

Dispensing/Distributing Take Home Naloxone Kits to be used for Suspected Opioid Overdose (Adults & Youth)

Site Applicability

VCH: All Sites **with manager approval**

Practice Level

Advanced Skill (requiring additional education)	Settings	Limits & Conditions
RN, NP	All Settings	Following this CPD and <ul style="list-style-type: none"> BCCNM Medication Practice Standard – Dispensing Medication
RPN	All Settings	Following this CPD and <ul style="list-style-type: none"> BCCNM Medication Practice Standard – Dispensing Medication
LPN	All Settings	Following this CPD and <ul style="list-style-type: none"> BCCNM Medication Practice Standard – Dispensing Medication
Regulated Allied Health Professionals (e.g. OT, PT, SW, RD, S-LP)	Community Settings only	Following this CPD and any applicable college advisory statements: <ul style="list-style-type: none"> OT: COTBC PT: CPTBC SW: BCCSW
Pharmacists	All Settings	Following this CPD and college standards and advisory statements: <ul style="list-style-type: none"> Pharmacy: CPBC
Unregulated Allied Health Professionals (e.g. Respiratory Therapists and Clinical Counsellors)	Community Settings only	Following this CPD
Unregulated Care Providers/Staff (e.g. Harm Reduction and Peer Workers)	Community Settings only	Following this CPD

Education Required: The VCH Distributing Naloxone to Clients Course

- Available as an online course on the LearningHub (<https://learninghub.phsa.ca/Courses/16608>) or from a program clinical lead trained by the *VCH Overdose Emergency Response Team*.
- May be available through your trained program educator and/or clinical lead.

Clinical Indication

For reversal of suspected opioid overdose.

Policy Statement

All staff will follow the BCCDC "Toward the Heart *Training Manual: Overdose Prevention, Recognition and Response* (see link below) when dispensing/distributing *Take Home Naloxone (THN)* kits.

Need to Know

Individuals who use opioids (or have a history of using opioids), whether obtained licitly (including prescription) or illicitly, regardless of the route of consumption, are at risk of experiencing an opioid overdose.

Note: This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

Individuals who use other illicit psychoactive substances are also currently at risk due to cross-contamination with fentanyl, a potent opioid. If not treated, opioid overdose leads to respiratory depression, brain damage, and fatality from oxygen deprivation.

This CPD is intended to guide VCH staff when dispensing/distributing a Take Home Naloxone (THN) kit to individuals at risk of opioid overdose to have on hand in case of a future opioid overdose. For guidance on administering naloxone to a person experiencing suspected opioid overdose, please see [Related Documents](#) to link to the VCH CPDs for *Management of Suspected Opioid Overdose*.

NOTE:

- To **administer** a medication means giving/applying/injecting a medication to a person for immediate use, such as when a person injects naloxone into another person experiencing an opioid overdose.
- To **distribute** is a term used broadly to describe any person handing out naloxone kits to those in need. Emergency use naloxone has been deregulated and unscheduled by the College of Pharmacists of BC and BC Ministry of Health, making it legal for any person in BC to distribute naloxone without a prescriber order.
- To **dispense** is formal activity defined and restricted by the Health Professions and Pharmacy Operations and Drug Scheduling Acts as "the preparation and sale of a drug...and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug...for its intended use and taking steps to ensure its proper use".

Some regulatory colleges (e.g. nursing) continue to refer to *dispensing* naloxone kits to ensure their members adhere to related professional dispensing practice standards, whereas other regulatory colleges describe this activity as *distributing* to preclude related practice implications. Regardless, following this CPD and your profession's applicable practice standards and statements will ensure you complete this activity legally and safely.

Equipment & Supplies

- BCCDC Take Home Naloxone (THN) Kits (ampoules of naloxone, syringes, alcohol swabs, gloves, breathing face mask, and steps to respond to an opioid overdose sticker).
- Mock THN kit for teaching (if available).

Practice Guideline

BCCDC Toward the Heart Take Home Naloxone (THN) kits are available to any person who is at risk for opioid overdose or is likely to encounter a person experiencing an opioid overdose.

When dispensing/distributing THN kits, VCH staff will provide education to clients/patients/residents/groups on overdose prevention, recognition and response as per the BCCDC Toward the Heart [Training Manual: Overdose Prevention, Recognition and Response](#).

