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| **Safety for Residents with Substance Use Disorder** |
| *Date Implemented:* |  | *Date Reviewed/ Revised:* |  | *Reviewed/ Revised By:* |  |

**Policy:**

It is the policy of this facility to create an environment as free of accident hazards as possible for residents with a history of substance use disorder.

**Definitions:**

***“Substance Use Disorder (SUD)”*** is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

**Policy Explanation and Compliance Guidelines:**

1. Residents with a history of SUD will be assessed for risks including the potential to leave the facility without notification and use of illegal/prescription drugs. Care plan interventions will be implemented to include increased monitoring and supervision of the resident and their visitors.
2. When substance use is suspected, (in the facility or upon return from an absence from the facility) which could lead to overdose, facility staff should implement the care plan interventions, which includes notification of the resident’s physician or non-physician practitioner.
3. Care planning interventions will address risks by providing appropriate diversions for residents and encouraging residents to seek out facility staff to discuss their plan of care, including discharge planning, rather than leaving to seek out substances which could endanger the resident’s health and/or safety.
4. The facility will advise residents of the risks of leaving the facility to seek out substances and/or early, unplanned discharge, and provide appropriate referrals and discharge instructions whenever possible.
5. A resident who leaves the facility prior to his or her planned discharge, but with facility knowledge of the departure and despite facility efforts to explain the risks of leaving, would be leaving against medical advice (AMA). Documentation in the medical record will show that facility staff attempted to provide other options to the resident and informed the resident of potential risks of leaving AMA. Documentation will also identify the time the facility became aware of the resident leaving the facility.
6. Residents with SUD may try to continue using substances during their stay in the nursing home. Facility staff will assess the resident for the risk for substance use in the facility and have knowledge of signs and symptoms of possible substance that include, but are not limited to:
	1. Frequent leaves of absence with or without facility knowledge
	2. Odors
	3. New needle marks
	4. Changes in resident behaviors, especially after interaction with visitors of absences from facility:
		1. Unexplained drowsiness
		2. Slurred speech
		3. Lack of coordination
		4. Mood changes
7. The facility will make an effort to prevent substance use which may include providing substance use treatment services, such as behavioral health services, medication-assisted treatment (MAT), alcoholic/narcotics anonymous meetings, working with the resident and the family, if appropriate, to address goals related to their stay in the nursing home, and increased monitoring and supervision.
8. Staff will be prepared to address emergencies related to substance use by maintaining and having knowledge of administering opioid reversal agents like naloxone, initiating CPR as appropriate, and contacting emergency medical services as soon as possible*.*

**References:**

Centers for Medicare & Medicaid Services. *State Operations Manual, Appendix PP: Guidance to Surveyors for Long Term Care Facilities* (October 2022) F689: Free of Accident Hazards/Supervision/Devices