

Take-home Naloxone for Opioid Overdose – Guideline and Procedures

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Author/Lead Job Title	Dr Soraya Mayet (Consultant Psychiatrist) Dr Pooja Bhasme (Speciality Registrar)
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1. INTRODUCTION

The aim of this procedure is to reduce drug related deaths associated with opioid overdose with the use of Naloxone.

Humber NHS FT will provide Overdose Awareness and use of Naloxone training to staff, service users, family members and others in line with local and national guidelines to prevent and reduce the numbers of drug related deaths from opioid overdose.

Britain continues to have a high number of drug-related deaths with opiate overdose remaining a major cause of death among injecting drug users. In England and Wales 765 deaths were registered in 2013 in which heroin or morphine were mentioned on the death certificate: an average of two every day, and a significant increase of 32% compared to those registered in 2012. This increase brings the number of deaths relating to heroin and/or morphine to similar levels to 2010 □1□.

Naloxone is a drug which temporarily reverses the effects of opioids such as heroin, methadone and morphine. For many years, Naloxone has been used within emergency medical settings to reverse the effects of opioid overdose and prevent death. UK Guidelines on Clinical Management of Drug Misuse fully endorses the use of Naloxone in overdose management and prevention □2□.

In November 2005, Naloxone was reclassified under article 7 of Prescription Only Medicines Order, by Parliament. Naloxone is now on the list of prescription only medicines that can be administered parentally (by injection) by anyone for the purpose of saving a life.

On the first of October 2015 The Human Medicines (Amendment) (No. 3) Regulations 2015 (2015/1503) comes into force. This allows Naloxone to be supplied by: Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies– a) an NHS body ;(b) a local authority;(c) Public Health England; or(d) Public Health Agency. It can be supplied to anyone in the course of lawful drug treatment services and only where required for the purpose of saving life in an emergency.

For explanatory memorandum see:

http://www.legislation.gov.uk/ukxi/2015/1503/pdfs/ukxiem_20151503_en.pdf

Care Quality Commission (CQC) - Essential Standards of Quality and Safety.

This Procedure supports the compliance with the Care Quality Commission Regulation 10, Outcome 16 'Patients who use the service will benefit from quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety'.

2. SCOPE

This Standard operating Procedure is for clinical staff working within our substance misuse community services.

The East Riding Partnership (ERP) is an established formal partnership between Humber NHS Foundation Trust and Alcohol and Drug Service (ADS) delivering drug and alcohol services to the population of the East Riding of Yorkshire. This year the partnership was successful in being awarded the tender with new partners NACRO to provide a fully integrated alcohol and drug services across the region.

The East Riding Partnership is a dynamic service that put the client and local communities at the centre of service delivery. The team continually strives to enable service users to reach their potential and require exceptional Clinicians to join our established team.

3. PROCEDURE STATEMENT

3.1 One Naloxone pre-filled syringe/pack for intramuscular use will be supplied. Each pack will include one Naloxone injection 1mg/ml as a 2ml pre –filled syringe. Each 2ml syringe is marked out with 5 x 0.4mg doses. 0.4mg is the minimum effective dose which can be given in an attempt to reverse the effects of opioid overdose.

3.2 Collection and audit

The supply of Naloxone must be recorded using the Naloxone register & record in the clinical notes (**see Appendix 4**). When a supply is made under this procedure a record shall be made of the supply, including to whom it was supplied, the batch number of the product, the expiry date and the name of the person supplying the kit. If the supply is made as a replacement, client and administration details must be recorded on the Administration of Prenoxad Feedback form (**see Appendix 2**). This will give important information about the use of the Naloxone kit and the situation in which it was used. A spread sheet of this data should be held at the service under the supervision of the Clinical Service Manager.

3.3 Supply, storage and stock control

Take home Naloxone will be supplied as pre-packed Prenoxad kit containing:

- 1 x 2ml pre-filled syringe (Naloxone Hydrochloride (Prenoxad) 1mg/1ml)
- 2 x 23G 1.25” needles for intramuscular injection
- Product instruction sheet/s

Naloxone must be stored at room temperature (i.e. between 15 to 25 °C) and protected from light. Inappropriate storage and handling may shorten the shelf life. Service users must be advised to keep the take home Naloxone out of reach of children and pets and encouraged to return for a replacement kit should it have been administered, lost, damaged, or past its expiry date. Service users must be advised on the safe disposal of needles following the use of the take home Naloxone. Prenoxad kits have a low potential for misuse. However, authorised service users should be discouraged from opening the kits to use needles for other purposes.

