

## Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice

**Title:** The Role of Nursing in Harm Reduction

**Advisory Ruling Number:** 24-01

**Authority:** The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, §§ 13, 14, 14A, 15 and 15D, and G.L. c. 112, §§ 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. In addition, M.G.L. c.30A, § 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property, or state of facts of any statute or regulation enforced or administered by the Board. Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency. The Board's regulation at 244 CMR 9.03(6) requires all nurses to comply with any other law and regulation related to licensure and practice.

**Date Issued:** July 10, 2024

**Scope of Practice:** Registered Nurse (RN) and Licensed Practical Nurse (LPN)

**Purpose:** To define the role of licensed nurses when employed or volunteering in harm reduction programs.

**Harm Reduction** is a set of practical strategies and ideas aimed at mitigating negative impacts including those commonly associated with drug use. Harm reduction incorporates a spectrum of strategies to meet people who use drugs "where they're at," addressing conditions of use along with the use itself. Interventions and policies grounded in harm reduction principles must reflect specific individual and community needs and goals. Harm reduction services for People Who Use Drugs (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. These evidence-based interventions reduce the risk of overdose, death, and the transmission of infectious diseases such as hepatitis C and HIV<sup>1</sup>. Harm reduction engages PWUD in their own care and other medical and support services.

### **Definitions:**

**Licensed nurses:** Registered nurses and licensed practical nurses

**Autonomy:** means recognizing each individual patient's right to self-determination and decision-making. As patient advocates, it is imperative that nurses ensure that patients receive an informed medical education to choose the options that are best for

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<sup>1</sup> Adapted from National Harm Reduction Coalition. Accessed at [National Harm Reduction Coalition](#)

them. This includes an explanation of all potential risks, benefits, and complications for patients to make well-informed decisions.<sup>2</sup>

**Nonmaleficence** means to do no harm. More specifically, it entails selecting interventions and care that will cause the least amount of harm to achieve a beneficial outcome.<sup>3</sup>

**Opioid antagonists for Overdose Rescue** means naloxone or any other drug approved by the federal Food and Drug Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by opioids. To assist with the provision of naloxone, DPH has published a [statewide standing order](#) pursuant to M.G.L. c. 94C, § 19B, as amended by section 32 of chapter 208 of the acts of 2018, *An Act for Prevention and Access to Appropriate Care and Treatment of Addiction*. The standing order authorizes licensed pharmacists to dispense naloxone rescue kits to a person at risk of experiencing an opioid-related overdose, family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose. In addition to the immunity established under M.G.L. c. 94C, § 34A, M.G.L. c. 94C § 19B(g) provides criminal and civil immunity for anyone, acting in good faith, who administers an opioid antagonist for overdose rescue to an individual appearing to experience an opioid-related overdose.

DPH recommends that prescribers issue standing orders for opioid antagonist dispensing within their healthcare [facility or](#) practice setting (such as a clinic, acute care hospital, or emergency department) for individuals with opioid use disorder and those presenting after an overdose. Licensed nurses may utilize standing orders and protocols pursuant to Advisory Ruling 92-34 *Accepting, Verifying, Transcribing and Implementing Medication Orders*<sup>4</sup>.

DPH additionally recommends that facilities allow patients to retain possession of opioid antagonists for overdose rescue while receiving services.

**Fentanyl Test Strips (FTS)** means small strips of paper that can detect the presence of fentanyl in different kinds of drugs and drug forms (pills, powder, and injectables).

Use of FTS is an engagement and consumer safety harm reduction tool. Use and distribution is supported by DPH. To support access, FTS may be ordered through the [Massachusetts Health Promotion Clearinghouse](#), contingent on funding. FTS obtained from the Massachusetts Health Promotion Clearinghouse are intended to be used to test for the presence of fentanyl in illicit substances by following the [wallet card instructions](#) to dilute a small amount of the product of interest with water. FTS obtained

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<sup>2</sup> Gaines, K. What is the nursing code of ethics? *Nurse.org*. April 18, 2023. Accessed at <https://nurse.org/education/nursingcode-of-ethics/>

<sup>3</sup> *Ibid.*

<sup>4</sup> Massachusetts Board of Registration in Nursing. Advisory Ruling 93-24 *Accepting, Verifying, Transcribing and Implementing Medication Orders* Accessed at <https://www.mass.gov/doc/ar-9324-accepting-verifying-transcribing-and-implementing-medication-orders/download>

from the Massachusetts Health Promotion Clearinghouse are not intended to be used for urine testing.

FTS should not be used for the purposes of diagnosing patients, making treatment decisions, and are not appropriate tools for forensic/law enforcement purposes. Drug checking using FTS does not provide a guarantee of safety and does not provide evidence of purity or dose. Additional information on overdose prevention resources can be found [here](#).

