering. Non-CPP prescription pads or workflows related to prescribing/administering schedule I,II,II medications are the responsibility of the employer, as is access to Pharmanet for reviewing medication history, and access laboratory results for review related to this prescribing practice.

Required Organizational Practice Supports for RN and RPN Prescribers

The substance use program or prescribing site *must* provide the following supports where RNs and RPNs are prescribing medications for substance use conditions and disorders:

- Pathways to physician, nurse practitioner or specialist for consultation, referral and/or transferal for escalation of substance use care (virtual or in-person) are in place. For example, this could include an external source such as the BCCSU 24/7 addictions consult line, regional virtual care program, partnered clinic or program, or internal team members.
- Clear referral pathways to other health care providers for escalation of other medical needs as needed.
- Records retention procedures for storage as per provincial controlled prescription program.
- Access to PharmaNet for review of the client's PharmaNet medication profile.
- Where medications are being stored and dispensed on site at community health facility as part of programming- policies and/or procedures for secure storage of controlled drugs and substances as per requirements of the *Controlled Drugs and Substances Act* must be in place.
- Where medications are dispensed and/or administered on site, regional protocols to ensure safe witnessing or dispensing and documentation that meets BCCNM standards.
- Clear pathway for people to be connected to a broader range of services to enable access to supports related to social determinants of health where available (such as psychosocial supports, financial, food security, housing and health system navigation, harm reduction, etc.).

- Operational procedures for reviewing laboratory results in timely manner.
- When the RN or RPN is not on shift or otherwise available, mechanisms are in place for timely responses to calls from clients, pharmacy, laboratory, or other clinicians related to patient care by other responsible clinic staff.

Education and Training

According to the temporary order issued by the PHO, "A registered nurse or a registered psychiatric nurse who possesses additional educational preparation and experience related to health care may provide the services to persons with a problem substance use condition or diagnosis of substance use disorder, as authorized by this order, without undue risk to the health or safety of a person who uses drugs, or any other person."[11]

The education and training requirements for nurse prescribing are outlined in the Standards, Limits and Conditions set out by BCCNM for RNs and RPNs. The education and training pathway is provided by the BCCSU.

Since June 2017, the BCCSU has been responsible for the education and training pathways and clinical care guidance for OUD treatment in BC. The development of *A Guideline for the Clinical Management of Opioid Use Disorder* and its aligned training program, the Provincial Opioid Addiction Treatment Support Program (POATSP), are key elements in the provincial strategy to increase access to evidence-based treatment for opioid use disorder. To align with the current education and training available to OAT prescribers, a custom online learning platform for POATSP has been developed in partnership with UBC Continuing Professional Development (CPD) and serves to improve the accessibility of high-quality education for the clinical management of opioid use disorder for RNs and RPNs.

New nursing content has been embedded into the custom platform including:

- Prescribing competencies
- Opioid agonist treatment prescribing: Key elements of comprehensive care
- Collaboration and consultation when providing opioid disorder care
- PharmaNet
- Laboratory and point-of-care tests
- Care coordination and referrals
- PharmaCare coverage
- Documentation
- Decision support tools

In addition to the required modules in the online POATSP course stream for RNs/RPNs, the comprehensive BCCSU education and training pathway requires completion of the following:

1. The Nurse Prescribing Workbook
2. The Preceptorship Form
3. In-person preceptorship time and any additional learning at the discretion of the preceptor

[11] See Appendix 3 for full copy of the PHO Order.

Once these steps are completed, the nursing professional is issued a BCCSU Proof of Completion letter. This will also be sent to the BCCNM to process prescriber numbers, prescription pads, and information on obtaining MSP numbers from the Ministry of Health.

Principles of Care

Best practice in the provision of care for PWUD includes reducing stigma and harm, using current evidence, and practicing in a person-centred way. Trained RNs and RPNs who prescribe for OUD will require knowledge, skill, and competence specific to the following equity-oriented principles and will incorporate them into practice. Equity-oriented principles and other established principles in care have been shown to mitigate the numerous forms of stigma and harm experienced by PWUD.

Employers should consider additional practice and educational supports for RN and RPN prescribing which reflect the specific prescribing role and practice setting as highlighted in Appendix 2.

