Inclusion Naloxone Supply Protocol

1 Introduction

1.1 Purpose

This protocol aims to provide guidance on the supply of naloxone by Inclusion to service users, family members, hostels, carers and other groups for the purpose of temporarily reversing opioid overdose. This protocol is intended as a framework for the supply of naloxone injections by Inclusion employees and partner agencies within substance misuse services.

This protocol applies to all staff volunteers and peers within Substance Misuse services who have direct contact with clients.

1.2 Background

Britain continues to have a high number of drug-related deaths with opiate overdose remaining a major cause of death among injecting drug users.

In England and Wales 765 deaths were registered in 2013 in which heroin or morphine were mentioned on the death certificate: an average of two every day, and a significant increase of 32% compared to those registered in 2012. This increase brings the number of deaths relating to heroin and/or morphine to similar levels to 2010 [1].

Naloxone is a drug which temporarily reverses the effects of opioids such as heroin, methadone and morphine. For many years, naloxone has been used within emergency medical settings to reverse the effects of opioid overdose and prevent death. UK Guidelines on Clinical Management of Drug Misuse fully endorses the use of naloxone in overdose management and prevention [2].

On the first of October 2015 The Human Medicines (Amendment) (No. 3) Regulations 2015 (2015/1503) comes into force. This allows naloxone to be supplied by:

Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies– a) an NHS body;(b) a local authority;(c) Public Health England; or(d) Public Health Agency.

It can be supplied to anyone in the course of lawful drug treatment services and only where required for the purpose of saving life in an emergency.

For explanatory memorandum see:

http://www.legislation.gov.uk/uksi/2015/1503/pdfs/uksiem_20151503_en.pdf

2 Policy

Inclusion will provide Overdose Awareness and use of naloxone training to staff, service users, family members, hostel workers and others in line with local and national guidelines to reduce the numbers of drug related deaths from opioid overdose.

Please note that Prenoxad is the naloxone product that Inclusion use and the term Prenoxad will be used in this protocol when referring specifically to that product

2.1 Staff competence

Staff supplying naloxone should have been appropriately trained (minimum requirement SMMGP online learning package and Inclusion Overdose Awareness and use of naloxone training package) and have been signed off as competent by the Clinical Lead of the service. The Clinical Lead will also be responsible for keeping a register of appropriately trained staff/recovery champions/volunteers with the supply of naloxone.

2.2 Training service users, carers and identified others in overdose management

Training on how to recognise opioid overdose, overdose management, and administration of naloxone injection must be given before naloxone is supplied. The training may be delivered on an individual or group basis. The training is not time consuming, taking five to ten minutes, but must cover recognition of an opioid overdose and that the procedure is to:

- Ensure personal safety first
- Call an ambulance
- Place the victim in the recovery position
- Inject naloxone into the thigh or upper arm muscle
- Wait with the victim until the ambulance arrives and safely dispose of the naloxone kit to paramedics

The process of using the naloxone kit must be explained and demonstrated and an assessment checklist **(see appendix 1)** must be carried out post training to ensure understanding. This should be done each time a kit is given out or replaced.

One naloxone pre-filled syringe/kit for intramuscular use will be supplied. Should there be an identified need for more than one kit, this should be discussed with the Clinical Lead. Each kit will include one naloxone injection 1mg/ml as a 2ml pre –filled syringe. Each 2ml syringe is marked out with 5 x 0.4mg doses. 0.4 mg is the minimum effective dose which can be given in an attempt to reverse the effects of opioid overdose.

2.3 Collection and audit

The supply of naloxone must be recorded using Inclusion Community Medicines Supply and Administration Record **(see appendix 2)**. When supply is made under this protocol a record shall be kept of the supply including who it was to be supplied to, the batch number of the product, the expiry date and the name of the person supplying the kit. If it is a replacement kit, details should be taken using the Administration of Prenoxad Feedback form **(see appendix 3)**. This will record valuable information about the use of the naloxone kit and the situation in which it was used. A spread sheet of this data should be held at the service under the supervision of the Clinical Lead.

2.4 Supply, storage and stock control

In November 2005, Naloxone was reclassified under article 7 of Prescription Only Medicines Order, by Parliament. Naloxone is now on the list of prescription only medicines that can be administered parentally (by injection) by anyone for the purpose of saving a life.

Take home Naloxone will be supplied as pre-packed Prenoxad kit containing:

- 1 x 2ml pre-filled syringe (Naloxone Hydrochloride (Prenoxad) 1mg/1ml)
- 2 x 23G 1.25” needles for intramuscular injection
- Product instruction sheet/s

naloxone should be stored at room temperature (15 to 25 degrees Centigrade) and protected from light. Inappropriate storage and handling may shorten the shelf life. Service users must be advised to keep the take home Naloxone out of reach of children and pets and encouraged to return for replacement dose should they have used or lost the medication or when it has expired. Service users must be advised of the safe disposal of needles following the use of the take home Naloxone. Prenoxad kits have a low potential for misuse however carriers should be discouraged from opening kits to use needles for other purposes.

