

NHS Lothian Community Pharmacy Take Home Naloxone Programme

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Section A- Service Level Agreement

INTRODUCTION

The aim of the Community Pharmacy Take Home Naloxone Service is to provide training in overdose awareness and to supply Take Home Naloxone (THN) to people at risk of opioid overdose; and/or their friends, family or carers; by means of an agreed supply framework.

The service will be offered by selected community pharmacy teams in NHS Lothian who have undertaken training and are competent to provide the service as outlined below.

BACKGROUND TO SERVICE

The THN Programme was introduced by the Scottish Government in 2011 in order to help address an increasing number of fatal opioid overdoses in Scotland. This Service Level Agreement (SLA) has been introduced to extend equity of access to THN and to reach people at risk of opioid overdose who may not be in contact with other addiction services.

Under regulations that came into force in 2015, people working for a drug treatment service may supply naloxone to those at risk of opioid overdose, or their friends/family/carers, without the need for a prescription. Community pharmacies providing treatment services such as opioid substitute therapies or injecting equipment are included in the regulations as drug treatment services.

SERVICE AIMS

To contribute to a reduction in drug related death within NHS Lothian by providing:

- Overdose awareness training and THN supply to individuals who are at risk of opioid overdose and accessing services from community pharmacies.
- Overdose awareness training and THN supply to significant others and carers of those at risk of opioid overdose.
- Resupply of naloxone and refresher training to the above.

SERVICE OUTLINE AND STANDARD

- A standard operating procedure should be in place within the pharmacy, covering all aspects of service provision.
- The community pharmacy contractor will ensure that the responsible pharmacist and pharmacy staff offer a friendly, confidential, patient-centred and supportive service.
- Overdose awareness and naloxone training will be provided in accordance with the local Harm Reduction Team guidance.
- Naloxone supply will be in accordance with the locally agreed Take Home Naloxone Supply Competency Framework (see link below)
- The community pharmacy team will ensure that each supply is recorded via the NEO system, the agreed data collection tool.
- Appropriate consent to record and share data should be sought from the individual receiving the supply as defined by NHS Lothian.

- Pharmacy staff should be able to provide information, advice and signposting when required on a range of issues affecting people who use drugs such as access to local treatment and recovery services.
- Family members and carers should be encouraged to access local family support services where available.
- Service workers intending to supply naloxone as part of their role should be signposted to their nearest 3rd Sector treatment agency to arrange supplies.

TRAINING

All community pharmacy staff delivering the service must have completed the locally approved training and be familiar with the local Take Home Naloxone Supply Competency Framework. [Take Home Naloxone \(nhslothian.scot\)](https://nhslothian.scot)

MONITORING AND EVALUATION

It is a requirement of the service that appropriate records are kept and maintained by the Pharmacy Contractor to enable verification of service provision and provide information to the Health Board for audit, evaluation and monitoring purposes.

Recording of training and supply must be made using the appropriate data collection tool.

CLAIMS AND PAYMENT

- Data collection will be undertaken on a monthly basis as agreed locally.
- A fee will be paid as defined and agreed locally.

Section B-Standard Operating Procedure Recommendation

Community Pharmacies must have a SOP relating to the delivery of the Take Home Naloxone Programme. It is recommended that the pharmacy contractor has procedures in place which cover but are not limited to: staff training; ordering; storage; supply; recording; risks; emergency use in the service.

TRAINING

- Staff must have completed the locally approved training in naloxone prior to participating in the naloxone programme.
- Staff will be provided with access to a copy of the Take Home Naloxone Supply Competency Framework:
- On completion of training and demonstrating an understanding of the Framework, the name and signature of each member of staff will be recorded on the staff training record.
- Refresher training should be undertaken **every three years** as a minimum.
- It is the responsibility of the pharmacy contractor to ensure staff who are trained are competent and to maintain and monitor the staff training record.
- The pharmacist in the business if competent can train other staff

ORDERING

- Prenoxad® Injection (Naloxone hydrochloride 2mg/2ml Pre-filled Syringe for Injection) must be supplied. Generic versions DO NOT contain needles or the appropriate patient information leaflet (PIL) and are not licensed for use in non-clinical settings.
- Supplies should be obtained from the NEON team at Spittal Street Centre.

