

NHS GREATER GLASGOW AND CLYDE

Community Pharmacy Opioid Overdose Campaign – a “public health emergency”

2020-2021

Version Number:	2.0
Date Approved:	June 2020
Date of Next Review:	June 2021
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Community Pharmacy Opioid Overdose Campaign – a “public health emergency”. 2020-2021

All community pharmacies within NHS GGC are being supplied with a naloxone kit for emergency use. This initiative is supported by The Drug Deaths Task Force, Chief Pharmaceutical Officer, Community Pharmacy Scotland and Primary Care Pharmacy Leads.

Naloxone is a medicine which can temporarily reverse the effects of opioids in a suspected opioid overdose, buying time for an ambulance to arrive. It can legally be administered to anyone by anyone in order to save a life. This is the same exemption under the Human Medicines Regulations 2012, as adrenaline for anaphylaxis. Currently not all community pharmacies have naloxone available for use in an emergency situation.

In 2018 a total of 1187 individuals lost their life to a drug-related death within Scotland, with the majority involving an opioid. Community pharmacies are increasingly being approached to assist in a suspected life threatening opioid overdose in the vicinity of the pharmacy. Within NHS Greater Glasgow & Clyde there have been 20 confirmed administrations of naloxone by community pharmacy staff. Community pharmacies are viewed by the public as an accessible contact point for initial first aid, often before an ambulance is called. The evidence demonstrates that pharmacists and their staff are able to identify opioid overdose, respond appropriately and ultimately save lives.

Contractors are asked to identify staff within the pharmacy who will be able to respond to an emergency opioid overdose. Staff who are not existing naloxone trainers can access a free short online e-learning module, “Overdose Prevention, Intervention and Naloxone” by the Scottish Drugs Forum <https://www.sdftraining.org.uk/online-learning/156-overdose-prevention-intervention-and-naloxone-3>

Prenoxad Injection® is currently the first line option for lay administration within NHS GGC. Guidance on how to assemble and administer can be viewed at <http://www.prenoxadinjection.com/>

Each community pharmacy will be reimbursed £18 for the cost of a Prenoxad® kit.

It is hoped that all pharmacies will participate in this important life saving scheme and demonstrate the role that pharmacists in GGC can play in helping to address Scotland’s drug death emergency. Please return signed copies of the participation and reimbursement forms.

If you have any questions please do not hesitate to contact a member of the addiction pharmacy team on 0141 303 8931.

Community Pharmacy Opioid Overdose Campaign

Specification

1. Aim

- 1.1. To contribute to a reduction in drug related deaths within NHS Greater Glasgow & Clyde:
 - 1.1.1. Participation in a network of community pharmacies holding a supply of naloxone for emergency use.
 - 1.1.2. Pharmacy staff are trained to recognise and respond to opioid overdose.

2. Outline & Standards

- 2.1. A standard operating procedure should be in place within the pharmacy for the service.
- 2.2. The community pharmacy contractor will ensure that staff provide a friendly, non-judgemental, person-centred and confidential service.
- 2.3. The pharmacy contractor will ensure that staff will operate under the pharmacy contractor's organisational policies.
- 2.4. Following administration in a suspected opioid overdose emergency the pharmacy will complete the pharmacy contractor's organisational report/incident form and send a copy to the relevant Health Board Community Pharmacy Lead.
- 2.5. Staff should be able to provide information, advice and signposting when required on a range of addiction issues including how to access local treatment services.
- 2.6. Any inability to provide the service should be notified to the Health Board Community Pharmacy Lead.
- 2.7. Staff registered with the GPhC must adhere to current professional standards.

3. Training

- 3.1. All staff who may be called upon to respond to an opioid overdose should have:
 - 3.1.1. Completed locally agreed basic overdose awareness and naloxone use training.
 - 3.1.2. Be identified as an opioid overdose emergency responder by the pharmacy contractor/service manager.
- 3.2. The community pharmacy contractor/service manager should ensure that staff be provided with any updates or changes to the service.

4. Monitoring and evaluation

- 4.1. It is a requirement that appropriate information is provided by the community pharmacy contractor to the Health Board for internal and external audit, evaluation and monitoring purposes (see section 2.4).

