NHS Greater Glasgow & Clyde

Take Home Naloxone Programme

NHS & Non-Statutory Drug Treatment Services/

COVID 19 Non-Drug Treatment Services

STAFF PACK

Approved By: Amanda Laird	**Date Approved: May 2020**
Version: 2.0 COVID 19	**Review Date: May 2022**

This pack contains the relevant support materials for staff who are undertaking training to allow them to train and supply individuals with naloxone within their service. Staff undertaking this role must have been nominated by their service manager.

Staff Training Requirements

Staff training has three elements:

1. Overdose awareness and naloxone training

Staff must have a basic background knowledge of overdose awareness and how to respond to an opioid overdose. All staff are required to complete locally approved overdose awareness and naloxone training. As access to face to face training is likely to be restricted for the foreseeable future then staff will be required to complete the Scottish Drug Forum (SDF) Overdose Prevention, Intervention and Naloxone e-learning module. This is free to access and takes approximately 1 hr to complete. Staff who have previously undertaken Naloxone Training for Trainers may still wish to access this training as a refresher.
SDF Overdose Prevention, Intervention and Naloxone e-learning

NB Community Pharmacy Staff can access parts 2 and 3 via Learn Pro from 1st July 2022

2. One to one naloxone conversation

All staff should read the SDF Delivering a Naloxone Brief Intervention Tip Sheet (see pages 4-9). Staff will use the NHS GGC one to one naloxone training conversation checklist to provide training to individuals and should be competent in delivering the key messages (see page 10).

3. Naloxone Supply Framework Training

Staff must use the NHS GGC Take Home Naloxone Supply Framework to make supplies of naloxone to individuals (see pages 11-16). All staff must complete the naloxone supply framework training. This is a presentation which is available via Microsoft Teams. It takes approximately 20 minutes and staff should have completed elements 1 & 2 of the training prior to accessing the framework training. Service Managers will be required to provide contact email addresses for staff to Amanda.Laird@ggc.scot.nhs.uk . Staff will then be invited to access the training channel. Staff must have access to Microsoft Teams, this can be via tablet, smartphone or PC/Laptop.

Delivering a Naloxone Brief Intervention

Tip Sheet

This document has been produced by Scottish Drugs Forum (SDF) to support the delivery of naloxone training to people likely to witness an overdose, following completion of the SDF naloxone e-learning course and/or a locally approved naloxone training for trainers course.

Brief, opportunistic training in naloxone is the most successful way to ensure that people are supplied with Take-Home Naloxone (THN) in a timely way.

Below is a 1:1 training checklist with some trainer notes for your reference. This checklist is not intended to be a script, more a point of reference to ensure all the key areas have been covered. The 'training' should be more like a conversation, with the person likely to witness an overdose doing most of the talking.

The most effective way to initiate this conversation is to ask the person to share any experiences of witnessing an overdose, if they are willing to do so. The role of the trainer is to sensitively use the detail of this experience to guide the conversation.

The trainer will spend more time on some areas than others and develop their own style over time. This brief intervention is not intended to be longer than 15 minutes maximum.

How do we get important messages across?

Here are some tips that may be useful:

- Draw on the experience and knowledge of people who use drugs as a training resource. This will encourage a partnership approach to learning and could help avoid the "teacher knows best" approach which may not always hold the attention of participants.
- The training and delivery approaches used should be flexible to meet the needs of the person. What works for those attending a drug treatment service or injecting equipment provider may be different for others receiving residential care.

Key messages for people who use drugs and family members/carers for instance may be similar. However, the training style when delivering to these two groups may vary. The training approach with people who use drugs may be generally interactive as they will probably have an established knowledge base whereas a session with family members may involve more direct provision of information.

How to normalise naloxone acceptance:

**Adapted from Seth Francis Graham's script for offering and normalising BBV testing in prisons.*

- Establish Norm
- Provide key information to avoid negative automatic responses
- Priming Words
- Provide opportunity to opt out while default remains training and kit

Suggested example:

"We give everybody in our service naloxone to reverse opiate overdose"

Naloxone is supplied to anybody likely to witness an overdose and we will provide you a short piece of training to make sure you are comfortable with how to use it. Many people in Scotland carry naloxone including me and the staff here and many others in the community.