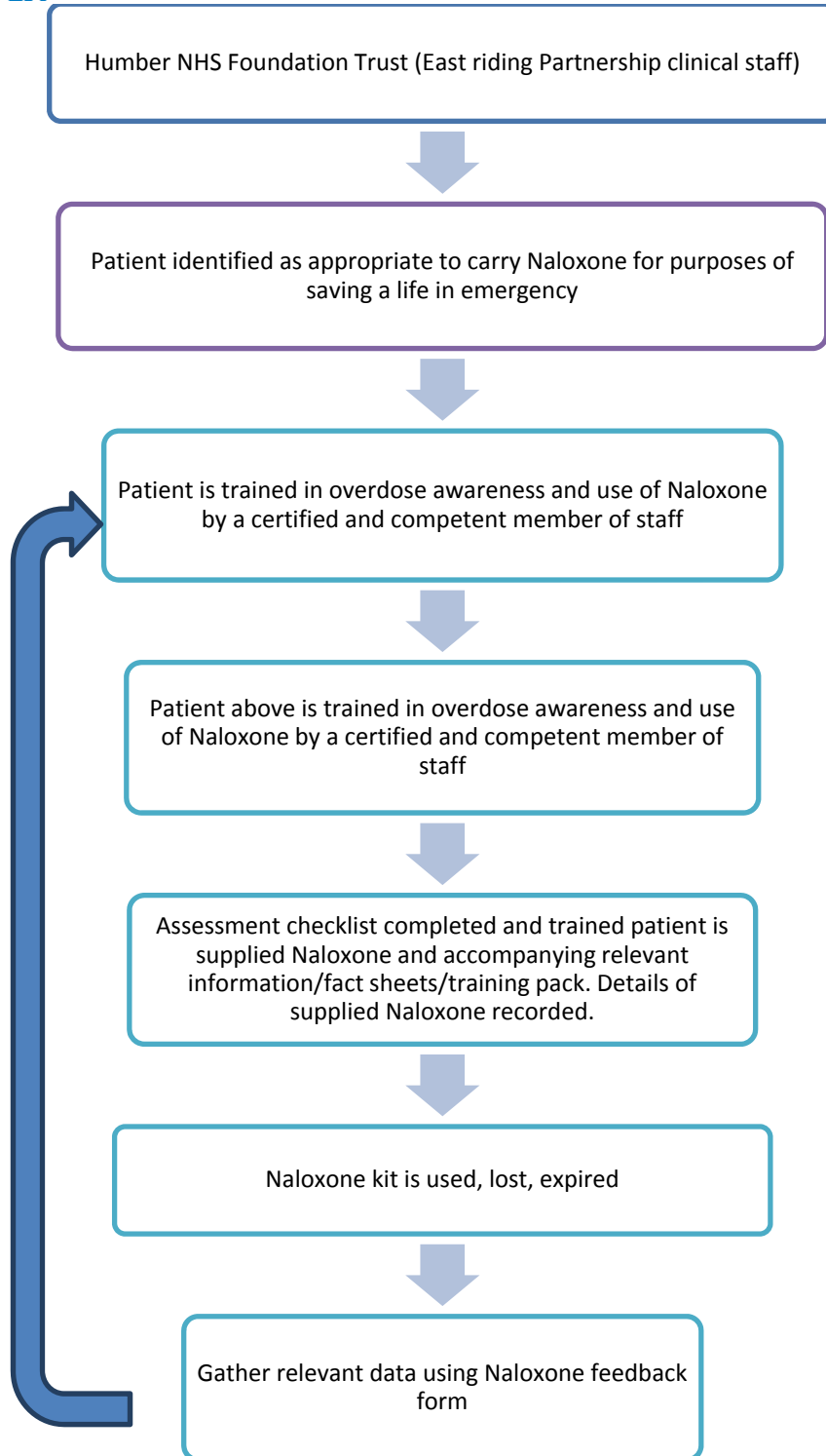
Storage of Naloxone on Trust premises needs to be in line with the Trust Safe and Secure Handling of Medicines Procedures, i.e., in approved medicines cabinets and ensuring daily monitoring of temperatures of rooms in which the stock is held. Medicine cabinets need to remain locked and kept together on one key ring kept

solely for these keys. This may be included on the main bunch of keys and the keys must be clearly identified.

Supplies of Naloxone should be ordered by service Clinical Leads using the Pharmacy Requisition Form (**see Appendix 3**). Stock received and supplied should be recorded in the Naloxone Register (**see Appendix 4**).

