Health Guidance: Take Home Naloxone in Social Care Services

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This information sheet is produced for the guidance of Care Inspectorate staff only. The contents should not be regarded as a statement of Care Inspectorate policy, nor relied upon as a comprehensive statement of best practice, but as common sense guidance on issues of topical interest based upon authoritative statements of best practice in the relevant field, at the time of preparation, and which may be of assistance to Care Inspectorate staff when reviewing practices and policies.

1. Introduction and purpose of guidance

This guidance tells Care Inspectorate staff about the use of naloxone in social care services. It advises staff on key issues if they are inspecting a service that should consider use of, or is currently using, naloxone.

2. Background

The majority of drug related deaths in Scotland involve opiates. Opiates are a class of drug that include, for example, heroin, morphine, methadone, buprenorphine and dihydrocodeine. In overdose they will cause respiratory depression. Interventions are often ineffective or arrive too late.

Naloxone is an opiate antidote which can temporarily reverse the effects of an opiate overdose, providing more time for the intervention of the emergency services.

Providing naloxone is not considered the solution to drug related deaths. However, it is an important intervention, among a range of available treatment and support.

The Scottish Government's Take Home Naloxone Programme has been in operation since 2011 and aims to:

- increase availability and awareness of naloxone across Scotland; and
- increase the chance of it being administered, contributing to a reduction in fatal opiate overdoses.

The Scottish Government supports the roll out of the Take Home Naloxone Programme, in partnership with NHS Boards, local alcohol and drug partnerships, and the Scottish Prison Service. Naloxone can be supplied to everyone at risk of an opiate overdose. They can also be given to any family and friends who may witness an overdose. Service workers in regular contact with people at risk of an opiate overdose can receive a naloxone kit. All supplies should be made following training, normally via a Patient Group Direction (see section 3.2).

In October 2015 a change to UK law expanded the mechanisms of naloxone supply.

Where the Care Inspectorate regulates services it has a duty to ensure medicines are managed in accordance with legal and best practice guidelines.

3. Health guidance

If a care service does not deal with service users who use drugs, and has never had to deal with an overdose on the premises, then the Take Home Naloxone programme is not relevant for them.

It is relevant for care services that deal with people who use drugs and are at risk of overdose, where staff have had recorded incidences of calling the emergency services and managing an overdose until an ambulance arrives, or if there have been deaths from overdose in or around the service. Care Inspectorate staff should recommend that such services consider accessing Take Home Naloxone with

appropriate training for staff on its use. This has very obvious benefits for people who use services and staff, and is in line with government policy. Each health board has a dedicated naloxone lead who will be able to advise on how to access local training and supplies.

3.1 Administrating naloxone

Naloxone is an injectable, parenteral, Prescription Only Medicine (POM).

Under the Human Medicines Regulations 2012, a person may not parentally administer (otherwise than to himself or herself) a prescription only medicine unless the person is—

(a) an appropriate practitioner other than an EEA health professional; or
(b) acting in accordance with the directions of such an appropriate practitioner.

However, there is a limited list of exceptions to this and in 2005, naloxone was added to that list.

Therefore, in the event of a suspected opiate overdose ***anyone can legally administer a supply of naloxone to anyone in order to save a life.***

3.2 Supply of naloxone

Normally in the community, medicines are supplied on a named patient basis.

An individual patient supply can be made using a medical prescription, or through a patient group direction (PGD). A PGD is a general written direction for the sale, supply and/or administration of a named medicine for a defined clinical condition.

3.2a Scottish Government National Naloxone Programme

The Scottish Government developed a naloxone PGD which allows supply of naloxone to individual patients, or their representatives, if they have undergone the national training programme. This was adapted by local health board areas to meet local needs. In March 2011, legal guidance from the Lord Advocate allowed the supply of naloxone by PGD "to extend to staff working for services in contact with people at risk of opiate overdoses" if the staff member has completed the naloxone training programme.

