Injecting Equipment Provision NEO Training

1. Log into the NEO 360 System (https://scotland.neo360.systems/Secure/Login.aspx) with your site login details.
2. Ensure you have the IEP module enabled on your account.
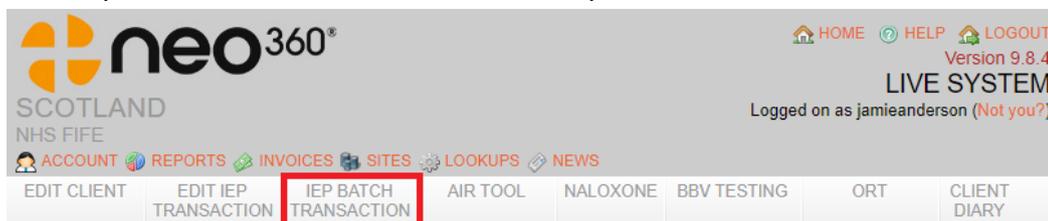
3. Follow the instructions in the yellow help box to find or create your patient and begin the transaction. The patient may wish to remain anonymous – this option appears when you select your site.

4. The next screen is "client details" – please note that only starred fields need to be completed, as a minimum, but encourage all details to be taken.
    a. **For new and existing clients**:
        i. Ensure the details are correct and confirm with the client.
        ii. Check which substances the client is using and how they are using it. Add or remove substances that the patient is currently using, as applicable.
        iii. Select current anatomical injecting location details.
        iv. Select applicable options relating to paraphernalia sharing/use.
        v. Select applicable geographical injecting location sites.
    b. **For anonymous**:
        i. Enter your name and reason why the patient wishes to remain anonymous – please note the reason must be between 10 and 500 characters.
5. The next screen is the items issued screen.
    a. Enter the quantity dispensed for each item.

     b. Enter the quantity of sharps bins returned by the patient – please note this is not a requirement for provision, but returns of used equipment should be should be encouraged.

     c. Select the tick box if overdose related advice is provided.

6. **<u>For new and existing patients only</u>** – the option to provide a naloxone kit is available after the provision of injecting equipment. It is encouraged to offer a naloxone kit – including to patients wishing to remain anonymous – as the person will be at risk of an opiate related overdose, depending on what they are injecting.

SCREEN 1

⚆ DETAILS

⭐ Registered On: `_____` 🗓 (DD/MM/YYYY)
⭐ Gender: `_____`
⭐ Initials: `_____`
⭐ Date of Birth `_____` 🗓 (DD/MM/YYYY)
⭐ Date first attended `_____` 🗓 (DD/MM/YYYY)
  First Injected On: `__/____` (MM/YYYY)
  Structured Treatment: `- Please Select -` ▼

⚆ DEMOGRAPHICS

⭐ Postal District: `_____` ⓘ

⚆ SUBSTANCES CURRENTLY USING

Substance	Route	Frequency
- Please Select - ▼	- Please Select - ▼	- Please Select - ▼

➕ Add Substance

⚆ ANATOMICAL INJECTING LOCATION DETAILS

Location	Date Assigned
☐ Only Smokes Never Injects	
☐ Arms (IV)	
☐ Hands (IV)	
☐ Legs (IV)	
☐ Feet (IV)	
☐ Groin (IV)	
☐ Neck (IV)	
☐ Glute (IM)	
☐ Thigh (IM)	
☐ Shoulder (IM)	
☐ Stomach (Subcut)	
☐ Other	

⅔ PARAPHERNALIA

	Option	Selected
⭐ Paraphernalia Sharing:	- Please Select - ▾	
⭐ Needle Sharing:	- Please Select - ▾	
⭐ Needle Reuse:	- Please Select - ▾	

⅔ GEOGRAPHICAL INJECTING LOCATION DETAILS

In the last 6 months, in what locations did you inject?

