

**In light of the COVID-19 outbreak it has been necessary to make temporary changes to this Policy Document. Therefore when reading the policy document please take account of the changes highlighted in Part B and C of this form.**

### PART A – INFORMATION ABOUT THIS POLICY DOCUMENT

<b>Policy Name</b>	Procedure and Guidelines for 'Take Home Naloxone' in Addiction Services (Version 1.4)			<b>Reference No</b>	SD12 (MM22)	
<b>Executive Lead</b> <i>(Trust-wide policies)</i>	Executive Director of Nursing and Operations					
<b>Chief Operational Officer</b> <i>(Clinical Division policies)</i>						
<b>Policy Document</b> <i>(Tick only one)</i>	Trust-wide (Board approved)	<input type="checkbox"/>	Trust-wide (Executive Director approved)	<input checked="" type="checkbox"/>	Secure & Specialist Learning Disabilities Division	<input type="checkbox"/>
	Community Division	<input type="checkbox"/>	Local Division	<input type="checkbox"/>		
<b>Type of Policy</b> <i>(Tick only one)</i>	Clinical Policy		<input checked="" type="checkbox"/>	Non-clinical Policy		<input type="checkbox"/>
<b>Clinical Policy Only</b> <i>(Tick only one)</i>	Minor Change <i>(Not referred to the Clinical Cell)</i>		<input type="checkbox"/>	Major Change <i>(Referred to Clinical Cell, then to SCG for approval)</i>		<input checked="" type="checkbox"/>
<b>Approving Body</b> <i>(Tick only one)</i>	Board of Directors	<input type="checkbox"/>	COVID-19 Strategic Coordination Group	<input checked="" type="checkbox"/>	Community Division Tactical Coordination Group	<input type="checkbox"/>
	Corporate Division Tactical Coordination Group	<input type="checkbox"/>	Local Division Tactical Coordination Group	<input type="checkbox"/>	Secure & Specialist LD Division Tactical Coordination Group	<input type="checkbox"/>

### PART B – CHANGES TO THE POLICY DOCUMENT

Section / Paragraph No	Outline of the information that has been amended in this policy document
<b><u>Complete Replacement</u></b>	<b><i>Version 1.4 of this Procedure (attached) is a temporary replacement of Version 1.3 of Procedures – which has been removed from the Trust's policies and procedures pages on the trust's website</i></b>

### PART C – RATIONALE FOR CHANGES

<b>Please explain why this document needs to be amended during the COVID-19 outbreak</b>
Approved by the COVID-19 Strategic Coordination Group following consultation with the Clinical Cell as a temporary measure due the COVID-9 outbreak

### PART D – APPROVAL (for completion by officer loading policy document onto intranet / website)

<b>Date Referred to the Clinical Cell</b> <i>(Clinical Policies only)</i>	1 May 2020
<b>Date Referred by the Clinical Cell to the SCG</b> <i>(Clinical Policies only)</i>	1 May 2020
<b>Date Approved by the Approving Body</b>	1 May 2020
<b>Date Circulated to Relevant Staff</b>	4 May 2020
<b>Date Published on the Divisional Intranet / Trust Website</b>	4 May 2020

**COVID-19 DOCUMENT CHANGE FORM****MERSEY CARE NHS FOUNDATION TRUST  
HOW WE MANAGE MEDICINES****MM 22 Procedure and Guidelines for 'Take Home Naloxone' in Addiction Services**

*Medicines Management Services aim to ensure that*

- (i) Service users receive their medicines at times that they need them and in a safe way.*
- (ii) Information on medicines is available to staff, service users and their carers*

**KEY ISSUES**

**Procedure and guidelines for staff working in Addictions Services for take home Naloxone; detailing staff responsibilities, training, monitoring and recording.**

Medicines Management Procedure – MM22

Approved by Clinical Cell May 2020

Author(s)

L Knowles

Revised by S Taylor and E Ormrod in  
response to the COVID-19 pandemic

Version 1.4

(Replaces previous guidelines)

For Review September 2020

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### 1. Purpose

1.1 This Medicines Management Procedure (MM22) sets out the steps to be followed for training of staff, service users and their carers in the use and supply of Naloxone in the Addiction Services of the trust. It gives clear instruction as to record keeping and recording of information relating to the supply of take home naloxone.

### 2. Introduction

2.1 In October 2015 The Human Medicines (Amendment) (No.3) Regulations 2015 (2015/1503) came into force. This allowed 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.

2.2 Naloxone 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.

2.3 For further information can be found at:

[http://www.legislation.gov.uk/ukxi/2015/1503/pdfs/ukxiem\\_20151503\\_en.pdf](http://www.legislation.gov.uk/ukxi/2015/1503/pdfs/ukxiem_20151503_en.pdf)

2.4 The Take Home Naloxone programme aims 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 administration of naloxone, it is hoped to reduce the number of fatal opioid overdoses.

