
Standard Operating Procedure (SOP) for the provision of Take Home Naloxone Service

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Standard Operating Procedure

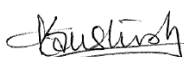

Title Community Pharmacy Take Home Naloxone Service in Peterborough

SOP number PS 322 001

Issue date April 2016

Purpose To define the procedures that relate to the supply of naloxone for opioid users, ex-users and representatives (the Service) in order to ensure that the Service is conducted in a consistent, discreet, professional and accurate manner.

Scope These Standard Operating Procedures provide a template agreed by LloydsPharmacy Ltd. It is the responsibility of the pharmacist providing the Service to ensure these are appropriate to their pharmacy. If for any reason a procedure is unsuitable or irrelevant this must be discussed and agreed with LloydsPharmacy Ltd, who may issue a variation to this Standard Operating Procedure.

	Title	Print Name	Signature	Date
Written by	Service Development Pharmacist	Charan Kaushish		March 2016
Approved by	Service Development Manager	Simon Mathias		March 2016
Authorised by	Superintendent Pharmacist			
Implementation date	April 2016			
Review date	March 2019			

1. Local contacts and inter-professional relationships

- 1.1. The pharmacist on duty and trained members of staff involved in the provision of the Service (the Operators) must establish a good working relationship with the commissioned services local manager, specialised substance misuse treatment services and the team of clinical leads at CGL Aspire. This should include a process to allow information sharing where required.
- 1.2. The Operators must be aware of the availability and contact details of all drug service agencies in the local area.
- 1.3. Refer to the *Service Specification* for a list of all contacts.

2. Operator training and competence

- 2.1. All Operators must have read and be familiar with this Standard Operating Procedure and undertake any other training required within the contract. Following which the Record of Completion training form (see Appendix 5) must be completed and kept in the Service folder.
- 2.2. All staff must be briefed to treat all users of the Service (the Clients) with respect and courtesy. All members of the pharmacy team must follow the professional code of conduct.
- 2.3. Once the Service is in operation, any new members of staff should be fully informed of its existence on their first day of service.
- 2.4. Staff offering the supply of naloxone and information to opioid users and representatives on the use of the injection are required to attend a training event.
- 2.5. Staff must meet the minimum requirements (as stated above) within three months of joining the pharmacy, if they are to provide the Service. Staff cannot provide the Service until they are fully trained.

3. Client inclusion

- 3.1. This Service must be offered and promoted to Clients aged 18 years and above only. Refer to company policy for Safeguarding of children and young adults and vulnerable adults.

3.2. Naloxone can be supplied to anyone:

- 3.2.1. Currently using illicit opiates, such as heroin
- 3.2.2. Receiving opioid substitution therapy
- 3.2.3. Leaving prison with a history of drug use
- 3.2.4. Who has previously used opiate drugs (to protect in the event of a relapse)¹

3.3. Naloxone can also be supplied to a family member, carer, peer or friend, with the consent of anyone identified in 3.2.

4. Service advertisement

- 4.1. It is not necessary to include information about the Service in the practice leaflet.
- 4.2. The Operator is required to display various materials relating to the Service, as provided by Celesio UK.
- 4.3. No other signs or advertisements relating to the service should be displayed without the agreement of the Commissioned Services team.

5. Facilities required

- 5.1. The Service must be offered in a consultation room of the pharmacy where the Clients can request the Service and seek advice from the Operator without being easily overheard by other customers. If a consultation room is unavailable then a private area must be mutually agreed.

6. Signposting and other services

- 6.1. The pharmacy team must provide information, advice and guidance to Clients who use this Service, including signposting or referral to other broader health and social support services. These include:
 - BBV screening at CGL Aspire
 - Opiate substitute treatment services at CGL Aspire
 - Needle exchange service at local community pharmacy

7. Take Home Naloxone kits

- 7.1. The pharmacy team is responsible for ordering replacement stock of *Prenoxad 1mg/ml Injection 2ml* and maintaining adequate stock levels based on volumes.

