

Take Home Naloxone

Summary This Policy Directive aims to prevent opioid overdose-related mortality and morbidity by increasing access to naloxone for people at risk of an overdose who may encounter barriers to accessing naloxone via prescription or over the counter. Where the Policy Directive and an associated legal instrument are complied with, naloxone can be supplied as part of a brief intervention by appropriately trained and credentialed health workers to clients at NSW Health services and the Medically Supervised Injecting Centre without a pharmacist or medical practitioner being present.

Document type Policy Directive

Document number PD2020_027

Publication date 14 August 2020

Author branch Alcohol and Other Drugs

Branch contact (02) 9391 9251

Replaces PD2019_036

Review date 14 August 2025

Policy manual Not applicable

File number H20/41702

Status Active

Functional group Clinical/Patient Services - Nursing and Midwifery, Pharmaceutical Personnel/Workforce - Learning and Development
Population Health - Health Promotion

Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, NSW Ambulance Service, Public Hospitals

Distributed to Ministry of Health, Public Health System, Divisions of General Practice, NSW Ambulance Service, Health Associations Unions

Audience Clinical;Administration;Medical;Allied Health Staff;Nursing Staff;Drug and Alcohol Staff;HIV and Related Programs, Public Hospitals, Community Health Centres;Pharmaceutical

TAKE HOME NALOXONE

POLICY STATEMENT

NSW Health enables health workers to supply take home naloxone as part of a structured overdose response intervention for the purpose of preventing opioid overdose-related mortality and morbidity, where the conditions and processes described in this Policy are adhered to. It also outlines workforce training and credentialing, governance and medication handling (including ordering, storing and supplying) requirements for participating organisations.

This Policy is relevant to the supply of naloxone to clients for later use and **does not** apply to health workers directly administering naloxone and other emergency procedures in response to a suspected patient overdose in a health service setting.

SUMMARY OF POLICY REQUIREMENTS

This Policy Directive is for the management of clients by health workers of the MSIC, NSW Local Health Districts, Justice Health & Forensic Mental Health Network and the St Vincent's Health Network services who work with clients at risk of opioid overdose.

Eligible health workers at participating services must have successfully completed the Take Home Naloxone training and credentialing requirements set out in the Take Home Naloxone Procedures in order to supply naloxone using this model.

Trained and credentialed health workers who are not otherwise authorised to supply naloxone medications must comply with the Procedures when supplying naloxone.

Medical practitioners and nurse practitioners may follow these Procedures or may continue to follow existing models for prescribing and supply of scheduled medicines.

If pharmacists employed by Local Health Districts are to supply naloxone without prescription, they must do so in compliance with this Policy and within scope of the legislative authority.

The Policy provides the basis for Local Health District Drug and Therapeutics Committees to adopt the THN intervention. The MSIC must adopt and comply with the Policy.

All facilities offering this intervention must implement appropriate governance structures and identify and minimise the risks of adverse events. In facilities that adopt the intervention a designated Responsible Person (a senior nurse, pharmacist, medical practitioner or manager at the facility) is required to perform the duties of the Responsible Person as described in the Procedures.

In implementing this Policy, district/service managers and directors, and the designated Responsible Person, must ensure that a health worker operating under this Policy is aware of their responsibility to deliver the intervention in accordance with sections 2.3 and 2.4 of the Take Home Naloxone Procedures.

District/service managers and directors, and the designated Responsible Person, must ensure that naloxone is supplied appropriately.

In Local Health Districts and the Justice Health & Forensic Mental Health Network, naloxone is obtained from the Pharmacy Department to the service in accordance with *NSW Health Medication Handling in NSW Public Health Facilities* (PD2013_043). Local Health District Pharmacies will provide naloxone to these services using imprest stock procedures. The Registered Nurse or Manager in charge of the unit is responsible for ordering and storage of imprest stock medications. Responsibility can be delegated to an appropriately authorised person where no Registered Nurse is employed in the service – such as may occur with a Local Health District-employed NSP manager under an HSM award (S 6.1, PD PD2013_043).

In the St Vincent's Health Network, naloxone is obtained from a Health Network pharmacy.

In the MSIC, naloxone is obtained from a licensed pharmaceutical wholesaler.

District/service managers and directors, and the designated Responsible Person, must ensure that naloxone is stored in locked cupboards with restricted access by credentialed health workers and the Responsible Person only. The manufacturer's original packaging must be used.