**Advisory:** 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. Licensed nurses shall not be subject to professional disciplinary action solely for the provision of harm reduction supplies or services to patients, regardless of setting. Harm reduction supplies may include, but are not limited to, provision of opioid antagonists for overdose rescue, fentanyl test strips, sterile pipes, and sterile syringes to patients at discharge (See *Appendix A for Example Harm Reduction Supplies*).

Nurses follow the principles of autonomy and non-maleficence when providing harm reduction services. Nurses respect a patient’s choice (autonomy) to continue to use drugs, while instituting non-maleficence in preventing any harm that may occur. For example, persons who inject drugs can substantially reduce their risk of getting and transmitting HIV, viral hepatitis and other blood borne infections by using a sterile (new) syringe for every injection<sup>5</sup>.

1. Nurses utilizing the ethical decision-making in their practice follow provisions from the Nurses’ Code of Ethics in determining their role in delivering harm reduction services. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population as per the regulations found in 244 CMR 3.00<sup>6</sup>.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.<sup>7</sup>

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<sup>5</sup> Mass.gov Massachusetts Department of Public Health supported syringe services programs (SSPs). Accessed at <https://www.mass.gov/syringe-service-programs>

<sup>6</sup> Massachusetts Board of Registration in Nursing. 244 CMR 3.00 Registered Nurse and Licensed Practical Nurse. Accessed at <https://www.mass.gov/doc/244-cmr-3-registered-nurse-and-licensed-practical-nurse/download>

<sup>7</sup> Gaines, K. What is the nursing code of ethics? Nurse.org. April 18, 2023. Accessed at <https://nurse.org/education/nursingcode-of-ethics/>.

To ensure the safety of PWUD, people with an opioid use disorder (OUD) and/or individuals presenting after an overdose, healthcare facilities and nurses in management roles should consider developing and implementing policies to provide harm reduction supplies, local harm reduction program information and overdose prevention/response resources to patients upon release from a facility or conclusion of an appointment. Nurses should also work with their administrators to develop patient and family-centered procedures for the distribution of opioid antagonists for overdose rescue as well as ensure appropriate billing to facilitate naloxone coverage.

## **Appendix A: Example Harm Reduction Supplies at Discharge**

- 2-4 doses of opioid antagonists for overdose rescue
  - Provision of opioid antagonists should include written [and/](#) or illustrated instructions on how to use the formulation of opioid antagonist being dispensed. Instructions should be available in all common languages among the population being served.
  - Free wallet cards with instructions for using single-step nasal spray can be obtained [here](#) through the MA Clearinghouse (available in English, Spanish, and Portuguese)
- Rescue Breathing Mask
- Fentanyl test strips
  - Available to order on the [Massachusetts Health Promotion Clearinghouse](#). Provision of fentanyl test strips should include written or illustrated instructions on how to use the test strips, [such as these wallet cards](#).
- Local resource guide or palm card (community coalitions may have these) with information on:
  - Harm Reduction/Syringe Service Programs
  - Drug testing services
  - Outpatient Programs (IOP, Medication for Opioid Use Disorder (MOUD) clinics, etc.)
  - Inpatient Treatment (WMS, CSS, TSS)
  - Residential Programs.
  - Support Groups ([Learn to Cope](#), [Grief Support groups](#), local peer support groups, etc.)
  - Local crisis response resources
- Information card for the:
  - [MA Substance Use Helpline](#)
  - [MA Overdose Prevention Helpline](#)

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Additional Harm Reduction Supplies as Appropriate:

General Supplies	
	Alcohol Swabs
	Baby Wipes
	Washcloths
	Sunblock
Safer Injection Supplies	
	Syringes of appropriate gauge
	Cookers
	Bread ties/cooker holders
	Tourniquets
	Kling, Kerlex, or Ace Tubular Dressing

	Wound Care Tape
	Stem Covers
	Saline Ampules
	Sterile Gauze
	Non-stick gauze pads
	Bacitracin Ointment
	Hand Wipes
	Cotton balls
	Band-aids
	Hot Packs
	Cold Packs
	Bleach Kits
	Vitamin C / Ascorbic Acid
Safer Insufflation/Inhalation Supplies	
	Mouth Pieces
	Chore Boy Scrubbing Pads
	Glass Stems
	Glass Bubbles
	Plastic Razor blades
	Paper wrapped straws
	Scooper Straws (spoon shape on the bottom)
	Plastic Cards (blank PVC cards)
	Sharps Containers
	Fitpacks
Safer Sex Supplies	
	Male Condoms
	Lifestyle KYNG Condoms
	Flavored Condoms - ONE Flavored
	Female Condoms
	Dental Dams
	Lube
Hygiene Supplies	
	Mouthwash/Biotene
	Hygiene Kits
	Razors
	Q-tips
	Empty Plastic Bottles
	Tampons

	Pads
	Hand Sanitizer
	Lip Balm
	Individually Wrapped Tissue Packs