Patient Group Direction For The Supply Of Naloxone By Registered Nurses And Pharmacists In NHS Grampian To Individuals At Risk Of Opioid Overdose

<table>
<thead>
<tr>
<th>Lead Author:</th>
<th>Consultation Group:</th>
<th>Approver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Pharmacist in Substance Misuse</td>
<td>See relevant page in the PGD</td>
<td>NHSG Medicines Guidelines and Policies Group</td>
</tr>
</tbody>
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<th>Signature:</th>
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<table>
<thead>
<tr>
<th>Identifier:</th>
<th>Review Date:</th>
<th>Date Approved:</th>
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<tbody>
<tr>
<td>NHSG/PGD/NaloxTH/MGPG973</td>
<td>August 2020</td>
<td>August 2018</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>August 2021</td>
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</tbody>
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NHS Grampian have authorised this Patient Group Direction to help patients by providing them with more convenient access to an efficient and clearly defined service within the NHS Board. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 4
### Revision History:

<table>
<thead>
<tr>
<th>Date of change</th>
<th>Approval date of PGD that is being superseded</th>
<th>Summary of Changes</th>
<th>Section heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2017</td>
<td>October 2015</td>
<td>2 yearly update to new PGD template.</td>
<td></td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>Service workers removed from title as are references to supply by Substance Misuse Services throughout document. This is now covered by the Guidance document for Drug Treatment Services.</td>
<td>Throughout document</td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>NHS Grampian approved training has been amended to reflect overdose awareness and naloxone training to facilitate brief intervention style training which can now be delivered in a bid to maximise access.</td>
<td>Throughout document</td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>Removed Appendix 3 – Lord Advocate’s guidance relates to services and is no longer relevant to this PGD.</td>
<td>Appendix 3</td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>Revised introduction indicating to which staff members this PGD applies.</td>
<td>Definition of situation</td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>Removed services in contact with those at risk from PGD and amended training requirements in line with current status.</td>
<td>Inclusion Criteria</td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>Simplified exclusion criteria.</td>
<td>Exclusion Criteria</td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>Clarified advice for children.</td>
<td>Action if excluded from treatment</td>
</tr>
<tr>
<td>December 2017</td>
<td>October 2015</td>
<td>Amended advice to inform patients of future training dates to advising clients on where to access training/resupply.</td>
<td>Advice (verbal)</td>
</tr>
<tr>
<td>June 2018</td>
<td>October 2015</td>
<td>Added information regarding avoiding further drug use.</td>
<td>Precautions and Special warnings</td>
</tr>
<tr>
<td>July 2018</td>
<td>October 2015</td>
<td>Revised as per Prenoxad SmPC.</td>
<td>Dosage</td>
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<tr>
<td>July 2018</td>
<td>October 2015</td>
<td>Clarified information on naloxone wearing off. Added on carrying kit, harm reduction and onward referral.</td>
<td>Advice (verbal)</td>
</tr>
<tr>
<td>July 2018</td>
<td>October 2015</td>
<td>Added information on Prenoxad tear off slip.</td>
<td>Advice (written)</td>
</tr>
<tr>
<td>July 2018</td>
<td>October 2015</td>
<td>Added information on Prenoxad being the recommended kit.</td>
<td>Name of medicine</td>
</tr>
<tr>
<td>July 2018</td>
<td>October 2015</td>
<td>Added one to one checklist and recording form.</td>
<td>Appendices</td>
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</tbody>
</table>
Policy Statement: It is the responsibility of individual nurse or pharmacist and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of patient safety. The expiry date should not be more than 3 years from the date the PGD was authorised.

Document: Drafted: October 2017
Completed: July 2018
Approved: August 2018 (published – December 2018)
Organisational Authorisation

This PGD is not legally valid until it has had organisational authorisation.