Dispensing labels must be supplied by the pharmacy department. Dispensing labels may be affixed by the credentialed health worker, if the local Drug & Therapeutics Committee has approved this procedure. Labelling requirements are described further in Section 2.3.6 of the Procedures.

District/service managers and directors, and the designated Responsible Person, must ensure that relevant information is supplied with the naloxone, including the Consumer Information Sheet appropriate to the supplied naloxone product.

In public health facilities, all records relating to the supply of medication must be retained in accordance with the *State Records Authority General Retention and Disposal Authority for Public Health Services: Patient/Client Records* (GDA 17).

In the MSIC, records relating to the supply of take home naloxone under this Policy must be retained in accordance with the *Health Records and Information Privacy Act 2002*.

REVISION HISTORY

| Version | Approved by | Amendment notes |
|-----------------------------|--|---|
| August-2020 (PD2020_027) | Deputy Secretary, Population and Public Health | Amendments reflect a new legal instrument introduced to include enrolled nurses and midwives; and labelling requirements and supply arrangements are clarified. |
| July-2019 (PD2019_036) | Deputy Secretary, Population and Public Health | Initial Document |

ATTACHMENTS

1. Take Home Naloxone Policy: Procedures.

CONTENTS

| | | |
|----------|--|-----------|
| 1 | BACKGROUND | 1 |
| 1.1 | About this document | 1 |
| 1.1.1 | Purpose of the Procedures | 1 |
| 1.1.2 | Reducing opioid overdose mortality and morbidity | 1 |
| 1.1.3 | Naloxone medication | 2 |
| 1.1.4 | Making Take Home Naloxone accessible in NSW | 2 |
| 1.2 | Health worker delivered Take Home Naloxone intervention | 3 |
| 1.3 | Key definitions..... | 4 |
| 2 | PROCEDURES | 6 |
| 2.1 | What to do..... | 6 |
| 2.2 | When to provide the Take Home Naloxone intervention | 6 |
| 2.3 | How to deliver the Take Home Naloxone intervention..... | 7 |
| 2.3.1 | Introduce the intervention | 7 |
| 2.3.2 | Assess what the client already knows | 7 |
| 2.3.3 | Provide feedback, information and resources to client | 8 |
| 2.3.4 | Assess client competence with intervention..... | 10 |
| 2.3.5 | Seek client informed consent..... | 10 |
| 2.3.6 | Supply labelled naloxone and provide Consumer Information Sheet..... | 10 |
| 2.3.7 | Document the Take Home Naloxone Intervention | 11 |
| 2.4 | Renewing clients' naloxone supply | 11 |
| 3 | REGULATION AND AUDIT | 12 |
| 3.1 | Legal and legislative framework | 12 |
| 3.2 | Audit | 12 |
| 4 | TRAINING HEALTH WORKERS TO DELIVER TAKE HOME NALOXONE INTERVENTIONS | 13 |
| 4.1 | Take Home Naloxone Training Program..... | 13 |
| 4.2 | Who the training is for..... | 13 |
| 4.3 | Core components of the training program..... | 13 |
| 4.4 | Pre-requisites, assessment and credentialing | 14 |
| 5 | DOCUMENTATION | 15 |

1 BACKGROUND

1.1 About this document

1.1.1 Purpose of the Procedures

The NSW Health Take Home Naloxone intervention is designed to increase access to naloxone for people who are likely to experience or witness an overdose, but who experience barriers (such as stigma, discrimination and economic disadvantage) to accessing naloxone over the counter or by prescription.

By addressing those barriers, the Take Home Naloxone intervention aims to prevent opioid overdose-related mortality and morbidity.

The Take Home Naloxone Policy Directive supports NSW Local Health Districts, the Justice Health & Forensic Mental Health Network, the St Vincent's Health Network and the Medically Supervised Injecting Centre (MSIC) to provide overdose response interventions, including the supply of naloxone, for clients at risk of experiencing or witnessing an opioid overdose.

A structured overdose response intervention can be delivered by an appropriately trained and credentialed health worker employed in the MSIC, a Local Health District, the Justice Health & Forensic Mental Health Network or the St Vincent's Health Network. Where the legal authority and Procedures are complied with, naloxone can be supplied to clients by a health worker other than a pharmacist or authorised practitioner (for example medical practitioner or nurse practitioner) for use by the client or other person in need of the naloxone. The Procedures document (section 1.3 and Table 2) sets out which health workers can become trained and credentialed to supply naloxone under the Take Home Naloxone Policy.

