Policy #:	26.85.000
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Section:	Addiction Medicine/Emergency Dept.

Nurse Initiated Protocol for Naloxone and Safer Use Supplies

Purpose:

To establish a policy and procedure for dispensing safer use supplies (e.g. naloxone, injection and inhalation drug use equipment) to eligible patients with a substance use disorder (SUD) in preparation for discharge.

Policy Statement:

Massachusetts is at the center of the opioid epidemic (https://chapter55.digital.mass.gov/). Harm reduction is recognized as part of the continuum of medical care of patients who use drugs (PWUD) and is part of the U.S. Health and Human Services Overdose prevention strategy. Harm reduction strategies like safer use supplies and naloxone improves public health outcomes, enhances community safety, and provides pathways to support and treat patients who use drugs (PWUD) who may not otherwise seek help.

The Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice No. 24.31 is as follows: It is the position of the Board that nursing practices that are consistent with harm reduction, including the provision of harm reduction supplies and/or services, do not violate Standards of Conduct found in 244 CMR 9.03 (7): "Nurses shall not aid any person in performing any act prohibited by law or regulation" so long as the nurse complies with all organizational policies and procedures. Harm reduction services for PWUD include but are not limited to provision of opioid antagonists for overdose rescue, fentanyl test strips, and safer drug use supplies such as pipes and syringes.

Standing orders are approved by the BMC Medical – Dental Staff and as such gives licensed nurses the ability to provide labs per "Lab Visit Only" electronic medical record (EMR) standing order.

The standing order provides the mechanism for nursing to administer medication per standing order approved by the BMC Medical – Dental Staff. Licensed nurses accept, verify, and implement orders from duly authorized prescribers, including standing orders and protocols.

Per MA BORN Advisory Ruling 9324, standing orders/protocols include written authorization from a duly authorized prescriber that indicates evidence based practice standards for a specific medication or activity to be implemented by the nurse. Standing orders/protocols are applicable to a specific patient or specific situation and directions remain consistent during implementation.

Collaborative protocols allowing the nurse to initiate certain treatments before physician assessment have been shown to improve productivity, when utilizing evidence-based practice. Nurse initiated protocols have been found to expedite critical treatments, reduce delays to effective care and increase patient satisfaction.

Application:

Patient 18 years of age and older

Exceptions:

Patient under 18 years of age
Patient at risk for intentional overdose as determined by the attending physician
Patient allergy to naloxone

Procedure:

Patient Eligibility:

1) Inclusion – to be eligible patients must:
   a) Have an active SUD
   b) Have the capacity to make medical decisions.
   c) Be medically and psychiatrically safe for discharge in the next 1-2 hours.
   d) Be 18 years and older.

Workflow:

1. Harm Reduction Supplies:
   a) RN initiates the standing order for "Harm Reduction Supplies" per protocol.
   b) Offer to dispose of any used supplies the patient may have on them.
   c) Hand the patient the supply checklist with pen/pencil (see Appendix).
   d) Assemble supply kit based off the patient's needs as indicated by their checklist.
      i) Available supplies can include:
         (1) Safer smoking kits: bubble pipes, straight pipes, chore, pushers.
         (2) Safer snorting kits: plastic card, straw, plastic razor, scoop.
         (3) Safer injection kits: syringes (stored separately), cotton, cooker, tourniquet, sterile water, alcohol swabs, Band-aids, vitamin C.
         (4) Fentanyl test strips.
   e) For record keeping, place checklist in the designated secure location.
   f) Provide the supplies to the patient at discharge with naloxone.
      i) Note: even patients who identify as using only stimulants should be discharged with Naloxone given risk of fentanyl and other opioid adulterants in the stimulant supply.
   g) Supplies and supplies checklist will be stored in a secure area

2. Naloxone:
   a) Naloxone should be offered to all patients with SUD or regular substance use even patients who identify as using only stimulants should be discharged with Naloxone given risk of fentanyl and other opioid adulterants in the stimulant supply.
   b) **ED Patient Work Flow:**
      i) See: Nurse Initiated Protocol: Naloxone Take Home Kits for Patients being Discharged from the ED Policy #26.37.090
   c) **Inpatient, ED Boarder, Observation, L&D Triage, & Outpatient Work Flow:**
      i) Nurse initiates the naloxone discharge prescription order per protocol for patients falling into the emergent pathway (e.g., leaving against medical advice when outpatient pharmacy is not open)

(1) LIP or nurse will obtain naloxone from designated secure location and maintain the naloxone dispense log, which is shared on a regular basis with the BMC Outpatient Pharmacy
(2) If unable to locate naloxone from the designated secure location or the care area has not established a designated secure location/naloxone dispensing log with the BMC Outpatient Pharmacy, the LIP or nurse will page the Addiction Consult service (6226) to deliver the naloxone to the patient at the time of discharge
(a) Addiction Medicine service maintains a naloxone dispense log which is shared on a regular basis with the BMC Outpatient Pharmacy

ii) In all other situations, the LIP will e-prescribe naloxone prescriptions to the patient's preferred pharmacy or BMC Yawkey if criteria outlined for "Medication in Hand" is met

Patient Education:

1) Offer harm reduction counseling as able including but not limited to:
   a) Encourage avoiding using alone if possible
   b) Provide information about the Massachusetts Overdose Prevention Helpline (1-800-972-0590)
   c) Trial potency of medication with "test shots" or a smaller amount at first
   d) Do not mix different types of drugs
   e) Encourage routes that decrease risk such as smoking or intranasal and discuss higher- and lower-risk injection sites (see Appendix B).Discuss techniques for sterile injection, provide hand out as needed.