STORAGE

- In community pharmacies, stock should be segregated to minimise the risk of any potential picking error.
- Packs should be stored as per manufacturer's recommendations.
- Packs must remain sealed
- Stock should routinely be date checked and stock rotated. The stock with the nearest expiry date should be used first

SUPPLY

- Supply must be made in accordance with the Take Home Naloxone Supply Competency Framework.
- The individual receiving the supply should receive a brief intervention on basic life support, overdose causes, signs and symptoms and how to assemble and safely administer naloxone.
- **A handy quick one page 15 point checklist is included in this pack and can be helpful to have this pinned up and used for reference when giving the supplies.**
- **However if the person is at high risk of overdose and is unwilling to receive a full brief intervention, instruction on naloxone use only may be given.**

RECORDING & CLAIMS

- 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."
- 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" (non-consent is not a barrier to supply)
- Supply to individuals must be recorded using the recommended paperwork and/or database.
- Please try and ensure all data sections are filled in as this helps the service evaluation
- Client data is confidential and as such procedures should be in place to ensure data protection and information governance requirements are met.
- Where supply is not made for any reason, this should be recorded.

POTENTIAL RISKS/POINTS OF NOTE

- If the generic naloxone product is supplied instead of Prenoxad® the individual will not have the necessary needles or PIL if faced with an opioid overdose.

- If naloxone is supplied without checking the person's awareness or understanding of the training elements they may not be equipped to take appropriate action if faced with an opioid overdose.
- A pharmacy is unable to offer naloxone supply when trained staff are unavailable due to leave or relocation. Aim to have all staff, especially weekend staff sufficient staff trained to allow access during opening hours and be aware of other local services offering the intervention if signposting is required.
- Aim to have staff trained at weekends and in evening late opening periods, when other services that supply naloxone will be closed.

EMERGENCY USE

- Anyone can administer naloxone to anyone where opioid overdose is suspected.
- There have been incidences whereby naloxone has been administered by a member of the pharmacy team to an individual in an emergency situation. Please see guidelines below in accordance with the competency framework

Short Guide to Emergency Administration of Naloxone

BEFORE ADMINISTRATION

- Confirm the product is naloxone.

ADMINISTRATION

- Administer one dose (0.4mg/0.4mls) of naloxone into the outer thigh every 2-3 minutes until the casualty regains consciousness or an ambulance arrives, Inject through clothes.
- The manufacturer's guidance for administration of naloxone (PIL) provides further details.

AFTER EMERGENCY USE

- Document events – details may include: name of individual, time of administration, expiry date, who administered, ambulance called, outcome e.g. hospitalisation.
- Arrange safe disposal of the used naloxone kit.
- Organise debriefing session for staff members.

POINTS OF SAFETY

- Doing nothing is not an option. Administering first aid, naloxone and calling 999 increases the chance of survival in a suspected opioid overdose.
- A member of staff should stay with the casualty until the ambulance arrives.
- Administering more than dose (0.4mg/0.4mls) of naloxone at a time or administering more frequently than recommended may put the patient into a more severe withdrawal.
- 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.

- 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.

Section C- NHS Lothian Competency Framework

The NHS Lothian Competency Framework:

[Take Home Naloxone \(nhslothian.scot\)](https://nhslothian.scot)

Please print and sign this framework and retain in your pharmacy as record of learning.

Section D- Pharmacy One to One Naloxone Training Checklist

The person must demonstrate an understanding of the following:

The most common drugs identified in a drug-related death (heroin, methadone, diazepam/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 (mixing drugs, using alone, using too much, injecting drug use, purity levels, low tolerance)	
High risk times (e.g. recent detox, release from prison/custody, leaving rehab or hospital, recent relapse, poor physical or mental health, older user, festive periods)	
The signs & symptoms of suspected opiate overdose (breathing problems <u>NB snoring may be the onset of respiratory distress</u> , no response to noise or touch, pinpoint pupils, bluish skin/lip colour, 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)	

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 CPR then after every three cycles. 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)	

Section E- Training Competency Checklists

Helpful checklists to re-inforce and refresh training- to be signed as record of competency & training.

Checklist 1

What vital function stops first when opiate overdoses cause death?

Name 3 signs of possible life threatening opiate related overdose

1_____

2_____

3_____

Name three factors that increase the risk of fatal opiate overdose

1_____

2_____

3_____

What is the major difference in the action of heroin and methadone?

What is the usual first dose (in ml's) of Naloxone, and how would you give it?

How often/at what intervals would you repeat Naloxone administration?