The client refers to a person being considered for the Take Home Naloxone intervention. The person may be at risk of opioid overdose, or they may be a family member, carer or significant other who is likely to witness an opioid overdose.

The Policy is relevant to the supply of naloxone to clients for later use. It does apply to AOD inpatient specialist wards. It does not apply to the supply of naloxone to clients in other inpatient settings or in emergency departments. The Policy Directive **does not** apply to health workers directly administering naloxone to an overdosing client in a NSW Local Health District, Justice Health & Forensic Mental Health Network, St Vincent's Health Network service or MSIC.

Hospital units and teams wishing to supply take home naloxone outside of the model described in this Policy Directive are to follow existing models for the prescription/supply of scheduled medicines. Further guidance will be maintained on the Policy Distribution System.

1.1.2 Reducing opioid overdose mortality and morbidity

People who use illicit opioids have a mortality rate of 10-20 times greater than non-opioid users in the community. Pharmaceutical opioids also pose a considerable overdose risk, especially when used non-medically.

The *National Drug Strategy 2017-2026* identifies increasing access to naloxone as an evidence-based strategy for preventing and responding to opioid overdoses.

The World Health Organization recommends that people likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose.

1.1.3 Naloxone medication

Naloxone is a short-acting opioid antagonist registered in Australia for the reversal of opioid overdose. It is available in several formulations for injected (intravenous, intramuscular and subcutaneous) use, and for administration by intranasal spray. Naloxone is a relatively safe medication, with few precautions, contraindications or adverse events.

Naloxone when used for the treatment of opioid overdose is scheduled in Australia as a Schedule 3 medication – enabling over the counter supply by a pharmacist directly and with appropriate education to the customer. Some naloxone products are subsidised on the Pharmaceutical Benefit Scheme (PBS).

1.1.4 Making Take Home Naloxone accessible in NSW

Take Home Naloxone programs have been established in Australia and internationally to reduce mortality and morbidity for people who use opioids, are at risk of relapsing to opioid use or are likely to witness an opioid overdose. Take Home Naloxone programs provide overdose response interventions, including guidance for the supply of take home naloxone for administration by community members such as peers and carers in the event of an opioid overdose.

Uptake of Take Home Naloxone where supplied and subsidised via PBS prescription, or over the counter purchase in a community pharmacy, has been limited. Barriers include:

- over the counter cost for highly disadvantaged groups;
- some people may be reluctant to ask a doctor or pharmacist about naloxone due to experiences of stigma relating to their or their family member's opioid use; and/or
- people may prefer to undertake an education intervention with a service they already know and trust.

In NSW, South Eastern Sydney Local Health District (SESLHD) has been trialling innovative Take Home Naloxone delivery approaches since 2012, including procedures for the delivery of brief interventions for overdose prevention and supply of Take Home Naloxone to clients by a doctor on prescription or over the counter by a pharmacist.

In 2017 and 2018 the Overdose Response with Take Home Naloxone (ORTHN) trial developed, piloted and evaluated an intervention delivered by trained and credentialed health workers in participating drug and alcohol and NSP services. Naloxone injection was supplied by credentialed workers directly to clients and training for its use, free of charge and without a medical practitioner or pharmacist involved in the intervention. The protocols piloted and evaluated by SESLHD and partner services (including the NSW

Users and AIDS Association) under research trial conditions¹ form the basis of these Take Home Naloxone Procedures.

1.2 Health worker delivered Take Home Naloxone intervention

A legal authority associated with these Procedures authorises appropriately trained and credentialed health workers to supply naloxone medication for the purpose of preventing opioid overdose-related mortality and morbidity. The Procedures outline a structured opioid overdose response intervention. The Procedures must be complied with if naloxone is to be supplied by health workers not otherwise authorised to supply naloxone medications (refer to definition of ‘Credentialed health worker’ below for the full list of worker designations that can supply naloxone under these Procedures).

If pharmacists employed in Local Health Districts, Justice Health & Forensic Mental Health Network and St Vincent’s Health Network are to supply naloxone without prescription, they must undertake Take Home Naloxone training and credentialing and comply with these Procedures.