Cultural Safety and Humility

Cultural Safety and Humility is an approach to service planning, organization and delivery that supports an environment free of racism and discrimination where people feel safe receiving health care. It is also an approach to care that develops and maintains respectful relationships based on mutual trust by reflecting on personal and systemic biases. Key elements include:

a) Recognizing the role of history and society and past traumatic experiences, and their impacts in shaping health, wellness, and health care experiences.

b) Health care and other professionals' self-reflection on their own assumptions and positions of power within the health care system.

c) Humbly acknowledging oneself as a life-long learner when it comes to understanding another person's experience.

d) Understanding that we cannot assume we know about another person's cultural experience, including that culture is an important part of a person's identity or important to discuss in relation to health care.

e) Health care and other professionals are constantly aware of how their own cultural experience shapes their own perspective and they recognize that every person is the expert on their own unique experience.

Employers should ensure that RN and RPN prescribers have completed the San'yas: Indigenous Cultural Safety Training Program offered through Provincial Health Services Authority prior to working with PWUD who are indigenous.

Trauma-Informed Practice

An approach to care that considers the need for services to respond to an individual's intersecting experiences of trauma, mental health, and substance use concerns. The principles of trauma-informed care include:

a) Trauma awareness among service providers and acknowledgement of how trauma impacting the wellness of the person receiving care.

b) Emphasis on safety and trustworthiness: physical, emotional, spiritual, and cultural safety

c) Emphasis on choice, collaboration, and relational connection

d) Emphasis on a strengths-based approach to care

Person Centred and Family Centred Care

Ensures the individual experiencing harm from substance use should determine their goal of treatment (e.g., safer use, abstinence, opioid maintenance, obtaining certain functional outcomes, etc.). Family-centred care welcomes and involves families in services to the greatest extent possible, based on the choice of the client, the family member receiving service, the families' desires and capacity for involvement, and any relevant considerations related to individual and/or family health and safety.

Evidence-Informed Care

Bases practices on current evidence from nursing science and other sciences and humanities and knowledge in how and where to access information to support the provision of safe, competent, and ethical client care. Employers should where possible, support RNs and RPNs who are engaged in prescribing activities, to attend provincial and regional learning opportunities for emerging best practices such as webinars and other provincial education series as available.

Recovery Oriented Care

Recovery is defined not solely by the abstinence of substance use or by the absence of disease but by improvement in overall wellbeing as determined by client defined goals. Recovery oriented care sees each client not just as a "patient" but as a person striving to live the most fulfilling life possible. Recovery-oriented practice avoids labelling individuals by defining them by their diagnosis and holds hope and personhood at the centre of interventions.[12]

Harm Reduction Orientation

Nurses practice within an ethical framework that promotes the health and well-being of their clients, regardless of income, age, gender, ethnicity, and other socio-demographic characteristics) and harm reduction approaches are aligned with the broader ethical standards of the nursing profession in Canada. This approach aims to minimize the negative outcomes experienced while an individual is using substances, including risk of overdose. Harm reduction policies and practice should be integrated along the continuum of care. The values of harm reduction are consistent with the values outlined in the Canadian Nurses Association (CNA) code of ethics.[13]

Performance Monitoring and Evaluation

A performance monitoring framework, with supporting logic model, output and outcome indicators, measurement tools and operational reporting forms, will guide the monitoring and evaluation of the implementation of nurse prescribing. This Framework will take into consideration the different phases of temporary RN and RPN prescribing as per the PHO order, starting with suboxone, then moving to OAT

[12] Mental Health Commission of Canada (2015). The Guidelines for Recovery-Oriented Practice. Available at: https://www.mentalhealthcommission.ca/sites/default/files/MHCC_RecoveryGuidelines_ENG_0.pdf

[13] Canadian Nurses Association. (2017). Harm Reduction and Illicit Substance Use: Implications for Nursing. Available at: https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/harm-reduction-and-illicit-substance-use-implications-for-nursing.pdf?la=en&hash=5F5BBCDE16C7892D9C7838CF62C362685CC2DDA7

and followed by pharmaceutical alternatives. The purposes of monitoring and evaluation are to provide feedback so that lessons learned can rapidly inform future prescribing practices, service delivery adjustments and policy refinements. Health authorities may want to consider developing their own regional approach to evaluation and monitoring.