Does cocaine use increase or decrease heroin OD risks?

Why is it essential that an ambulance is called, even after Naloxone has been given to opiate overdose casualty?

Name three things that may reduce the chances of an opiate overdose:

- 1

- 2

- 3

First Aid Questions

What are the 'four steps' involved in getting someone into the recovery position?

- 1

- 2

- 3

- 4

Why are rescue breaths so important?

What is the chest compression to breaths ratio?

- 10:1
- 15:5
- 30:2

Name:

 Date:

Place of work: _____

Competency Checklist 2: Naloxone Training for Trainers

What is naloxone?	
What is naloxone used for?	
What causes opiate overdose? Participants experiences	
What are the signs of opiate overdose?	
Importance in calling an ambulance and duty of care	
How and when to put someone into the recovery position?	
How and when to give chest compressions?	
How and when to give rescue breaths?	
Why is the naloxone kit sealed and how to open it	
How and when to give naloxone?	

How much naloxone to give, and why?	
What length of time does naloxone work for?	
Why shouldn't you use heroin after naloxone?	
What to do after using naloxone?	
How to store naloxone?	
What to do if naloxone has gone out of date	
Who should you be careful giving naloxone to?	
Who can administer naloxone?	

Name _____ of
Trainee _____

Assessor _____
Date _____

Section F - NEO Training Materials

Naloxone Recording on NEO - Quick user guide

Entering New Supplies

- All transactions should be entered live and not entered later as the system produces live data
- Open NEO <https://www.scotlandneo.co.uk/Secure/> and enter username and password

- Select “NALOXONE” on central toolbar
- Select TYPE of client (3 options: Person at Risk, Family /Friend or Support Worker).
 - Person at risk is the default choice
- Select gender from the drop down menu
- Enter client details in the following format abcDD/MM/YYYY (matches needle exchange anonymous identifier)
 - 1st initial of forename
 - 1st and 4th initial of surname
 - Date of birth
 - e.g. John Smith 1st August 1980 = JST01/08/1980
 - (If the surname has 3 letters or less enter a star instead of the 4th initial of the surname i.e. ab*DD/MM/YYYY)
- Click on “FIND”. If client is already in the system their details will come up. If not it will tell you they cannot be found and you will need to make a new record as below.

Creating a New Record

- Click on “NEW” to start a new client record. In the record, those fields with stars are mandatory

Section One - Client Details

- **Person Details**- Date of Birth & Age- these fields generate automatically
- **Address Details** - **Postcodes** only be taken and should be entered in full.
 - For “homeless” or “no fixed abode” record enter NF1 1
 - For “not known” record NK01 0
- **Demographic Details** – select ethnicity & housing status from drop down menu
- **Prison Details** - ignore this section
- **Data sharing consent**- ask the patient if they consent to having their data shared with services and tick if this is yes
- Click on “Save” to move to next page

Section Two - Training Details & Training Elements

- **Given / Offered on**- Enter date the training was given (normally date of transaction)
- **Given By**- Select “Community Pharmacy Staff Member” if training given by pharmacy, or select “external organisation” if training has been given by someone else previously
- **If you select “external organisation” this will generate two further drop down menus**
 - **Given by other**- select from either NEON & The Exchange, Other NHS, or the Third Sector
 - **Proof of Training**- select not needed
- **Training Elements**- tick either training given / or refresher given
- Click on “Save” and move to next page

Section Three – Consent Details

- **Consent Options**- Click on “Consent to receiving a supply” OR click on “Declines a supply”
- **Consent Details**

- **Person Giving Consent**- enter "Person Collecting" and select date
- **Witnessed by** – enter "Pharmacy Staff" and select date
 - This will auto generate a print out, however this does **not** need to signed or to be kept for records
- Click on save and move to the next page

Section Four - Supply Details- Initial Supplies

- Select – Initial Supply
- This takes you to the initial supply page
- **Supply Details**- Select date of supply
- **Kits Supplied**- Select Prenoxad injection from drop down menu
- **Conclusion - Follow on Care**- Select from the drop down when the supply was made:
 - weekday
 - evening (for late night opening chemist)
 - weekend
- **Conclusion - Outcome**- Ask the patient (if picking up for themselves) if they are in treatment services or not and select the answer in the drop down menu
- Click on "save" and this closes the module