Nurse practitioners employed in the Medically Supervised Injecting Centre (MSIC), Local Health Districts, Justice Health & Forensic Mental Health Network and St Vincent’s Health Network wishing to supply naloxone using the Take Home Naloxone procedure must undertake Take Home Naloxone training and credentialing. Medical practitioners may be guided by this procedure but are exempted from the training and credentialing requirements. If medical practitioners and nurse practitioners seek to deliver overdose responses outside of these Take Home Naloxone Procedures, existing models for prescribing/supply of scheduled medicines are to be followed.

The Take Home Naloxone intervention defines the components of safe and quality care, and outlines education so that an episode of care may be delivered entirely by a trained health worker in a Local Health District, Justice Health & Forensic Mental Health Network, St Vincent’s Health Network or the MSIC in NSW, within a robust clinical framework.

Key features of the Take Home Naloxone intervention include:

- Identification and assessment of the client against clear eligibility criteria.
- If client inclusion criteria are not met or there are concerns regarding the suitability of an individual client for Take Home Naloxone supply under the Procedures (e.g. due to client literacy, cognition or severe intoxication) the worker is required to revert to “usual care”, which may include providing urgent care, or referring the client to an appropriate service for further assessment and intervention.
- If the client’s care can be provided through the Take Home Naloxone intervention, the worker manages the episode of care using specified:

¹ Lintzeris, N, Monds, LA, Bravo, M, Read, P, Harrod, ME, Gilliver, R, Wood, W, Nielsen, S, Dietze, PM, Lenton, S, Shanahan, M, Jauncey, M, Jefferies, M, Hazelwood, S, Dunlop, AJ, Greenaway, M, Haber, P, Ezard, N, Malcolm, A (2020), ‘Designing, implementing and evaluating the overdose response with take-home naloxone model of care: An evaluation of client outcomes and perspectives’, *Drug and Alcohol Review*, Jan, 39, pp. 55-65.

Take Home Naloxone

- Take Home Naloxone Procedures, including documentation using the Checklist and Record of Supply form; and
- Consumer Information Sheets.

1.3 Key definitions

Client

A person being considered for the Take Home Naloxone intervention. The person may be at risk of opioid overdose, or they may be a family member, carer or significant other who is likely to witness an opioid overdose.

Credentialed health worker

A person who:

- is a health worker (registered nurse, registered midwife, enrolled nurse, psychologist, social worker, counsellor, occupational therapist, alcohol and other drugs worker, health education officer, Aboriginal health worker, Aboriginal health practitioner, health service manager working in a Needle Syringe Program or the Connections Program, needle syringe program worker, needle syringe program coordinator, consumer worker, peer support worker, peer support coordinator, nurse practitioner, medical practitioner or pharmacist); and
- is employed in a Local Health District, Justice Health & Forensic Mental Health Network, St Vincent's Health Network or the MSIC in NSW; and
- meets pre-requisites in Table 2 and has successfully completed the NSW Ministry of Health-approved Take Home Naloxone Health Worker Training Program.

Note: A nurse practitioner who seeks to supply naloxone outside the lawful practice of their profession for prescribing/supply of scheduled medicines must undertake Take Home Naloxone training and credentialing.

Note: Medical practitioners are exempted from the training requirements.

The definition of a Credentialed Health Worker includes health workers at Local Health Districts, Justice Health & Forensic Mental Health Network, St Vincent's Health Network and the MSIC who successfully completed ORTHN training and credentialing as part of the ORTHN trial or program between 2016 and 2020.

Responsible Person

A key role within an organisational governance framework responsible for ensuring that the participating site or service meets the requirements of the Take Home Naloxone Training Program, and that medication is handled appropriately. Medication handling encompasses purchasing, storage, stock control, compliance with regulatory requirements and record-keeping.

In NSW Local Health Districts, Justice Health & Forensic Mental Health Network and St Vincent's Health Network services the Responsible Person is usually a senior nurse or manager in a participating site or service.

Take Home Naloxone

In the MSIC the Responsible Person is the manager/director responsible for Take Home Naloxone at the MSIC.

Supply

To provide to, or for a specific client. In the Take Home Naloxone intervention, 'supply' relates to provision of naloxone for clients to use at a later time.

Supply also includes medication selection, labelling, handover to client/carer, verbal counselling and provision of information sheets and/or Consumer Medicines Information, as described in these Procedures.

These Procedures do not refer to the 'on-site' administration of naloxone by health workers.