PGD Developed/Reviewed by

| Medical Practitioner | Name: Dr Bruce Davidson  
| Health Board: NHSG  
| Title: Consultant Psychiatrist and Clinical Lead for Substance Misuse Services  
| Contact email: brucedavidson@nhs.net  
| Signature |

| Senior representative of the professional group who will provide care under the direction (if different from below) | Name: Frances Adamson  
| Health Board: NHSG  
| Title: Medicines Management Specialist Nurse  
| Contact email: f.adamson@nhs.net  
| Signature |

| Lead Author | Name: Fiona Raeburn  
| Health Board: NHSG  
| Title: Specialist Pharmacist, Substance Misuse Service  
| Contact email: Fiona.raeburn@nhs.net  
| Signature |

| Pharmacist | Name: Lucy Skea  
| Health Board: NHSG  
| Title: Specialist Pharmacist, Substance Misuse Service  
| Contact email: lucy.skea@nhs.net  
| Signature |

Authorised on Behalf of NHSG by

<table>
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<tr>
<th>Subgroup</th>
<th>Chair Name</th>
<th>Signature</th>
<th>Date Signed</th>
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<tr>
<td>NHS Grampian Medicines Guidelines and Policies Group</td>
<td>Lesley Thomson</td>
<td>December 2018</td>
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UNCONTROLLED WHEN PRINTED  
Review Date: August 2021  
Identifier: NHSG/PGD/NaloxTH/MGP973  
PGD For The Supply Of Naloxone to Individuals at Risk of Overdose and Services in Contact with those at Risk – Version 4  
Template Version 4
Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction

Name: Title:

Fiona Raeburn Lead Author: Specialist Pharmacist, Substance Misuse Service
Lucy Skea Pharmacist: Specialist Pharmacist, Substance Misuse Service
Dr Bruce Davidson Medical Practitioner: Consultant Psychiatrist and Clinical Lead for Substance Misuse Services
Frances Adamson Senior Representative of the Professional Group: Medicines Management Specialist Nurse
Jennifer Clarke Clinical Pharmacist Dr Grays Hospital
Dr Fraser Gill Consultant in Emergency Medicine
Julie Mackay Assistant Clinical Nurse Manager Dr Grays Hospital Lead Nurse,
Lynsey Murray CMHN Team Lead, Moray Integrated Drug and Alcohol Service
Eleanor Simpson Senior Staff Nurse, Emergency Department, ARI
### Clinical indication to which this PGD applies

| **Definition of situation/condition** | This Patient Group Direction (PGD) will authorise nurses and pharmacists to supply naloxone to named individuals aged 16 years and over.  
This PGD applies to services which are not classified as Drug Treatment Services. Drug Treatment Services (including community pharmacies who deliver substance misuse and injecting equipment services as per local Service Level Agreements) should refer to the document “Guidance For Drug Treatment Services In Grampian Undertaking Supply Of Naloxone To People At Risk Of Opioid Overdose, Significant Others And Services In Contact With Those At Risk”. This reflects the change in legislation introduced by the Department of Health in 2015 which aims to widen the availability of naloxone. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF) and individual Summary of Product Characteristics (SmPC). |
| **Inclusion criteria** | • Individuals, aged 16 years and over at risk of opioid overdose, who have demonstrated an awareness and understanding of naloxone administration and supply.  
• Nominated representatives of a named individual who have demonstrated an awareness and understanding of the naloxone supply may receive a supply to hold on the individual’s behalf. The named individual’s consent for representatives to act on their behalf should be recorded in the appropriate patient record. |
| **Exclusion criteria** | Naloxone will not be supplied to individuals or representatives:  
• who have not demonstrated sufficient understanding of what naloxone does and/or how it should be administered  
• who are under 16 years of age  
• where valid consent for supply is not obtained.  
**N.B.** There are no clinical exclusions from treatment where opioid overdose is suspected. Exclusion may result in death. |
### Precautions and special warnings

The individual must understand the short acting nature of naloxone and an apparently successful outcome after injection of naloxone may be followed later by a return to respiratory depression and overdose. The individual should be advised of the requirement to contact the emergency services wherever opioid overdose is suspected and refrain from further drug use.