Appendices

Appendix 1: RN and RPN Prescribing: Roles and Responsibilities

BCCNM	Employer	Individual RN or RPN
• Establishes the standards of practice, including standards, limits, and conditions related to safe prescribing that are in alignment with federal and provincial regulations and legislation. • Establishes and monitors quality assurance and continued competency requirements for RN and RPN prescribing. • Ensures that the prescribing RN/RPN reviews and is familiar with relevant federal and provincial legislation related to prescribing of controlled drugs and substances. • Administers BC's Controlled Prescription Program, as it relates to RN/RPN prescribing including the administration of duplicate prescription pads. • Acts on received complaints related to individual registrant prescribing. • Develops a mechanism to manage registrants who are PWUD and also RN/RPN prescribers.	• Identify sites where early implementation of RN/RPN prescribing will occur. • Ensures work setting and practice environment is supportive and enables RN/RPN prescribing. • Establishes organizational policies, processes, and resources to support the RN/RPN prescribing, to meet the nursing standards of practice to ensure safe, competent, and ethical care. • Enables completion of RN/RPN prescriber education as outlined by the BCCNM. • Ensures the RN/RPN has met all prescribing related regulator and employer competencies prior to any prescribing. • Ensure practice settings meet all requirements as listed in Service Delivery Frameworks and have MHO approval	• Completes required prescribing education and training outlined by BCCNM and employer to perform restricted activity of prescribing. • Meets ongoing and evolving prescribing education requirements, as required. • Ensures individual nursing practice is consistent with relevant federal and provincial legislation, BCCNM standards of practice, established limits and conditions, and all employer policies and procedures related to prescribing. • Practices within the established scope of practice for RN and RPN prescribing. • Practices within individual competence. • Maintains prescribing status through meeting required continued competency and practice requirements in addition to all other nursing competency requirements, to ensure fitness to prescribe and follow Controlled Prescription Program standards. • Participates in continuous quality improvement initiatives related to prescribing (offered by employer, BCCSU or elsewhere).

Appendix 2: Additional Recommended Education and Practice Supports

Harm Reduction:

- Includes competency in approach, services, communicable disease risk reduction and overdose response. http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction.
- RNs and RPNs should have competency in Naloxone training. BCCDC provides training resources at https://towardtheheart.com/naloxone-training

Trauma-Informed Practice:

- The Trauma-Informed Practice (TIP) Guide and TIP Organizational Checklist are intended to
- support the translation of trauma-informed principles into practice https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Cultural Safety and Humility:

- Completion of the San'yas: Indigenous Cultural Safety Training Program offered through Provincial Health Services Authority at https://www.sanyas.ca/

Immunization Competency Course:

- BCCDC offers an on-line course for immunization providers. The course is available to Registered Nurses, and Registered Psychiatric Nurses at http://www.bccdc.ca/health-professionals/education-development/immunization-courses/immunization-competency-course

Provincial Addiction Medicine and Substance Use Best Practices:

- Ongoing provincial and regional learning supports for emerging best practices such as webinars and other provincial education series as available for up to date practice considerations as well as any updates to BCCSU RN and RPN prescriber education. The Opioid Use Disorder ECHO series offers support to health care providers in British Columbia at https://www.bccsu.ca/bcechoonsubstanceuse-oud/

Pain and Opioid Use Disorder:

- Pain BC provides resources to health care professionals on referrals assessment and treatment at https://www.painbc.ca/health-professionals/education/pain-foundations

Appendix 3: Provincial Health Officer Order

ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to section 13 of the *Health Professions General Regulation*, B.C. Reg 275/2008)

REGISTERED NURSE AND REGISTERED PSYCHIATRIC NURSE PUBLIC HEALTH PHARMACOTHERAPY

IN THIS ORDER THE FOLLOWING DEFINITIONS APPLY:

"controlled substance" has the same meaning as in the *Controlled Drugs and Substances Act*, S.C. 1996, c.19;

"employee" means a registered nurse or a registered psychiatric nurse who is employed by:

a) a regional health board as defined in the *Health Authorities Act*, R.S.B.C. 1996 c.180
b) the Provincial Health Services Authority,
c) the First Nations Health Authority, or
d) a corporation or society approved by a medical health officer to provide the services described in this order.

