

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 8.0
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 Engrossed Substitute House Bill 1671 - Effective 7-24-2015	
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Conclusion Statement

Advanced Registered Nurse Practitioners (ARNPs) with prescriptive authority may prescribe naloxone or other opioid antagonist to any one at risk for having or witnessing an opioid overdose. An ARNP may prescribe, dispense, distribute, and deliver an opioid overdose medication directly to any person who may be present at an opioid-related overdose, including individuals, law enforcement, emergency medical technicians, family members, or service providers. A pharmacist may enter into a collaborative drug therapy agreement (CDTA) with an ARNP with prescriptive authority to allow the pharmacist to prescribe naloxone directly to the public. This includes use of off-label intranasal naloxone.

An RN or LPN may dispense, distribute, and deliver opioid overdose medication following a standing order from an authorized provider (licensed physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or ARNP, or a licensed midwife within his or her scope of practice) in any setting.

Administration of opioid antagonists is the best means of promoting prevention of g opioid-related overdoses. Given the widespread and multifaceted reach of care delivery, nurses are uniquely positioned to combat the opioid overdose epidemic on many fronts.

Background and Analysis

In November 2014, the Nursing Commission, the Medical Commission, and the Board of Osteopathic Medicine received a request from the Washington Association of Sheriffs and Police Chiefs to answer the question as to whether a practitioner (local public health officer, emergency medical services program director, or other licensed practitioner) may provide naloxone to a law enforcement agency. At the time of the request, the law did not include language regarding law enforcement officers. [Engrossed Substitute House Bill 1671](#) effective July 24, 2015 expanded access to law enforcement officers.

Opioid Overdose Information

Prescription opioid use is becoming more prevalent in the United States. Many cases of opioid dependence begin with the treatment for pain. Chronic opioid use changes the functions of the brain leading to physical dependence and tolerance and may progress to opioid addiction. Since 2012, drug poisoning deaths in the United States have risen 6%, and deaths involving heroin increased 39%. Naloxone is safe, effective, and has no abuse potential. Community-based opioid overdose prevention programs began in the mid-1990s in the United States. Since 1996, an increasing number of community-based programs distribute naloxone to reverse potentially fatal overdoses.

Washington State

The following information is from the [Washington State Injury and Violence Prevention Guide, January 2013: Drug Poisoning and Overdose Chapter \(DOH 530-090\)](#). In 2010, Washington State's poisoning death rate 15 per 100,000, higher than the national death rate of 13 per 100,000. It is the leading cause of unintentional death in Washington State. Over 90% of poisoning deaths are due to drug overdoses. Rates between increased 370% between 1990 and 2010. Prescription opioid overdose deaths increased from 0.4 per 100,000 in 1995 to 7.4 per 100,000 in 2008. The rate dropped to 6.0 per 100,000 in 2010. The three opioids most involved include methadone (involved in most deaths), oxycodone, and hydrocodone.

The 2010 Health Youth Survey found that 4% (about 3,300 students) of 8th graders had used opioids to get high in the past 30 days. Of 10th and 12th graders, 8% (about 13,200 students) had used these drugs to get high. About 6% (about 342,000) of Washington residents 12 years and older use prescription pain drugs non-medically. The state has the 4th highest rate of residents using prescription pain drugs in a non-medical way in the United States. The [\(ADAI\) Alcohol and Drug Abuse Institute -University of Washington](#) data for 2011 showed that heroin has remained a major drug of abuse and in recent years use has increased among young adults and spread beyond the largest cities. Prescription-type opiates appear to be a pathway to heroin use for many users, with 39% of heroin injectors in Seattle reporting being addicted to prescription-type opiates before trying heroin according to data in 2009. It is difficult to get a direct measurement of heroin use. Police evidence of positive tests for heroin shows that positive heroin use grew from 13.1% to 34.5% between 2001 and 2012. The rate of all opiate deaths (heroin and/or prescription opiates) has doubled in the past decade. First time treatment admissions show that heroin is the most common drug in 2012 among 18-29 year olds and the growth is primarily outside of the Seattle metro area (ADAI).