8. Information, supply and data recording

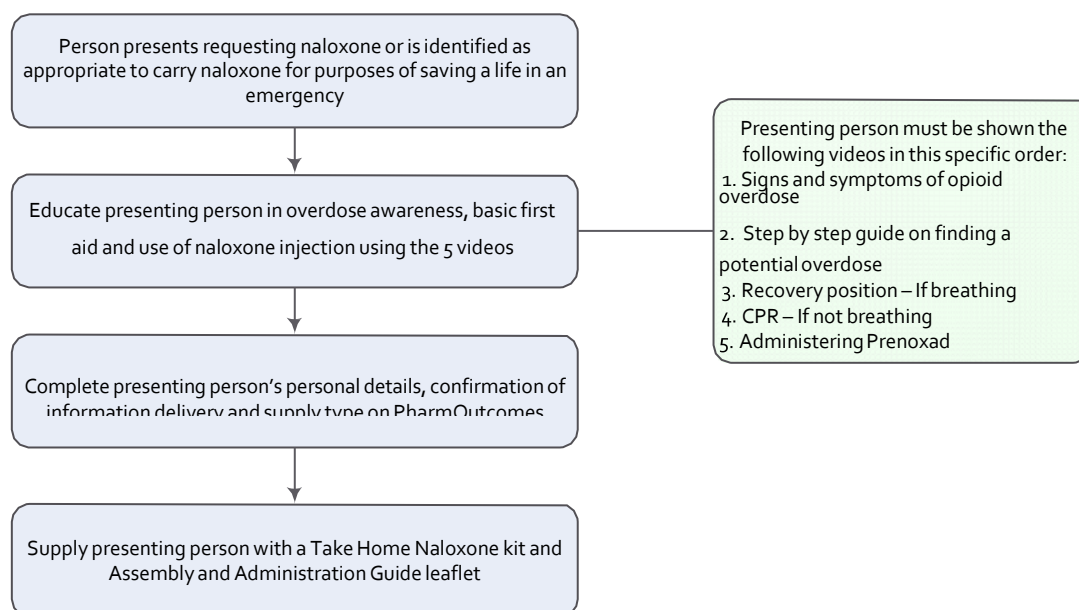
8.1. The Operator must welcome all presenting persons and provide relevant information on the following:

- The risks, signs and symptoms of an opiate overdose
- What naloxone is, what it does and doesn't do
- Naloxone is short acting
- When to call emergency services (999)
- How to perform chest compressions and rescue breaths (see Appendix 4)
- How to assemble the injection (see Appendix 2)
- How to inject naloxone, using the dummy provided (see Appendix 3)
- How to put a casualty into recovery position (see Appendix 5)
- Importance of staying with the casualty

8.2. The supply of Take Home Naloxone must only be made if the Operator is assured that the presenting person understands the above (7.1).

8.3. Information and supply of naloxone must be recorded on PharmOutcomes (refer to the *Service Specification*).

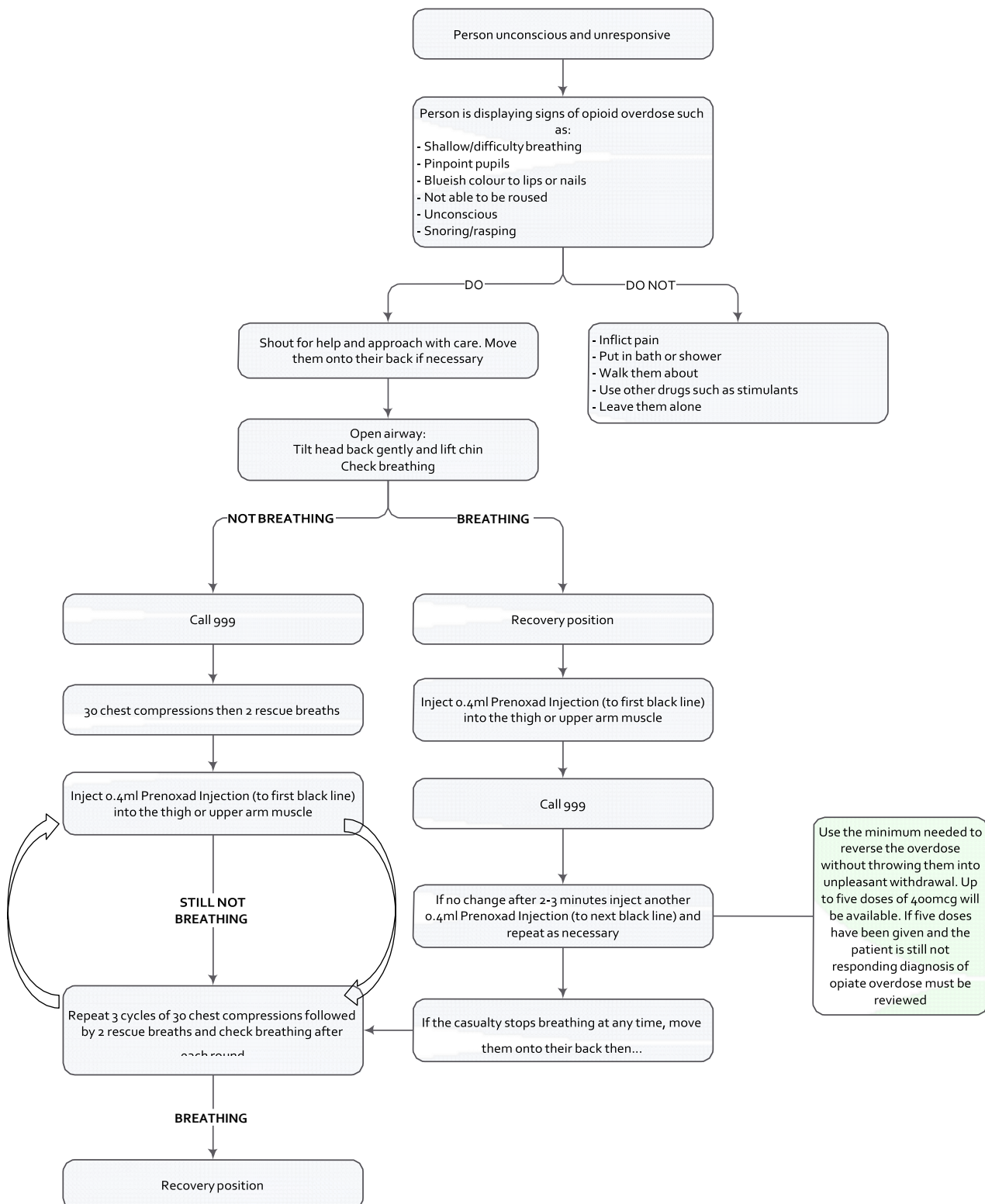
8.4. Follow the flow below to deliver information and supply of naloxone