3.4 Expired supplies

Naloxone has a maximum shelf life of 3 years from the date of manufacture. When Naloxone is supplied this should be explained to the client and the expiry date noted recipient should be encouraged to return the Naloxone to the service before the expiry date to collect a further supply. Expired kits will need to be disposed of appropriately, via local arrangements with community pharmacies or the Trust pharmacy.



4.1 Staff competence and staff training

Staff will be given training on how to recognise and manage an opioid overdose and use naloxone(see **Appendix 6**). .

Staff supplying Naloxone should have been appropriately trained (minimum requirement Humber NHS FT Overdose Awareness and use of Naloxone training package) and have been signed off as competent by the identified trainer for the team.

The identified lead will also be responsible for keeping a register of appropriately trained staff/recovery champions/volunteers with the supply of Naloxone.

4.2 Training service users, carers and identified others in overdose management

Training on how to recognise opioid overdose, overdose management, and administration of Naloxone injection must be given before Naloxone is supplied. The training may be delivered on an individual or group basis. The training is not time consuming, taking five to ten minutes, but must cover recognition of an opioid overdose and that the procedure to follow (**see Appendix 6**).

5. PROCEDURES

5.1. Action on Finding a Potential Overdose

The process of using the Naloxone kit must be explained and demonstrated and an assessment checklist (**see Appendix 1**) must be carried out post training to ensure understanding. This should be done each time a kit is given out or replaced.

5.3 The Dispensary Manager will ensure that naloxone orders are processed in a timely manner.

5.4 The team will ensure that the Naloxone is stored and ordered as per Safe and Secure Handling of Medicines Procedures

6. EQUALITY & DIVERSITY

This states the impact the procedure may have on equality and diversity. Equality and diversity impact assessments must be carried out on all policies in accord with the Trust policy, in order to check the procedure's relevance against the general and specific duties of the current equalities legislation.

The following should be included in all procedural documents:-

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.

7. MENTAL CAPACITY

This applies to clinical procedures only. It states the implications of the Mental Capacity Act on the document with particular focus on key principles of the Act:

- Presumption of capacity.
- Support to make own decisions.
- Right to make seemingly eccentric or unwise decisions.
- Best interests.
- Least restrictive intervention.

*Under the new regulations, it is legal to provide a family member or friend of a heroin/opioid user with naloxone without the express permission of the person who is using the heroin/opioid, as long as it is being supplied by the drug treatment service in order for the family member or friend to be able to use it to save life in an emergency (3). There is, however, an ethical question for local areas concerning the appropriateness of such supply without the drug user knowing or agreeing. We would always aim to work with the patient and their family/carers in this situation.

8. BRIBERY ACT

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

If you require assistance in determining the implications of the Bribery Act please read the Trust Bribery prevention policy available on the intranet at <http://intranet.humber.nhs.uk/bribery-prevention-policy-p183.htm> or contact the Trust Secretary on 01482 389194 or the Local Counter Fraud Specialist on telephone 01482 866800 or fraud@humber.nhs.uk

It is the decision of the author as to whether the Bribery Act applies to this document or not:

The Bribery Act applies to this procedure.
The Bribery act does not apply to this procedure.

9. IMPLEMENTATION

9.1 We will identify local naloxone champions.

9.2 We will organise an initial 'informing the managers' and 'training the trainers' session

9.3 We will consider who will receive naloxone supplies and how: opiate users and their carers – starting with high risk populations including injecting heroin users.

9.4 We are working with commissioners to recover the medication costs. Training will be completed for all staff and the training for patients will be via groups or keyworker sessions.

9.5 We will have a system that flags approaching expiry dates to keyworker (see Appendix 4)

9.6 We plan to hold regular meetings for local naloxone champions – including people who use drugs – to encourage progress, discuss any barriers or concerns, and learn from each other

9.7 We have explored the products and prices available, speaking to local pharmaceutical representative(s), and decided together with local service providers which to purchase.

9.9 Inform and liaise with the police, local coroners, ambulance service clinical lead, hostel managers and pharmacies.

9.10 We will purchase the naloxone kits, and make the necessary arrangements for stocking and distributing them, and for re-supply when naloxone held by an individual has been used or expires (See Appendix 3).

9.11 We plan to provide training to all drug keyworkers who can contribute to the onward dissemination of information (see appendix 5).

9.12 We will arrange for training to be provided to people who use drugs, patients and clients, and their families and friends (See appendix 1).