WHEREAS:

1. On April 14, 2016, provincial health officer Dr. Perry Kendall (as he was then) provided notice under section 52 (2) of the *Public Health Act* S.B.C. 2008 c.28 of a regional event as defined under section 51 of that Act (the "April 14, 2016 Notice Declaring Overdose Public Health Emergency"). The regional event may be summarized as follows:

   (a) that, at that time in the Province of British Columbia, the availability of highly toxic, illegally produced opioid fentanyl analogues was apparently increasing; and

   (b) as a result, there were increases in people overdosing and in mortalities associated with the use of these substances, alone or with other drugs including illegally and legally produced opioids.

2. On March 17, 2020 I provided notice under section 52 (2) of the *Public Health Act* that the transmission of the infectious agent SARS-CoV-2, which has caused cases and outbreaks of a serious illness known as COVID-19 among the population of the Province of British Columbia,

Ministry of Health

Office of the
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http://www.health.gov.bc.ca/pho/

constitutes a regional event as defined in section 51 of the *Public Health Act* (the "March 2020 Notice of Emergency");

3. The number of deaths due to overdose in British Columbia has worsened with the onset of COVID-19 due to a combination of factors including:

   (a) increased toxicity of the illegally produced drug supply;

   (b) decreased access to harm reduction services, supervised consumption services and overdose prevention services;

   (c) barriers in accessing treatment and social services by people who use drugs and who require these services to consume drugs safely;

   (d) health risks due to withdrawal for persons who must self-isolate or quarantine to prevent the spread of COVID-19.

4. Due to the dual public health emergencies, people who use illegally produced and/or street procured drugs and have a history of ongoing active substance use (opioids, stimulants, benzodiazepines) are at increased risk of overdose, withdrawal, cravings and other harms related to their substance use and are also at risk of transmission of COVID-19;

5. The harms and risks identified in paragraph 4 above can be ameliorated by providing access, through a health professional, to treatment including by providing opioid agonist treatment and by prescribing pharmaceutical alternatives to illegally produced or street procured drugs;

6. At present, some of the pharmaceutical alternatives necessary to reduce the risk to persons who use drugs are prescription drugs regulated pursuant to the *Food and Drugs Act* and the *Controlled Drugs and Substances Act*, and only limited classes of health professionals (medical practitioners, dentists, midwives and nurse practitioners) are authorized to prescribe some of the necessary pharmaceutical alternatives to people;

7. In British Columbia, only certain health professionals who are registrants of a college under the *Health Professions Act* are authorized to prescribe controlled substances, subject to federal laws. Registered nurses (other than RNs who are also nurse practitioners) and registered psychiatric nurses are not within such an authorized category under the *Health Professions Act* and so may not, under provincial laws, prescribe a controlled substance.

I am of the opinion that:

(i) There are insufficient health human resources available to meet the needs of persons who use illegally produced and/or street procured drugs and who require pharmaceutical alternatives in order to mitigate the risks and harm of the dual public health emergencies, thereby resulting in an intolerable risk to the health and safety of these persons;

(ii) In view of the worsening situation of overdose deaths arising from the dual public health emergencies, it is necessary and in the public interest to increase access to health professionals who can prescribe pharmaceutical alternatives to the toxic drug supply;

(iii) A registered nurse or a registered psychiatric nurse who possesses additional educational preparation and experience related to health care may provide the services to persons with a

problem substance use condition or diagnosis of substance use disorder, as authorized by this order, without undue risk to the health or safety of a person who uses drugs, or any other person.

I, Dr. Bonnie Henry, Provincial Health Officer, order that notwithstanding the Nurses (Registered) and Nurse (Practitioners) Regulation or the Nurses (Registered Psychiatric) Regulation, a registered nurse or a registered psychiatric nurse is authorized to autonomously provide the following services (the "Services"):

A. order and interpret diagnostic tests and undertake other enquiries and examinations as necessary or appropriate to support the nurse to make a diagnosis of a problem substance use condition or substance use disorder;

B. make a diagnosis of a problem substance use condition or substance use disorder;

C. prescribe specific drugs, including controlled substances, to manage or ameliorate the effects of substance use by a person who is diagnosed as having a problem substance use condition or substance use disorder;

D. refer persons with a problem substance use condition or substance use disorder to primary care and specialized health and social services for the treatment of and counselling related to addictions and mental health.

