



PRIMARY CARE COMMUNITY PHARMACY

LOCAL PHARMACY SPECIFICATIONS

AVAILABILITY OF INTRANASAL NALOXONE

FOR EMERGENCY SUPPLY

IN THE EVENT OF SUSPECTED OPIOID OVERDOSE

Document Control Sheet

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Specification For Availability of Intranasal Naloxone for Emergency Administration in the Event of Suspected Opioid Overdose

1. Background/Introduction

In 2020 a total of 1,339 individuals lost their life to a drug-related death within Scotland, with the majority of these deaths involving opioid drugs.

In 2015 legislation was passed to allow the supply of naloxone, a Prescription only Medicine, by non-clinical staff (including community pharmacy staff) without the need for a prescription or Patient Group Direction. Naloxone can also legally be administered by anyone to anyone in order to save a life (under the same exemption as adrenaline within the Human Medicines Regulations 2012)

Naloxone is a first aid intervention which can temporarily reverse the effects of opioid drugs buying time for an ambulance to arrive. Although naloxone is routinely supplied to people at risk of opioid overdose in times of overdose a kit may not be readily available

Services which supply naloxone aim to reduce the incidence of drug related deaths due to accidental opioid overdose. By raising awareness of overdose prevention and providing education on the signs and symptoms of overdose, calling an ambulance, basic life support and the availability of naloxone for administration, it is hoped to reduce the number of fatal opioid overdoses.

Community pharmacies are ideally placed to offer a similar emergency response for opioid overdose and hold a supply of naloxone. Community pharmacies are seen as a vital initial contact point for help, often before an ambulance is called, especially those pharmacies engaged in providing alcohol and drug related services. Pharmacists and their staff are able to help identify opioid overdose, respond appropriately and ultimately save lives.

For this reason, all community pharmacies in NHS Ayrshire and Arran are being asked to stock a supply of naloxone for emergency use. This initiative is supported by The Drug Deaths Task Force, Chief Pharmaceutical Officer, Community Pharmacy Ayrshire and Arran, Community Pharmacy Scotland, The Royal

Pharmaceutical Society and the Scottish Specialist Pharmacists in Substance Misuse.

It is hoped that all pharmacies will participate in this important life saving scheme and demonstrate the role that pharmacists can play in helping to address Scotland's drug death emergency.

If you have any questions please do not hesitate to contact Alex Adam at alexander.adam@aapct.scot.nhs.uk or 07557 083093.

2. Aim of Service

- 2.1 To increase availability of naloxone for emergency use within local communities via the community pharmacy network
- 2.2 To contribute to a reduction in drug related deaths within NHS Ayrshire and Arran
- 2.3 To promote the role that pharmacy can play in helping to reduce drug related deaths

3. Service Outline

- 3.1 *General*
 - 3.1.1 The community pharmacy contractor will ensure that staff provide a friendly, non-judgemental, person-centred and confidential service.
 - 3.1.2 The pharmacy contractor will ensure that staff will operate under the pharmacy contractor's organisational policies.
 - 3.1.3 Staff registered with the GPhC must adhere to current professional standards
- 3.2 *The Service*
 - 3.2.1 The pharmacy contractor shall make available a supply of naloxone for emergency use within their contracted hours.
 - 3.2.2 The supply of naloxone is intended for lay administration by any individual for the expressed purpose of a first aid intervention in suspected opioid overdose
 - 3.2.3 Requests for access to the supply of naloxone may be made by members of the public, health and social care workers, public

sector workers, emergency services or pharmacy staff members. This list is not exhaustive.

- 3.2.4 Nyxoid® Intranasal Spray has been selected for this intervention to allay concerns about complexity of the administration process or handling of needles. Guidance on how to assemble and administer can be viewed at <http://www.nyxoid.com/>
- 3.2.5 Any inability to provide the service should be notified to the NHS Ayrshire and Arran Primary Care Contracts department
- 3.3 *Process Following Supply*
 - 3.3.1 Following any supply the pharmacy will complete a Supply Report Form (Appendix 1) and send a copy to Alexander Adam, Specialist Pharmacist in Substance Misuse.
 - 3.3.2 This will prompt a replacement supply as well as providing information on the value of this service and allowing accurate reporting to Government.