Opiates are involved in over 80% of overdoses in Scotland and even in a mixed overdose, taking the opiates away for a short time could be enough to save a life. Naloxone doesn't have any side effects and you can't make any mistakes - if there are no opiates involved, it just won't have any effect.

It is important to carry naloxone even if you are not using drugs yourself as you can witness an overdose any time.

Will I go ahead and give you this short training which will take under 10 minutes (while we wait/while you wait for your appointment/while I have you here etc)?

One to One Naloxone Checklist

*you should check the 1:1 checklist that has been provided by your local naloxone lead as there may be slight variations

The most common drugs identified in a drug-related death (heroin, methadone, benzodiazepines & alcohol – all Central Nervous System depressants) **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)
Trainer notes: The main drugs may differ slightly geographically on a local level but these are the drugs implicated nationally. Cocaine and Gabapetinoids have been rising as implicated drugs in recent years. The main benzo involved in drug deaths nationally is Etizolam. Explain very briefly what 'downers' (CNS depressants) do to the body.
The main causes of drug overdose (low tolerance, polydrug use, using too much, using alone, injecting drug use, purity levels)
Trainer notes: Check the person knows that tolerance reduces within a few days. Emphasise that there are long and short acting drugs and how this may lead to mixing drugs. For instance, if someone used a lot of benzodiazepines (which have a long half life) then 2 days later they use heroin (short half life) they would still be 'mixing drugs' as the benzos would still be in their system.
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)
Trainer notes: it is not necessary to discuss all of the high risk times but emphasise why they would be risky – times when tolerance is lowered and times when mixing drugs/using more than usual is more likely.
The signs & symptoms of suspected opiate overdose (pinpoint pupils, breathing problems, skin/lip colour, no response to noise or touch, loss of consciousness)
Trainer notes: important to emphasise the fine line between someone being heavily intoxicated (would still respond) and having an overdose (completely unresponsive). Highlight that rasping breathing is often mistaken for snoring, leading to many preventable deaths.
The common myths (don't inflict pain, give other drugs e.g. stimulants, put in bath/shower, walk person around, leave person on own)

Trainer notes: this area should be dealt with sensitively as many people will have tried these strategies unsuccessfully. It may also be the case that these strategies have appeared to work and perpetuated the myths, where the person experienced a near-fatal overdose for example. Myths should be discussed with an explanation of why they wouldn't be effective to give more context.
Knows when to call for an ambulance (when person won't wake with shout/shake, status of person and location)
Trainer notes: naloxone does not replace calling an ambulance, it is there to buy time until it arrives.
Knows about the recovery position (person on side, airway open)
Trainer notes: it may not always be possible to practice this but can be useful to have some visual materials to show it.
Knows about rescue breathing and CPR (30 compressions, 2 breaths – one cycle)
Trainer notes: it is unlikely you will always have a resus mannequin to demonstrate so this can be talked through.
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 CPR then after every three cycles of CPR. Dose – 0.4mls into outer thigh muscle via clothing. Assembly of syringe)
Trainer notes: if possible, allow the person to practice with a sample kit. If not, use of visual images can be helpful.
Knows that naloxone is short acting (the effects of naloxone wear off after 20-30 mins, possible that overdose may return)
Trainer notes: opiates do not leave the body when naloxone is administered, they will reattach to receptors and it is possible, although unlikely, that the overdose will return. If the person is experiencing withdrawal symptoms, they will start to feel better within 20 mins.
Knows the importance of staying with the person (do not let the person use any other drugs if they gain consciousness)
Trainer notes: ensure the person knows what's happened (they overdosed and were given naloxone) and be firm with them when they wake up. If they use further opioids straight away, it is highly likely they will overdose again when the naloxone wears off.

Top Ten Tips for Naloxone Programmes

1. Make 'training' brief

- A quick ten minute conversation is enough to provide someone with the basic skills to save a life. Never underestimate the potential outcome of a brief intervention!

2. Don't tell someone to come back at a later date, just get it done!

- Opportunistic conversations while you have the person there in front of you (or on the phone!) can be the difference between life and death. You don't know if you'll ever see/hear from this person again, make sure they're equipped!

3. Make sure the training and supply happens in the same place

- Your programme will be much more successful if you can physically hand over the naloxone after the training (or post it directly to them). Adding in additional steps may mean many people do not end up with a supply.

4. Involve peers!

- Peers have instant credibility among the target group and hugely enhance the rate of distribution, particularly when they are also enabled to make the supplies.

