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| **Update Schedule:** Every three years, or sooner if required. | |
| **Stakeholder Consultation and Review:**  Harm Reduction Committee  HAVEN Program  Critical & Emergency Care Program Council  Clinical P&P | **Date:** |
| **Approval:**  Natalie Aubin, MHAP Program Council Chair  Electronic Signature | **Date:** |

**PURPOSE**

To provide appropriate guidelines for naloxone kit distribution within the following HSN programs:

1. Inpatient units (Addictions Medicine Unit (AMU), Acute Inpatient Psychiatry (AIP))
2. Emergency Department
3. Outpatient programs (Addictions Medicine Consult Team (AMCT), Crisis Intervention Services, Withdrawal Management Services (WMS), Safe Bed Program (SBP), Rapid Access Addiction Medicine (RAAM) Clinic, Outpatient Addictions & Gambling Service (OAGS), MHAP rural sites, HAVEN program).

**PROCEDURE**

**Equipment**

* Each naloxone kit includes:
  + Two doses of Narcan® nasal spray (4mg/0.1mL)
  + English and French product monographs
  + One identifier card
  + One pair of non-latex gloves
  + 5 Steps to Respond to an Opioid Overdose card
  + Rescue breathing barrier

**Special Instructions**

* Naloxone kits should be stored at room temperature (15-25C) and must be protected from sunlight.
* Criteria to distribute a naloxone kit:
  + Staff working under this procedure will receive orientation to the Naloxone Program, and be kept up-to-date with new information on Naloxone as it becomes available by Public Health Sudbury & Districts.
  + Staff must complete the following in order to distribute Naloxone:
    - Read and be familiar with the *Naloxone Training Manual – Community Agencies* provided by Public Health Sudbury & Districts
    - Complete HSN’s Self-Learning Package: Overdose Prevention – Naloxone training session
    - See Appendix A for program specific guidelines for kit distribution
* Criteria to receive a naloxone kit:
* The client must meet the following criteria in order to be eligible for a Naloxone kit:
  + Opiate user (prescribed or not), or a friend/family member of a person who uses opiates (prescribed or not)
  + Can give valid consent
  + Can understand, and is willing to learn, the essential components of the Naloxone Training Manual– Community Agencies
  + Has completed the opioid overdose response training
  + Hypersensitivity to Naloxone is not a contraindication to receiving a Naloxone kit. A person with hypersensitivity may still receive a kit for use on others.

**Method**

1. Client training
   1. Clients should be trained in spaces that provide privacy and confidentiality, in an environment conducive to learning. Some programs may chose to distribute in a group setting.
   2. Training will include all components of the Naloxone Training Manual – Community Agencies.
   3. Upon completion of the training, the staff member will:
      1. Assess the client to ensure he/she understands the content using the checklist provided on the Naloxone Contact Tracking Log (Appendix B) and the Naloxone Training Checklist (the most recent version located in the units naloxone toolkit).
      2. Document the training session/distribution of kit in the client file.
      3. Complete documentation on the Naloxone Contact Tracking Log.
   4. Each HSN program/unit will designate a lead to receive and collate all data acquired through client training. Program specific details are found in Appendix A.
2. Prior to distributing a naloxone kit, the staff member will:
   1. Ensure the client receiving the kit meets the criteria outlined above.
   2. Provide Naloxone training to the client using the Naloxone Training Manual – Community Agencies.
   3. Ensure the Naloxone kit contains all necessary and correct contents.
   4. Fill out the label/card in the kit and write the client name, date dispensed and verify that the expiry date, lot and DIN numbers are correct.
   5. Complete the Naloxone Contact Tracking Log and initial beside each section verifying they have reviewed this with the client. Sign and date the form and complete the client name/pseudonym, lot number and expiry date of the Naloxone being dispensed.
3. Refills of naloxone
   1. A staff member may distribute subsequent doses/refills of Naloxone when:
   2. Naloxone has expired
   3. Naloxone has been administered
   4. Naloxone was lost or stolen
   5. Naloxone freezes or reaches an extremely high temperature
      1. This brief interaction with the client is an opportunity to collect information on how the administration of the Naloxone went, and whether they received it or provided it.
4. Monthly Reporting:
   1. Each unit will identify a delegate to complete the naloxone reporting form using data from the naloxone contact tracking log
   2. Reporting form is to be emailed to [naloxone@phsd.ca](mailto:naloxone@phsd.ca)
   3. CC: reporting form to unit manager and [pnikodem@hsnsudbury.ca](mailto:pnikodem@hsnsudbury.ca)
5. Ordering Naloxone:
   1. Each unit will identify a delegate to complete the naloxone ordering form. To order Naloxone kits and Naloxone spray refills, complete the Naloxone Supply Order Form (found in the Naloxone binder/SoW)
   2. Form is to be filled out by staff member and emailed to AMCT clerical the first week of each month
   3. AMCT Clerical will collect and store naloxone kits for distribution to the units
   4. AMCT Clerical will contact units for pick up or delivery by porter services

