



ATTACHMENT A – Policy and Procedure Template

Policy & Procedure Title: [Program Name] Naloxone Program	
Category: Clinical	
Effective Date:	Last Reissue/Revision Date:
Management Team Sponsor/Author:	

- I. Purpose
 - a. Describe policy and procedure for safe storage and in-clinic distribution of intranasal naloxone obtained through state clearinghouse.
 - b. Describe policy and procedure for safe storage and in-clinic distribution of safe consumption supplies obtained through DPH Clearinghouse.
- II. Definitions
 - a. Naloxone refers to the intranasal formulation of the opioid antagonist used for the acute treatment of opioid overdose.
 - b. Safe consumption supplies refer to items intended to reduce the risk of harm from overdose and infection while smoking, injecting or intranasally using drugs. (See references for a detailed list)
- III. Policy & Procedure
 - a. Intranasal naloxone
 - i. Ordering and replenishment
 1. Naloxone will be ordered centrally through coordination with the CBHS Pharmacy.
 2. [Program Name] site
 - a. Naloxone ordering and replenishment will be coordinated by [Program Name] (choose: [pharmacy] or [medication]) staff and will follow standard [Program Name] pharmacy protocols.
 - b. The [Program Name] (staff role; ex: pharmacy technician) will be responsible for regularly reviewing inventory of available naloxone and restocking supply as necessary.
 3. Naloxone for distribution will be exclusively ordered through the DPH Clearinghouse as long as the state program continues.
 - ii. Storage and labeling
 1. Naloxone storage will follow current “Medication Room Policy – Medications for Public Health Benefit” protocols
 2. Naloxone is not required to be stored within a medication room. However, if stored in a medication room, they will be stored separately from other medications and will follow any additional guidelines set out by the sponsoring program.
 - iii. Distribution
 1. Who will distribute:
 - a. Naloxone will be distributed by designated clinic staff who have completed training in harm reduction and overdose prevention.



ATTACHMENT A – Policy and Procedure Template

- b. Both clinical and non-clinical staff may participate in Naloxone distribution following completion of training.
- 2. When will Naloxone be distributed?
 - a. *Example: Individuals may drop in requesting Naloxone or may receive Naloxone during a clinic visit.*
- 3. Who is eligible:
 - a. People who currently use opioids, have a history of opioid use, or are in frequent contact with people who use opioids.
 - b. People at risk for overdose or in contact with someone at risk (including individuals who use stimulants or other agents which may be contaminated with or confused with opioids).
 - c. Other persons in a position to assist during an opioid-related overdose.
- iv. Documentation
 - 1. Naloxone distribution will be documented in the naloxone log, including date of distribution, quantity given, patient information if applicable, and documentation that overdose prevention education was provided to the patient.
 - 2. *Example: Staff distributing naloxone during a medical visit will also document in the patient’s Epic chart using a designated smart phrase .NALOXONEDISTRIBUTION: “Per protocol, naloxone was supplied directly to the patient to reduce the risk of fatal opioid overdose by a staff member who has completed training in overdose prevention. Instructions for naloxone use were reviewed with the patient.”*
- v. Quality assurance
 - 1. Medication distribution logs will be reviewed regularly by (designated staff role; ex: pharmacy technician) and any discrepancies will be reported to the (choose: [medical director] or [pharmacy]).
 - 2. Unusual occurrences related to distribution of naloxone will be promptly reported and reviewed.
 - 3. Staff will receive regular training regarding the use of intranasal naloxone.

IV. References

- a. *Insert relevant references here*
- b. Naloxone distribution standard work

Step	Details
1. Identify patients who would benefit from naloxone <i>Identified by staff in the context of an appointment or patients may drop in requesting naloxone</i>	1. Offer naloxone routinely to patients with any history of substance use, history of overdose, or those prescribed opioids or benzodiazepines 2. Naloxone should also be given to any patient who requests it, regardless of history
2. Educate patient on overdose prevention <i>Patient handout packaged with Naloxone kit</i>	1. Review steps of overdose response with patient if needed.



ATTACHMENT A – Policy and Procedure Template

3. Dispense supplies	<ol style="list-style-type: none">1. Give at least one box containing 2 vials of intranasal naloxone2. Can give additional boxes if needed
4. Documentation	<ol style="list-style-type: none">1. Document naloxone distribution in log2. <i>“Per protocol, naloxone was supplied directly to the patient to reduce the risk of fatal opioid overdose by a staff member who has completed training in overdose prevention. Instructions for naloxone use were reviewed with the patient.”</i>