Naloxone

Naloxone is the most commonly used opioid antagonist given to reverse the effects of an opioid overdose by counteracting life-threatening depression of the central nervous and respiratory system. It is a legend drug, but not a controlled substance. Naloxone is the current standard of treatment for opioid overdose The Food and Drug Administration (FDA) approved administration by intravenous, intramuscular, or subcutaneous routes. Clinicians may use professional judgment as to the use and administration of the drug if it is not described in the approved labeling from the FDA. The FDA

recognizes that off-label use is a well-established principle that has allowed discovery of new and beneficial uses for previously approved drugs. Off-label use via intranasal administration of Naloxone is common because of ease of administration, storage, avoidance of needles, and literature supporting using naloxone by the intranasal route. The FDA has granted fast track designation to an intranasal naloxone investigational new drug application in July 2015. The FDA approved a new hand-held auto-injector ([Evzio®](#)) that can be used by patients, family members, or caregivers for intramuscular or subcutaneous injection.

Support of Opioid Prevention Programs

The [American Medical Association](#) and the [American Public Health Association](#) support availability of take-home naloxone. The United Nations Office on Drugs and Crime and the World Health Organization's report, [Community Management of Opioid Overdose \(2014\)](#) supports naloxone being available to first responders and people dependent on opioids, peers and family members who might be present when an overdose occurs. The [Washington State Interagency Guideline on Prescribing Opioids for Pain \(2015\)](#) recommends health care providers consider prescribing naloxone as a preventive rescue medication for patients with opioid use disorder and counseling of family member or other personal contacts in a position to assist the patient at risk of an overdose and supports take-home naloxone. The National Association of School Nurses position statement, [Naloxone Use in the School Setting: The Role of the School Nurse](#), states that, school nurses should facilitate access to naloxone for the management of opioid related overdoses in the school setting and implement its use as part of their school emergency response protocol. At least five states adopted laws on the use of naloxone in schools requiring it to be available. Some schools in other states teach students on how to get it at a pharmacy and use it. Federal, Tribal, state, and local law enforcement agencies are beginning to be trained and carry naloxone. Washington State has community-based naloxone programs in several counties.

Legal Analysis

The Uniform Controlled Substance Act or UCSA (RCW 69.50.315) previously allowed a person to get a prescription, possess naloxone, and administer naloxone to anyone who may be suffering from an apparent opiated-related overdose.

In 2015, the USCA was revised (RCW 69.410.040 and 69.50.315 and repeal of RCW 18.130.345), to increase access to opioid overdose medications by permitting health care practitioners (authorized to prescribe legend drugs) to administer, prescribe, and dispense opioid overdose medication to any person or entity who may be present at an overdose ([Engrossed Substitute House Bill 1671](#)). This includes law enforcement, emergency medical technicians, family members, or service providers. The issuance of a prescription or protocol must be for a legitimate medical purpose in the usual course of professional practice. It permits LPNs and RNs to dispense, possess, and administer opioid overdose medications prescribed by an authorized health care provider or following standing orders or protocols. The law defines a standing order or protocol as a “written or electronically recorded instructions, prepared by a prescriber, for distribution and administration of a drug by designated and trained staff or volunteers of an organization or entity, as well as other actions and interventions to be used upon the occurrence of clearly defined clinical events in order to improve patients’ timely access to treatment”.

The law requires when prescribing, dispensing, distributing or delivery of the medication, the ARNP (or the RN or LPN following standing orders) must inform the recipient that as soon as possible, after administration, the person at risk of experiencing an overdose, should be transported to a hospital, or a first responder, should be summoned. CDTAs, standing orders, or protocols from an authorized practitioner may be used to prescribe, dispense, distribute, and deliver opioid overdose medication.

The law allows any person to lawfully possess, store, deliver, distribute, or administer the medication with a prescription or order issued by an authorized practitioner. Practitioners prescribing, dispensing, distributing, or delivering an opioid antagonist, acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action. A person who possesses stores, distributes, or administers an opioid antagonist for prevention and treatment of an opioid overdose, acting in good faith, shall not be charged or prosecuted for possession of a controlled substance. A person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose or a person experiencing a drug-related overdose, shall not be charged or prosecuted if the evidence for the charge was obtained as a result of the person seeking medical assistance.

[RCW 18.79.250](#) defines the scope of practice for ARNPs with prescriptive authority to prescribe legend drugs. This would include naloxone or any other opioid antagonist. The Washington State Department Pharmacy Commission issued a statement in 2012 supporting and encouraging the use of CDTAs for naloxone. Pharmacists may prescribe naloxone directly to the public if a pharmacist has signed a CDTA with a legal prescriber, including an ARNP with prescriptive authority. ARNPs are not required to enter into a CDTA.

[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.