5. If someone refuses naloxone from you, you're doing something wrong. Change your message.

- The key part of any programme is about relationships. If you can show someone that you genuinely care about whether they (or their friends) live or die, then no-one will refuse the offer of naloxone from you.

6. Be creative, don't expect people to come to you

- Outreach! Go to where the people are, or the services they frequent, and don't rely on an appointment-based programme. Postal naloxone is also an excellent way to expand distribution.

7. Prioritise the supply to people who use drugs

- People who use drugs are most likely to witness an overdose. This should always be where the most effort is placed.

8. Make sure everyone receiving Medication Assisted Treatment (MAT) has a supply

- Easy peasy, everyone you see receiving MAT should automatically be given a supply. You are providing a powerful opiate, you should also provide the antidote.

  (Yes, treatment is a protective factor but this is about ensuring coverage and makes sense for it to be normalised in this way)

9. Prioritise, normalise and standardise in all drug services

- The biggest risk of death for your client group is accidental and preventable overdose.

10. Always encourage and support people to talk about their experience of using naloxone

- If someone has used naloxone to save a life - congratulate them! This may also have been a traumatic experience and they may need some support. It's also an opportunity for a training refresher and of course a re-supply of naloxone.

If you require any further information or advice, please contact Kirsten Horsburgh (kirsten@sdf.org.uk) or Mariebeth Kilbride (mariebethk@sdf.org.uk) from SDF who will be happy to assist.

Take Home Naloxone Programme

One to One Naloxone Training Conversation

The person must demonstrate an understanding of the following:

The most common drugs identified in a drug-related death (heroin, methadone, benzodiazepines & alcohol – 'downer' drugs) **and the physical effects these drugs have** (most importantly breathing is reduced and people can struggle to get oxygen into the body. In overdose breathing can stop altogether)	
The main causes of drug overdose (**low tolerance, mixing drugs**, using too much, using alone, injecting drug use, purity levels)	
High risk times (e.g. 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, bluish skin/lip colour, no response to noise or touch, loss of consciousness)	
Knows when to call 999 (when person won't wake with shout/shake, status of person and location. Stay with the person.)	
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. Give one dose at a time to reduce likelihood of withdrawal symptoms. Assembly of syringe)	
Knows that naloxone is short acting (only works for about 20mins, does not get rid of opiates from the body, effects will return)	

The 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.

Trainee Name ……

Trainer Signature ……

Date ……

NHS Greater Glasgow & Clyde Addiction Services & Drug Treatment Centre/COVID Non-Drug Treatment Centres Take Home Naloxone Supply Framework

Background

In 2015 legislation was passed to allow the supply of naloxone, a Prescription only Medicine, without the need for a prescription or Patient Group Direction. The legislation is specific to services which provide drug treatment i.e. provide Opioid Replacement Therapy (ORT) or Injecting Equipment Provision (IEP).

This framework relates only to the supply of naloxone hydrochloride injection for lay administration and includes actions which must be followed. You must be authorised by name and have undertaken local naloxone supply framework training, under the current version of this framework to be able to issue supplies of Take Home Naloxone.

Authorisation to supply using this framework only allows supplies to be made under the framework as specified; supplies issued on prescription or by patient group directive (PGD) must be made by the appropriate professional.

What is naloxone?

Naloxone reverses the effects of opioid drugs such as methadone and heroin. In the event of a suspected opioid overdose it can temporarily reverse the effects of opioids by blocking the receptors in the brain where the opioids work for approximately 20-30 minutes. Naloxone does not remove opioids from the body, after this time the opioids can reattach and there is a risk that the overdose state could return.

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

Naloxone has no psychoactive properties and has no intoxicating effects or dependence potential.

Who can receive a supply of naloxone?

- Individuals aged 16 years and over at risk of opioid overdose
- Friends and family members, aged 16 years and over, of individuals at risk of opioid overdose
- Individuals, aged 16 years and over, likely to witness an opioid overdose

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

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

Who cannot receive a supply of naloxone?

- Individuals who are under 16 years of age.
- Individuals who are unable to demonstrate sufficient knowledge on the use of naloxone to be safely given a supply.
- Individuals who have not consented to receiving a supply.
- Individuals with a known allergy to naloxone or ingredients.
- Staff working in services in contact with individuals at risk of opioid overdose should be directed to Amanda.Laird@ggc.scot.nhs.uk to access a service supply of naloxone.

