Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and//or decrease risk.

Title:	Prevention and Treatment of Opioid-Related Overdoses	*Number:* NCAO 8.10
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing RCW 18.130.345 Washington State Uniform Disciplinary Act RCW 69.41 Legend Drugs-Prescription Drugs RCW 69.50 Uniform Controlled Substances Act RCW 4.24.300 Immunity from Liability for Certain Types of Medical Care RCW 69.41.095 Opioid Reversal Medication - Standing Orders Permitted RCW 28A.210.390 Opioid Overdose Reversal Medication - Standing Order - Administration RCW 28A.210.395 Opioid Overdose Reversal Medication - Policy Guidelines and Treatment Requirements - Grant Program	
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Conclusion Statement

It is within the scope of practice of the nurse technician (NT), nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), licensed practical nurse (LPN), registered nurse (RN) to store, dispense, administer, distribute and deliver an opioid overdose medication following a prescription or standing order from an authorized health care practitioner in any setting. Nurse delegation to unlicensed assistive personnel (UAP) is not required, such as nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), or home care aid-certified (HCA-C), or other UAP to administer opioid overdose medication allowed in the laws and rules. It is not within the scope of the nurse to delegate administration of injectable opioid antagonists to UAP, unless it is within the scope of practice of the UAP.

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The NA-R/NA-C, LPN, RN, and ARNP may self-carry a prescription for a reversal medication and administer the drug to any person at risk of experience of an opioid-related overdose in any setting, including acting as a bystander.It is within the scope of practice of the ARNP with prescriptive authority to prescribe an opioid overdose medication, including through a standing order.

It is within the scope of the NT, NA-R/NA-C to administer an intranasal or injectable opioid antagonist without delegation. It is within the scope of the RN to delegate to unlicensed assistive personnel (UAP), such as the NA-R/NA-C, HCA-C to administer an opioid antagonist delivered intranasally in allowed settings. It is in the scope of practice of the RN to delegate to medical-assistant-registered/medical assistant-certified (MA-R/MA-C) or other UAP to administer an opioid antagonist within their scope of practice.

Background and Analysis

Opioid Antagonists Overview

Opioid antagonists reverse the effects of an opioid overdose. Naloxone (Narcan®) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration of Naloxone by intravenous, intramuscular, or subcutaneous routes. In 2018, the FDA approved a hand-held auto-injector (Evzio®), and a naloxone nasal spray. Off-label use via intranasal administration of injectable Naloxone is common because of ease of administration, storage, avoidance of needles, and literature supporting using Naloxone by the intranasal route. Off-label drugs lack the Food and Drug (FDA) approval. Off-label delivery methods may be legally prescribed, dispensed, distributed, or administered by the ARNP with prescriptive authority. Off-label use should be done with careful insight and understanding of the risks and benefits to the patient considering high-quality evidence supporting efficacy, effectiveness, and safety.

Legal Analysis

It is within the scope of practice of the ARNP with prescriptive authority to:

- Prescribe an opioid antagonist to any one at risk for having or witnessing an opioid overdose.
- Prescribe an off-label medication for use as an opioid antagonist.
- Prescribe, dispense, distribute, and deliver an opioid overdose medication directly to any person who may be present at an opioid-related overdose, such as individuals, law enforcement, emergency medical technicians, family members, nurses, or service providers.
- Enter into a Collaborative Drug Therapy Agreement (CDTA) with a pharmacist allowing the pharmacist to prescribe an opioid antagonist directly to the public.

It is within the scope of practice of the NT, NA-R/NA-C, RN, LPN to:

- Dispense, distribute, and deliver opioid overdose medication following a standing order from an authorized health care practitioner (ARNP, licensed physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or a licensed midwife within their scope of practice within their scope of practice) in any setting.
- Dispense, distribute, and deliver Naloxone for persons at risk or to a person who is in a position to assist someone who is at risk of an opioid-related overdose following the Naloxone State-Wide Standing Order issued by the Washington State Health Officer.

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The law allows any person to lawfully possess, store, deliver, distribute, or administer the medication with a prescription or order issued by an authorized health care practitioner. RCW 69.41.095 includes language providing protection from criminal or civil liability or disciplinary action. RCW 4.24.300 (commonly known as the "Good Samaritan" law) provides immunity from civil liability to anyone (including licensed health care providers) who provides emergency care, without compensation, unless there is gross negligence or misconduct.