2.4 Take home Naloxone in the form of Prenoxad® Injection (Naloxone hydrochloride 2mg/2ml Pre-filled Syringe for Injection) or Nyxoid ®1.8mg Nasal Spray must be supplied.

2.5 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 via the trust Medicines Management department via the non stock ordering procedure.

2.6 Take home Naloxone in either form may be supplied to the service user without a prescription by Addictions Services issued by Mersey Care NHS Foundation Trust addiction nursing staff who will ensure that the service

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user has been informed of emergency action to take in case of overdose. It is essential that the service user is aware that they must take other emergency action in case of overdose and summon help by telephoning for an ambulance. It must be explained to the service user naloxone has a short duration of action and close monitoring will be required. It may be necessary to administer repeated injections or a second administration of the nasal spray may also be required according to the respiratory rate and depth of coma.

2.7 The service user must be shown how to use the preferred take home naloxone in conjunction with information and advice around what other action to take and this will be given by authorised and trained personnel. This information can also be found within the paper administration leaflet.

2.8 All information must be documented and reported on IMS and the clinical information system.

### 3. Responsibilities and duties

**This procedure should be read in line with the trust's overarching Handling of Medicines Policy (SD12).**

3.1 The **Clinical Director** for Addiction Services is responsible for the effective implementation of this procedure for Addiction Services. They will oversee the implementation of any action plans arising from audits of the procedure, and will identify training needs of staff.

3.2 **Service managers** will implement the procedure in their area of responsibility and disseminate information relating to MM22. Mersey Care NHS Foundation Trust. Addiction Services managers must ensure that staff are appropriately trained in the administration of both naloxone injection and nasal spray, have access to the guidelines for the use of each and are included on a list of authorised and trained personnel. They must keep a database of all trained staff.

3.3 **Clinical Staff** will implement the procedure and will give assurance of their competences to work to the procedure by attending any training provided and keeping up to date professionally. They will report any incidents or issues in line with trust policy.

### 4. Implementation

4.1 Service users eligible for take home naloxone are as follows:

- (a) People injecting heroin/illicit opioids aged 18 or over
- (b) People who have reported one or more overdoses in previous five years
- (c) Those with loss of tolerance: recently released from prison, recently undergone detoxification or a period of being opioid free

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- (d) Recently commenced opioid substitution treatment (risks of overdose increase during titration period)
- (e) People with polydrug use (using substances in addition to opioids prescribed or illicit). This group are at increased risk of overdose.
- (f) People who have co-morbid conditions that cause liver disease leading to impaired metabolism of opiates e.g. HIV, hepatitis C

4.2 Service users excluded from receiving take home naloxone are as follows:

- (a) Service users aged under 18
- (b) Service users who lack capacity or refuse/do not attend training
- (c) Have a known sensitivity to naloxone (Naloxone may cause hypersensitivity reactions in susceptible individuals)
- (d) Refuse to take any naloxone home

### 5. Naloxone Treatment - Injection

Name	Naloxone Hydrochloride (Prenoxad 1mg/ml Injection)
Strength and Formulation	<p>Prefilled syringe Naloxone injection for intramuscular use: 1mg/1ml prepared as Naloxone pack.</p> <p>Pack includes</p> <ul style="list-style-type: none"> <li>- Naloxone injection 1mg/1ml in prefilled syringe</li> <li>- 2 x 23G 1.25 needles</li> <li>- Manufactures information leaflet</li> <li>- National Naloxone Programme simplified flowchart for administration</li> <li>- Sealed with tamper evident tape</li> </ul>
Route of Administration	<p>Intramuscularly to outer thigh muscle or muscle of the upper arm only.</p> <p>It can be administered through clothing if necessary.</p>
Dosage	<p>An initial single dose of <b>0.4ml i.e. 400micrograms (0.4mg)</b> to be administered intramuscularly immediately if the service user is identified as likely to have take or be at risk of an opioid overdose.</p> <p>Repeated at 2 - 3 minute intervals if no response to initial dose up to a maximum of 5 doses.</p>

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Maximum Total Dose and Duration of Treatment	<p>An ambulance should be called in all instances.</p> <p>The maximum dose of Prenoxad® is 5 doses. The syringe can be used 5 times during one episode.</p>
Side effects and Potential Adverse Drug Reactions	<p>Abrupt reversal of narcotic depression may result in nausea, vomiting, sweating, tachycardia, dizziness, headache, hypertension, tremulousness, seizures and cardiac arrest. Adverse reactions should be reported to the paramedics, responsible consultant and recorded in the service user's notes.</p> <p>Caution: - Previously documented CV disease or known to be receiving cardiotoxic drugs eg. Digoxin, beta-blockers and some antipsychotics. There have been no reports of acute overdosage due to naloxone hydrochloride</p> <p><b>Please refer to current BNF or SPC for full details</b></p>
Storage of medication	<p>Prenoxad ® must be stored in the original container.</p> <p>Protect from light</p> <p>Use within the expiry date.</p> <p>Individuals must be trained in the safe storage, handling and disposal of the product and needles.</p>
Record of supply	<p>When Prenoxad ® is supplied to the service user the staff member must record the supply on RIO and on the Prenoxad® supply sheet (Appendix B)</p>