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.
- Record any action.

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.** Always ensure Prenoxad® is the product supplied as generic versions do not contain needles or the appropriate information leaflet and would be unable to be used in an emergency.

Individuals at risk of future opioid overdose can receive:

- One prefilled syringe Naloxone injection for intramuscular use: 2mg / 2ml syringe (Prenoxad ®).
- One additional prefilled syringe may be issued to the individual to hold as a spare supply if required.

Individuals identified as friends or family members of someone at risk of future opioid overdose can receive:

- One prefilled syringe Naloxone injection for intramuscular use: 2mg / 2ml syringe (Prenoxad®).

Individuals likely to witness an opioid overdose can receive:

- One prefilled syringe Naloxone injection for intramuscular use: 2mg / 2ml syringe (Prenoxad®).

When a resupply of naloxone is recorded on the paper supply record following a reported use of naloxone then an anonymous Naloxone Follow Up Interview Report (see page 17) should be submitted with monthly paperwork to the Addiction Pharmacy Team. Those services directly entering information on to NEO do not require to submit this form.

Dosage

One dose (containing 0.4mg in 0.4mls) of injection solution is to be injected into the outer thigh muscle. 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

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:

Very Common

Very Rare

- 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

The individual receiving a supply of naloxone must be informed that:

"Information relating to naloxone supply will be shared with participating services and agencies when relevant to the individual's care."

"Anonymous data will be used for reporting, monitoring and evaluation."

All relevant details should be recorded on the appropriate database or naloxone supply record (see page 18) including where known:

- Individual's status and risk factors for opioid overdose if relevant
- Individual's name
- DOB
- Gender
- Address
- Consent to receive the supply
- Type of supply
- Dose, form and batch details of the supply
- Advice given
- Details of staff member(s) providing the training/supply

- Ensure that the individual is 16 years of age or over.

- Ensure that the individual is not allergic to naloxone or any ingredients. Any details of an adverse drug reaction should be recorded.

- Is the individual at risk pregnant?
- Does 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 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 programme.

Explain the treatment and course of action of naloxone.

- Naloxone will only work on opiate based drugs such as heroin or methadone.
- The effects will only last for around 20 - 30 minutes.
- Naloxone does not remove opiates from the body and there is a risk that someone could go back into an overdose state.
- Always call 999 and ask for an ambulance.
- It is important someone does not take more drugs.

Additional information to be provided:

- Keep the pack sealed until needed. It may be confiscated by the police if unsealed.
- Return for a resupply when the expiry date on the product is reached.
- How to dispose of the pack.
- Where to access further training and resupplies of lost, used or expired kits.

The individual will be provided with the following leaflets:

- Patient information leaflet (PIL) which will be contained within the pack.
- NHS GGC Additional Patient Take Home Naloxone Leaflet (see pages 19-20).

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.

Monitoring

The individual receiving a supply of naloxone will be asked to give consent to allow ***"The sharing of...information with the Information Services Division (ISD) of NHS National Services Scotland".*** Consent to share information should be recorded. Non-consent is not a barrier to supply of naloxone.

The appropriate records should be kept and maintained by the service manager to enable verification of service provision.

Monthly submission of paperwork should be in a timely fashion by arrangement with the Naloxone Coordinator.

Staff Characteristics

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

The service manager should retain a training record.

Staff directly issuing supplies of naloxone to individuals must:

- Be identified to make naloxone supplies by the drug treatment service manager.
- Adhere to any relevant professional registration body standards.
- Have undertaken the locally approved training for working under this framework.

Continuing Education and Training

- Staff should be aware of any change to the recommendations for naloxone.
- It is the responsibility of the individual staff member to keep up to date with continued professional development.