When a supply is issued to a named care worker it is not intended to be their personal supply. The individual is receiving the supply on behalf of the service for storage and use within the service. If the staff member leaves the service then the supply of naloxone should stay within the service.

The Lord Advocate's guidance on naloxone was totally unique in allowing a prescription only medicine to be supplied to a service, which would not normally store "stock" medication.

3.2b The Human Medicines (Amendment) (No. 3) Regulations 2015

In May 2012, the Advisory Council on the Misuse of Drugs (ACMD) report "Consideration of Naloxone" noted:

"*The implications of the Lord Advocate's Guideline and Care Inspectorate guidance are that naloxone is being distributed to a greater number of people, who are in a position to assist someone who has overdosed….Authorised prescribers who supply naloxone to service workers, rather than named patients, are also immune from prosecution under the Lord Advocate's Guideline*."

"*11.4. The ACMD commends the Lord Advocate's Guideline, and the Care Inspectorate guidance, which are already allowing wider provision of naloxone in Scotland.*"

The report recommended easing of the restrictions on who can be supplied with naloxone. And on the 01 October 2015, new UK wide regulations came into force, which allows for widening of the availability of naloxone supply to individuals – see 'The Human Medicines (Amendment) (No. 3) Regulations 2015' and supporting documents

Under the new regulations, naloxone can be supplied without prescription by a drug treatment or needle exchange service, commissioned by a local authority or NHS, to any individual needing to access naloxone for saving a life in an emergency.

Any staff member working in a drug treatment or needle exchange service who has undergone appropriate training, and can demonstrate the relevant competencies, can supply the POM. Governance of staff competency is the responsibility of the commissioning local authority or NHS body.

Extending the range of staff eligible to make supplies should allow for easier access to supplies of Take Home Naloxone

Naloxone can be supplied to:

- A person who is using or has previously used opiates (illicit or legal) and is at potential risk or overdose
- A carer, friend or family member who is likely to be on hand in an overdose
- A named individual in a hostel (or other establishment or service where drug users may gather or be at risk of overdose) which may be a manager or other staff members, who can then make the supply available for use in an emergency

The new amendments increase the range of individuals who can access their own supply of naloxone, however this does not extend to bulk service supplies. The supply is to the individual. In order for a social care service in Scotland to maintain their own stock of supplies the Lord Advocate's guidance can still be used.

Under the new legislation services that are not drug treatment or needle exchange services cannot supply naloxone to individuals. Training on the recognition of overdose and use of naloxone is still recommended when a supply is made under the new legislation.

Financial arrangements for the purchase of naloxone and training are not defined in the new legislation and local arrangements will apply.

The arrangements for supply of naloxone and associated training in place before the new 2015 legislation (i.e. the national Take Home Naloxone Programme supported

by the Scottish Government, and rolled out by local NHS Drug and Alcohol partnerships) are still in operation. This may continue to be the main mechanism by which services access Take Home Naloxone.

3.3 Service policy on handling of naloxone

If a care service wants to take obtain naloxone and associated training it should carry out a risk assessment which considers the number and type of residents. It should consider number of staff (and are they permanent or temporary), and the layout of the service and incidence/risk of opiate overdose among residents/clients. It should also consider how many staff should be nominated for training and supply of naloxone, and whether they are happy to receive this.

The service should have procedures in place for the procurement, storage, administration, disposal and security of naloxone supplies. As with all medicines, record keeping is also important.

The decision on how many naloxone kits to hold should be decided on an individual service basis.

The service should ensure a needle stick injury policy is in place.

3.4 Training on Recognition of Overdose and Use of Naloxone

Although anyone can legally administer naloxone in an emergency, training will ensure best use of the medicine.

Each health board has a dedicated naloxone lead who will be able to advise on local training and supply procedures. Training will generally be co-ordinated via local Addiction Services.

The naloxone training will cover:

- why there is a need for naloxone
- the drugs involved in opiate overdose
- risk factors for opiate overdose
- how to recognise an overdose & what to do and not to do.

