

<b>Title: Naloxone Supply for Use in Overdose by Opiate Drug users</b>	
Reference no: 2040 Version 1 Standard Operating Procedure (SOP)	
Prepared by: Karen Bennett – Clinical Lead Torbay Drug and Alcohol Services 07/03/16	
Presented to: Care & Clinical Policies Sub-group (C&CPSG)	Date: 20 April 2016
Ratified by: C&CPSG	Date: 20 April 2016
	Review date: 3 June 2018
Relating to policies:	

**Purpose of this document:**

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

Torbay and South Devon NHS Foundation Trust (TSDFT) will provide Overdose Awareness and use of Naloxone training to staff, service users, family members, hostel workers and others in line with local and national guidelines to 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. 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.

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: PHE take-home Naloxone  
<http://www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdosefeb2015rev.pdf> (date last accessed 02/03/16.)

### **Scope of this SOP: -**

This standard operating procedure (SOP) outlines the process for the supply of Naloxone to service users, family members, hostel staff, carers and other groups for the purpose of temporarily reversing opioid overdose. This procedure is intended as a framework for the supply of Naloxone injections by Trust employees and partner agencies within specialist substance misuse services. This procedure applies to all staff volunteers and peers within Substance Misuse services that have direct contact with clients.

This SOP is for Torbay and South Devon NHS Foundation Trust staff working within Torbay Drug and Alcohol Service and linking substance misuse partners.

### **Competencies required:**

#### **Staff competence**

Staff supplying Naloxone should have been appropriately trained (minimum requirement SMMGP online learning package and Torbay and South Devon NHS Foundation Trust Overdose Awareness and use of Naloxone training package) and have been signed off as competent by the Clinical Lead of the team. The Clinical Lead or nominated deputy will also be responsible for keeping a register of appropriately trained staff /volunteers with the supply of Naloxone.

### **Procedure / Steps:**

One Naloxone pre-filled syringe/pack for intramuscular use will be supplied. Should there be an identified need for more than one pack this should be discussed agreed with the Clinical Lead. 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.

### **Collection and audit**

The supply of Naloxone must be recorded using the Torbay Drug and Alcohol Service (TDAS) Naloxone register & record in the clinical notes. **(Appendix 1)**, When a supply is made under this procedure a record shall be made of the supply, including to who it

was supplied, the batch number of the product, the expiry date and the name of the person supplying the pack. If the supply is made as a replacement, client and administration details must be recorded on the Administration of Naloxone Feedback form (**see Appendix 2**). This will give important information about the use of the Naloxone pack and the situation in which it was used. A spread sheet of this data should be held at the Torbay Drug Service under the supervision of the Team Lead.

### **Supply, storage and stock control**

In November 2015, 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.

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

- 1 x 2ml pre-filled syringe ( Naloxone Hydrochloride 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. All persons issued with Naloxone must be advised to keep the take home Naloxone out of reach of children and pets and encouraged to return for a replacement pack should it have been administered, lost, damaged, or passed its expiry date. All persons issued with Naloxone must be advised on the safe disposal of needles following the use of the take home Naloxone. Naloxone has a low potential for misuse. However, authorised service users should be discouraged from opening the packs to use needles for other purposes.

Storage of Naloxone on Trust premises needs to be in line with the Trust Medicines Management policy, i.e., in approved medicines cabinets. Medicine cabinets need to remain locked and kept together on one key ring kept solely for these keys. Stock received and supplied should be recorded in the Naloxone Register (**see Appendix 1**).

### **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 all persons issued with Naloxone and the expiry date noted. The recipient should be encouraged to return the Naloxone to the service before the expiry date to collect a further supply. Expired packs will need to be disposed of appropriately, via the Trust Hospital pharmacy, located at Torbay Hospital.