- Open NEO <https://www.scotlandneo.co.uk/Secure/> and enter username and password
- Select "NALOXONE" on central toolbar
- Select TYPE of client (3 options; Person at Risk, Family member/Friend or Support Worker).
 - Person at risk is the default choice
- Select gender from the drop down menu
- Enter client details in the following format abcDD/MM/YYYY (matches needle exchange anonymous identifier)
 - 1st initial of forename
 - 1st and 4th initial of surname
 - Date of birth
 - e.g. John Smith 1st August 1980 = JST01/08/1980
 - (If the surname has 3 letters or less enter a star instead of the 4th initial of the surname i.e. ab*DD/MM/YYYY)
- Click on "FIND". If client is already in the system their details will come up

Section One - Client Details

- This should already be auto generated
- Double check details are correct and there have been no changes
- Click save and move to the next page

Section Two- Training Details

- **Given / Offered on-** Enter date the training was given (normally date of transaction)
- **Given By-** Select “Community Pharmacy Staff Member” if training given by pharmacy, or select “external organisation” if training has been given by someone else previously
- **If you select “external organisation” this will generate two further drop down menus**
 - **Given by other-** select from either NEON & The Exchange, Other NHS, or the Third Sector
 - **Proof of Training-** select not needed
- **Training Elements-** tick either training given / or refresher given
- Click on “Save” and move to next page

Section Three - Consent Details

- **Consent Options** Click on “Consent to receiving a supply” OR click on “Declines a supply”
- **Consent Details**
 - **Person Giving Consent-** enter “Person Collecting” and select date
 - **Witnessed by** – enter “Pharmacy Staff” and select date
 - This will auto generate a print out, however this does **not** need to signed or to be kept for records
- Click on save and move to the next page

Section Four - Supply Details- Re-supplies

- Select Re-supply
- Takes you to the resupply page
- **Date of resupply-** select date
- **Kits Supplied-** Select Prenoxad injection from drop down menu
- **Reason for resupply-** sensitively ask what happened to previous naloxone and select from list of reasons
 - Used on self
 - Used on others
 - Kit confiscated
 - Kit Damaged
 - Kit expired
- **Conclusion -Follow on Care-** Select from the drop down when the supply was made:
 - weekday
 - evening (for late night opening chemist)
 - weekend
- **Conclusion -Outcome-** Ask the patient (if picking up for themselves) if they are in treatment services or not and select the answer in the drop down.
- Click on “save” and this closes the module

Section G - Further Training Resources

Naloxone Reading List and useful websites 2020

<https://www.chemistanddruggist.co.uk/feature/pharmacies-saving-lives-opiate-users-naloxone>

Naloxone Nasal Spray: British Medical Journal: Drugs and Therapeutics Bulletin July 2019

<https://dtb.bmj.com/content/dtb/early/2019/08/07/dtb.2019.000035.full.pdf>

Widening the availability of naloxone. (including intranasal naloxone)

UK Department of Health, HMRA 18th February 2019.

<https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>

The Lancet: Scotland's Naloxone National Programme. Sheila Bird and Andrew McCauley. January 2019

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33065-4/fulltext#tbl1](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33065-4/fulltext#tbl1)

Scottish Drugs Forum: [How To Prevent and Reverse and Opiate overdose, e-learning course](#) 2018 (click on link)

Take-Home Naloxone for the Emergency Interim Management of Opioid Overdose: The Public Health Application of an Emergency Medicine

John Strang et al 27th July 2019

<https://link.springer.com/article/10.1007/s40265-019-01154-5>

Staying Alive in Scotland: Strategies to prevent drug deaths. Published by Scottish Drugs Forum August 2019

<http://www.sdf.org.uk/wp-content/uploads/2019/11/Staying-Alive-in-Scotland-Digital.pdf>

NHS National Services Scotland, Information Services Division. National Naloxone programme Scotland, Monitoring Report 2017/18 Published 27/11/2018

<http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-11-27/2018-11-27-Naloxone-Report.pdf>

My first 24 hours: Guidelines for naloxone provision on release from custodial settings. Frankfurt University funded by EU Justice programme 2018

<http://www.sdf.org.uk/wp-content/uploads/2018/07/My-first-48-hours-out-Digital.pdf>

National Records for Scotland: Drug related Deaths in Scotland 2018.