Naloxone may cause hypersensitivity reactions in a small number of susceptible individuals. Medical advice must be sought as soon as possible from a doctor if a recipient develops any signs of hypersensitivity.

### Action if excluded from treatment

- If an individual refuses naloxone supply under this PGD they should be provided with details on where they can access training and naloxone supply in the future. A list of current services can be accessed [here](#).
- Individuals who are not eligible to receive a supply of naloxone may still be provided with training in basic life support and naloxone administration.
- Individuals under 16 years may still be trained in overdose awareness and naloxone administration where deemed competent but are ineligible for supply of naloxone under this PGD. Where the child is themselves at risk of opioid overdose medical advice should be sought and they should be signposted or referred to appropriate services as a matter of urgency.
- Advice should be given on alternative treatment strategies including harm reduction and overdose prevention.
- Individuals should be advised of the requirement to contact the emergency services wherever overdose is suspected.
- Individuals should be referred to an appropriate healthcare professional and/or advised on available treatment services if appropriate.
- Any action or referral should be noted in the individual’s record or notes.

### Action if treatment is declined

The patient should be advised of the risks and consequences of not being supplied with naloxone.

### Description of treatment available under the PGD

<table>
<thead>
<tr>
<th>Name form and strength of medicine</th>
<th>Naloxone hydrochloride pre-filled syringe 1mg/1mL (Prenoxad®) solution for injection in a pre-filled syringe 2mg/2mL.</th>
</tr>
</thead>
</table>

**N.B.** Prenoxad® brand is the only brand that can be supplied under this PGD as it is the only kit licensed for use in community settings. Other kits do not contain needles and will render the kit useless.
**Legal status**

Prenoxad® is a Prescription-only Medicine (PoM).

In accordance with the MHRA all medicines supplied under a PGD must either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

| Dosage/Maximum total dose | Unresponsive and breathing normally.  
The casualty should be placed in the recovery position and naloxone administered every 2-3 minutes as required.  

Unresponsive and not breathing normally.  
Cardiopulmonary resuscitation (CPR) should be started. Naloxone should be administered following the 1st cycle of CPR and every 3 cycles thereafter.  
• The casualty will be assessed as being either unresponsive and breathing normally or unresponsive but not breathing normally.  
• A single dose (400 micrograms or 0.4mL) of naloxone should be administered by intramuscular injection as part of the resuscitation intervention. Doses are clearly marked on the syringe.  
• A further dose should be administered every 2-3 minutes until consciousness is regained, breathing is normal, medical assistance is available or the content of the syringe is used up.  