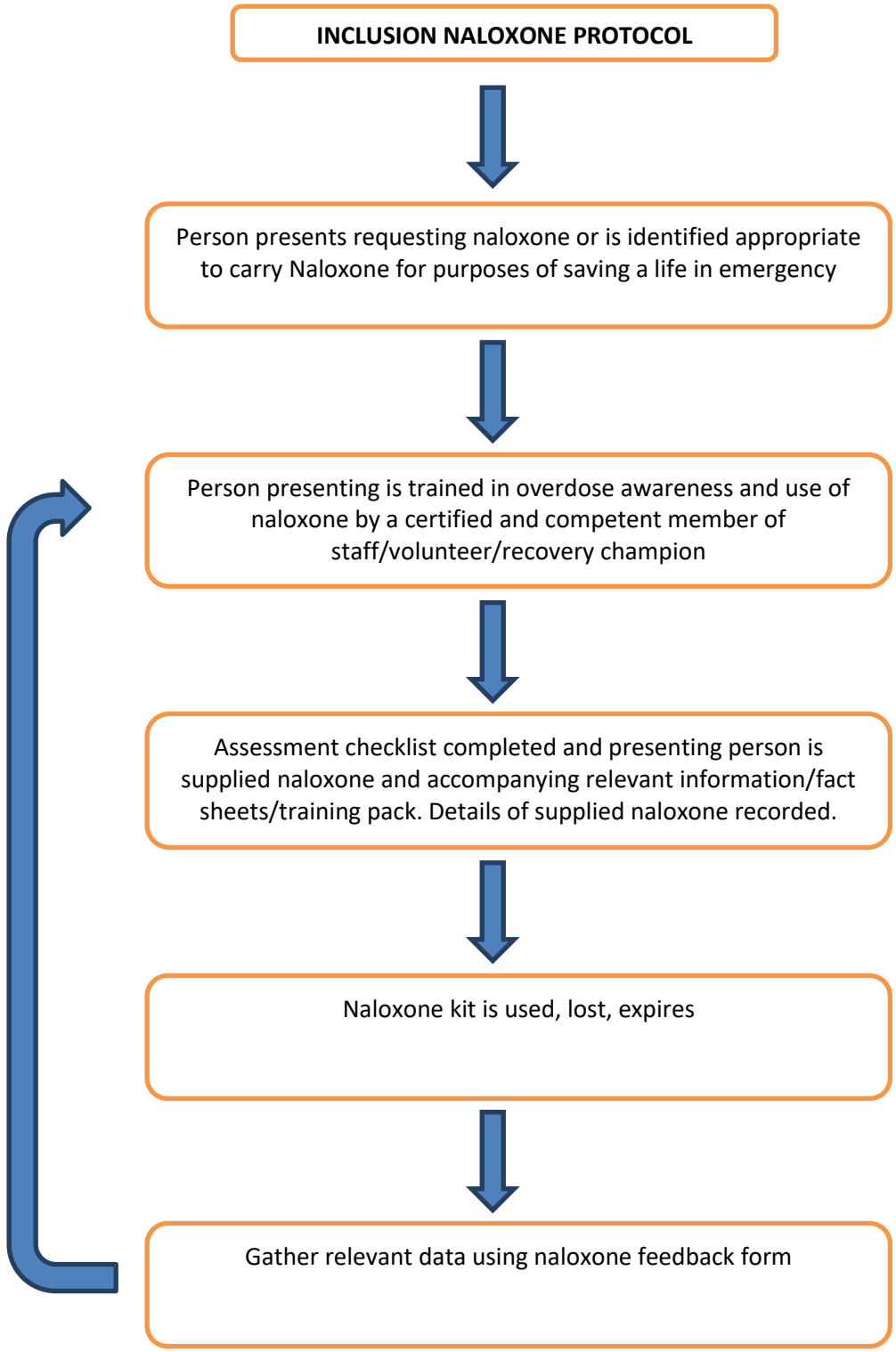
Storage of naloxone on Trust premises needs to be done so in line with Trust policy, in approved meds cabinets and ensuring daily monitoring of temperatures of rooms in which stock is stored. Meds cabinets need to remain locked and kept together on one key ring kept solely for these keys. This may be included on the main bunch of keys and the keys must be clearly identified. Access to these keys must be via a secure system, agreed between the Assigned Practitioner in charge and the Pharmacy Manager.