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2018>

16th July 2019

The National Drug related death Database(Scotland) Report: Analysis of Deaths occurring in 2015 and 2016/ Published 12th June 2018

<https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-12/2018-06-12-NDRDD-Report.pdf>

Preventing Opioid Overdose Deaths with Take-Home Naloxone

European Centre for Drugs and Drug Addiction 2018

<http://www.emcdda.europa.eu/system/files/publications/2089/TDXD15020ENN.pdf>

Prison-based prescriptions aid Scotland's National Naloxone Programme. Sheila Bird et al. The Lancet March 2017.

[http://thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30656-6/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(17)30656-6/fulltext)

European Drugs Report: Trends and Developments 2017. European Monitoring Centre for Drugs and Addiction/
<http://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf>

Staying Alive In Scotland: Strategies to combat Drug Related Deaths. Scottish Drugs Forum/ Hepatitis Scotland. June 2016

http://www.hepatitisscotland.org.uk/files/8514/6600/5328/Staying_Alive_in_Scotland_-_Consultation_Draft.pdf

Effectiveness of Scotland's national naloxone programme for reducing opioid-related deaths: a before (2006-10) versus after (2011-13) comparison. Sheila M. Bird, Andrew McAuley, Samantha Perry and Carole Hunter December 2015. <http://onlinelibrary.wiley.com/doi/10.1111/add.13265/pdf>

Service Evaluation of Scotland's Take-Home Naloxone Programme
May 2014 <http://www.scotland.gov.uk/Publications/2014/05/6648>

“Once I’d done it once it was like writing your name”: Lived experience of take-home naloxone administration by people who inject drugs. Andrew McCauley, Alison Munro, Avril Taylor. International Journal of Drug Policy August 2018 <https://www.sciencedirect.com/science/article/pii/S0955395918301427>

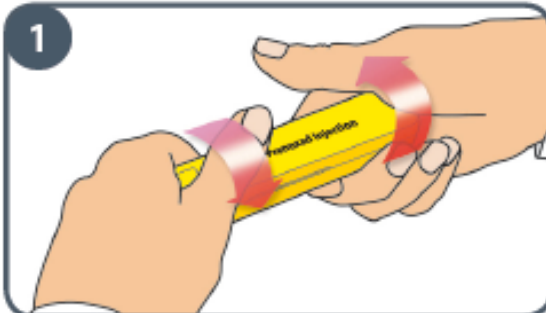
Prenoxad® Injection

.....naloxone hydrochloride

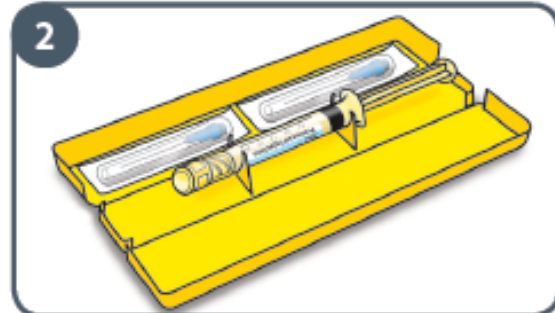
Assembly and Administration Guide

MARTINDALE PHARMA
Making lives better

Only to be used as part of the Prenoxad Injection certificated training course.



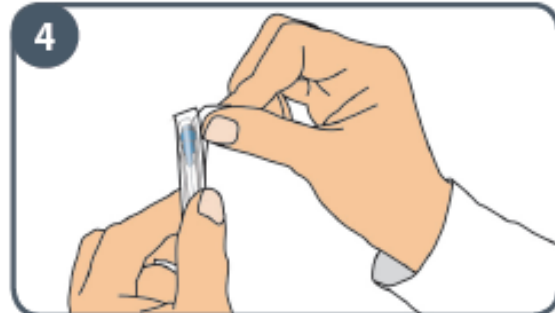
Remove the clear film wrapping by pulling the tear strip on the side of the box. Twist the outer plastic box as shown to break the tamper evident seals and open.



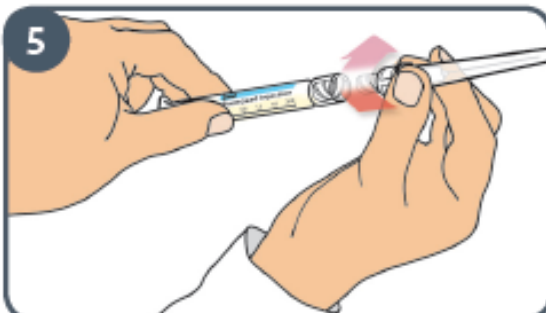
The box contains 1 syringe of Prenoxad Injection and two needles.