**Please sign to confirm participation in the Community Pharmacy
Opioid Overdose Campaign on behalf of the contractor:**

Pharmacy Name	
Pharmacy Address	
Contractor Code	
Name	
Designation	
Signature	
Date	

Please return one copy to:

gg-uhb.cpdevteam@nhs.net

Or fax to: 0141-201-6044

**Please sign to confirm participation in the Community Pharmacy
Opioid Overdose Campaign on behalf of the contractor:**

Pharmacy Name	
Pharmacy Address	
Contractor Code	
Name	
Designation	
Signature	
Date	

Please return one copy to:

gg-uhb.cpdevteam@nhs.net

Or fax to: 0141-201-6044

Community Pharmacy Opioid Overdose Campaign - Standard Operating Procedure (SOP) Recommendations

Community Pharmacies must have a SOP relating to the emergency supply of naloxone as part of the Community Pharmacy Opioid Overdose Campaign. It is recommended that procedures are in place which cover but are not limited to: staff training; ordering; storage; emergency use. The contractor will identify opioid overdose responders within the pharmacy.

STAFF TRAINING

- Staff identified to respond to an opioid overdose should either:
 - Have attended local overdose and naloxone training.
Or
 - Have completed one to one naloxone awareness training with a trainer within the pharmacy who is trained to participate in the community pharmacy naloxone programme.
Or
 - Have completed a short e-learning module produced by Scottish Drugs Forum <https://www.sdftraining.org.uk/online-learning/156-overdose-prevention-intervention-and-naloxone-3> (Registration is free).
- Staff identified to respond to an opioid should be familiar with how to use the naloxone product. Refer to manufacturer's product guidance.
- Refresher training should be undertaken every three years as a minimum.
- It is the responsibility of the pharmacy contractor/service manager to ensure staff who are trained are competent and to maintain and monitor the staff training record.

STOCK ORDERING

Prenoxad® Injection is currently the first line option for lay administration within NHS GGC and can be ordered from all main wholesalers. The pharmacy should order one Prenoxad® kit for stock and a reimbursement form should be completed and returned to the addiction pharmacy team. If a supply is used or expires then the same process should be followed to replace the kit.

STORAGE

- Stock for emergency use should be segregated from other medicines to avoid it being used in the dispensing process.
- Stock for emergency use should not be accessible to the general public, but readily accessible to staff in an emergency.
- Packs should be stored as per manufacturer's recommendations.
- Packs must remain sealed.
- Stock should routinely be date checked.

EMERGENCY USE

Anyone can administer naloxone to anyone where opioid overdose is suspected.

Assess and call 999

- Look, listen and feel for breathing for 10 seconds
- If no response call 999 immediately

Before administration

- Confirm the product is naloxone.

Administration

Prenoxad® Injection

One dose (containing 0.4mg in 0.4mls) of injection solution is to be injected into the outer thigh muscle (or upper arm). There are five doses in each syringe. 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
- Refer to the individual manufacturer's guidance for administration for further information.
 - The number of doses required will depend on individual need and response to treatment.
 - If the casualty regains consciousness offer reassurance.

After emergency use

- The casualty may attempt to use more drugs to compensate for the effects of naloxone. This greatly increases the risk of further overdose. Advise the casualty against further drug use.
- A member of staff should stay with the casualty until the ambulance arrives.
- Staff should not attempt to re-sheath the needle. It is recommended that the naloxone kit is placed in the yellow container between uses and when finished. Staff should have access to and be aware of the service's needle stick injury policy.
- Arrange safe disposal of the used naloxone kit if not given to the ambulance crew. The yellow box acts as a sharps container.

- Complete the pharmacy contractor's / organisational report / incident form.
- Organise debriefing session for staff members.
- Send or Email a copy of the report to:

Alan Harrison, Lead Pharmacist for Community Care
Pharmacy Services
Clarkston Court, 56 Busby Road, Clarkston,
Glasgow
G76 7AT
Alan.Harrison@ggc.scot.nhs.uk

Community Pharmacy Opioid Overdose Campaign

Naloxone Kit Reimbursement Form

Contractor Name	
Contractor Address	
Contractor Code	

Date ordered	
Wholesaler	
Product	Prenoxad®
Quantity	1 x 2mg/2ml pre-filled syringe
Cost	£18

Counter Fraud Declaration: I accept that the information provided on this form accurately reflects activity during the timescale described. I further accept that the information provided may be used to calculate future payment levels and may be shared with other bodies/agencies for the purposes of prevention and detection of crime and future service planning. In signing this form, I consent to this use and acknowledge that if I provide false information then I may be liable to criminal prosecution, referral to my professional body and/or recovery proceedings.