Supplies of naloxone should be ordered by service Clinical Leads using the Pharmacy Requisition Form **(see appendix 4)**. Received and supplied stock should be entered into a stock system or register which should be kept locally on site.

2.5 Expired supplies

Naloxone has a maximum shelf life of 3 years. When naloxone is supplied this should be explained to the client and the expiry date noted and told to the recipient. The recipient should be encouraged to return the naloxone to the service before the expiry date to collect a further supply. Inclusion will develop local protocols to ensure

kits are recalled in a timely manner and replaced prior to the expiry date. Expired kits will need to be disposed of appropriately, via local arrangements with pharmacies or with Trust pharmacy.



Overdose and use of Prenoxad Training Checklist

Client name:…… Date of birth:…….....

Representative name (if applicable):……..……..

Evidence of understanding	Assessor's signature
What are the signs and symptoms of suspected opioid overdose? Unconscious, not responding to touch or noise, breathing difficulties, heavy snoring, rasping sounds, pinned pupils, blue tinge to lips, nose, fingertips.	
How and when would you call an ambulance? Dial 999. Prenoxad is not an alternative to calling an ambulance.	
Describe the recovery position.	
Describe what Prenoxad is and how it works? Opioid antagonist, antidote to heroin, reverses effects of heroin temporarily, does not reverse alcohol or benzos, quick acting 2-8 min.	
When would you inject Prenoxad? When the person will not wake, shows signs of overdose and they have been put into the recovery position. Call ambulance first.	
How do you inject Prenoxad? Assemble the injection as shown on the leaflet provided. Inject 0.4ml (up to the first black line) into the muscle of the outer thigh or upper arm. Repeat another 0.4ml dose every 2-3 minutes until the person wakes up or the ambulance arrives.	
How long do the effects of Prenoxad last? 20 – 30 minutes. Overdose may return after this, especially if the person uses opioids again.	
Are you aware of the importance of staying with the person and handing over to the paramedics when they arrive? Tell the paramedics what the person has taken if you know, hand the Prenoxad kit to the paramedics.	

I confirm that the above named client or representative has had Prenoxad training, has demonstrated sufficient understanding of overdose and using Prenoxad and has been provided with a Prenoxad kit and Prenoxad information:

Staff sign:……Client sign:……

Staff name:……**Client name:**……..

Date:……**Date:**……

Batch no:……**Expiry date:**……

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COMMUNITY MEDICINES SUPPLY AND ADMINISTRATION RECORD

CLIENT'S NAME: _____ KEY WORKER: _____

DOB: _____ GP: _____

ADDRESS: _____ ADDRESS: _____

_____ _____

TEL NO: _____ TEL NO: _____

BASELINE OBSERVATIONS

Date/Time	Temp (in º C)	Pulse (per min)	Resp. (per min)	BP (in mm Hg.)	Weight (in kgs)	Known drug sensitivities

RECORD OF SUPPLY

Date	Drug name	PGD no	Dose	Route	Frequency	Batch no	Exp date	Nurse sign

RECORD OF ADMINISTRATION

Date	Drug name	PGD no	Dose	Route	Batch No	Exp date	Nurse sign	Comments

Administration of Prenoxad Feedback

Client's name: ……

Date: ……

Prenoxad kit used on: **CLIENT** or **SOMEONE ELSE**

How much was given (0.4mg per black line, total 2mg):

1 DOSE or **2 DOSES** or **3 DOSES** or **4 DOSES** or **ALL**

What was the outcome: ……

Was the ambulance called: **YES** or **NO**

If NO can you please state why: ……

How was the used kit disposed of: ……

Has a new kit been given: **YES** or **NO**

Would the client like to tell us anything else about their experience of using Prenoxad:

Staff name: …….

Pharmacy Requisition Form

To be completed by Trust staff when requesting medication from the Trust's pharmacy services. It is the individual team's responsibility to make their copy of any requisitions placed, if desired.

George Bryan Centre // Redwoods Centre // St Georges Hospital

Ward or Team: Date:

NHS # (Or stock if on approved list)	Drug	Strength	Form	Dose, Freq Route	Clinical Check Init/Date	Disp Quantity Init/Date	Final Check Init/Date

Signed:
Designation:
Date:

ONLY TO BE PRESENTED TO TRUST PHARMACY SERVICES

Only items on the approved stock list may be issued as stock. All other non-stock items must be individually dispensed (as per SOP) and confirmed against the prescription or on RiO. Additional forms must be in place where appropriate (e.g. IPR, Unlicensed, Managed Entry etc). NB: Not to be used for Controlled Drugs.
Once completed, sheet to be scanned to the "Medicines Management" P: drive, in the folder of the appropriate pharmacy with the file name including the ward and the date of requisition. The sheets should be placed in confidential waste at the end of the week.