**EDUCATION AND TRAINING**

**Definitions**

1. Naloxone: A synthetic drug that blocks opiate receptors in the nervous system that is used to temporarily reverse the effects of the use of opioids, especially in overdose.
2. Opioid: Drugs that act on the nervous system to relieve pain (in the form of tablets, capsules, or liquid) and include both opiates (drugs derived from opium, including morphine) and semi-synthetic and synthetic drugs such as hydrocodone, oxycodone, and fentanyl.
3. Opioid Overdose: Symptoms of overuse of an opioid include, but are not limited to, respiratory depression (not breathing), decreased level of consciousness, pinpoint pupils, seizures and muscle spasms.
4. Inpatient Naloxone Program Lead: A member of the addictions medicine consult team who will be responsible for coordinating the tracking, ordering and reporting of the naloxone kits from Public Health Sudbury & Districts.
5. Inpatient Naloxone Unit Champion: A staff member identified by the unit who is responsible for tracking, ordering and reporting of naloxone kits from their individual units. This individual will submit forms to Inpatient Naloxone Program Lead for submission to Public Health Sudbury & Districts.

**Education/Training Related Information**

The Mental Health & Addictions Program (MHAP) will ensure that all MHAP staff distributing Naloxone kits have completed training on the distribution of Naloxone kits to individuals.

The Emergency Department (ED) will ensure that all ED staff who will be distributing Naloxone kits have completed training on the distribution of Naloxone kits to individuals.

The Inpatient Naloxone Program Lead will ensure that all staff distributing Naloxone kits on the inpatient units have completed training on the distribution of naloxone kits to individuals.

**References and Related Documents**

Public Health Sudbury & Districts draft policy for community agencies who distribute to clients

**Appendix A**

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|  | **Inpatient Units** | **MHAP (see program list above)** | **Emergency Department** |
| **Unit champion, or program designate** | * Ensure that staff are trained using the approved training resources * Establish and maintain procedures for this program * Assist with standard of work development on inpatient units as required * Ensure compliance with Naloxone-related procedures * Ensure proper documentation using the *Naloxone Contact Tracking Log* (Appendix B) | * Ensure that staff are trained using the approved training resources * Establish and maintain procedures for this program * Assist with standard of work development on inpatient units as required * Ensure compliance with Naloxone-related procedures * Ensure proper documentation using the *Naloxone Contact Tracking Log* (Appendix B) | * Ensure that staff are trained using the approved training resources * Establish and maintain procedures for this program * Assist with standard of work development on inpatient units as required * Ensure compliance with Naloxone-related procedures * Ensure proper documentation using the *Naloxone Contact Tracking Log* (Appendix B) |
| **Client training** | Any staff that have completed the Naloxone Kit Distribution training (SLP) and reviewed this procedure are able to distribute naloxone kits. | Any staff that have completed the Naloxone Kit Distribution training (SLP) and reviewed this procedure are able to distribute naloxone kits. | Any staff that have completed the Naloxone Kit Distribution training (SLP) and reviewed this procedure are able to distribute naloxone kits. |
| **Ordering of naloxone & data collection** | HSN Naloxone Unit Champion will collate data required to order naloxone kits and naloxone kit spray refills and email it to AMCT clerical and cc’ in the program manager and [pnikodem@hsnsudbury.ca](mailto:pnikodem@hsnsudbury.ca) at the beginning of each month | The program designate will receive (from the unit champions) and collate data required to order naloxone kits and naloxone kit spray refills and email it to [naloxone@phsd.ca](mailto:naloxone@phsd.ca) at the beginning of each month | HSN Naloxone Unit Champion will collate data required to order naloxone kits and naloxone kit spray refills and email it to AMCT clerical and cc’ in the program manager and [pnikodem@hsnsudbury.ca](mailto:pnikodem@hsnsudbury.ca) at the beginning of each month |

**Appendix B**

