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PRACTICE STANDARD

Certified Registered Psychiatric Nurses: Opioid Use Disorder

Introduction

The *Certified Registered Psychiatric Nurses: Opioid Use Disorder* practice standard applies to registered psychiatric nurses who hold current certification[1] in the Opioid Use Disorder certification program and sets out expectations when they act within their autonomous scope of practice (without an order).

Acting within autonomous scope of practice refers to certified registered psychiatric nurses:

- Assuming accountability and responsibility for making decisions about **client** care, and
- Performing activities that they are competent and allowed to perform *without a **client-specific order***.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, certified registered psychiatric nurses are authorized to:

- Make a **nursing diagnosis** and treat physical or mental conditions that are within the autonomous scope of general registered psychiatric nurse's practice and the nurse's individual **competence**.
- Diagnose a disease, disorder, or condition and treat by **prescribing**, compounding, dispensing, administering, or ordering **medications** according to their BCCNM certification program.[2]
- Give an order to perform a **restricted activity** listed in section 21(1), 36(1) or 51(1) of the *Nurses and Midwives Regulation* that is within the certified registered psychiatric nurse's autonomous scope of practice, and
    - a licensed practical nurse may act under that order if the activity is listed in section 36(1), and
    - a registered nurse may act under that order if the activity is listed in section 21(1), and
    - a registered psychiatric nurse may act under that order if the activity is listed in section 51(1).

Certified registered psychiatric nurses follow all relevant practice standards for registered psychiatric nurses, including:

- *Registered Psychiatric Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.
- *Certified Registered Psychiatric Nurses: Prescribing* practice standard when prescribing a medication to be dispensed by a pharmacist for use by a specific client.
- *Registered Psychiatric Nurses: Acting by Giving Client-specific Orders* practice standard when giving a client-specific order (such as dispensing or administering a medication to a client) to be acted on by another nurse (RN, LPN, or RPN) or other health professional, other than a pharmacist.

[1] Certification requires the successful completion of the BCCNM recognized certified practice course(s) and meeting the requirements set out in the BCCNM General Bylaws, Part 7.
[2] BCCNM General Bylaws, Part 7.

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Standards

1. Certified registered psychiatric nurses are accountable and responsible for decisions to perform activities within their autonomous scope of practice (without an order).
2. Before performing an activity within their autonomous scope of practice, certified registered psychiatric nurses ensure that the activity is:
    a. Within the scope of practice for certified registered psychiatric nurses;
    b. Consistent with BCCNM's ethics standards and practice standards, including any applicable limits and conditions on performing the activity;
    c. Consistent with practice setting policies, processes, and restrictions; and
    d. Within their individual competence.
3. Certified registered psychiatric nurses perform activities within their autonomous scope of practice only when they have the competence to:
    a. Determine whether the activity is appropriate for the client, considering risks, benefits, expected outcomes, and other relevant factors;
    b. Perform the activity safely and ethically; and
    c. Manage the intended and unintended outcomes of the activity.
4. Before performing an activity within their autonomous scope of practice, certified registered psychiatric nurses:
    a. Consider practice setting resources and other human and system factors that may affect their ability to perform activities safely and competently;
    b. Obtain the additional education, training, and clinical experience necessary to perform **advanced activities** safely and competently;
    c. Recognize and address the impact of their own values, beliefs, and experiences on decision-making; and
    d. Use current evidence to support decision-making.
5. Certified registered psychiatric nurses follow a clinical decision-making process when:
    a. assessing clients;
    b. making diagnoses within their certification program and competence;
    c. planning and implementing care;
    d. determining and performing activities;
    e. giving, changing, or cancelling client-specific orders;
    f. monitoring and coordinating care;
    g. advising on physical and mental health; and
    h. managing and evaluating outcomes.
6. Certified registered psychiatric nurses:
    a. Communicate and collaborate with clients, clients' representatives, and members of the health-care team about diagnoses, decisions, actions, and outcomes;
    b. When changing or cancelling a client-specific order, communicate and collaborate with the health care professional who gave the order (or their delegate), the client, and other members of the health-care team; and

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c. Consult with, or refer clients to, other health care professionals when client needs exceed their scope of practice or competence, practice setting requirements require it, or client care would benefit from additional expertise.