9. Confidentiality

- 9.1. Confidentiality is of paramount importance, as with any other services we are offering. Please refer to the Medicines, Ethics and Practice which is relevant for the current year and future updates for further information.
- 9.2. The Operator must ensure that any conversation with the presenting person is not overheard by anyone in the pharmacy, thus information and supply of naloxone must be undertaken in a consultation room.
- 9.3. Ensure the presenting person understands that the Service is confidential.
- 9.4. Information that they choose to give the Operator will be covered by the Data Protection Act 1998. Information will be managed in accordance to the Data Protection Act 1998.
- 9.5. The presenting person must be informed that their recorded personal details/information will only be accessible by the Operator undertaking the Service.

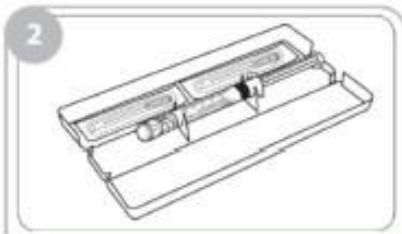
Appendix 1 – A step by step guide on finding a potential overdose



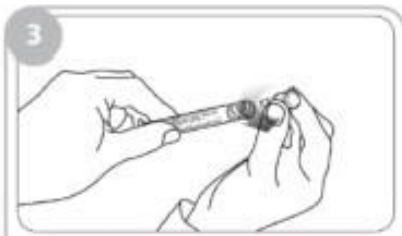
Appendix 2 – How to assemble Prenoxad Injection²



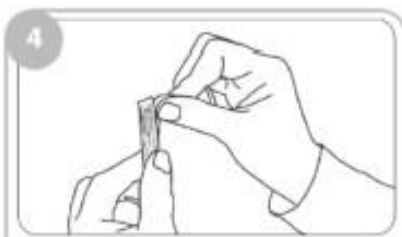
Remove the clear film wrapping by pulling the tear strip on the side of the box. Twist the outer plastic to break the tamper evident seals and open



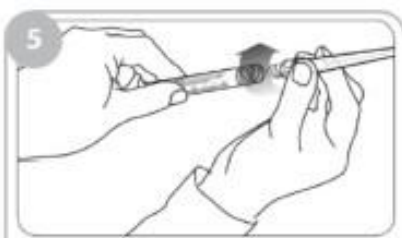
The box contains 1 syringe of Prenoxad Injection and two 23 gauge 1 1/4 inch needles for intramuscular injection



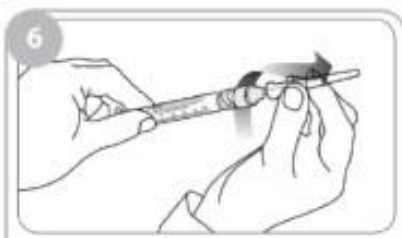
Unscrew the clear plastic top from the syringe