The Training Manual's Learning Objectives Checklist ([Appendix A](#)) highlights key points to cover during education. After education, clients/patients/residents should be able to demonstrate an understanding of these key points.

If a client is unable to demonstrate an understanding of the appropriate opioid overdose response post-education, VCH staff should engage a program clinical lead or manager to develop an alternate client-specific care plan to reduce the client's risk of opioid overdose. The care plan could include regular re-training until the client consistently demonstrates appropriate recall, and/or working with the client to engage family/support people willing to be trained to respond if a client overdoses, and/or if the client is in an in-patient setting, regular check-ins could be completed by staff to monitor for overdose, or other appropriate interventions.

Clients/patients/residents may also benefit from education reviews to maintain their ability to recognize and respond to a suspected opioid overdose safely and appropriately.

Fraser Health Authority's [Engaging in Overdose Prevention Conversations](#) provides useful basic *Motivational Interviewing* strategies to create safer, client-centred, more effective overdose prevention conversations.

Expected Patient/Client/Resident Outcomes

- Demonstrate an understanding of recognizing and responding to an opioid overdose as per the *Learning Objectives Checklist* ([Appendix A](#)).
- Prevent death and/or complications from oxygen deprivation related to opioid overdose.

Documentation

VCH staff will document assessments, client education, and dispensing/distributing of THN kit in the client health record to facilitate team communication, and meet professional standards and legal requirements.

Staff will document in the following locations based on their respective professional and legal requirements.

Profession	BCCDC THN Distribution Record*	VCH Client Health Record	
		Progress Note (e.g. case note or encounter note)	Medication or Pharmacy Record
Nurses (NP, RN, RPN, LPN)	✓	✓	✓
Allied Health & Unregulated Care Providers (who <u>have access</u> to the client health record)	✓	✓	✓
Unregulated Care Providers/Staff (who <u>do not have access</u> to the client health record)	✓		

However, **staff are NOT required to document in the client health record when:**

- The staff member does not have access to the client's health record under the staff member's access model.
- The staff member provides the kit to non-VCH clients or people not known to be VCH clients in the context of large group training sessions.

*The BCCDC Toward the Heart [THN Distribution Record](#) must be completed and faxed to BCCDC for each individual provided a kit.

If VCH staff determine a client is eligible to receive a naloxone kit, but the client declines one, staff will document their assessment, client eligibility, offer of kit, and the client's decline of the kit with rationale (if provided).

Related Documents

- Management of Suspected Opioid Overdose (Adults & Youth) (for Nurses, NPs & VC Primary Care Physicians) ([D-00-04-30056](#))
- Management of Suspected Opioid Overdoses in Community Settings (Adults & Youth) (for Allied Health and Unregulated Care Providers) ([D-00-04-30058](#))
- VCH Policy: Harm Reduction Practice ([D-00-11-30057](#))
- BC Ministry of Health Naloxone Risk Assessment Guidelines:
 - [Public Sector](#)
 - [Non-Governmental Sectors](#)

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References

College of Pharmacists of BC (2016). Non-Prescription Naloxone Now Available Outside of Pharmacies - <http://www.bcpharmacists.org/news/non-prescription-naloxone-now-available-outside-pharmacies>

BC Ministry of Health (2016). Fighting the overdose crisis in BC
<https://news.gov.bc.ca/releases/2016HLTH0068-001759>

Pharmacy Operations and Drug Scheduling Act:
http://www.bclaws.ca/civix/document/id/complete/statreg/03077_01

Health Professions Act. http://www.bclaws.ca/civix/document/id/complete/statreg/96183_01

Joint Task Force on Overdose Prevention and Response (January 2017). Update on B.C.'s Response to the Opioid Overdose Crisis: Third Progress Update <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/overdose-response-progress-update-jan2017.pdf>

Joint Task Force on Overdose Prevention and Response (April 2017). B.C.'s Opioid Overdose Response One-Year Update <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/overdose-response-one-year-update-april2017.pdf>

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Date of Approval/Review/Revision

Posted: September 10, 2015
Revised: May 19, 2016
Sept 30, 2016
May 11, 2018
January 17, 2022 – Updated Practice Level Table

Appendix A: Learning Objectives Checklist (Toward the Heart Training Manual: Overdose Prevention, Recognition and Response)

Learning Objectives Checklist

Here is a checklist that summarizes material covered by this manual.