Take Home Naloxone intervention

The intervention described in these Procedures, including identification and assessment, client education and the supply of naloxone (as pre-filled syringes or intranasal preparations) that aims to prevent and respond to opioid-related overdoses.

2 PROCEDURES

2.1 What to do

The Take Home Naloxone intervention is delivered by a credentialed health worker in an individual (one to one) clinical session. The Take Home Naloxone intervention takes approximately 10-20 minutes to deliver (subject to the setting, client and credentialed health worker characteristics), and has five core elements:

Client identification and assessment:

Clients must be assessed for contraindications and eligibility for the intervention by the credentialed health worker. Specific eligibility criteria are described in Section 2.2.

Client education:

Client education is a mandatory component of the intervention, delivered by credentialed health worker, and is described in Section 2.3.

Client Consent:

Written consent by the client that they understand the risk factors for opioid overdose, how to identify an opioid overdose, and what to do in the event of a suspected opioid overdose, including the use of naloxone pre-filled syringe or nasal spray; and have been supplied with naloxone and the relevant Consumer Information Sheet. Client consent is documented on the Checklist and Record of Supply form.

Supply of 'take home' naloxone:

Naloxone (as pre-filled syringes or intranasal preparations only) is supplied under the conditions of the Take Home Naloxone Procedures and requires appropriate medication labelling.

Documentation:

Credentialed health workers must complete documentation regarding the intervention. The Checklist and Record of Supply form includes the necessary documentation, written client consent and record of supply.

2.2 When to provide the Take Home Naloxone intervention

Clients attending participating services may be eligible for the Take Home Naloxone intervention and are to be assessed by the credentialed health worker to confirm that the client meets eligibility criteria.

Client eligibility criteria for the intervention are:

- Clients at risk of opioid overdose as evidenced by current or recent (including prescribed) opioid use, or at risk of relapse to opioid use following a period of abstinence (e.g. withdrawal episode, rehabilitation program, hospital admission, incarceration); and/or
- Potential witnesses to an opioid overdose (for example family, friend or carer of someone at risk of opioid overdose); and

- Aged 16 years and over; and
- Able to give informed consent (i.e. not affected by severe intoxication, severe cognitive impairment, or severe active psychological or physical medical condition that impairs informed consent).

Contraindications for naloxone (hypersensitivity to naloxone²) and precautions (pregnancy and breastfeeding) must also be assessed before determining client suitability for the Take Home Naloxone intervention.

If eligibility criteria are not met or there are concerns regarding whether the Take Home Naloxone intervention is appropriate for an individual client (e.g. due to hypersensitivity to naloxone), it is recommended that the credentialed health worker seek additional assistance or advice (e.g. discuss with a colleague or supervisor who is experienced in delivering the Take Home Naloxone intervention), and document on the Checklist and Record of Supply form. If the client is deemed to be not suitable for the Take Home Naloxone intervention, the credentialed health worker is required to revert to “usual care”, which may include referring the client to an appropriate worker (e.g. medical officer) or service for further assessment and intervention.

In treatment settings, Take Home Naloxone interventions must be considered as part of the care planning process, and included in the Global Care Plan or treatment plan. In non-treatment settings (e.g. NSP or the MSIC), Take Home Naloxone interventions may serve to increase interest in engaging in treatment, and appropriate referrals must be made in accordance with local practice.

2.3 How to deliver the Take Home Naloxone intervention

The key steps for the Take Home Naloxone intervention are summarised in the Checklist and Record of Supply form, to be completed when each Take Home Naloxone intervention is delivered, for each client.

2.3.1 Introduce the intervention

The health worker providing the Take Home Naloxone intervention should describe the purpose of the intervention (‘to help people respond to suspected overdoses and prevent overdose death or harm’), that it usually takes between 10 and 20 minutes to complete, and involves the supply of ‘take home naloxone’ medication.

2.3.2 Assess what the client already knows

A key principle of brief interventions is to assess the person’s existing knowledge and attitudes, which allows more efficient tailoring of the educational intervention. To assess existing knowledge and attitudes use:

- an unstructured assessment (e.g. discussion using the Consumer Information Sheet as a prompt); or

² Hypersensitivity to naloxone is characterised as an anaphylactic reaction to naloxone and is extremely rare. Many people who use opioids may experience a withdrawal-like reaction following use of naloxone, but this is not hypersensitivity.

- a structured assessment (e.g. Take Home Naloxone Client Questionnaire).