Peel back the backing paper from the needle packet and remove the needle, keeping it in its protective sheath

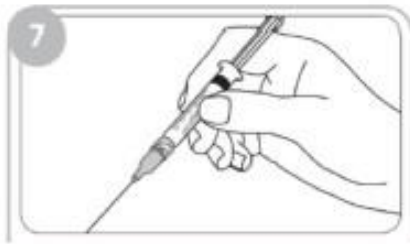


With the needle still in its sheath, screw the blue fitting onto the syringe

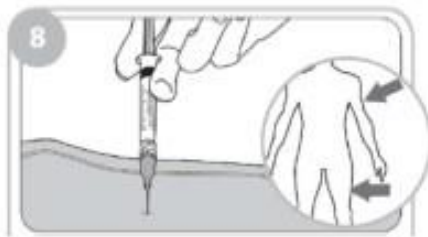


Gently twist the needle sheath and remove it from the syringe. It is important to twist the needle sheath instead of pulling it to avoid needle stick injury

Appendix 3 – How to inject Prenoxad Injection



Hold the syringe like a pen or dart



- Insert the needle at right angles (90 degrees) into the casualty's outer thigh or upper arm muscle, through clothing if necessary
- Rotate the barrel so that the black dosage line can be seen
- Inject the first dose of 0.4 ml Prenoxad Injection by holding the syringe steady and pushing the plunger to the first black line
- Take out the syringe with the needle attached and safely put it back into the case
- Do not re-sheath the needle
- If you need to give another dose, insert the syringe again and inject to the next black line
- After using Prenoxad Injection, keep the syringe in the box and hand it to the ambulance crew so that they know it has been administered

Appendix 4 – How to perform chest compressions and rescue breaths (CPR)³

To carry out chest compressions:

- Place the heel of your hand on the breastbone at the centre of the casualty's chest
- Place your other hand on top of your first hand and interlock your fingers
- Lock out your arms so they are straight. You will be directly over the casualty. Press straight down by 5-6cm on their chest

To give rescue breaths:

- Open the casualty's mouth to check if there are any obvious obstructions
- Tilt the casualty's head gently and lift the chin up with two fingers
- Pinch the casualty's nose
- Give rescue breaths by putting your mouth to theirs, making sure that your lips form a seal around the opening of their mouth, and blow steadily
- Check that their chest rises while you inflate their lungs, and falls as the air leaves their body
- Attempt to give two rescue breaths, one or two seconds apart

Appendix 5 – How to put someone in recovery position⁴

1. Remove the casualty's glasses (if worn)
2. Kneel beside the casualty and make sure that both their legs are straight
3. Place the arm nearest to you at right angles to the body, elbow bent with the hand palm facing upwards
4. Bring the far arm across the chest, and hold the back of the hand against the casualty's cheek nearest the ground
5. With your other hand, grasp the far leg just above the knee and pull it up, keeping their foot on the ground
6. Keeping the hand pressed against the cheek, pull on the far leg to roll the casualty towards you onto their side
7. Adjust the upper leg so that both the hip and knee are bent at right angles
8. Tilt the head back to make sure the airway remains open
9. Adjust the hand under the cheek, if necessary, to keep the head tilted
10. Check their breathing regularly



Appendix 6 – Record of completion form

Record of completion

Provision of the Take Home Naloxone Service in conjunction with Peterborough CGL Aspire

Complete all fields when an employee has read, understood and is familiar with this Standard Operating Procedure and the *Service Specification*.

I have understood all elements of the training that has been provided and had the opportunity to raise any questions or issues regarding the safe delivery of the service.

Name (Block capitals)	Training undertaken	Date of completion	Employee's signature

Signed:		Date:	
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Position:	
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The person signing the above (usually the pharmacist) has ensured all named employees are competent to deliver this service and have read and understood the Standard Operating Procedure and the pharmacy toolkit.

Please keep a copy of this form for reference in your pharmacy in the folder provided for this Service

References

¹Public Health England. Protecting and improving the nation's health. Take-home naloxone for opioid overdose in people who use drugs. August 2015

²<http://www.prenoxad injection.com/hcp/injecting.html> - 2013

³<http://www.sja.org.uk/sja/first-aid-advice/loss-of-consciousness/unconscious-and-not-breathing.aspx> – 2015

⁴<http://www.prenoxad injection.com/hcp/recovery.html> – 2013