NHS Greater Glasgow and Clyde

Service:

Staff member:

Date:

Naloxone Follow Up Interview/Report

Before proceeding, establish whether the overdose was: FATAL or NON FATAL? (Delete as appropriate)

Details of the person who overdosed							
Male/Female				Approximate age if known			
Relationship to person providing the information?	Friend Partner Family member Other (please specify)			Substances Involved?	Alcohol Diazepam Heroin Methadone Other (please specify)		
Had the person injected?	Yes	No	Don't Know	Was the person in treatment?	Yes	No	Don't Know
Location where the person was found i.e. own home, friend's home, outside							
Details of the overdose							
Was the person providing the information present when the OD started?				Yes	No		
What were the signs and symptoms observed of OD?				Pinned Pupils Blue lips Unconscious	Pale Skin Snoring/Rasping Not breathing		
Was 999 called?	Yes	No		If no why?			
Was take home naloxone administered?	Yes	No		If no why? If yes – injection or nasal spray?			
Was CPR performed?	Yes	No	N/A	If no why?			
Recovery position used?	Yes	No	N/A	If no why?			
Did you wait with the person?	Yes	No		If no Why?			
How long did the ambulance take to arrive?							
Did the person go to hospital?	Yes	No		If no did you wait with the person and for how long?			
Did the police attend?	Yes	No		If yes what happened?			
Any other relevant information (include how the person feels, resupply issued etc)?							

Please return completed form to: Amanda.Laird@ggc.scot.nhs.uk

NHS Greater Glasgow & Clyde Naloxone Framework Supply Record

Date:	**Service/Pharmacy:**

Is the person receiving the supply? (Please tick one option)

Family member/friend ☐
or
Person likely to witness an opioid overdose ☐
or
Individual at risk of opioid overdose ☐ - please circle options below

- ***Housing status?*** Rented or owned / Temporary or unstable accommodation / Roofless
- ***Opioid Use?*** Current opioid use / OST / Previous use / Unknown
- ***Overdose history?*** Less than 6mths / Over 6mths / Never/ Unknown
- ***Risk Behaviour?*** Injecting heroin / Polydrug use / Smoking heroin / Reduced tolerance (e.g. OST, detox, abstinence) ***(circle all that apply)***

Name of person receiving the supply:	**DOB:**	**Gender:**

Address: (include postcode)	

Type of training provided (please tick)			
One to One	**Group**	**Peer**	**Refresher**

Supply Details (please tick)			
First Supply	**Spare Supply**	**Repeat Supply (include reason)**	
Product	**Lot Number (s)**	**Expiry Date(s)**	**Quantity Supplied (please circle)**
Prenoxad			**One / Two**
Supplier Name (please print)		**Supplier Job Role**	**Supplier Signature**

Disclaimer - Information relating to naloxone supply will be shared with participating services and agencies when relevant to the individual's care. Anonymous data will be used for reporting, monitoring and evaluation.

☐ **The individual consents to the sharing of the above information with the Information Services Division (ISD) of NHS National Services Scotland. The data will be used in accordance with the Data Protection Act 1998**

Additional Patient Take Home Naloxone Leaflet

Keep the pack sealed.

DO NOT OPEN the pack unless it is an emergency.

Remember Naloxone will only work on opiate based drugs such as heroin or methadone for a short time. It is a temporary effect. Naloxone does not remove opiates from the body, after about 20 minutes the effects of the naloxone will wear off and there is a risk that someone may go back into an overdose. **You should always call 999 for an ambulance.** It is important that someone does not take more drugs. **Give one dose (0.4ml) every 2 – 3 minutes.**

If the pack is opened or has expired then you will need to have it replaced. If the pack is opened and used then **DO NOT** keep the pack, give it to the ambulance crew or take it to a needle exchange pharmacy for disposal. You can get a resupply from any community addiction team or Glasgow Drug Crisis Centre. Some community pharmacies may be able to give you a supply too.

Further overdose training or Naloxone training can be accessed via any community addiction team or drug service within NHS Greater Glasgow and Clyde. If you require any additional support following giving naloxone then please also contact your nearest community addiction team or drug service to speak with a worker.

Action on finding a potential overdose

Person unconscious and unresponsive

↓

Shout for help and approach with care

↓

Open airway

↓

NOT BREATHING? CALL 999

↓

30 chest compressions then 2 rescue breaths

↓

Inject 0.4ml naloxone (to first black line)

↓

Repeat 30 chest compressions then 2 rescue breaths for two minutes

↓

BREATHING?

↓

Recovery position

↓

Stay with person until ambulance arrives

DO NOT

- Inflict pain
- Put in bath or shower
- Walk them about
- Use other drugs such as stimulants
- Leave them alone

Open airway →

BREATHING?