Limits & conditions

1. Registered psychiatric nurses who want to obtain certification in Opioid Use Disorder must successfully complete the relevant certified practice course recognized by BCCNM[3] or equivalent[4].
2. Certified registered psychiatric nurses meet the relevant certified practice **competencies** in the Nurses and Nurse Practitioners of British Columbia (NNPBC) Certified Practice Registered Nurse and Registered Psychiatric Nurse Competencies.[5]
3. Certified registered psychiatric nurses follow the **decision support tools** for their certification program, and only diagnose and treat diseases, disorders, or conditions, including the prescribing, compounding, dispensing, administering or ordering of medications and ordering of diagnostic tests, as outlined in the decision support tools for their certified practice program and as set out in *Table 1.*

Table 1: The diagnosis and treatment of diseases, disorders, conditions by Certified Registered Psychiatric Nurses: Opioid Use Disorder in accordance with decision support tools

Certified Registered Psychiatric Nurses: Opioid Use Disorder	
Decision Support Tools	British Columbia Centre on Substance Use (BCCSU) RN/RPN Certified Practice Decision Support Tools for Opioid Use Disorder (BCCSU: Decision Support Tools for Opioid Use Disorder)
Diseases, Disorders, Conditions	May diagnose and treat opioid use disorder
Drug Schedules[6] and Therapeutic Classes	Schedule IA: 1. Opioid Agonist 2. Opioid Partial Agonist Schedule I: 1. Alpha-Adrenergic Agonist Schedule II/III/unscheduled

4. Certified registered psychiatric nurses complete **additional education** and ensure they are competent before performing any new activity associated with their certification program and as identified within their certified practice decision support tools such as the addition of a disease, disorder, or condition, and its treatment; or changes or additions to treatment for a disease, disorder or condition.
5. Certified registered psychiatric nurses diagnose and treat diseases, disorders, or conditions, as outlined for their certification program, including prescribing, compounding, dispensing, administering, or ordering medications, and ordering screening and diagnostic tests only when policies, processes and/or resources are in place for:

[3] BCCNM recognized certified practice courses can be found here.
[4] For further information, contact Licensing at register@bccnm.ca.
[5] Certified registered psychiatric nurses may also diagnose and treat conditions that are within the autonomous scope of general RPN practice and the nurse's individual competence.
[6] Drug schedules and definitions for Unscheduled, Schedule I, Schedule II, Schedule III: *Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation*.

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a. Ensuring continuity of care for the client, including appropriate follow-up of diagnostic testing results, questions about the prescription, and the monitoring and management of client outcomes related to their treatment plan.

b. Consulting with, referring to, or transferring care to other health professionals (e.g., nurse practitioners, medical practitioners, addiction specialists, pharmacists, primary care providers) about the treatment plan or as needed to meet the client's needs.

6. Certified registered psychiatric nurses who want to prescribe medications associated with their certification program must successfully complete a BCCNM recognized certified practice course that includes prescribing competencies, and:

a. Have a BCCNM-assigned prescriber number.

b. Prescribe only when they have the approval or are recognized by their organization/employer[7] as a prescriber.

c. Prescribe only those medications as outlined within the decision support tools for their certification program.

d. Have access to PharmaNet and document review of the client's PharmaNet medication profile when prescribing controlled drugs and substances.

Glossary

Additional education: additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- builds on entry-level competencies,
- identifies the competencies expected of learners on completion of the education,
- includes both theory and application to practice, and
- includes an objective evaluation of learners' competencies on completion of the education.

Advanced activities: activities that are within a nurse's scope of practice but require additional education, training and/or clinical experience that build on the foundational knowledge, skills, and judgement attained during entry-level nursing education.

Client: person receiving health services.

Client's representative: a person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate:

a. a "committee of the patient" under the Patients Property Act,

b. the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the Family Law Act,

c. a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a client,

d. a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act, or

[7] For nurses working for non-health authority agencies or organizations or who are otherwise engaged with a third-party, the "organization/employer" refers to the agency or organization with primary responsibility for the care of the client.

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e. *a substitute decision maker chosen under section 22 of the* Health Care (Consent) and Care Facility (Admission) Act.

Client-specific order: an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

Competence: the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

Competencies: the knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

Decision support tools (DSTs): evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis and treatment of client-specific clinical problems.

Medication: refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial Drug Schedules Regulation under the Pharmacy Operations and Drug Scheduling Act (PODSA).

Nursing diagnosis: a clinical judgment made by a nurse of a client's mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse's scope of practice to provide without an assessment or diagnosis of the client by another regulated health professional.

Prescribing: the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

Restricted activity: an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication
2.0	Nov. 18, 2026	Dec. 18, 2026	Removed names of recognized education programs; added "or equivalent" to L&C #1; reduced length of standards and revised language regarding prescribing courses

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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