## 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 is to:

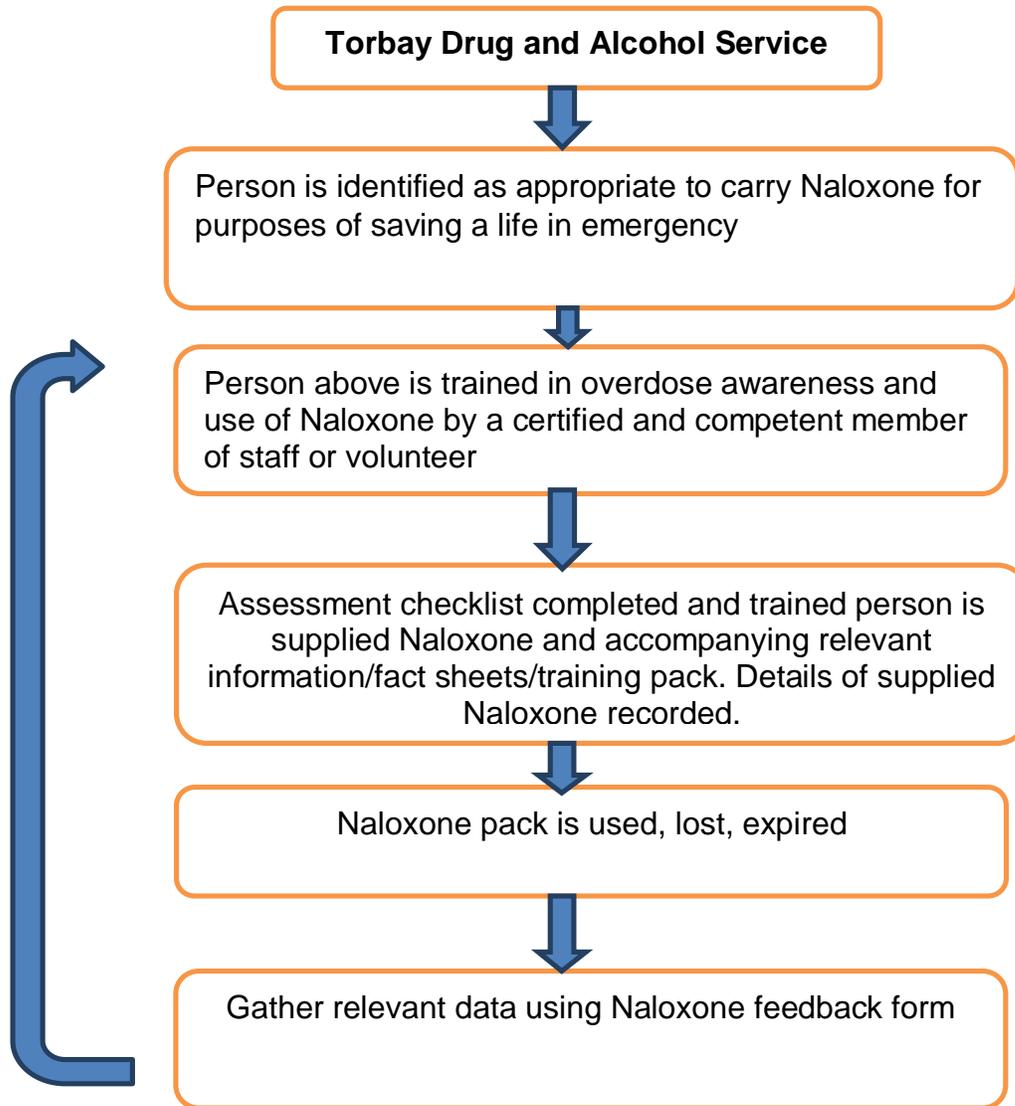
- Ensure personal safety first
- Call an ambulance
- Place the casualty in the recovery position if breathing, place casualty on their back if not breathing.
- If not breathing, commence basic life support, 2x rescue breaths, then 30 chest compressions.
- Place casualty on their back if not breathing.
- Inject Naloxone into the thigh or upper arm muscle.
- Repeat breaths and chest compressions until breathing commences.
- Wait with the victim until the ambulance arrives and safely dispose of the Naloxone pack to paramedics

The process of using the Naloxone pack must be explained and demonstrated and an assessment checklist (**see Appendix 3**) must be carried out post training to ensure understanding. This should be done each time a pack is given out or replaced.

Torbay and South Devon NHS Foundation Trust Pharmacy will ensure that Naloxone orders are processed in a timely manner.