Recommendations

The Nursing Commission encourages ARNPs and other health care providers to be knowledgeable and current about evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose. The Nursing Commission recommends nurses incorporate overdose prevention into everyday nursing practice. ARNPs, RNs, and LPNs should be at the forefront to integrate overdose prevention messages and education into conversations with high-risk patients, their family members, and friends to recognize the signs and symptoms of an opioid overdose, and respond appropriately if someone is experiencing an overdose, including administering an opioid antagonist.

The Nursing Commission recommends nurses 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. Nurses must have appropriate training and demonstrate competency appropriate to their licensure, specialty area or setting, and specific activities. Nurses must inform the recipient that as soon as possible after prescribing, dispensing, or delivering, the person at risk of experiencing an overdose should be transported to a hospital or a first responder should be summoned.

The commission suggests nurses receive training and use resources such as through the Alcohol and Drug Abuse Institute at the University of Washington and Washington State Division of Behavioral and Recovery (DBHR): [Center for Opioid Safety Education \(COSE\)](#).

ARNPs interested in entering into a CDTA with a pharmacist must submit the CDTA to the Pharmacy Quality Assurance Commission for review. The Nursing Commission recommends using a template created by [StopOverdose.org](#) made available through the University of Washington Alcohol and Drug Abuse Institute.

The Nursing Commission recommends nurses follow the [Washington State Interagency Guideline on Prescribing Opioids for Pain \(2015\)](#). This includes using the [Washington State Prescription Monitoring Program or PMP](#) as a part of ongoing monitoring to prevent opioid misuse when prescribing controlled substances. The guidelines include recommendations to consider prescribing naloxone as a preventive rescue medication for patients with opioid use disorder and counseling of family member or other personal contacts in a position to assist the patient at risk of an overdose.

The Nursing Commission recommends 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. Nursing educators should include opioid overdose prevention training and opioid antagonist administration in the nursing education curriculum.

Recommended resources include:

- [British Columbia Centre for Disease Control:](#)
 - [Dispensing Naloxone Kits to Clients at Risk of Opioid Overdose: Nursing Competencies- British Columbia Centre for Disease Control](#)
 - [Decision Support Tool](#)
 - [Training Manual: Overdose Prevention and Response](#)
- [Stopoverdose.org](#)
- [Community Management of Opioid Overdose - World Health Organization \(2014\)](#)
- [Opioid Overdose Toolkit - Substance Abuse and Mental Health Services Administration \(2013\)](#)
- [U.S. Department of Veterans Affairs - Veterans Health Administration Opioid Safety Initiative Toolkit](#)
- [Indian Health Services and U.S. Department of Justice Law Enforcement Naloxone Toolkit \(2014\)](#)
- [American Academy of Pain Medicine](#)
- [Search and Rescue Washington](#)

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. RNs and LPNs may follow standing orders or protocols from an authorized provider. ARNPs may enter into a CDTA with a pharmacist to prescribe, dispense, distribute, and deliver opioid overdose medication. This opinion is also intended to raise awareness about the benefits of using naloxone for individuals at high-risk of opioid overdose and those who are in a position to assist an individual who is experiencing an opioid-related overdose.

References

Alcohol and Drug Abuse Institute, University of Washington:
<http://adai.uw.edu/wastate/HYS/2014%20Washington%20State.pdf>

American Academy of Pain Medicine: <http://www.painmed.org/SOPResources/ClinicalTools/tools-forms/>

Lagoy, A. American Journal of Nursing (October 2014). Heroin and Naloxone. Vol. 114, Issue 10, (12). http://journals.lww.com/ajnonline/Fulltext/2014/10000/Heroin_and_Naloxone.3.aspx

American Medical Association: <http://www.ama-assn.org/ama/pub/advocacy/topics/preventing-opioid-abuse/opioid-abuse-task-force.page>

American Public Health Association: <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/16/13/08/reducing-opioid-overdose-through-education-and-naloxone-distribution>

British Columbia Centre for Disease Control:

- Dispensing Naloxone Kits to Clients at Risk of Opioid Overdose: Nursing Competencies, British Columbia Centre for Disease Control: http://www.bccdc.ca/NR/rdonlyres/69B901A8-272D-49A4-B6B0-88BB095961EE/0/Naloxonecompetency_April14approved.pdf
- Decision Support Tool: <http://www.bccdc.ca/NR/rdonlyres/64310A80-0939-4F0B-BDBC-C101B7A2E4E2/0/NaloxoneDSTforNursesApril14approved.pdf>
- Training Manual: Overdose Prevention and Response: http://towardtheheart.com/assets/uploads/files/Training_ManualDocuments_2012.08.29.pdf