Refer to current edition of the BNF and SmPC for further information. Information can also be found on the [Prenoxad® website](#). |
<table>
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<tbody>
<tr>
<td>Frequency of dose/Duration of treatment</td>
<td>See Dosage/Total Dose section above.</td>
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<tr>
<td>Maximum or minimum treatment period</td>
<td>N/A</td>
</tr>
<tr>
<td>Route/Method of administration</td>
<td>The dose should be administered intramuscularly into the outer thigh (preferred) or upper arm. It may be administered through clothing if necessary.</td>
</tr>
</tbody>
</table>
| Quantity to be supplied | People at risk of future opioid overdose can receive:  
• One Prenoxad® kit for intramuscular use.  
• One additional Prenoxad® kit to hold as a spare supply if required and circumstances support this, e.g. splits time between family home and other property. |
<table>
<thead>
<tr>
<th><strong>Storage requirements</strong></th>
<th>This medicinal product does not require any special temperature storage conditions. Keep the syringe in the plastic box in order to protect from light. Store in the original container.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Follow-up (if applicable)</strong></td>
<td>During future contacts, clinicians should check with clients that they still hold a supply of naloxone and understand how to use it.</td>
</tr>
<tr>
<td><strong>Advice (Verbal)</strong></td>
<td>Prior to making a supply of naloxone staff should ensure that the individual at risk and nominated representative(s) are aware of the following information or advice. The NHSG One-to-One Checklist (<a href="#">Appendix 4</a>) will support this.</td>
</tr>
<tr>
<td>- The individual should be informed of the importance of contacting ambulance services at the earliest opportunity where opioid overdose is suspected. Ambulance services should be contacted by dialling 999.</td>
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<tr>
<td>- Advise the person to carry the supply of naloxone with them whenever they are likely to use substances.</td>
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<tr>
<td>- Ensure that the person has a basic understanding of overdose awareness, basic life support and can demonstrate how to administer naloxone.</td>
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<tr>
<td>- Provide advice on other supportive strategies including harm reduction and overdose prevention.</td>
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<tr>
<td>- Explain treatment and course of action.</td>
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<tr>
<td>- Ensure that the individual understands that naloxone is short acting and the effects will begin to wear off in 20 to 30 minutes. An apparently successful outcome after injection of naloxone may be followed later by return of respiratory depression and overdose. The casualty should be advised against further use of substances.</td>
<td></td>
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<tr>
<td>- On arrival of the ambulance they should advise ambulance staff of how the individual has responded and details of any adverse effects.</td>
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</tr>
<tr>
<td>- Highlight information included in the manufacturers Patient Information Leaflet and issue with a “Prenoxad® Injection Assembly and Administration Guide” tear off sheet. Where this is unavailable, or unsuitable, sufficient information should be given to the individual/parent/guardian in a language that they can understand.</td>
<td></td>
</tr>
<tr>
<td>- Advise on safe storage, handling and disposal of the product. The syringe should be placed in the hard yellow case and returned to a community pharmacy or handed to the paramedic for disposal.</td>
<td></td>
</tr>
<tr>
<td>- Advise on available services for accessing further training and/or resupplies of used, lost or expired naloxone.</td>
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</tbody>
</table>
- Individuals should be referred to an appropriate healthcare professional and/or advised on available treatment services if appropriate.
- Any action or referral should be recorded in the individual’s notes as appropriate.
- Advice should be given on what to expect and what to do for major and minor reactions.

### Advice (Written)

The Patient Information Leaflet (PIL) contained in the medicine(s) should be made accessible to the patient, parent, guardian, or person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.

Individuals should also be issued with a “Prenoxad Injection Assembly and Administration Guide” tear off sheet (available from: [www.nhsghpcat.org](http://www.nhsghpcat.org)).


### Identifying and managing possible adverse reactions

Administration of naloxone in opioid overdose is a life saving intervention and should not be delayed. However abrupt reversal of opioid effects by the administration of naloxone may cause the following reactions:

- In people who are physically dependent on opioids, rapid reversal of opioid effects may precipitate an acute withdrawal syndrome, inducing nausea, vomiting, sweating, tachycardia, hyperventilation, hypertension and tremor.
- Most common reactions include hypotension, hypertension, ventricular tachycardia.
- Very rare or less common reactions include: - ventricular fibrillation (very rarely), cardiac arrest, hyperventilation, dyspnoea, pulmonary oedema, less commonly agitation, excitement and paraesthesia.
- In people with pre-existing cardiac disease or in those taking potentially cardiotoxic drugs, serious adverse effects have been reported such as pulmonary oedema, myocardial ischaemia, hypotension, hypertension, ventricular tachycardia and fibrillation.
- Symptoms of withdrawal in foetuses during pregnancy.

This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.