TDAS will ensure that the Naloxone is stored and ordered as per Medicines Management Policy.

Flowchart



## 1. Monitoring tool:

### Standards:

Item	%	Exceptions
All clients using opiates or opiate substitute medication will be offered Naloxone.	100%	Nil
Records of all Naloxone supplied.	100%	Nil
All persons issued with Naloxone will have received overdose awareness first aid training.	100%	Nil
Feedback from resupply requests	75%	Declined to feedback/lost to service.

### Equality Statement.

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and [Equality Impact Assessments](#) please refer to the [Equality and Diversity Policy](#)

### References:

Trust Medicines Policy – current version

<http://www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdosefeb2015rev.pdf>

### Appendix:

Flowchart

[Appendix 1 – Naloxone Register](#)

[Appendix 2 – Naloxone Feedback Form](#)

[Appendix 3 – Overdose and use of Naloxone Training Checklist](#)

### Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	New	3 June 2016	Implementation of Naloxone Supply	Care and Clinical Policies Group



**Appendix 2**

**Administration of Naloxone Feedback**

Client's name: .....

Date: .....

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

How much was given (0.4mg per black line – total 2mg):

**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 pack disposed of: .....

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

Would you like to tell us anything else about their experience of using Naloxone:

**Staff name:** .....

**Appendix 3**

**Overdose and use of Naloxone Training Checklist**

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

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

Evidence of understanding	Assessor's signature
<p><b>What are the signs and symptoms of suspected opioid overdose?</b> Unconscious, not responding to touch or noise, breathing difficulties, heavy snoring, rasping sounds, pinned pupils, blue tinge to lips, nose, fingertips.</p>	
<p><b>How and when would you call an ambulance?</b> Dial 999. Naloxone is not an alternative to calling an ambulance.</p>	
<p><b>Describe the recovery position.</b></p>	
<p><b>Describe what Naloxone is and how it works?</b> Opioid antagonist, antidote to heroin, reverses effects of heroin temporarily does not reverse alcohol or benzodiazepine, quick acting 2-8 min.</p>	
<p><b>When would you inject Naloxone?</b> When the person will not wake, shows signs of overdose and they have been put into the recovery position. Call ambulance first.</p>	
<p><b>How do you inject Naloxone?</b> 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><b>How long do the effects of Naloxone last?</b> 20 – 30 minutes. Overdose may return after this, especially if the person uses opioids again.</p>	
<p><b>Are you aware of the importance of staying with the person and handing over to the paramedics when they arrive?</b> Tell the paramedics what the person has taken if you know, hand the Naloxone pack to the paramedics.</p>	

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

**Staff sign:**.....**Recipient sign:**.....

**Staff name:**.....**Recipient name:**.....

**Date:**.....**Date:**.....

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



**Rapid Equality Impact Assessment** *(for use when writing policies and procedures)*

<b>Policy Title (and number)</b>	<b>Naloxone Supply for use in Overdose by Opiate Users.</b>				
<b>Policy Author</b>	Karen Bennett – Clinical Lead, Torbay Drug and Alcohol Service.				
<b>Version and Date (of EIA)</b>	Version 1 10/03/16				
<b>Associated documents (if applicable)</b>					
<b>RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?</b>					
• Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
• Advance equality of opportunity between people from different groups					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
• Foster good relations between people from different groups					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.</b>					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy affect service delivery or business processes?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?</b>					
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
<b>Age</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Disability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Sexual Orientation</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Race</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Gender</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Religion/Belief (non)</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Gender Reassignment</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Pregnancy/ Maternity</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Marriage/ Civil Partnership</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
N/A					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
None					
<b>RESEARCH AND CONSULTATION</b>					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
The Department of Health – MHRA – Public Health England widening the availability of Naloxone 10/11/2015.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Public Health England guidance / Partner Substance Misuse Service Provision / Public Health					

commissioners of TDAS – all support initiative as potentially lifesaving by preventing overdose deaths.

**ACTION PLAN: Please list all actions identified to address any impacts**

Action	Person responsible	Completion date

**AUTHORISATION**

<b>Name of person completing the form</b>	Karen Bennett	<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

---

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.