[College of Registered Nurses of British Columbia: Scope of Practice for Registered Nurses](#)

Community Management of Opioid Overdose – World Health Organization (2014): http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/

Interagency Guideline on Prescribing Opioids for Pain (2015): <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>

Indian Health Services and U.S Department of Justice Law Enforcement Naloxone Toolkit (2014): <https://www.bjatraining.org/tools/naloxone/Naloxone-Background>

Legislative: Responding to the Fatal Opioid Overdose Epidemic: A Call to Nurses: Online Journal of Issues in Nursing: Clark, A. (2014). 19(3): <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-19-2014/No3-Sept-2014/Responding-to-Fatal-Opioid-Overdose-Epidemic.html>

MMWR Community-Based Opioid Overdose Prevention Programs Providing Naloxone-United States 2010: (2012) 61(06) 101-105: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm>

Naloxone Use in the School Setting: The Role of the School Nurse. National Association of School Nurses: <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/854/Naloxone-Use-in-the-School-Setting-The-Role-of-the-School-Nurse-Adopted-June-2015>

National Institutes of Health Presentations (2012)

- [Populations at Risk for Opioid Overdose: Paluozzi, L.](#)
- [Public Health Interventions to Address Opioid Overdose: Reuter, N.](#)
- [Naloxone: Effects and Side Effects: Terman, G.W.](#)

- [Naloxone: Overview, Criminal Justice and other Special Settings: Binswanger, I.](#)
- [Bystander Overdose Education and Naloxone Distribution in Massachusetts: Walley, A.Y.](#)
- [Role of Naloxone in Opioid Overdose Fatality Prevention: El-Bassel, N.](#)
- [Naloxone for Outpatient Use: Data Required to Support an NDA: Hertz, S.](#)
- [Naloxone Expanded Access: OTC status Considerations for a Nonprescription Drug Development Program: Leonard-Segal, A.](#)
- [Considerations for Development and Marketing of Needleless Naloxone HCl Delivery Systems: Wermeling, D.](#)
- [Ethical and Regulatory Considerations in Drug Development for IN Naloxone: Nelson, R.](#)
- [Lessons Learned from Implementation: Zimet, G.](#)

Off-Label: Just what the Doctor Ordered. Tomaszewski, C. (2006):

<http://intranasal.net/Peer%20Reviewed%20literature/Tomaszewski,%20Off-label%20-%20Just%20what%20the%20doctor%20ordered,%20J%20Med%20Tox%202006.pdf>

Opioid Overdose Toolkit – Substance Abuse and Mental Health Services Administration (SAMHSA) (2013): http://store.samhsa.gov/shin/content/SMA13-4742/Overdose_Toolkit_2014_Jan.pdf

Opioid Trends Across Washington State (April 2015), University of Washington Alcohol and Drug Abuse Institute: <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2015-01.pdf>

Pain Management Resources Washington State Department of Health:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PainManagement>

Pharmacy Collaborative Agreement Template:

http://www.wsha.org/files/257/Blank_Naloxone_CDTA_08092012_1.pdf

Safe and Effective Opioid Prescribing for Chronic Pain Continuing Education. Boston University School of Medicine, Substance Abuse and Mental Health Services Administration, Massachusetts Board of Registration in Medicine, Massachusetts Medical Society, Massachusetts Department of Public Health, and Massachusetts Hospital Association: <http://www.opioidprescribing.com/overview>

Search and Rescue Washington: <http://www.medicineabuseproject.org/search-rescue/wa>

Stopoverdose.org: <http://www.stopoverdose.org/>

Strategies for Preventing Heroin Overdose: Sparer, K.A. (2003). BMJ 326(7386), 442-444: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1125320/>

Substance Abuse Information - World Health Organization:

http://www.who.int/substance_abuse/information-sheet/en/

United Nations Office on Drugs and Crime: <http://www.unodc.org/>

U.S. Department of Veterans Affairs – Veterans Health Administration Opioid Safety Initiative Toolkit: http://www.va.gov/PAINMANAGEMENT/Opioid_Safety_Initiative_Toolkit.asp

Washington State Injury and Violence Prevention Guide, January 2013: Drug Poisoning and Overdose (DOH 530-090): <http://www.doh.wa.gov/portals/1/Documents/2900/DOH530090Poison.pdf>

Opioid Trends Across Washington State (April 2015), University of Washington Alcohol and Drug Abuse Initiative: <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2015-01.pdf>