**BNF/BNFC:** [https://www.bnf.org](https://www.bnf.org)
SmPC/PIL and Risk Minimisation Materials:  
https://www.medicines.org.uk/emc/  
http://www.mhra.gov.uk/spc-pil/index.htm  
https://www.medicines.org.uk/emc/rmm-directory

If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Report the reaction to the MHRA using the Yellow Card System.  
https://yellowcard.mhra.gov.uk/

<table>
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<tr>
<th>Facilities and supplies required</th>
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| The following should be available at sites where the medication is to be supplied:  
  • Appropriate storage facilities  
  • An acceptable level of privacy to respect patient’s right to confidentiality and safety  
  • Access to medical support (this may be via the telephone)  
  • Approved equipment for the disposal of used materials  
  • Clean and tidy work areas, including access to hand washing facilities if required  
  • Copies of the current PGD for the medicine specified in the PGD. |

Characteristics of staff authorised to supply medicine under PGD

<table>
<thead>
<tr>
<th>Professional qualifications</th>
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<tbody>
<tr>
<td>Registered Nurses as recognised by the Nursing and Midwifery Council (NMC), and Pharmacists whose name is currently on the register held by the General Pharmaceutical Council (GPhC).</td>
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</table>

<table>
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<tr>
<th>Specialist competencies</th>
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| Approved by the organisation as:  
  • Competent to assess the patient’s capacity to understand the nature and purpose of the supply in order for the patient to give or refuse consent  
  • Aware of current treatment recommendations and be competent to discuss issues about the drug with the patient  
  • Having completed NHS Grampian approved Take Home Naloxone training. (Contact SMS Pharmacists for information Telephone: 01224 557694 Email: grampian.smspharmacist@nhs.net) |

<table>
<thead>
<tr>
<th>Ongoing training and competency</th>
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| All professionals working under this PGD must;  
  • Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct  
  • Must be familiar with the SmPC for all medicines supplied in accordance with this PGD. |
### Professional managers/Lead Nurses will be responsible for:

- Ensuring that the current PGD is available to staff providing care under this direction.
- Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.
- Maintain up to date record of all staff authorised to supply drug specified in PGD.

### Documentation

#### Authorisation of supply

Nurses working within NHS Grampian can be authorised to supply the drug specified in this PGD by their Nurse Manager or Substance Misuse Service Clinical Lead/Team Lead in NHS Grampian.

Pharmacists working within NHS Grampian can be authorised to supply the drug specified in this PGD by The Director of Pharmacy and Medicines Management.

All authorised staff are required to read the PGD and sign the Agreement to Supply Medicines Under PGD ([Appendix 1](#)). This should be held in the individual practitioners records, or as agreed locally.

A Certificate of Authorisation ([Appendix 2](#)) signed by the authorising doctor/manager and staff working to the PGD, should be held as agreed locally.

#### Record of supply

A standard recording form for naloxone is in place ([Appendix 3](#)). This should be completed and entered onto the current IT system.

An electronic or paper record for recording the screening of patients and the subsequent supply of the drug specified in this PGD must be completed in order to allow audit of practice. This should include as a minimum:

- Date and time of supply
- Patients name and CHI
- Details of parent/guardian, or person with parental responsibility where applicable
- Exclusion criteria, record why the drug was not supplied
- Consent to the supply (if not obtained elsewhere)
- Signature and name in capital letters of practitioner who supplied the drug
- Record of any adverse effects (advise patient’s doctor).
Depending on the clinical setting where supply or administration is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate:
- Consent forms
- Child Health Information Services if appropriate
- Hand–held records such as red book if appropriate
- Individual’s GP records if appropriate
- Secondary Care Medical Notes
- Occupational health systems
- Individual service specific systems.

**Audit**

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service will be responsible for auditing completion of drug forms and collation of data.

**References**

Electronic Medicines Compendium

British National Formulary
Appendix 1

Healthcare Professional Agreement to Supply Medicines Under Patient Group Direction

I:

(Insert name)

Working within: e.g. H&SCP, Practice

Agree to supply medicines under the direction contained within the following Patient Group Direction

Patient Group Direction For The Supply Of Naloxone By Registered Nurses And Pharmacists In NHS Grampian To Individuals At Risk Of Opioid Overdose

I have completed the appropriate training to my professional standards enabling me to supply medicines under the above Patient Group Direction. I agree not to act beyond my professional competence nor out with the recommendations of the Patient Group Direction.