A registered nurse or registered psychiatric nurse may provide the Services, subject to the following conditions:

1. The registered nurse or registered psychiatric nurse must be an employee and providing the Services in the course of a program approved by a medical health officer with responsibility for the geographic area in which the activity is performed;

2. The prescribing of pharmaceutical alternatives must be conducted in accordance with the standards, limits and conditions of the British Columbia College of Nurses and Midwives established for the purpose of this order.

Unless rescinded earlier, this order will end on the date that I provide notice under section 59 (b) of the *Public Health Act* that the emergency related to the availability of highly toxic, illegally produced opioid fentanyl analogues and increase in people overdosing and dying associated with the use of these substances has passed.

DATE: The 16th day of September 2020

SIGNED:

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

Appendix 4: MHO Approval Process for Service Delivery Providers

Registered Nurse and Registered Psychiatric Nurse

Public Health Pharmacotherapy

Guidelines for Approval of Programs by Medical Health Officers

Background

To help address the worsening situation of overdose deaths arising from the dual public health emergencies (overdose death epidemic and COVID-19 pandemic) Dr. Bonnie Henry issued a Provincial Health Officer order on September 16, 2020, limited in time to the duration of the overdose death public health emergency, authorizing Registered Nurses (RNs) and Registered Psychiatric Nurse (RPNs) who have additional educational preparation and experience to:

- order and interpret diagnostic tests to make a diagnosis of a problem substance use condition or substance use disorder
- make a diagnosis of a problem substance use condition or substance use disorder
- prescribe controlled drugs to people who are diagnosed as having a problem substance use condition or substance use disorder; and
- refer people with a problem substance use condition or substance use disorder to primary care and specialized health and social services

These activities are subject to the services being provided in the course of a program approved by a medical health officer (MHO) and being conducted in accordance with the standards, limits and conditions of the British Columbia College of Nurses and Midwives (BCCNM) and within the education program and clinical requirements set by the BC Centre on Substance Use (BCCSU).

MHO approval is needed because prescribing under this order flows from the PHO order which is in support of ameliorating the harms and risks of the public health emergencies by providing access to treatment including by providing opioid agonist treatment and by prescribing pharmaceutical alternatives to illegally produced or street procured drugs.

Some of these programs will be delivered by regional health authorities (RHAs) in First Nations communities, while others will be delivered by the First Nations Health Authority (FNHA) or First Nations Health Service Organizations (FNHSOs).

The FNHA Chief Medical Officer (CMO) has been delegated approving authority for FNHA programs. Where these programs are provided through a FNHSO the CMO and regional MHO should discuss who will provide the approval.

Purpose

The purpose of this document is to provide guidance for MHOs, health authority program leads, and the FNHA with respect to the program approval criteria and process.

RN and RPN Public Health Pharmacotherapy Required Program Supports

Where RNs and RPNs are prescribing medications for substance use conditions, the substance use program/or the setting must provide the following supports:

- Pathways to physician, nurse practitioner or specialist care for consultation, referral and/or transfer for substance use care (virtual or in-person) are in place. For example, this could include an external source such as the, BC Centre on Substance Use 24/7 addictions consult line, regional virtual care program, partnered clinic or program, or internal team members.

- Clear referral pathways to other providers for escalation of primary care and other medical needs as needed;
- Records retention procedures for storage as per provincial controlled prescription program;
- Access to Pharmanet for the purpose of viewing patient medication history;
- Policies and procedures for secure storage of controlled drugs and substances as per Health Canada requirements of the *Controlled Drugs and Substances Act*, if medications are being stored and dispensed on site at community health facility as part of programming;
- Where medications are dispensed and/or administered on site, regional protocols to ensure safe witnessing or dispensing and documentation that meets BCCNM standards;
- Clear pathways for people to be connected to a of service providers to enable access to supports, where they are available, related to social determinants of health (such as psychosocial supports, financial assistance, food security, housing, health system navigation, harm reduction etc.)
- When the RN or RPN is not on shift or otherwise available mechanisms are in place for timely response to calls from clients, pharmacy, laboratory, or other clinicians related to patient care by other responsible clinic staff.