Location	Date Assigned
☐ Only Smokes Never Injects	
☐ Other	
☐ Own home	
☐ Friend's home	
☐ Shelter/Hostel	
☐ Public Toilet	
☐ Car Park	
☐ Stairwell/Close	
☐ Outdoors (park, street etc)	
☐ Squat/Abandoned House	

⅔ OPTIONS

💾 Update   ⛔ Cancel

DETAILS:

- STRUCTURED TREATMENT
  1. YES: ACCESSING CLINICAL OR NON-CLINICAL SUPPORT FOR DRUG USE
  2. IPED ONLY
  3. NO

DEMOGRAPHICS:

- POSTAL DISTRICT – JUST TYPE IN THE FIRST FEW LETTERS OF THE POSTAL DISTRICT TO BRING THE LIST UP

SUBSTANCES CURRENTLY USING:

SUBSTANCE		ROUTE	FREQUENCY
HEROIN	TANNING AGENTS – E.G. MELANOTAN	INTRAMUSCULAR	3-6 DAYS PER WEEK
OTHER OPIODS/OPIATES	OTHER PIEDS	INTRAVENOUS	MORE THAN ONCE A DAY
COCAINE	KETAMINE	NOT KNOWN	DAILY
CRACK COCAINE	NEW PSYCHOACTIVE SUBSTANCE – LEGAL HIGHS	ORAL	LESS THAN ONCE A WEEK
COCAINE AND HEROIN TOGETHER/SNOWBALL	SUBSTANCE NOT KNOWN	SMOKE	SELDOM
AMPHETAMINE	BENZODIAZEPINE TYPE	SUBCUTANEOUS	WEEKENDS ONLY
METHAMPHETAMINE/CRYSTAL METH	GABAPENTIN		NOT KNOWN
OTHER STIMULANTS	PREGABALIN		
STEROIDS	SYNTHETIC CANNABINOID		
GROWTH HORMONE	OTHER INJECTING		

PARAPHERNALIA:

- PARAPHERNALIA SHARING/NEEDLE SHARING/NEEDLE REUSE:
    1. MORE THAN 6 MONTHS AGO
    2. FREQUENTLY
    3. OCCASSIONALLY
    4. NEVER

SCREEN 2

DETAILS

⭐ Date of Last Transaction:	
⭐ New Client:	
⭐ Transaction Date:	
⭐ Transaction Time:	
⭐ Collecting on Behalf of:	- Please Select - ▼

NOTES

ITEMS

	Quantity Dispensed	Quantity Returned	
One Hit Kits 2023			
1ml One Hit Kit			
2ml Blue One Hit Kit			
2ml Orange One Hit Kit			
ORION 1ml one hit kit with VitC			
ORION 2ml Blue one hit kit with VitC			
ORION 2ml Orange one hit kit with VitC			
Packs			
ORION Image and Performance Enhancing Drug (IPED) Pack 1			ⓘ
ORION Image and Performance Enhancing Drug (IPED) Pack 2			ⓘ
Sports pack 1			
Sports pack 2			
Paraphernalia			
Sterile Water			
Sharps Bins			
0.2l Black Disposal Container			
0.3 litre Black Disposal Container			
0.45 litre Black Disposal Container			
1 litre Black Disposal Container			
MySafe single needle disposal			
Harm Reduction Interventions			
Overdose related advice	☐		ⓘ

OPTIONS

[Save & go to Naloxone] [Save] [Cancel]

FOR ANONYMOUS TRANSACTIONS – "DATE OF LAST TRANSACTION" AND "NEW CLIENT" ARE MISSING FROM DETAILS. ALL ITEMS AVAILABLE FOR PROVISION ARE IDENTICAL.

Take Home Naloxone NEO Training

1. Log into the NEO 360 System (https://scotland.neo360.systems/Secure/Login.aspx) with your site login details.
2. Ensure you have the naloxone module enabled on your account.

3. Follow the instructions in the yellow help box to find or create your patient & begin the transaction. Select whether the person you are making the supply to is either: person at risk/friend or family member/other member of the public/service worker.

