Take Home Naloxone Supply Framework

Scottish Specialist Pharmacists in Substance Misuse (SSPiSM)/Scottish Naloxone Network (ScoNN)

In 2015 legislation was passed to allow the supply of naloxone, a Prescription only Medicine, by non-clinical staff without the need for a prescription or Patient Group Direction. The legislation is specific to services which provide drug treatment and includes community pharmacies which dispense Opioid Replacement Therapy or Injecting Equipment Provision.

This framework relates only to the supply of naloxone and includes actions which must be followed. You must be authorised by your service manager or Pharmacy Manager to be able to issue supplies of Take Home Naloxone.

What is naloxone?

Naloxone is a drug which can temporarily reverse the effect of opioid drugs such as methadone and heroin. It works by knocking opioid drugs off of the receptors in the brain where they have their effect and blocking them for 20-30mins. After this time naloxone will be released from the receptor and any opioid drug which is still circulating can reattach.

Naloxone is used to reduce the risk of fatality in individuals identified to be at risk of opioid overdose.

Naloxone has no psychoactive properties and has no intoxicating effects or dependence potential. It can cause temporary symptoms of withdrawal of varying degree.

Who can receive a supply from this service?

- For all groups the person must be 16 years or over
- Clients accessing Injecting Equipment Provision (IEP) services.
- Clients who are prescribed Opioid Replacement Therapy (ORT) services.
- Significant others and carers of individuals at risk of opioid overdose.
- Services in contact with those at risk of opioid overdose who have received appropriate training.

All individuals receiving a supply of naloxone must be able to demonstrate a basic awareness of opioid overdose, basic life-support and naloxone use. Use Appendix B to record training.

There are no exclusions from administering naloxone where opioid overdose is suspected as failure to administer naloxone may result in death of the person. There is legislation in place which allows administration of naloxone by *any* person to *any* person where opioid overdose is suspected.

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Who cannot receive a supply of naloxone from a service?

- Individuals who are under 16 years of age.
- Individuals who are unable to demonstrate sufficient knowledge on the use of naloxone to safely be given a supply.
- Individuals who have not consented to receiving a supply.
- Individuals who indicate that they have had an allergic reaction to naloxone in the past.

Action to be taken if an individual cannot receive a supply

- Explain that naloxone can only be provided at this stage under the requirements of the framework.
- Advice should be given on alternative treatment strategies including harm reduction and overdose prevention.
- Advise the individual to dial 999 in the event of a suspected opioid overdose.
- Refer to an appropriate healthcare professional and/or advise on available treatment services if appropriate.
- If not in treatment, individuals under the age of 16 years should be signposted to Borders Addictions Service. They can still be offered overdose awareness and basic life support training but without the supply of naloxone. A parent or significant other (adult) may be trained and receive a supply.
- Clients who indicate that they have had an allergic reaction to naloxone in the past (very rare) should be discussed with the Medical team at Borders Addictions Service. 01896 664430
- Record any action using the appropriate documentation or notes.

Supply/Resupply Details

Individuals should be issued with a take home pack of naloxone hydrochloride 2mg/2ml pre-filled syringe for injection. This will be in the form of **Prenoxad® Injection**.

Please ensure that Prenoxad® is the product supplied as generic versions do not contain needles or the appropriate information leaflet.

Individuals at risk of future opioid overdose can receive:

- One prefilled syringe naloxone injection for intramuscular use: Prenoxad ® injection
- One additional prefilled syringe may be issued to the individual to hold as a spare supply if required.

Significant others and carers in close contact with someone at risk of opioid overdose can receive:

- One prefilled syringe naloxone injection for intramuscular use: Prenoxad ® injection.

Services in contact with those at risk of opioid overdose can receive:

- An appropriate number of kits for the size and activity of the service. Consider size of venue, ease of access of the kits in an emergency and outreach work etc. Care Inspectorate guidance should be followed.

The supply or resupply should be recorded and data submitted using the locally agreed paperwork or documentation. See Appendix C.

Dosage

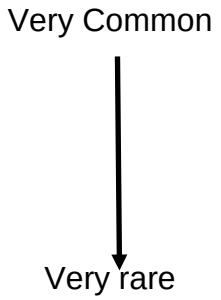
Clients should be advised to administer a single dose as marked on the syringe (contains 0.4mg in 0.4ml) into the outer thigh muscle. If there is no response after 2-3 minutes a further dose should be administered. This should be repeated until either:

1. The person regains consciousness **or**
2. All 5 doses have been used **or**
3. The emergency services arrive and take over

The number of doses required will depend on individual need and response to treatment.