The Client Questionnaire examines client understanding of high-risk situations for opioid overdose, how to recognise an opioid overdose and what to do in response to a suspected opioid overdose. The Client Questionnaire can usually be completed in 2-3 minutes.

Clients with literacy or cognitive challenges may need assistance in completing the questionnaire or may be better suited to an unstructured assessment.

Note that it is not essential to retain a copy of the client's Take Home Naloxone Client Questionnaire responses in clinical documentation.

2.3.3 Provide feedback, information and resources to client

Provide feedback

Examine client's responses in the Take Home Naloxone Client Questionnaire, or to their understanding of overdose from the unstructured assessment. Provide positive feedback to correct responses and address any incorrect responses with client. It is recommended that the Consumer Information Sheet relevant to the product being supplied when providing feedback.

Reinforce information on key messages regarding overdose prevention and response

Use the Consumer Information Sheet to discuss the key education messages with the client, specifically:

- Identifying high risk situations for opioid overdose;
- How to recognise an opioid overdose; and
- What to do in response to a suspected overdose. These steps are highlighted in **Table 1** below.

Discuss with client the resources provided

Discuss the Consumer Information Sheet and naloxone medication supplied. This may include information on how to assemble and use the naloxone pre-filled syringe and how to administer an intramuscular injection; or how to administer intranasal naloxone.

Discuss precautions for naloxone use with the client and check they understand them.

Illustrate using demonstration pack and/or instructional tools.

Table 1: Responding to a suspected opioid overdose: key messages to reinforce when providing the intervention to clients

(Note: these steps are specific to this Take Home Naloxone intervention. They differ from standard first aid procedures followed by people trained in CPR for other contexts such as a cardiovascular emergency)

| | |
|---|--|
| <p>1. Danger</p> | <p>Check the environment that you and others are not in danger. Call for help from others if you are alone.</p> |
| <p>2. Response: Is it a possible opioid overdose?</p> | <p>Assess response to verbal and physical stimuli, breathing, skin/lip colour, pupil size and evidence of recent substance use.</p> |
| <p>3. Call an ambulance</p> | <p>Dial 000 and follow the operator’s instructions. Tell them that you think this may be an overdose, and that you have access to naloxone.</p> |
| <p>4. Administer naloxone</p> | <p>Naloxone pre-filled injection (Prenoxad) Lie the person on their side in the recovery position. Assemble Prenoxad® pre-filled needle and syringe. Insert the needle into the person’s outer thigh or upper arm, through clothing if necessary, and inject the first dose (0.4ml), to the first black line. Withdraw the needle and syringe after the dose. Note the time given.</p> <p>Naloxone intranasal spray (Nyxoid) Lie the person on their back and check the nose is clear. Hold Nyxoid® device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Do not prime or test the device before you give the dose. Insert nozzle in one nostril. Press firmly on the plunger until it clicks to give the dose.</p> |
| <p>5. Clear airways and perform rescue breathing if you know how</p> | <p>Lie person on their back, tilt head back, open mouth, and clear any obstruction. Exhale two times into the person’s mouth.</p> |
| <p>6. Put person in the recovery position & wait for ambulance to arrive. If no improvement after 2 to 3 minutes: repeat naloxone dose/s. After further doses, perform rescue breathing if you know how, or else put person in recovery position and wait for ambulance to arrive.</p> | <p>Put person in recovery position and stay with them until the ambulance arrives. Monitor person to see whether they have recovered (awake, breathing normally).</p> <p>Naloxone pre-filled injection Give further intramuscular injections of 0.4ml Prenoxad Injection (to next black line) into the outer thigh or upper arm muscle every 2 to 3 minutes until the ambulance arrives or the person regains consciousness.</p> <p>Naloxone intranasal spray Give the second dose of Nyxoid, using the second Nyxoid device. Insert nozzle into the other nostril. Press firmly on the plunger until it clicks to give the second dose. Further doses may be given every 2 to 3 minutes if needed, if available, until ambulance arrives.</p> |

2.3.4 Assess client competence with intervention

The credentialed health worker delivering the intervention are to be confident that the client understands the key aspects of an effective overdose response, and the rationale and instructions for naloxone use. The credentialed health worker is to complete the relevant section in the Checklist and Record of Supply form to indicate client competence.

2.3.5 Seek client informed consent

The client is asked to provide written informed consent on the Checklist and Record of Supply form, documenting that they consent to receiving the intervention, and they understand when and how to use the naloxone product that they have been supplied with.