Nurses should consider discussing with the LIPs:

1) Evaluating HIV risk (injection drug use, transactional/survival sex work, partner with HIV) and offer HIV, Hepatitis C, Hepatitis B testing (HBV surface Ab, HBV surface Ag, HBV core Ab) if ordering blood testing, in addition to other STI screening as appropriate (syphilis, G/C).
   a) For lab ordering, consider using "Opioid Withdrawal Management Initiation" order set, or the "Injection Drug Use" labs under the "Endocarditis" order set, or other order sets, if appropriate. **Note,** positive HIV test results will be followed by the Infectious Diseases Public Health team after discharge.
2) Prescribing HIV post exposure prophylaxis (PEP) (medication selection according to current BMC guidelines) if patient has had recent HIV exposure (sexual encounter without condom and known HIV positive or unknown HIV status; sharing injection supplies including needles, syringes, cottons, cookers) as appropriate per CDC guidelines.
3) Offering HIV pre-exposure prophylaxis (PrEP) (medication selection according to current BMC guidelines) if patient has active injection drug use per CDC guidelines and refer to Project TRUST, STI Clinic or Faster Paths walk-in hours for follow up and continuation of care
4) Evaluating patients' readiness to enter treatment with methadone, buprenorphine, detox, or START clinic (stimulant recovery program)
5) Referral to Project TRUST, AHOPE, or Faster Paths for future harm reduction equipment/SUD treatment
   a) AHOPE: 774 Albany Street
      Monday-Friday, 7:30am-3pm
      (Closed 12-1pm for lunch)
   b) Project TRUST: 721 Massachusetts Ave
      Monday-Friday, 9am-5pm
      (Closed 1-2pm for lunch)

c) Faster Paths: 8am-4pm
(Closed 12-1pm for lunch)
Boston Medical Center: Yawkey Building,
7 days a week
d) Massachusetts Overdose Prevention Hotline

Responsibility:
LIP, RN, LPN, RPh, Project ASSERT staff, Infectious Diseases Public Health staff

Attachments:
Safer Use Supply Menu (Appendix A)
"Find a Safe Vein and a Back-up Vein" graphic (Appendix B)

Other Related Policies/Protocols/Guidelines:
26.37.090 Nurse Initiated Protocol: Naloxone Take Home Kits for Patients being Discharged from the Emergency Department
13.09.510 Pharmacist Ordering of Naloxone Take Home Kits (for Discharge Patients in the Emergency Department)
31.50.000 Decreasing Risk and Stigma among Patients Who Use Drugs: Addressing InHospital Substance Use and Overdose Risk in Hospitalized Patients

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Initiated by:
Emergency Department, Addiction Medicine

Contributing Departments:
General Counsel, Internal Medicine, Family Medicine, Infectious Diseases, Maternity, Nursing

Appendix A: Safer Use Supply Menu

Injection Supplies		
Syringes		
Biggie Small	28g 1cc 1/2" Syringe	❑
Bee Stinger/Ultra Ultra Fine	31g 1cc 5/16" Syringe	❑
Other		
Cooker	Sterile cylinder	❑
Cotton	Sterile dental cotton	❑
Water	Normal saline vial	❑
Tourniquet	Tourniquet	❑
Alcohol pads	Alcohol pads	❑
Band-aid	Band-aid	❑

Smoking Supplies		
Love Roses/Stem	Glass cylinder pipe	❑
Bubble pipe	Glass cylinder pipe with sphere	❑
Chore boys	Copper wool	❑
Rubber tip	Rubber lip protector	❑
Push stick	Wooden stick	❑
Chapstick	Chapstick	❑

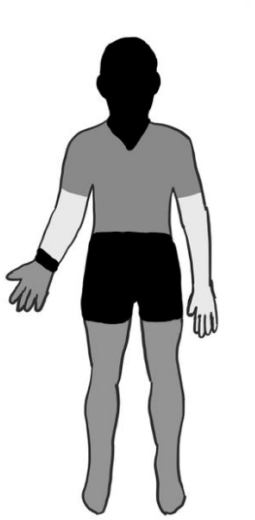
Other Safer Use Supplies		
Fentanyl test strips	Fentanyl test strips	❑
Sharps container	Sharps container	❑

Appendix B

FIND A SAFE VEIN AND A BACK-UP VEIN

- Pick a safer injection site

BEST	• Arms • Back of hand
OK	• Legs • Feet
AVOID	• Groin • Neck • Wrist



- Improve your chances of getting a good vein.
  - Use a tourniquet. If you lose feeling below the tourniquet, remove it.
  - Exercise: squeeze your hands, swing your arms.
  - Warm compress over the site.