↓

Recovery position

↓

Call 999

↓

Inject 0.4ml naloxone (to first black line)

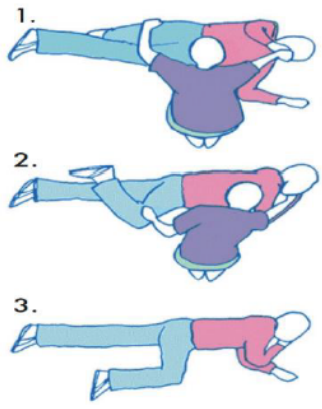
↓

if no change after 2 minutes

↓

Inject 0.4ml naloxone (to next black line)

Recovery position



Additional Information

The Supply Aide Memoire (see page 22) is a summary of supplier checks to help assist staff.

The Naloxone FAQs (see page 23) contains frequently asked questions and answers to topics commonly raised when training. If staff are asked a question which they feel they cannot answer then please contact a member of the addiction pharmacy team on 0141 303 8931 for assistance.

Staff who have completed the training described cannot train others to be trainers. Each staff member must complete the package of training in order to be able to provide overdose awareness training and naloxone supply to service users.

On completion of training

Staff must read and understand the Take Home Naloxone Supply Framework and return a completed Naloxone Supply Framework Agreement (see page 24).

Completed forms to be returned to: Amanda.Laird@ggc.scot.nhs.uk

Paperwork Return

All Naloxone Supply Records and Naloxone Follow Up Forms should be returned on a weekly or monthly basis as per service manager agreed process.

Contacts

Amanda Laird
Addiction Pharmacist (Naloxone Co-ordinator)
M: 07557 012 879
E: Amanda.Laird@ggc.scot.nhs.uk

NHS GGC Addiction Pharmacy Team
T: 0141 303 8931

Naloxone Framework Supply Aide-mémoire

- ✓ Has the individual completed training & able to demonstrate an awareness of BLS?
- ✓ Is the individual over 16 years of age?
- ✓ Has the individual been made aware of the disclaimer?
- ✓ Has the individual been asked for consent to share information?
- ✓ Ensure that the individual is not allergic to naloxone or any ingredients.
- ✓ Is the individual at risk pregnant?
- ✓ Does the individual at risk have any heart problems?
- ✓ Explain the treatment and course of action of naloxone to the individual.

Additional information to be provided to the individual

Naloxone will only work on opiate based drugs such as heroin or methadone.
The effects will only last for around 20 - 30 minutes.
Naloxone does not remove opiates from the body and there is a risk that someone could go back into an overdose state. It is important someone does not take more drugs.
Always call 999 and ask for an ambulance.
Keep the pack sealed until needed. It may be confiscated by the police if unsealed.
Return for a resupply when the expiry date on the product is reached.
How to dispose of the pack.
Where to access further training and resupplies of lost, used or expired kits.
Provide a copy of the “Additional Patient Take Home Naloxone Leaflet

Naloxone 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 does not wish to give rescue breaths then giving the 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 5 doses of naloxone before help has arrived?

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

Can I use a second syringe?

The recommended intramuscular dose is 400 micrograms initially, with further 400 microgram doses given every 2-3 minutes until an effect is noted or the ambulance arrives. The total available naloxone in a community overdose situation before an ambulance arrives is unlikely to exceed 2mg (five 400 microgram doses), which is the amount at which it is recommended that the diagnosis of opiate overdose should be reviewed.
http://www.nta.nhs.uk/uploads/chairsletter-naloxone-22july2015.pdf

Can I use it on a child?

If a child has consumed 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, 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 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.

NALOXONE SUPPLY FRAMEWORK AGREEMENT

Staff agreement for the supply of naloxone from a Drug Treatment Centre/COVID 19 Non-Drug Treatment Centre

- I confirm that I have read and understood the above Naloxone Supply Framework.
- I confirm that I have completed an initial training session and have the necessary competence, training and knowledge to apply the framework.
- I confirm that I will follow the processes detailed in the current version of the framework.
- I will retain a copy of the framework to ensure that it is readily available to me in the area in which supplies will be made.
- I will ensure that I will update my competencies as necessary.
- I will ensure that I know who I can contact for further support and advice in relation to the framework.
- If I am a member of a professional body then I will act in accordance with the relevant Professional Standards.

Name of staff member in block capitals	
Registration body (i.e. GPhC, NMC, SSSC) if applicable	
Registration number if applicable	
Job Role	
Place of work/Base	
Email Contact	
Telephone Contact	

Signature of staff member.....Date.....