Signed: 

Print Name: 

Date: 

Professional Registration No:
Appendix 2

Healthcare Professionals Authorisation to Supply Medicines Under Patient Group Direction

The lead nurse/professional of each clinical area is responsible for maintaining records of their clinical area where this PGD is in use, and to whom it has been disseminated.

The manager who approves a healthcare professional to supply medicines under the patient group direction, is responsible for ensuring that he or she is competent, qualified and trained to do so and for maintaining an up-to-date record of such approved persons in conjunction with the Head of Profession.

The healthcare professional who is approved to supply medicines under the direction is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to his or her code of professional practice and conduct.

### Patient Group Direction For The Supply Of Naloxone By Registered Nurses And Pharmacists In NHS Grampian To Individuals At Risk Of Opioid Overdose

Local clinical area(s) where these healthcare professionals will operate under this PGD:

<table>
<thead>
<tr>
<th>Name of Healthcare Professional</th>
<th>Signature</th>
<th>Date</th>
<th>Name of Manager</th>
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Appendix 3 - Naloxone Take Home Program Grampian - Record of Training and Supply

TRAINING (ONE TO ONE CHECKLIST COVERED WITH PERSON)

Ward/Service: ..............................................................................................................

Staff Member Name: ................................................................................................

☐ Person at risk  ☐ Family Member/Friend  ☐ Nurse/Pharmacist

☐ M ☐ F  Trainee Name: ..............................................................................................

CHI/Date of Birth: ..........................................................

Address: ....................................................................................................................

............................................................................................................. Postcode: ......................

Prison Release date (prison only): ............................................

Training (tick one)

Training checklist covered and completed ☐  Training already completed elsewhere ☐

Training Declined ☐  Give Reason..............................................................................

Naloxone supply

Kit 1:  Batch number: .......................  Expiry Date: ..........................

Spare Kit: Batch number: .......................  Expiry Date: ..........................

Declined supply of naloxone? ☐  State Reason ..........................................................

☐ 1st supply ☐ Spare supply ☐ Used on self  (Complete reverse) ☐ Used on other  (Complete reverse)

☐ Expired ☐ Confiscated ☐ Damaged ☐ Lost ☐ Not known

I consent to: Details of this training/supply being recorded on the electronic database.

Anonymous sharing of data with the NHS for purpose of reporting and research.

Signed (trainee): .................................................................

Signed (staff): .................................................................  Date: ..........................
NALOXONE RESUPPLY – Where the naloxone kit has been used on somebody

When did the overdose occur? (Approximate date):…………………………………………………………

Who administered the kit?
☐ Self ☐ Paramedic ☐ Another person ☐ Unknown

Where did the overdose occur?
☐ My own home ☐ Somebody else’s home ☐ Another indoor location
☐ Outdoors ☐ Other (state)…………………………………………………………………………………………

What was the outcome?
☐ Opioid reversed, person went to hospital
☐ Opioid reversed, person did not go to hospital
☐ Person did not survive
☐ Kit not used
☐ Not known

Additional Information:
### Appendix 4 – Grampian One to One Naloxone Checklist

<table>
<thead>
<tr>
<th>Person’s Name &amp; CHI/Date of Birth</th>
<th>Person’s Address (inc. postcode)</th>
<th>Name of GP Surgery</th>
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#### Identification – Does the person currently have a Naloxone supply?

**Q. Have you received a naloxone kit yet?**

**A. Yes** - Check if still in possession/used, check expiry date, consider need for refresh of training

**No** – Ask “What do you know about Naloxone”?

Person still uncertain? “We’re trying to get as many supplies into the community as we can”, “Unlikely to use on yourself/more likely to be used on somebody else”. Discuss high risk times – low tolerance – not a reflection of how the person is currently doing, etc.

