

## 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!***