2.3.6 Supply labelled naloxone and provide Consumer Information Sheet

Checklist and Record of Supply form

Finalise and sign the Checklist and Record of Supply form, documenting the number and type of naloxone packs provided. In general, it is appropriate to supply two packs of naloxone per client per visit.

Access stock and record stock movements

Access naloxone stock (as pre-filled syringes or intranasal preparations only), and complete necessary record of supply. Each facility will maintain a record of naloxone supply, documenting each time medication is moved in or out of stock, with the credentialed health worker recording their name, worker designation and date of supply and remaining stock balance.

LHD service credentialed health workers will access imprest stock.

Packaging

Naloxone must be supplied to the client in the manufacturer's original packaging.

Labelling

Naloxone must be supplied with a completed dispensing label (Appendix A in these Procedures). In addition, the credentialed health worker is to ensure that the existing label from the manufacturer remains on the dispensed medicine.

The label must be placed to leave visible on the pack the name and strength of the preparation, the expiry date and the storage conditions (where shown).

Consumer Information Sheet

When naloxone is supplied to the client, it should be provided with the Consumer Information Sheet for that product.

2.3.7 Document the Take Home Naloxone Intervention

If client has a medical record

Where the client has a medical record (paper or electronic), the completed paperwork (Checklist and Record of Supply form) is to be filed (e.g. Medication Section of Client Medical Record), and an entry is to be made by the credentialed health worker into the client's Clinical Notes regarding the Take Home Naloxone intervention.

If client does not have a medical record

Where the client does not have a medical record – such as at a Needle Syringe Program or outreach setting, or if the client is a carer or family member likely to witness an overdose – the completed Checklist and Record of Supply form is to be filed in a Take Home Naloxone Intervention Folder, specific for each site, and retained in accordance with the relevant legislation or authority. The Responsible Person at the health facility must ensure these records are kept and audited.

Naloxone record of stock

The credentialed health worker must follow usual practice to record stock movements.

In services that do not supply other medicines, the worker should ensure completion of naloxone imprest/stock control sheet.

2.4 Renewing clients' naloxone supply

Naloxone medications generally have a shelf life of up to two years. Stock expiry dates must be monitored. If possible, attempts are to be made to contact clients when their naloxone medication supply is approaching the expiry date and offer to renew their supply. The credentialed health worker is to provide a 'refresher' repeat of the Take Home Naloxone intervention using this procedure when renewing naloxone supplies.

All the procedures described here are summarised in a Quick Guide to Delivering Take Home Naloxone Interventions for Credentialed Health Workers.

3 REGULATION AND AUDIT

3.1 Legal and legislative framework

Under Clauses 170 and 171 of the *Poisons and Therapeutic Goods Regulation 2008* (Regulation) the Secretary of Health has authorised (for the purposes of the Act) credentialed health workers employed in a Local Health District, Justice Health & Forensic Mental Health Network, St Vincent's Health Network or the MSIC in NSW to supply Schedule 3 medications under clause 17 of the *Regulation*. The authorisation applies only to naloxone supplied under the intervention described in these Procedures.

3.2 Audit

A self-audit of implementation of this Policy Directive will be conducted at each participating site within 12 months of implementation and overseen by the Responsible Person.

4 TRAINING HEALTH WORKERS TO DELIVER TAKE HOME NALOXONE INTERVENTIONS

4.1 Take Home Naloxone Training Program

The Take Home Naloxone Training Program ensures that health workers have the appropriate knowledge, skills and competencies to deliver Take Home Naloxone interventions correctly under these Procedures. Training is delivered as a Ministry of Health-approved structured Take Home Naloxone Health Worker Training Program.

4.2 Who the training is for

Health workers who may be eligible for training and credentialing include registered nurses, registered midwives, enrolled nurses, psychologists, social workers, counsellors, occupational therapists, alcohol and other drugs workers, health education officers, Aboriginal health workers, Aboriginal health practitioners, health service managers working in a needle syringe program or the Connections Program, needle syringe program workers, needle syringe program coordinators, consumer workers, peer support workers, peer support coordinators, nurse practitioners, medical practitioners and pharmacists employed in Local Health Districts, Justice Health & Forensic Mental Health Network, St Vincent's Health Network or the MSIC in NSW.