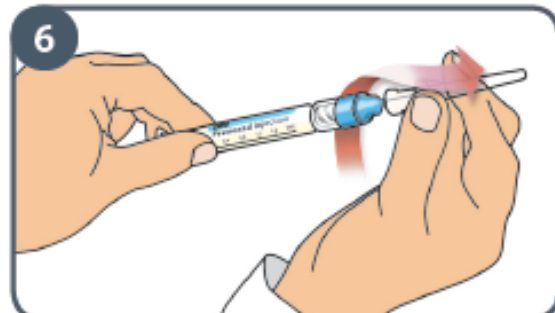
Unscrew the clear plastic top from the syringe.



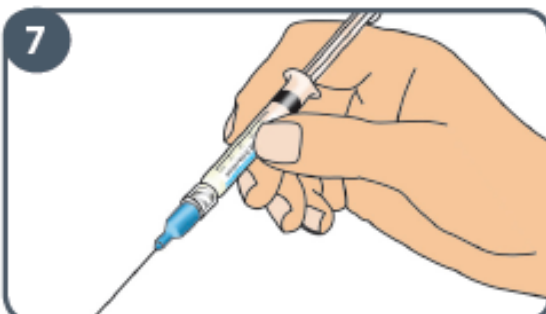
Peel back the backing paper from the needle packet and remove the needle in its protective sheath.



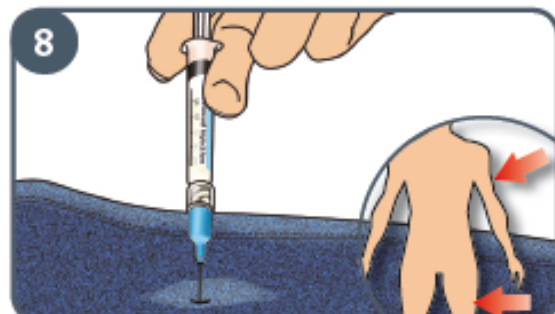
With the needle still in its sheath, screw the blue fitting on to the syringe.



Gently twist the needle sheath and remove it from the syringe.