4. The next screen is "client details".
   a. **For existing clients**: ensure the details are correct and confirm with the client.
   b. **For new clients**: complete all the details. For data sharing consent, the "named services" are Public Health Scotland (Please note that only starred fields need to be completed as a minimum – but encourage all details to be taken).
5. The next screen is "risk details" and only applies to a client if they are a "person at risk". While this information is not a requirement to progress it is recommended that as much information is included as possible.
6. The next screen is "training details". Enter the date the training is delivered and select who has provided the training from the drop down (i.e. pharmacy staff). Discuss each training element with the client and tick each box once they understand.
7. The next screen is "consent details". Review the "consent options" with the client and tick each box as applicable.
   If the patient is happy to receive a supply of naloxone then the "I decline the supply of naloxone" box can be left blank.
   For "consent details" the "person giving consent" is the client and the "witnessed by" is the person delivering the training.
   There is a section available to include any appropriate notes.

8. The final screen is the "supply details". If the client has declined the supply of naloxone then insert the "decline reason" in the space provided.
   If the client is happy to proceed then select "continue".
   a. Select "initial supply" for the first provision of naloxone to the client.
   b. Select "resupply" if this is an additional to provision to the client.
   Enter the "date of supply" and type in the pharmacy details into the "supplied by" field.
   In the "kits supplied" section, select the naloxone kit that has been supplied to the client (either Prenoxad injection or Nyxoid nasal spray) and enter the batch number and expiry date. Select the appropriate option in the "kit provided" dropdown (person at risk/friend or family member/other member of the public/service worker).
   For resupply only: select the "reason for resupply" from the options available. If applicable, select who the previous supply was administered to and select the appropriate conclusion options from the dropdowns.

SCREEN 1

Client Details	Risk Details	Training Details	Consent Details	Supply Details

» PERSON DETAILS

⭐ First Name: _____

⭐ Last Name: _____

⭐ Date of Birth: _____

⭐ Age: _____

» ADDRESS DETAILS

Address: _____

_____

Town / City: _____

County: _____

Postcode: _____

» CONTACT DETAILS

Telephone: _____

Mobile: _____

» GENERAL PRACTITIONER DETAILS

General Practitioner: _____ ⓘ

» PRISON DETAILS - TO BE COMPLETED BY PRISON SERVICES ONLY

Prison Release Date: _____ 📅 (DD/MM/YYYY)

» DATA SHARING CONSENT

☐ Please indicate whether consent to share their personal data, with named services, has been given.

» OPTIONS

💾 Save ⊖ Cancel

SCREEN 2

» RISK DETAILS

Opiate Use: [- Please Select - ▼]
Overdose: [- Please Select - ▼]
Risk Behaviour: [- Please Select - ▼]

» OPTIONS

💾 Save   ⛔ Cancel

OPIATE USE:

- HEROIN USER (INJECTING)
- HEROIN USER (SMOKED)
- ORT
- OTC OPIATE USE
- OTHER PRESCRIPTION OPIATE USE

OVERDOSE:

1. HAS NEVER OVERDOSED
2. HAS OVERDOSED IN THE PAST MONTH
3. HAS OVERDOSED IN THE PAST WEEK
4. HAS OVERDOSED IN THE PAST YEAR

RISK BEHAVIOUR:

1. INJECTING OPIATE USE
2. NEW ORT STARTER
3. NOT ON ORT
4. POLYDRUG USE
5. REDUCED TOLERANCE (POST DETOX/HOSPITAL/PRISON)

SCREEN 3

NAVIGATION

Client Details   Risk Details   Training Details   Consent Details   Supply Details