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## Naloxone Treatment – Nasal Spray

Name	Naloxone Hydrochloride Dihydrate (Nyxoid® 1.8mg Nasal Spray)
Strength and Formulation	Nasal spray containing 1.8mg naloxone. Each pack contains <b>two</b> single-dose nasal sprays individually sealed in blisters. Educational Risk Minimisation Materials are available <a href="https://www.medicines.org.uk/emc/product/9292/rmms">https://www.medicines.org.uk/emc/product/9292/rmms</a>
Route of Administration	Intranasal
Dosage	An initial single dose to be administered into one nostril immediately if the service user is identified as likely to have taken or be at risk of an opioid overdose. If no response, or overdose symptoms return after 2-3 minutes; the second dose can be repeated into the other nostril.
Maximum Total Dose and Duration of Treatment	An ambulance should be called in all instances. The Nyxoid ® nasal spray pack contains two single-dose sprays which should only be used as above.
Side effects and Potential Adverse Drug Reactions	Abrupt reversal of narcotic depression may result in nausea, vomiting, sweating, tachycardia, dizziness, headache, hypertension, tremulousness, seizures and cardiac arrest. Adverse reactions should be reported to the paramedics, responsible consultant and recorded in the service user's notes. Caution: - Previously documented CV disease or known to be receiving cardiotoxic drugs eg. Digoxin, beta-blockers and some antipsychotics. There have been no reports of acute overdosage due to naloxone hydrochloride  <b>Please refer to current BNF or SPC for full details</b>
Storage of Medication	Nyxoid ® must be stored complete in the original container. Do not freeze Use within the expiry date. Individuals must be trained in the safe storage, handling and disposal of the product.
Record of Supply	When Nyxoid® is supplied to the service user the staff member must record the supply on RIO and on the Nyxoid ® supply sheet. (Appendix C)



**COVID-19 DOCUMENT CHANGE FORM****6. Training**

6.1 Clinical staff identified to deliver this service will undergo the necessary training. All staff working to this MM22 procedure must have completed the appropriate training (see appendix A1) Staff will receive annual training updates.

A database of all staff trained must be kept by the appropriate service manager in Addiction Services.

6.2 Service user/carer training – service users must undergo training. Take home naloxone must be provided as part of a comprehensive management package which includes training regarding opioid overdose and prevention. Before Prenoxad® or Nyxoid® is supplied; staff must ensure that service user training has taken place. A carer (who is willing to administer Naloxone) may also attend the training.

6.3 Following completion of service user/carer training the service user training record (appendix A2) must be completed

6.4 On completion of the training one (Prenoxad®) pre-filled syringe pack **or** one Nyxoid® Nasal Spray Pack can be supplied to the service user.

When this is done trust staff must record the following:

- (a) Document on RIO the manufacturer, batch number and expiry date of the Naloxone injection or nasal spray.
- (b) Scan a copy of the service user/carer training record in to the patient record.
- (c) Complete the appropriate supply sheet for either Prenoxad® or Nyxoid® (Appendix B or C)

**7. Monitoring**

7.1 The Service Manager must monitor compliance with this procedure. The Prenoxad® and Nyxoid® supply sheets must be checked on a weekly basis and the training database must also be kept up to date.

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**Staff Training Record**

Appendix A1

Any staff involved in the take home naloxone service must complete the appropriate training and competency assessments.

Name of Staff.....Signature.....

Name of Manager .....Signature.....

**Training must be updated annually**

Procedure MM22	Date Completed	Comments	Next training due
Fully understands the MM22 procedure			
Understands issues relating to naloxone administration			
Understands what records need to be kept			
Understands how to order naloxone supplies			
Knows how to record the receipt of naloxone			
Understands the inclusion and exclusion criteria			
<b>Opiate Overdose</b>			
Is aware of national and local issues relating opioid overdose			
Understands the signs and symptoms of opioid overdose			
Has completed trust appropriate resuscitation training			
<b>Training</b>			
Is competent in delivering training to service users/carers			
Knows how to obtain further information if required			

**COVID-19 DOCUMENT CHANGE FORM****Service User/Carer Training Record**

Appendix A2

Knowledge Required	Assessed by
Can describe the signs and symptoms of overdose	
Knows when to call for an ambulance	
Can describe what naloxone is used for and how it works	
Knows how and where to inject naloxone	
Knows how to use naloxone nasal spray	
Knows the importance of handing information to the paramedics	
Knows how to safely store naloxone	

Staff member Name .....

Signature.....

Date .....