4. Emergency First Aid by Pharmacy Staff

- 4.1 There have been instances where naloxone has been administered by a member of a pharmacy team to an individual in an emergency situation. Anyone can administer naloxone to anyone where opioid overdose is suspected.
- 4.2 The public expects a pharmacist to be able to help if there is an accident or emergency near the pharmacy or in the pharmacy itself. It also expects a pharmacist to be an appropriate person to phone for advice in an emergency ¹.
- 4.3 The GPhC requires pharmacists to be able to respond appropriately to medical emergencies, including provision of first aid. Minimum training described by the GPhC includes first aid assessment, identification and action for conditions including loss of consciousness, overdoses and poisoning **Error! Bookmark not defined..**
- 4.4 Most employers have a policy of designating certain members of staff as first-aiders to handle all health emergency situations - this may not be the pharmacist.
- 4.5 Additional first aid intervention as necessitated by any situation is beyond the scope of this service however administering first aid

¹ <https://www.pharmacyregulation.org> (Standards for the initial education and training for pharmacists)

(potentially including treatment with naloxone) and calling 999 increases the chance of survival in a suspected opioid overdose.

5. Training

- 5.1 In line with GPhC standard 2.1 the responsible Pharmacist must ensure that there are sufficient staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided.
- 5.2 In line with GPhC standard 2.2 the responsible Pharmacist must ensure that staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training.
- 5.3 Staff who have not already completed naloxone and overdose awareness training (as contained within the Injecting Equipment Provision training pack) 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>
- 5.4 Additional training or guidance shall be made available on request to, Specialist Pharmacist in Substance Misuse (SPiSM) if required.
- 5.5 Any staff who may potentially be called upon to respond to an opioid overdose should have completed locally agreed basic overdose awareness and naloxone use training.
- 5.6 Be identified as an opioid overdose emergency responder by the pharmacy contractor
- 5.7 The community pharmacy contractor should ensure that staff be provided with any updates or changes to the service.

6. Stock Control

- 6.1 The NHS Board will provide pharmacies operating the Community Pharmacy Naloxone Service with an initial stock of naloxone at no cost to the pharmacy.
- 6.2 Stock should be segregated to minimise the risk of any potential picking error.

- 6.3 Packs should be stored as per manufacturer's recommendations.
- 6.4 Packs must remain sealed.
- 6.5 Stock should routinely be date checked and stock rotated
- 6.6 The pharmacist will be responsible for requesting replacement stock from NHS Ayrshire and Arran and maintaining adequate stock levels.

7. Breach of Contract

- 7.1 Where prima facie evidence of a breach of the terms of this scheme comes to the notice of NHS Ayrshire and Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, may result in the matter being referred to the Chief Executive of the NHS Ayrshire and Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of any payments made in respect of services which have not been provided.

Supply Report Form

Pharmacy Name:	<input type="text"/>
Pharmacy Address:	<input type="text"/>
Date of Supply:	<input type="text"/>
Quantity Supplied:	<input type="text"/>
What happened? (Brief summary of events and outcomes)	<input type="text"/>
Was an ambulance called?	<input type="text"/>
Was naloxone administered?	<input type="text"/>

Note: Events may be reported in a quarterly naloxone newsletter or update but will be anonymised and the location removed.

Send to Alexander Adam at:
alexander.adam@aapct.scot.nhs.uk or
 Alexander Adam, 14 Lister Street, Crosshouse Hospital, KA2 0BE

Naloxone – Community Pharmacy Information Sheet

Naloxone is an opioid antagonist that acts competitively at opioid receptors and displaces opioid molecules from these sites. Each Nyxoid single-dose nasal spray contains 1.8 mg of naloxone (as hydrochloride).

Nyxoid is intended for immediate administration as emergency therapy for known or suspected opioid overdose as manifested by respiratory and/or central nervous system depression in both non-medical and healthcare settings. Nyxoid is indicated in adults and adolescents aged 14 years and over. Nyxoid is not a substitute for emergency medical care.