Delegation

Community-Based and In-Home Care Settings

RCW 18.79.260 permits RN delegation of an intranasal opioid antagonist to the NA-R/NA-C or HCA-C or individuals in in-home care settings and in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmentally disabilities). The law does not allow delegation to UAP in community-based settings of opioid antagonists by injection. UAP may administer an intranasal or injectable opioid antagonist prescribed to patient without delegation or administer intranasal or injectable opioid antagonist as a bystander.

Public and Private Schools, Kindergarten-Twelve Grade

The RCW 28A.210.260 allows the school RN to delegate administration of an intranasal opioid antagonist if the school RN is not on the premises. The law does not allow delegation to UAP in schools of opioid antagonists by injection. UAP may administer an intranasal or injectable opioid antagonist prescribed to a student without delegation or administer intranasal or injectable opioid antagonist as a bystander. RCW 28A.210.390 requires Class I high schools with more than 2,000 students to have stock Naloxone and designated staff to administer the drug. RCW 28A.210.390 and RCW 28A.210.395 define the requirements for schools related to the prevention of opioid overdoses.

Other Settings

Nursing delegation of medications to the NA-R/NA-C or HCA-C is not within the scope of the RN or LPN in any other setting. UAP may administer an intranasal or injectable opioid antagonist prescribed to a patient in any setting without delegation or administer intranasal or injectable opioid antagonist as a bystander. The RN may delegate to the MA-R/MA-C within their scope of practice.

Recommendations

The commission supports prescribing an opioid reversal drug to all persons at risk for opioid complications or overdose. The commission recommends using the Nursing Scope of Practice Decision Tree. The NT, NA-R, NA-C, LPN, RN, and ARNP must follow all relevant laws and rules.

The NCQAC encourages nurses to incorporate overdose prevention into their daily practice using the nursing process/care planning. Nurses should be involved in training UAP, family, and others to recognize signs and symptoms and emergency response including administration for opioid overdose reversal medication. Stop Overdose.com offers education, resources, and technical assistance for individuals, professionals, and communities in Washington State who want to learn to prevent and respond to overdose and improve the health of people who use drugs. See the Washington State Department of Health Overdose Education and Naloxone Distribution Webpage for more information.

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The NCQAC supports institutions and agencies consider initiating and implementing formal opioid overdose prevention programs as a strategy to prevent and respond to opioid overdoses within their facilities and/or in the community.

- Include integrating overdose prevention messages and education into conversations with high-risk patients, their family members, friends, and community to recognize the signs and symptoms of an opioid overdose, and respond appropriately if someone is experiencing an overdose, including administering an opioid antagonist;
- Include opioid overdose prevention training and opioid antagonist administration in the nursing education curriculum.
- Implement CDTAs, standing orders/protocols to prescribe, dispense, distribute, and deliver opioid overdose medication, including following the state-wide standing order issued by the Washington State Health Officer.
- Follow current evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose.
- Use the Nursing Scope of Practice Decision Tree in making decisions about scope of practice.

Collaborative Drug Therapy Agreement (CDTA)

The ARNP interested in entering into a CDTA with a pharmacist must submit the CDTA Application to the Washington State Pharmacy Quality Assurance Commission for review and approval.

Conclusion

ARNPs with prescriptive authority may prescribe, dispense, distribute, and deliver opioid overdose medication to any person who may be at high-risk or present at an overdose, including law enforcement, emergency medical technicians, family members, or service providers. The NT, NA-R/NA-C, RN, and LPN may follow standing orders or protocols from an authorized provider. The ARNP may have a CDTA with a pharmacist to prescribe, dispense, distribute, and deliver opioid overdose medication.

References

Health and Human Services U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose: https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html

Naloxone Use in the School Setting: The Role of the School Nurse. National Association of School Nurses (2015): https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-naloxone

Stop Overdose.Org: http://stopoverdose.org/

Washington State Department of Health Opioids, Resources, and Opioid Prescribing Requirements: https://www.doh.wa.gov/CommunityandEnvironment/Opioids

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