<input checked="" type="checkbox"/> TOPIC	IMPORTANT DETAILS
<input type="checkbox"/> Overdose Prevention	<ul style="list-style-type: none"> MIXING: opioids with downers OR opioids with uppers (Prevention: don't mix, or if do, use drugs before alcohol) TOLERANCE: also taking Rx drugs, after periods of non-use or lower use e.g. jail, detox/abstinence, hospital, new use (Prevention: use less at these times) QUALITY OF STREET DRUGS: unpredictable (Prevention: do testers, go slow, use a consistent reliable dealer) USING ALONE: behind closed locked door when no-one knows (Prevention: tell someone before you use, leave door unlocked) HEALTH: liver, breathing problems, lack of sleep, dehydration, infections (Prevention: eat, drink, sleep, see doctor, carry inhaler)
<input type="checkbox"/> Signs and Symptoms of Opioid OD (Naloxone only works for <u>opioid</u> OD – NOT for non-opioid depressants like alcohol or benzos BUT if you don't know, <u>naloxone won't hurt</u>)	<ul style="list-style-type: none"> e.g. heroin, morphine, fentanyl, oxy, Dilaudid, T3, methadone opioid OD = too much drugs, breathing slows, not enough oxygen to the brain (less than 1 breath every 5 seconds) Key feature: UNRESPONSIVE & SLOW/SHALLOW/IRREGULAR BREATHS May also observe: (1) blue lips/ fingernails; (2) snoring/gurgling
<input type="checkbox"/> Signs and Symptoms of Stimulant Overdose (or 'overamping')	<ul style="list-style-type: none"> e.g. crystal meth, cocaine, crack, MDMA, caffeine, nicotine Chest pains, dizziness, rapid heartbeat, extreme agitation Lots of sweat or no sweat Seizures/convulsions, foaming at the mouth Paranoia, delusions, psychosis MEDICAL EMERGENCY – CALL 911 – NALOXONE WON'T WORK
RESPONDING TO AN OPIOID OD	
<input type="checkbox"/> CONFIRM UNRESPONSIVE	<ul style="list-style-type: none"> Stimulate with: Noise (shout, use their name), Pain (ex. sternal rub) – Remember, tell person what you are doing before you touch them
<input type="checkbox"/> CALL 911	<ul style="list-style-type: none"> Put person in the recovery position if you have to leave them alone
<input type="checkbox"/> CLEAR AIRWAY & GIVE BREATHS	<ul style="list-style-type: none"> Clear airway (is there anything in their mouth?), tilt head, lift chin Pinch nose and give 2 breaths. Continue 1 breath every 5 seconds until person is breathing again If you do not know how long someone has been unconscious and not breathing, you should give both chest compressions and breaths.
<input type="checkbox"/> GIVE INTRAMUSCULAR NALOXONE (demonstrate if possible)	<ul style="list-style-type: none"> Swirl ampoule, snap top off, draw up all of the naloxone, remove most of the excess air Inject into large <u>muscle</u> – THIGH, upper arm or butt Inject at 90°, push plunger until you hear a click (needle will retract)
<input type="checkbox"/> EVALUATE EFFECTS (for 4-5 minutes) & GIVE MORE NALOXONE IF NEEDED	<ul style="list-style-type: none"> Continue to give breaths FOR 3-5 MINUTES (about 40 breaths) OR until they respond (are breathing again on their own). After 5 minutes, if still unresponsive, give a 2nd dose of naloxone Continue breaths until person breathing OR paramedics arrive
<input type="checkbox"/> AFTERCARE	<ul style="list-style-type: none"> Naloxone wears off in 20-90 minutes Person will not remember ODing – explain what happened If person does NOT go to hospital monitor at least 2 hours and do NOT allow them to take more opioids (could OD again)
<input type="checkbox"/> CARING FOR NALOXONE	<ul style="list-style-type: none"> Naloxone should be stored out of the light at room temperature Be aware of the expiry date – it is on the ampoule