

## **AHS Take Home Naloxone: Implementing the program in an Emergency Department setting**

Take Home Naloxone (THN) programs provide training in overdose prevention, recognition, and response, and provide naloxone kits to people who use opioids. Naloxone is an opioid antagonist: it reverses the effects of opioids and restores breathing during an opioid overdose. This guide has been developed to enable hospitals to implement this program.

### ***Words of Encouragement & Caution:***

We recognize that EDs are busy and chaotic, with time always at a premium. On the bright side, many potential clients are extremely receptive to ED THN, and the ED represents a unique setting to reach opioid users immediately after a life-threatening event. However, finding a quiet and confidential space for training may be near impossible, and many nurses and physicians will resist being directly involved in time-consuming training. That said, overdose education of 10 minutes or less has proven effective, and you might consider electronic resources and/or human resources to deliver training. Anticipating barriers to ED THN will greatly improve chances of program success.

### **A. Getting Started**

#### **1) *Get familiar with the program***

Visit [www.drugsfool.ca](http://www.drugsfool.ca) and review the *Information for Health Professionals*.

#### **2) *Find partners within your hospital***

Talk to your supervisor, colleagues and administrators to identify the key people who will help you navigate the system and champion the program in your ED

### **B. Plan Together**

#### **3) *Bring together key stakeholders.***

Plan a meeting with all key stakeholders, informants, and champions to discuss the potential implementation of an ED THN program. Identify and address any concerns staff may have and determine items 4-7 below. Designate one individual to be the consistent point of contact with hospital administration (i.e. the ED manager). Stakeholders may include:

- ED manager
- ED Clinical Practice or Nurse Educators
- ED Patient Care Coordinators/Charge Nurses
- ED identified champions
- ED Physician and Nurse Leads
- Hospital Pharmacy

- ED associated social workers
- Community Physicians working in chronic pain management and/or addictions
- Any and all local community THN sites

#### **4) Client Eligibility Criteria**

- Determine who gets a kit. Many sites begin by giving kits only to people who present to the ED due to an overdose. Consider starting with a small subset of your eligible patients and expand the eligibility criteria as the program staff get better acquainted
- Criteria for training (patient and/or support persons) may be different from criteria for prescribing and dispensing naloxone (patient only)

#### **5) Determine who will play the following roles:**

- Site Coordinator/Administrator (e.g. identified ED champion)
- Educator (e.g. ED registered nurses; ED nurse practitioners; ED physicians; or physicians; other)
- Prescriber (e.g. ED physician or nurse practitioner)
- Dispenser (e.g. ED registered nurse; ED nurse practitioner; ED physician; ED registered nurse or physician; hospital pharmacy)

#### **6) Staff Training**

- Plan a "train the trainer" session for a core group of staff to become the program experts
- Determine what type of training will be needed for different staff groups to fulfill their roles
- What is the best way to deliver this training?
- Note: AHS health professionals can access training via My Learning link on Insite
- Consider compiling a "refresher binder" and/or "refresher video" to be kept with THN supplies. These materials should allow staff to review key principles about the program in 1-2 minutes (i.e. while on shift)
- We recommend setting a training goal and timeline before you "Go Live" (e.g. once 80% of the ED registered nurses are trained)

#### **7) Referrals**

- Where do people go to get replacement kits or additional training or supports?
- Reach out to community agencies that offer THN or harm reduction services to see how you can partner and support clients together. (e.g. for addiction treatment or needle exchange)
- Refer to the web site for a contact list of THN sites in your community that you can refer patients and their support persons for follow up training and kit replacements.

### **B. I. For Dispensers (kit ordering, dispensing and storage)**

- Determine when and where patients will be dispensed a kit (i.e. bedside vs. hospital pharmacy, in hospital vs. upon discharge)
- Determine where kits will be stored (i.e. pyxis machine vs. locked drawer)
- Each kit is 18cm (l) x 7cm (w) x 3.5 cm (h). Determine how you will store these under lock and key.
- Determine how frequently to order, order quantity and who will place the order (i.e. site coordinator)
  - We recommend ordering 25 kits to begin with and then seeing how long it takes to dispense those. Due to delays in shipping, set a threshold for ordering new kits (i.e. when the ED is down to 10 kits, re-order).

## B.II. For Educators (Client Education)

- Determine training format (e.g. individual (most likely) vs. group)
- What materials will you use?
- Where will training happen (e.g. bedside, designated space?)
- Who is trained (e.g. patient only, friends/family and support persons of patient?)
  - If patient only, can support persons be referred to a community site?

## B.III. For Prescribers

- Physicians and Nurse Practitioners are able to prescribe naloxone.
- Registered nurses are able to dispense naloxone with a physician or nurse practitioner order under their scope of practice in Alberta and RN regulation (unless employer have other limits or conditions).
- If an RN has met the terms and conditions for **CARNA Authorization of Registered Nurses to prescribe Naloxone (within the meaning of the *Pharmacy and Drug Act*) under Ministerial Order m.o.42/2015** then the RN can prescribe a THN kit . All Terms and Conditions must be met; this expectation is not flexible and is directly authorized by CARNA. . The Ministerial Order for a RN to prescribe Naloxone expires in July 2016. Visit <http://nurses.ab.ca/content/carna/home/current-issues-and-events/news/dec-23-2015.html> for additional information.
- Consult with hospital administrators and relevant staff to ensure everybody understands their roles and responsibilities

## B.IV. For Site Coordinator

- Review the program materials and make sure you understand the reporting requirements
- Determine how confidentiality of training, prescribing and dispensing records will be maintained on site
- Determine how training, prescribing and dispensing records will be kept and stored. The program requires these records to comply with provincial regulations and failure of a site to comply with this requirement jeopardizes the continuation of this program.

## C. Go Live

When your staff training targets have been met and the items in Section B have been addressed, it is time to get started! Email to [naloxone.kit@ahs.ca](mailto:naloxone.kit@ahs.ca) the following:

- Naloxone Site Registration form #20236
- Supply order form #20237

Get started when you receive your kits and training is completed.

***Whether you have planned a soft launch or a big media blitz, you are about to change (and save!) some lives. Good Luck!***