Side Effects

As with other types of medicines, naloxone can cause side effects such as:



- Feeling sick
- Being sick, dizziness, headache, fast heart beat, increased blood pressure
- Sweating, tremor, decreased or irregular heart rhythm, diarrhoea, faster or deeper breathing
- Fits
- Allergic reaction

Symptoms of withdrawal

Symptoms of withdrawal are commonly experienced when administering naloxone in opioid overdose. The individual should be reassured that these effects will be short lived as naloxone will begin to wear off after 20-30 minutes. They should be strongly advised against the use of additional substances which will increase the risk of a further overdose.

Cautions for use of naloxone

There are no exclusions from administering naloxone where opioid overdose is suspected as not administering may result in the death of the person. However it is important to note the following cautions for use and reassure trainees of the appropriate course of action.

Naloxone may affect the foetus in pregnant women and may also cause issues for people with pre-existing cardiac disease. In overdose situations, the risk of death to the individual generally outweighs the associated risks.

Provision of the naloxone supply to individuals

All relevant details should be recorded on the appropriate paperwork (see appendices B and C) and/or database including:

- Individual's
  - Name
  - Address
  - Date of birth
  - Consent to receive the supply
- Dose, form and batch details of the supply
- Details of staff member(s) providing the training/supply

- Ensure that the individual is 16 years of age or over. If under 16 years, provide overdose awareness and basic life support training. If not in treatment, refer to the Vulnerable Young Person's Protocol. http://www.sb-cpc-procedures.org.uk/wp-content/uploads/Inter-agency-Vulnerable-Young-Persons-VYP-Protocol-FINAL-February-2016.doc

- Check if the individual has had a previous allergic reaction to naloxone.
  - Record details of the adverse drug reaction.
  - Provide advice on recommended course of action when faced with overdose
  - Signpost to Borders Addictions Service for medical assessment of need

- Check if the individual at risk is pregnant.
- Check if the individual at risk have any heart problems.

If the answer is yes to either of these a naloxone supply can still be made and the individual advised that naloxone can be administered for the purposes of saving a life. The importance of calling 999 and requesting an ambulance should be reinforced.

The individual receiving the supply should be able to demonstrate an awareness of basic life support as per the local naloxone training program. The one-to-one checklist should be used as a training tool and/or to ensure the individual has sufficient knowledge.

Explain how naloxone works and how to administer it. Key points to cover include:

- Naloxone will only work on opioid based drugs such as heroin or methadone.
- Naloxone does not remove opioid drugs from the body which mean there is a risk that person will go back into an overdose.
- The effects will begin to wear off after 20-30 minutes and any symptoms of withdrawal will begin to reduce after this time.
- It is important to strongly advise the person against taking any more drugs as this will greatly increase the risk of further overdose.
- Always call 999 and ask for an ambulance.

Additional information to be provided:

- Keep the pack sealed until needed. It may be confiscated by the police if unsealed.
- Store in a cool, dry place, protected from light but there is no need to keep in the fridge.
- Return for a resupply when the expiry date on product is reached.
- Place used kits inside the yellow container and return to a community pharmacy for safe disposal. Paramedics may offer to dispose of the kit when attending an overdose situation.
- Advise where further training and resupplies of lost, used or expired kits can be accessed.

The individual should be provided with the following leaflets:

- Patient information leaflet (PIL) which will be contained within the pack. It is also available as a tear off sheet which may stop the person opening the pack to read it.
- Locally recommended overdose awareness, basic life support and naloxone leaflet.

The member of staff making the supply of naloxone should ensure that the correct product has been selected.

It is recommended that a second check should be obtained from another staff member where applicable. This individual does not need to be signed onto the supply framework.

There are no labeling requirements. Prenoxad® already comes labeled with administration and dose instruction. Please add the person being supplied's name and the date of supply to the label.

Monitoring

- Recording must be completed using the appropriate paperwork and/or database.
- The appropriate records should be maintained by the service to enable verification of service provision.
- Monthly reports should be submitted in a timely fashion to the Addictions Secretaries, Borders Addictions service.
- Consent should be sought to share information with the individual at risk's GP or addictions worker.

Staff Characteristics

As a minimum requirement the staff member should be able to respond to questions relating to aspects of the local training programme, information about the basic effects of naloxone and know where to refer to for further professional advice.

Continuing Education and Training

- Staff must have undertaken locally approved training to deliver this intervention.
- Staff should be aware of any changes to the recommendations for naloxone.
- It is the responsibility of the individual to keep up to date with continued professional development.
- It is the responsibility of the service manager to ensure that all staff have accessed the required training and remain competent in delivering the intervention.
- The service should retain a training record as detailed in Appendix B.