This should be followed by a practical skills session, which teaches people how to inject naloxone, how to administer basic life support and how to place someone into the recovery position. The naloxone is administered by intramuscular injection into the outside of the thigh through clothing.

The care service should keep records of which members of staff have undergone the training and when this took place. Refresher training should be accessed when required.

3.5 Storage

The naloxone injection kit (brand name Prenoxad) comes in a yellow plastic container with clear film wrapping. This wrapping should not be removed unless in the event of an emergency.

The naloxone kits that are supplied under the National Naloxone Programme consists of:

- one pre-filled syringe containing 2mls of naloxone 1mg/ml for single use (contains five doses) – training given to the service explains how to use the syringe and the dosage to be used
- 2 needles
- Naloxone information leaflet.

It is not intended that all staff carry a naloxone supply on their person but that a small number of kits are available as 'first aid' within the service. Different arrangements will apply for outreach workers.

It should be stored in a cool dry place (it should NOT be refrigerated).

The naloxone should not be locked away to avoid precious time being lost in the event of an emergency. It should be stored securely in a place known to, and accessible to staff but remaining inaccessible to non-staff, residents, and public. Naloxone is not a controlled drug and does not need to be kept in a controlled drugs cabinet.

The naloxone should be stored separately from other named patient supplies or "stock" medication.

Naloxone has no euphoria associated with it which makes potential misuse very unlikely.

3.6 After use

After use it is recommended that the service:

- documents events – in addition to the records detailed below the service should record name of the person receiving the naloxone, time of administration, was an ambulance called, outcome e.g. hospitalisation.
- arranges safe disposal
- arranges for a replacement supply of naloxone
- completes any local monitoring and recording forms

3.7 Audit trail

All care services should ensure they have accurate records of all information about each individual supply of naloxone. Ideally a separate sheet would be used for each naloxone supply and the following information should be included:

- name and strength of the product (Naloxone 2mg/2ml prefilled syringe)
- date received
- quantity received
- named staff member for whom Naloxone was supplied to.
- expiry date of Naloxone
- use of the medicine – including who it was given to, how much was given, by whom and when/how given (e.g. 0.4mls first dose then 0.4mls repeated after 2-3 minutes)

- disposal of the medicine – including who disposed of it, where it was disposed of and when and also how much (if any) was disposed of.

3.8 Disposal

The naloxone kit box acts as a sharps container when closed.

If the kit has been used, ideally it should be given to the ambulance crew to take away. Advice on local disposal arrangements will have been provided at the training sessions given to the service as part of the programme.

3.9 Service users' own supply Take Home Naloxone

In addition to the service/staff supply of naloxone described above, a service may have residents/service users who have their own supply of take home naloxone.

The service should have a policy for handling service users' own supply of rescue medication. This should include an assessment of who is likely to administer the medication in an emergency and the level of need for secure storage.

The service user will have been instructed on how to obtain a replacement supply on naloxone from the local services.

When a service user leaves the service the take home naloxone remains with the service user as their personal property.

4. Summary

Care Inspectorate Inspectors should:

1. Make recommendations to services in relation to the relevance of the Take Home Naloxone for individual services.

2. Ensure that the services who have naloxone

    - have policies and procedures covering the procurement, storage, administration, disposal and replacement of naloxone
    - operate a tight audit trail of medication
    - have staff trained to respond to overdose and to use naloxone.

5. Acknowledgements

The Care Inspectorate would like to thank the Scottish Drugs Forum and NHS Greater Glasgow and Clyde Addiction Services, for help in developing this guidance

6. Useful Websites

http://naloxone.org.uk/
http://www.sdf.org.uk/
http://www.legislation.gov.uk/uksi/2015/1503/note/made
http://www.legislation.gov.uk/ukpga/1968/67
http://www.legislation.gov.uk/uksi/2012/1916/pdfs/uksi_20121916_en.pdf