TRAINING DETAILS

⭐ Given / Offered On   [   ] 📅 (DD/MM/YYYY)
⭐ Given By: - Please Select - ⌄

TRAINING ELEMENTS

☐ Can describe signs and symptoms of a suspected opiate overdose
☐ Can describe what to do if you find someone having a suspected opiate overdose
☐ Discussed and understands need for safe storage
☐ Identification of the main causes of drug overdose
☐ Understands how to use Prenoxad or Nyxoid (nasal spray)
☐ Understands that naloxone is short acting and only works to reverse the effects of opioids
☐ Understands the importance of staying with the person until help arrives

OPTIONS

💾 Save   ⛔ Cancel

SCREEN 4

» NAVIGATION

👤 Client Details 🟠 Risk Details 🚐 Training Details 🖊 Consent Details 🔅 Supply Details
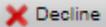
» CONSENT OPTIONS

☐ Consent to share anonymous data with Public Health Scotland (Initials/DOB/Partial postcode)
☐ Consent to share info with GP
☐ Consent to store contact details in event of product recall

» CONSENT FOR NALOXONE

☐ I decline the supply of naloxone

» CONSENT DETAILS

⭐ Person Giving Consent: _____ _____ 📅 (DD/MM/YYYY)
⭐ Witnessed By: _____ _____ 📅 (DD/MM/YYYY)

» NOTE

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USED 0 OF 5000 CHARACTERS

» OPTIONS

💾 Save ⛔ Cancel

SCREEN 5

» NAVIGATION

👤 Client Details   🟠 Risk Details   🖥 Training Details   ✏ Consent Details   Supply Details

» TRAINING DETAILS

⭐ Given / Offered On: [   ]

⭐ Given By: Pharmacy Staff (Pharmacy)

» TRAINING ELEMENTS

» DECLINE REASON

[   ]

⭐ USED 0 OF 5000 CHARACTERS

» OPTIONS

▶ Continue   ✖ Decline   ⛔ Cancel

SCREEN 6

SCREEN 7 – INITIAL SUPPLY

SUPPLIED BY: Just type in the first few letters of the pharmacy name or address to bring the list up.

NALOXONE KIT: Select either Prenoxad or Nyxoid and insert the batch number and expiry date**.**

SCREEN 7 – RESUPPLY

» NAVIGATION

👤 Client Details   🔶 Risk Details   🖥 Training Details   🖊 Consent Details   🔹 Resupply Details

» RESUPPLY DETAILS

⭐ Date of Resupply   [   ] 🗓 (DD/MM/YYYY)
⭐ Supplied By: [   ] ❓

» KITS SUPPLIED

Qty	Naloxone Kit	Batch Number	Expiry Date	Kit Provided	Spare
1	- Please Select - ▾	[ ]	[ ] 🗓	- Please Select - ▾	☐
2	- Please Select - ▾	[ ]	[ ] 🗓	- Please Select - ▾	☐
3	- Please Select - ▾	[ ]	[ ] 🗓	- Please Select - ▾	☐
4	- Please Select - ▾	[ ]	[ ] 🗓	- Please Select - ▾	☐

» REASON FOR RESUPPLY

○ Confiscated
○ Damaged Kit
○ Expired
○ Lost Kit
○ Not known
○ Spare
○ Used on Other
○ Used on Self

» WHO WAS SUPPLY ADMINISTERED TO

Administered To: ○ No One ○ Self ○ Other

» CONCLUSION

Follow on Care: [- Please Select - ▾]
Outcome: [- Please Select - ▾]

» NOTE

[   ]

USED 0 OF 5000 CHARACTERS

» OPTIONS

💾 Save   ⛔ Cancel

SUPPLIED BY: Just type in the first few letters of the pharmacy name or address to bring the list up.

NALOXONE KIT: Select either Prenoxad or Nyxoid and insert the batch number and expiry date**.**

CONCLUSION:

- **FOLLOW ON CARE**
  1. ADMITTED TO HOSPITAL
  2. AMBULANCE ATTENDED
  3. NONE
  4. UNKNOWN
- **OUTCOME**
  1. NOT APPLICABLE
  2. PERSON SURVIVED
  3. PERSON DID NOT SURVIVE