Program Approval Process

- Further to the PHO order requirement that the program be approved by a MHO, for RHA delivered or contracted programs, the RHA program lead will ensure that the above criteria are met and work with the MHO lead (or alternate MHO depending on location of the program) to secure program approval. A program approval template that may be used to support this process is included below.
- In circumstances where the program will be delivered by the FNHA, the CMO will work with the FNHA program lead to ascertain that the criteria are met and approve the program.
- For programs delivered by a FNHSO the FNHA program lead or RHA program lead, as appropriate, will work with the FNHSO to ensure that the above criteria are met. At the same time the CMO and the MHO will determine who will approve the program.
- Once the MHO or CMO is satisfied that the approval criteria have been met they will notify the program lead that the program is approved.
- Contacts for RHA programs leads, MHO leads, and CMO are included below.

Registered Nurse and Registered Psychiatric Nurse

Public Health Pharmacotherapy

Medical Health Officer Approval Template

Background

To help address the worsening situation of overdose deaths arising from the dual public health emergencies (overdose death epidemic and COVID-19 pandemic) Dr. Bonnie Henry issued a Provincial Health Officer order on September 16, 2020, limited in time to the duration of the overdose death public health emergency, authorizing Registered Nurses (RNs) and Registered Psychiatric Nurse (RPNs) who have additional educational preparation and experience to:

- order and interpret diagnostic tests to make a diagnosis of a problem substance use condition or substance use disorder
- make a diagnosis of a problem substance use condition or substance use disorder
- prescribe controlled drugs to people who are diagnosed as having a problem substance use condition or substance use disorder; and
- refer people with a problem substance use condition or substance use disorder to primary care and specialized health and social services

These activities are subject to the services being provided in the course of a program approved by a medical health officer (MHO) and being conducted in accordance with the standards, limits and conditions of the British Columbia College of Nurses and Midwives (BCCNM) and within the education program and clinical requirements set by the BC Centre on Substance Use (BCCSU).

For programs delivered by a FNHSO the FNHA program lead or RHA program lead, as appropriate, will work with the FNHSO to ensure that the above criteria are met. At the same time the CMO and the MHO will determine who will approve the program.

Purpose

The purpose of this document is to support health authority program leads, MHOs and the CMO with respect to approving these programs. It provides a list of criteria that should be considered. Health authorities are encouraged to have an internal process for the approval process.

Program Description

Date: _____

Program Name: _____

Program Address: _____

Program Delivery Organization: _____

Request Submitted by: _____

Role: _____

Brief Description of the Program:

Programs which have RNs and/or RPNs prescribing under the *Registered Nurse and Registered Psychiatric Nurse Pharmacotherapy* Provincial Health order are required to have certain program supports in place. Please briefly indicate below how the program meets the following criteria:

1. Pathways to physician, nurse practitioner or specialist care for consultation, referral and/or transfer for substance use care (virtual or in-person) are in place. For example, this could include an external source such as the, BC Centre on Substance Use 24/7 addictions consult line, regional virtual care program, partnered clinic or program, or internal team members.

2. Timely and clear referral pathways to other providers for escalation of primary care as needed.

3. The program supports clear pathways for people to be connected to a range of services and supports, where they are available, that address the social determinants of health

(such as psychosocial supports, financial supports, food security, housing, health system navigation, harm reduction etc.)

4. When the prescribing RN or RPN is not on shift or otherwise available, identify the mechanisms that are in place for fielding and directing calls from clients, pharmacies or other clinicians related to client care to other responsible clinic staff

Please confirm that the following are in place:

- ☐ Records retention procedures for storage as per provincial controlled prescription program.
- ☐ Nurses meet the standards limits and conditions related to prescribing and prescribing under the PHO order as determined by the BC College of Nurses and Midwives, including educational preparation
- ☐ Access to PharmaNet for the purpose of viewing client medication history.
- ☐ Operational protocols or procedures for reviewing laboratory results in a timely manner.
- ☐ Policies and procedures for secure storage of controlled drugs and substances as per Health Canada requirements of the Controlled Drugs and Substances Act, if medications stored and dispensed on site at community health facility as part of programming.
- ☐ Where medications are dispensed and/or administered on site, regional protocols to ensure safe witnessing or dispensing and documentation that meets BCCNM standards.

Approved by:

_____

Date: _____

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