Further Information Sources

- Department of Health, Medicines Healthcare and Regulatory Authority and Public Health England "Widening the Availability of Naloxone" (Nov 2015) https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone
- Current edition of the British National Formulary (BNF) http://www.bnf.org/
- Prenoxad ® Summary of Product Characteristics (SPC) http://www.medicines.org.uk/emc/medicine/27616
- Prenoxad ® Patient Information Leaflet (PIL) http://www.medicines.org.uk/emc/medicine/27594
- Prenoxad® Injection http://www.prenoxadinjection.com/
- Care Inspectorate "Health Guidance: National Naloxone Programme" http://www.careinspectorate.com/images/documents/3203/Take%20Home%20Naloxone%20in%20Social%20Care%20Services.pdf

Further Contacts

Specialist Pharmacist Details: Adrian Mackenzie. adrian.mackenzie@borders.scot.nhs.uk
Local Naloxone Lead Details: Gill Donnan. gill.donnan@borders.scot.nhs.uk or 01896 664430

Take Home Naloxone Supply Framework

LOCAL AUTHORISATION

Authors	**Designation and Contact Details**
Name: Signature: Date:	Designation: E-mail address:
Name: Signature: Date:	Designation: E-mail address:
Name: Signature: Date:	Designation E-mail address:

Appendix A

Naloxone Supply Framework Training Record

Service/Pharmacy Name and Address

This training record should be retained within the service and kept up to date by the nominated naloxone lead for the service.

I have undertaken locally approved naloxone training and read and understood the Naloxone Supply Framework. I agree to supply this medicine in accordance with the framework.

Staff Member (please print)	Signature	Date

Take Home Naloxone Supply Framework

Naloxone Supply Framework Training Record Continuation Sheet

Staff Member (please print)	Signature	Date

Take Home Naloxone Supply Framework

Appendix B

One to One Naloxone Training Checklist

Trainee Details

Name	DOB	Address (inc. postcode)	GP Name & Address

The person must demonstrate an understanding of the following:	Trainer Initials
The most common drugs identified in a drug-related death (heroin, methadone, diazepam & alcohol – all CNS depressant drugs) **and the physical effects these drugs have** (slow, shallow, irregular breathing, slow heart rate, feeling less alert, unconsciousness, poor memory, not feeling pain, lower body temp)	
The main causes of drug overdose (low tolerance, polydrug use, using too much, using alone, injecting drug use, purity levels)	
High risk times (release from prison, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, recent life events, cash windfall, longer-term user, festive periods, weekends or holidays)	
The signs & symptoms of suspected opiate overdose (pinpoint pupils, breathing problems, skin/lip colour, no response to noise or touch, loss of consciousness)	
The common myths (don't inflict pain, give other drugs e.g. stimulants, put in bath/shower, walk person around, leave person on own)	
Knows when to call 999 (when person won't wake with shout/shake, status of person and location)	
Knows about the recovery position (person on side, airway open)	
Knows about rescue breathing and CPR (30 compressions, 2 breaths – one cycle of BLS)	
Knows when and how to administer naloxone (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – admin after one cycle of BLS then after every three cycles of BLS. Dose – 0.4mls into outer thigh muscle via clothing. Assembly of syringe)	
Knows that naloxone is short acting (the effects of naloxone wear off after 20-30 mins, possible that overdose may return)	
Knows the importance of staying with the person (do not let the person use any other drugs if they gain consciousness)	

The above trainee has demonstrated an understanding and awareness of opiate overdose, the use of naloxone, calling 999, the recovery position and basic life support and is eligible to receive a supply of take home naloxone.

Trainer Name……

Service Name & Address…….....

Trainer Signature…….. Date……

Appendix C

For Office Use
ADP:
Sector:

Naloxone PGD Supply/Re-Supply Record

Date:		Training Venue:	
Patient's Name:			
Patient's D.O.B:		Patient's Gender:	
Patient's Address: (including postcode)			
GP's Name and Address: (if applicable)			
Patient at risk of overdose:		Patient's addiction team: (if applicable)	
***Staff name:			
Service Address:			
Advice Provided (as per PGD):	CPR ☐ Call 999 ☐ Dosing and frequency ☐		
First Supply…… Re-supply……	Reason for re-supply? Source of previous supply?		
Patient/Service Staff Signature:			

Naloxone Hydrochloride Injection 2mg/2ml Pre-filled Syringe

Date	Batch Number	Expiry Date	PGD Practitioner Name (PRINT)	Nurse or Pharmacist (N or P)	PGD Practitioner Signature

I consent to the sharing of the above information with the Information Services Division (ISD) of NHS National Services Scotland. The data will be used for evaluation in accordance with the Data Protection Act 1998. I consent to the sharing of the above information with my GP.

Patient Signature……

*** "Staff working for services in contact with people at risk of opiate overdoses" Lord Advocate Guidance March 2011.