#### The person should be able to demonstrate _an understanding_ of the following:

**Is aware of the most common drugs present in drug deaths**

_Compare against substances and combination used by the person/significant other etc._

Combination of depressants is the most common cause of Drug Deaths in Grampian.

- Opioid drugs including heroin, methadone, dihydrocodeine,
- Benzodiazepines/”Benzos”, e.g. diazepam
- Alcohol

Unknown/unpredictable substance include gabapentin/pregabalin, New Psychoactive Substances, e.g. phenazepam, etizolam, etc (often no idea what these substances actually contain).

**Is aware of risk factors for overdose**

_Tailor discussion to your knowledge of the person’s own circumstance. May include, but not restricted to:_

- Polysubstance use (depressant combinations above including alcohol)
- Lowered tolerance, e.g. missed doses of methadone
- Using alone (consider isolation and loneliness)
- Poor physical or mental health
- Recent hospitalisation, prison sentence, following rehabilitation or detoxification
- Adverse life events, e.g. bereavement, relationship difficulties or other social circumstances, e.g. housing issues, job loss, etc.

**Knows how to identify an overdose:**

**Q. How would you know someone has overdosed?**

**Q. What action would you take?**

Check for understanding and recognition of following:

- Unresponsive
- Unconscious
- Breathing problems (slow/stop/snore)
- Blue skin/lips
- Pinpoint pupils (discuss why not that helpful)

**Identify any misconceptions about the action required in overdose situations.**

_e.g. walking round room, inflicting pain, shocking with cold water/bath, etc_

**Discuss and correct as required**
Knows the recommended actions to take when faced with overdose.
Discuss and where necessary demonstrate the following components to confirm appropriate knowledge and skills:

- Ensure environment is safe for you to take action (needles, dogs, etc)
- Shake shoulders firmly and ask if the person can hear you
- Check if they are breathing (look along chest, feel for breath on face – no longer than 10 secs)
- Call 999 for ambulance. Tell the operator where you are and you are with someone who is either

A. “...UNCONSCIOUS BUT BREATHING”
   * ACTION TO TAKE - Put in recovery position and administer naloxone

B. “...UNCONSCIOUS AND NOT BREATHING” (No breath felt in 10 seconds)
   * ACTION TO TAKE - start basic life support (BLS) and administer one dose of naloxone after the first cycle of BLS
     (One cycle = 30 chest compressions at a rate of 1 per second followed by 2 breaths)
- Continue to administer one dose of naloxone every 2-3 minutes if there is no response
- Stay with person until the ambulance arrives

Check knowledge and understanding of how naloxone works:

Q. Can you tell me? If not explain that naloxone:

- Temporarily reverses the effects of opioid drugs
- Doesn’t remove opioid drugs from the body
- Won’t work on non-opioid drugs such as benzodiazepines, alcohol or gabapentin, etc
- Will begin to wear off after around half an hour
- After this the effects of opioid drugs may return as drugs reattach to receptors in the brain

NB: If the person comes round, encourage them not to use any further drugs

- For clients check if they have had naloxone administered before and their experience

Check knowledge of when and how to physically administer naloxone:

- Keep in wrapper unless you need to use the kit (prevent confiscation)
- Remove wrapper and twist box to open
- Explain contents (5 doses, 2 needles, barrel + leaflet)
- Twist grey cap off
- Remove needle from wrapper, twist needle onto barrel and remove the needle cover
- Inject into outer thigh muscle one dose at a time
- Place in yellow box between injections and after used (acts as a cradle/sharps bin)
- Give used kit to paramedic or a pharmacy for disposal
- Ask your drug worker, doctor or pharmacy for a new kit

The above person has demonstrated an understanding and awareness of opiate overdose, the use of naloxone, calling 999, the recovery position and basic life support and is eligible to receive a supply of take home naloxone

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<tr>
<th>Staff name (print)</th>
<th>Staff signature</th>
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<tr>
<td>Trainee signature</td>
<td>Date</td>
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