9.13 We will record the numbers of kits dispensed and the reported number of times that naloxone has been used to reverse overdoses (See Appendix 2).

10. MONITORING & AUDIT

This explains how the procedure is to be monitored or audited, and who is responsible for carrying this out, when and how often.

Our services will make suitable arrangements to record the supply of naloxone for the following purposes:

- to demonstrate that supply has been made appropriately for use in emergency
- to monitor who has received training and naloxone supplies, and ensure equitable provision to different groups
- to understand when and how naloxone is used in overdose situations and to arrange re-supply when naloxone has been used or is approaching expiry
- for contract and performance management

11. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

1. <http://www.nta.nhs.uk/uploads/naloxonereport2011.pdf>

2. <http://www.nta.nhs.uk/uploads/chairsletter-naloxone-22july2015.pdf>
3. www.gov.uk/government/uploads/system/uploads/attachment_data/file/119120/consideration-of-naloxone.pdf
4. <http://www.nta.nhs.uk/uploads/naloxonereport2011.pdf>

12. RELEVANT HFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

1. Appendices

- Appendix 1 – Overdose and use of Prenoxad Training Checklist
- Appendix 2– Naloxone Feedback Form
- Appendix 3 – Pharmacy Requisition Form
- Appendix 4 – Naloxone register
- Appendix 5 – Staff Competency Register
- Appendix 6 – emergency procedure template

Overdose and use of Naloxone Training Checklist

Client name:..... Date of birth:.....

Representative name (if applicable):.....

Evidence of understanding	Assessor's signature
<p>What are the signs and symptoms of suspected opioid overdose? Unconscious, not responding to touch or noise, breathing difficulties, heavy snoring, rasping sounds, pinned pupils, blue tinge to lips, nose, fingertips.</p>	
<p>How and when would you call an ambulance? Dial 999. Prenoxad is not an alternative to calling an ambulance.</p>	
<p>Describe the recovery position.</p>	
<p>Describe what Prenoxad is and how it works? Opioid antagonist, antidote to heroin, reverses effects of heroin temporarily, does not reverse alcohol or benzos, quick acting 2-8 min.</p>	
<p>When would you inject Prenoxad? When the person will not wake, shows signs of overdose and they have been put into the recovery position. Call ambulance first.</p>	
<p>How do you inject Prenoxad? Assemble the injection as shown on the leaflet provided. Inject 0.4ml (up to the first black line) into the muscle of the outer thigh or upper arm. Repeat another 0.4ml dose every 2-3 minutes until the person wakes up or the ambulance arrives.</p>	
<p>How long do the effects of Prenoxad last? 20 – 30 minutes. Overdose may return after this, especially if the person uses opioids again.</p>	
<p>Are you aware of the importance of staying with the person and handing over to the paramedics when they arrive? Tell the paramedics what the person has taken if you know, hand the Prenoxad kit to the paramedics.</p>	

I confirm that the above named client or representative has had Prenoxad training, has demonstrated sufficient understanding of overdose and using Prenoxad and has been provided with a Prenoxad kit and Prenoxad information:

Staff sign:.....

Client sign:.....

Staff name:.....

Client name:.....

Date:..... Date:.....

Batch no:..... Expiry date:.....

Administration of Prenoxad Feedback

Client's name:

Date:

Prenoxad kit used on: **CLIENT** or **SOMEONE ELSE**

How much was given (0.4mg per black line, total 4mg):

1 DOSE or **2 DOSES** or **3 DOSES** or **4 DOSES** or **ALL**

What was the outcome:

Was the ambulance called: **YES** or **NO**

If NO can you please state why:

How was the used kit disposed of:

Has a new kit been given: **YES** or **NO**

Would the client like to tell us anything else about their experience of using Prenoxad:

Staff name:

Pharmacy Requisition Form

To be completed by Humber NHS Foundation Trust staff when requesting medication from the Trust pharmacy service.
 It is the individual team's responsibility to make their copy of any requisitions placed, if desired.

Team:

Medicine (Must be on approved list)	Strength	Form	Quantity required	Dispensed by Initials/Date	Issued Initials/Date

Ordered by print name & designation	
Ordered by – signature	
Date requested	

ONLY TO BE PRESENTED TO HUMBER NHS FOUNDATION TRUST PHARMACY SERVICES
 Only items on the approved stock list may be issued as stock. NB: Not to be used for Controlled Drugs.

Emergency procedure for opioid overdose