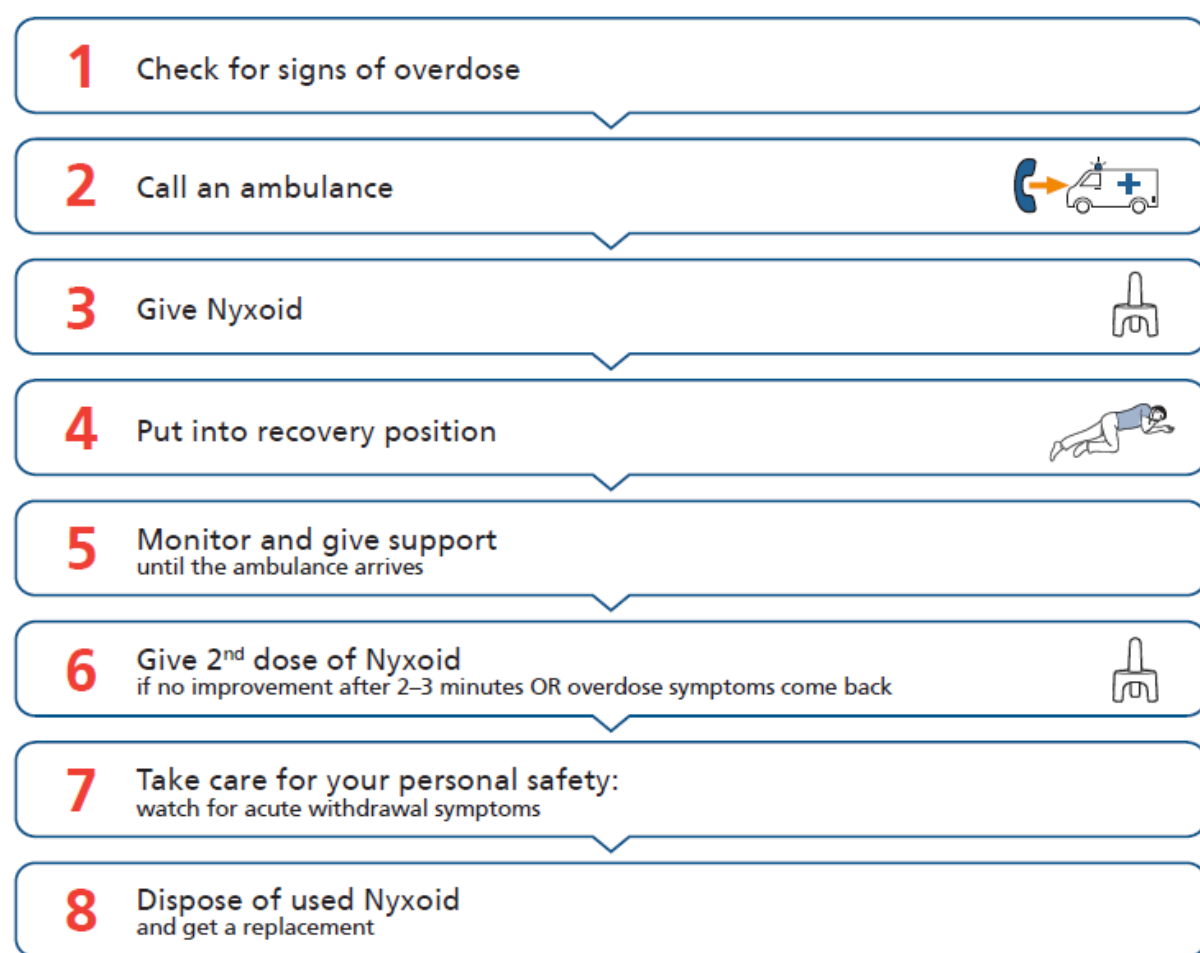
ANYONE can administer naloxone to ANYONE for the intended purpose of saving a life in an emergency.

Service: Community Pharmacy - Availability of Intranasal Naloxone for Emergency Administration in the Event of Suspected Opioid Overdose

- The pharmacy contractor shall make available a supply of naloxone for emergency use within their contracted hours.
- Supplies should be kept in an accessible location known to all staff.
- The supply of naloxone is intended for lay administration by any individual for the expressed purpose of a first aid intervention in suspected opioid overdose
- Requests for access to the supply of naloxone may be made by members of the public, health and social care workers, public sector workers, emergency services or pharmacy staff members. This list is not exhaustive.
- Following any supply the pharmacy will complete and submit a Supply Report Form

To obtain replacement kits, report a use or for any other information email:
alexander.adam@aapct.scot.nhs.uk

Emergency Response to Overdose



Guidance on how to assemble and administer can be viewed at:

<http://www.nyxoid.com/>

Calling for help

- The emergency services must always be called immediately
- Nyxoid is not a replacement for emergency medical care

Using Nyxoid

- Nyxoid is supplied in a ready-to-use spray which is inserted into the nostril.
- Once applied into the nose the spray is activated by depressing the plunger until it clicks
- The nasal spray should not be primed or tested before use or the dose will be lost.