Signed (Pharmacist in charge)	
Date	

Please complete and return to the address below:

**Sharon Dolan, NEX Administrator, Addiction Services,
 Festival Business Centre, 1st Floor, Room f4, 150 Brand Street, Glasgow, G51 1DH.
 Fax: 0141 303 8957 Email: Sharon.Dolan@ggc.scot.nhs.uk**

<p>FOR OFFICE USE ONLY</p> <p>Payment amount.....</p> <p>Approver Signature.....</p> <p>Date.....</p>
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Community Pharmacy Opioid Overdose Campaign FAQs

Do I need to give mouth to mouth?

As the person who has overdosed will be lacking oxygen, it is recommended that two rescue breaths are given as part of each Basic Life Support cycle. If an individual cannot give rescue breaths then performing chest compressions alone are still better than doing nothing. Many services will provide protective facemasks for use in resuscitation which may help encourage the use of rescue breaths.

What do I do if I use all doses of naloxone before help has arrived?

Keep going with basic life support until an ambulance arrives or until casualty regains consciousness.

Can I use a second pack of naloxone?

If an individual has administered 5 doses of naloxone injection (1 syringe containing 5 x 0.4ml doses) then they may continue to administer a dose of naloxone every 2-3 minutes until an effect is noted or the ambulance arrives. The total amount of naloxone available in a community overdose is usually unlikely to exceed 2mg of naloxone injection (1 Prenoxad[®] Syringe), which is the amount at which it is recommended that the diagnosis of opioid overdose should be reviewed. It is essential that an ambulance is called.

Can I use it on a child?

If a child is suspected of consuming an opiate drug then call 999 immediately and follow the advice given to you by the call handlers.

What happens if the needle breaks off or is damaged?

If the needle has broken off and is stuck in the person do not try to remove it. Inform the paramedics of this when they arrive. Try not to roll the person onto this side if putting into the recovery position to prevent it from being pushed in further. If it is not stuck in the person, there is a spare needle in the pack which can be used.

Can I use the same needle if more than two people have overdosed?

Coming across this scenario should be extremely rare. Ideally a separate kit should be used for each person. Where there is only one kit available and the risk of death outweighs the risks associated with contracting a virus such as hepatitis then a dose of naloxone from the same kit could be given. There are two needles contained within each Prenoxad® kit, however there is an increased risk of needlestick injury if the needle was changed. The paramedics should be informed if the same kit has been used on multiple individuals in order that it can be followed up when the individuals are transported to the hospital.

What happens if I give more than one dose at a time?

When naloxone is administered to an opioid dependent individual it is likely that they will experience a degree of withdrawal. If more than one dose is given at a time, the symptoms of withdrawal may be greater or last longer and may result in the person experiencing a more severe withdrawal reaction. The person in withdrawal should be reassured that the effects of naloxone will start to wear off quite quickly and strongly advised against further use as this is likely to result in a further overdose.

What happens if a staff member is asked to provide an emergency supply of naloxone to a witness for them to administer to a casualty?

Naloxone is listed in The Human Medicines Regulations as a parenteral medicinal product which can be administered in an emergency, therefore allowing naloxone to be administered to anyone by anyone in suspected opioid overdose to save a life. Supply of naloxone can also be made, without the need for a prescription, by anyone working within a drug treatment service, which includes community pharmacy. Try to obtain as much information as possible without delaying the overdose response. Confirm they have called an ambulance. Encourage the individual to return to the pharmacy.

What happens if a staff member is asked to respond to an overdose in a nearby address?

The safety of the staff member is paramount. The staff member should follow organisational procedures. If the staff member(s) is unable to attend or leave the pharmacy then offer the individual the supply of naloxone. Provide a brief description of how to assemble and administer the naloxone and instruct them to refer to the patient information leaflet inside when opened. Try to take a few details such as name and address if you can and inform them that you will call an ambulance to ensure help is on the way.