4.3 Core components of the training program

The core components of the training program include:

- Overview of overdose in opioid drug users: epidemiology, risk factors, overview of interventions aimed at reducing overdose;
- Overview of naloxone, including pharmacology, formulations;
- Overview of medication handling requirements and documentation;
- Outline of medico-legal requirements for delivering Take Home Naloxone interventions;
- Training on delivering brief interventions targeting overdose prevention and response including naloxone provision. This includes training on assessing client eligibility, contraindications and existing knowledge and attitudes; providing feedback, information and resources for responding to a suspected overdose; assessing client competence and seeking their consent; how to administer naloxone products; and the supply, labelling and documentation of naloxone medication;
- Overview of available resources for clients (Client Questionnaire, Consumer Information Sheets) and workers (Checklist and Record of Supply form, Quick Guide to Delivering Take Home Naloxone Interventions); and
- 'Troubleshooting': responding to issues that arise.

4.4 Pre-requisites, assessment and credentialing

The necessary pre-requisites, methods of assessment and competencies for a health worker to be trained and credentialed to deliver the Take Home Naloxone intervention are shown in **Table 2**.

Table 2: Pre-requisites and assessment criteria for training

| Pre-requisites and assessment criteria | How assessed |
|---|--|
| Employed as a health worker in a participating alcohol and other drugs, NSP, community health or Justice Health & Forensic Mental Health Network service, or the St Vincent’s Health Network or MSIC. | Employment within service in relevant role (role designation appears in the definition of ‘credentialed health worker’ in Key Definitions). |
| Experience providing health interventions with people who use opioids – including delivery of brief counselling and psycho-educational interventions. | 3+ months experience in position providing such interventions (e.g. D&A, NSP, pharmacy). |
| Current Certificate in basic life support/CPR. | Evidence of satisfactory completion of an accredited basic life support/CPR course (e.g. <i>Certificate in Basic Life Support</i> (HETI Code 40101256) or <i>Provide cardiopulmonary resuscitation</i> (Australian course code HLTAID001). |
| Appropriate knowledge to deliver Take Home Naloxone. | Assessment of knowledge post-training workshop via self-directed multiple-choice questionnaire. |

For a health worker to become credentialed, their line manager must view evidence of successful post-training assessment and confirm the worker also meets the pre-requisites in **Table 2**.

In Local Health Districts and the Justice Health & Forensic Mental Health Network, the health worker should upload evidence of successful post-training assessment as External Learning in My Health Learning. If the pre-requisites are met, the manager confirms ‘credentialed health worker’ status by approving the External Learning in My Health Learning.

At the MSIC and St Vincent’s Health Network, evidence of credentialed health worker status must be retained in employment/training files.

Health workers should also send a copy of their successful assessment to MOH-Naloxone@health.nsw.gov.au for record-keeping.

Evidence of a worker’s credentialed health worker status must be provided to NSW Health authorities on request.

5 DOCUMENTATION

Information about how credentialed health workers can access the Checklist and Record of Supply form, Consumer Information Sheets, Client Questionnaires and Quick Guide for Workers is available on the NSW Health website:

<https://www.health.nsw.gov.au/aod/programs/Pages/naloxone.aspx>

Appendix A: Sample dispensing label

| | |
|--|----------------------------|
| NALOXONE (Nyxoid) 1.8mg nasal spray 2 x 1 dose | Qty: # |
| Supplied to a client of the Take Home Naloxone intervention for use in any opioid overdose. Use as directed on Consumer Information Sheet. | |
| Name: _____ | |
| Date of supply: _____ | Health worker: _____ |
| Batch: XXX | Expiry: day / month / year |
| Dubbo Drug & Alcohol Clinic | |
| 45 King St Dubbo NSW 2830, tel: XXXX XXXX | |
| KEEP OUT OF REACH OF CHILDREN | |

| | |
|--|----------------------------|
| NALOXONE 2mg/2mL injection (Prenoxad) | Qty: # |
| Supplied to a client of the Take Home Naloxone intervention for use in any opioid overdose. Use as directed on Consumer Information Sheet. | |
| Name: _____ | |
| Date of supply: _____ | Health worker: _____ |
| Batch: XXX | Expiry: day / month / year |
| Dubbo Drug & Alcohol Clinic | |
| 45 King St Dubbo NSW 2830, tel: XXXX XXXX | |
| KEEP OUT OF REACH OF CHILDREN | |