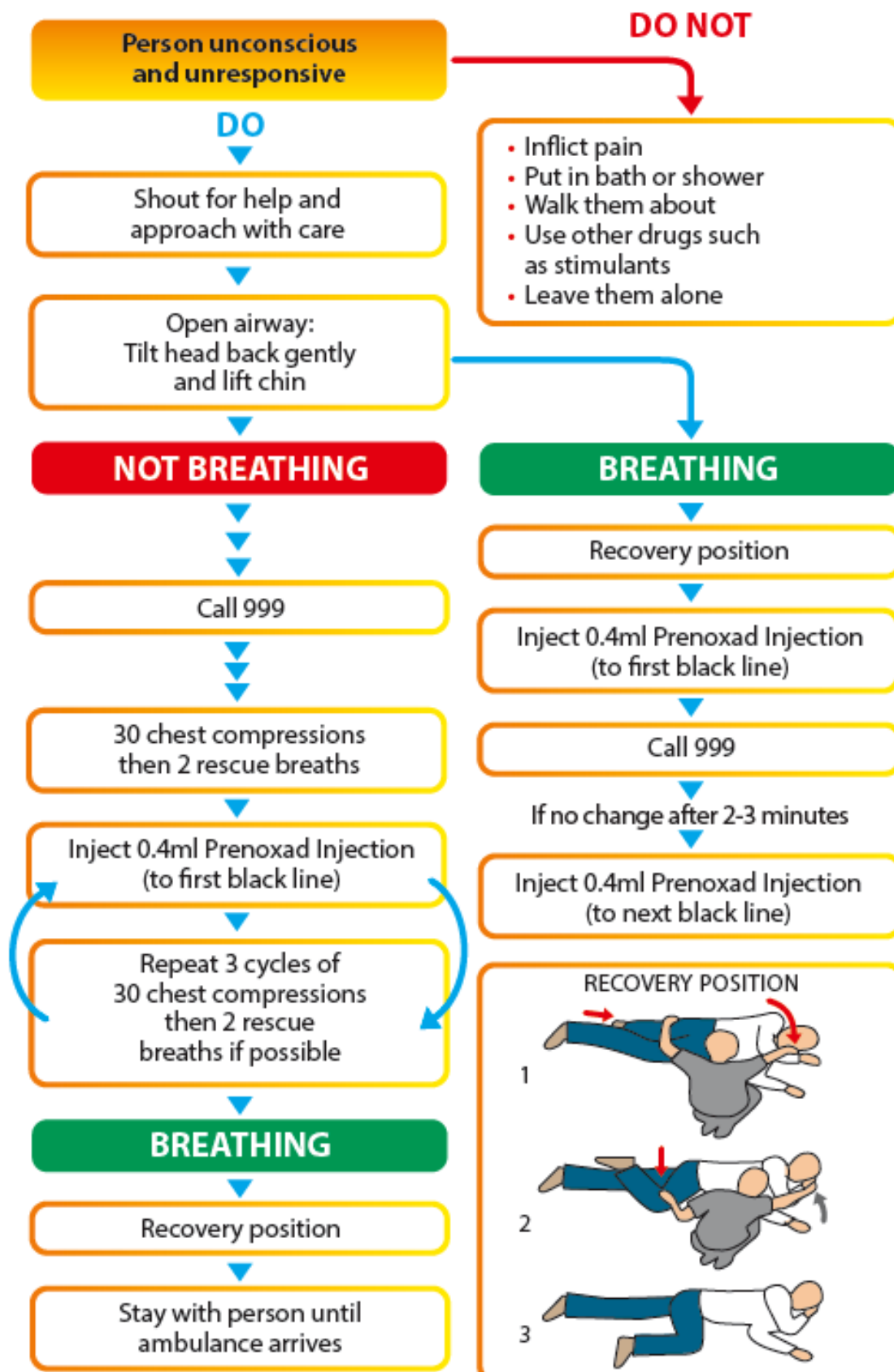


To inject someone who has overdosed, hold the syringe like a pen



Insert the needle into the patient's outer thigh or upper arm, through clothing if necessary, and inject first dose (0.4ml). Withdraw the needle and syringe after each dose.

Action on finding a potential overdose



Pharmacy Naloxone Training Checklist – 15 Point Checklist

The person being supplied with naloxone should demonstrate an understanding of the following 15 points:

1	What causes an overdose & what happens in the body? Drug overdose- Breathing is reduced and people can struggle to get oxygen into the body. In overdose breathing and the heart can stop altogether and can be fatal
2	What drugs are involved? Commonly Heroin, Methadone, Diazepam / Benzodiazepines/ Street Benzos & Alcohol – ‘downer’ drugs and the physical effects these drugs have -breathing is reduced and breathing can stop altogether
3	The main causes of drug overdose? Mixing drugs, using alone, using too much, injecting drug use, purity levels, low tolerance
4	High risk times of overdose? Recent detox, new to methadone/buprenorphine treatment, release from prison/custody, leaving rehab or hospital, recent relapse, poor physical or mental health, older user, festive periods
5	The signs & symptoms of suspected opiate overdose? Pinpoint pupils, breathing problems <u>NB snoring may be the onset of respiratory distress</u> , pale skin colour, bluish tinge to lips, tip of nose, eye bags, fingertips or nails; no response to noise or touch, loss of consciousness
6	Knows what Prenoxad Injection is, what it does, what it doesn't do & how long it lasts? Temporarily reverses an overdose, only works for about 20mins, it does not get rid of opiates from the body completely, effects will return
7	Knows how to assemble Prenoxad Injection? Perhaps have an opened one for demo so they can see and use the steps on chart below?
8	Knows how to inject Prenoxad Injection? Intramuscular- so outer thigh/outer arm, through clothes is ok
9	Knows steps to take when finding someone who has overdosed? See flow chart overleaf & go through each step
10	Knows when to call 999? (When person won't wake with shout/shake, status of person and location. Stay with the person)
11	Knows about the recovery position? (Person on side, airway open)
12	Knows about rescue breathing and CPR? (30 compressions, 2 breaths = one cycle)
13	Knows when and how to administer naloxone? Dose – 0.4mls into outer thigh muscle - show the dose marks on the syringe Through clothing is ok Give one dose at a time to reduce likelihood of withdrawal symptoms. 1- If Unconscious but IS breathing – admin when in recovery position then every 2-3mins 2- If Unconscious but NOT breathing – admin after one cycle CPR then after every three cycles.
14	Knows that naloxone is short acting (only works for about 20mins, does not get rid of opiates from the body, effects will return)
15	Knows to come back and get another naloxone if current one is used