Key Messages for Staff and Physicians

New Naloxone Policies Key Messages

In response to the overdose crisis and in alignment with our Harm Reduction for Psychoactive Substance Use Policy, AHS has new policies which will replace existing Naloxone Distribution Directives and provide direction on naloxone administration for suspected opioid poisonings (overdoses) in AHS settings.

These policies take effect Dec. 2, 2019 and address both the administration of naloxone and the distribution of Community Based Naloxone (CBN) Kits.

Naloxone Administration: Suspected Opioid Poisoning (Overdose) Policy Suite

- The Naloxone Administration: Suspected Opioid Poisoning (Overdose) Policy provides direction for the administration of naloxone in an emergency situation without an authorized prescriber’s order. If an authorized prescriber is available, an order can be obtained, provided this can be accomplished in a timely manner.
  - Applies to the intranasal and intramuscular (IM) routes of administration for naloxone.
  - Supervised Consumption Services (SCS) and Injectable Opioid Agonist Treatment (iOAT) Programs are exempt from this policy. These programs follow their own program policy and procedure as they have additional requirements and staff receive additional training on responding to suspected opioid poisonings.

- The Intramuscular Naloxone Administration: Suspected Opioid Poisoning (Overdose) Procedure enables staff authorized to perform intramuscular (IM) injections to administer naloxone via the IM route in the event of suspected opioid poisoning.
  - Other staff are supported to respond when a health care professional authorized to perform the restricted activity of IM injection is not immediately available.

- The Nasal Naloxone Administration: Suspected Opioid Overdose (Poisoning) Procedure enables staff in approved programs to respond where authorized health care professionals are not available for IM injection of naloxone.
  - Nasal naloxone is only approved for use in limited AHS settings (e.g. Protective Services and Community Addiction & Mental Health).
  - Approved programs shall designate staff who will be trained to administer nasal naloxone for a suspected opioid overdose.
  - For use of nasal naloxone, other program areas are to work with their senior leadership and Pharmacy Services to seek approval for the use of nasal naloxone.

Accessing Naloxone for Administration in AHS Settings

- Once the risk of opioid poisoning occurring in a given care setting has been assessed and established, the policy directs site and program leadership to develop a plan for suspected opioid poisoning as part of the site’s First Response to a Medical Emergency.
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Plan. This plan should be communicated to staff accordingly, so that all staff are aware of their roles and responsibilities.

- Programs and settings that access medications from AHS Pharmacy Services can obtain injectable naloxone through the same process.
- For programs or settings that do not obtain medications from AHS Pharmacy Services, please email AHS.PharmacyProcurementandInventory@albertahealthservices.ca for further information.
- Nasal naloxone is available for select programs (e.g. Protective Services and Community Addictions & Mental Health). Program areas that are not already approved must work with their senior leadership and Pharmacy Services to seek approval for the use of nasal naloxone.

Education

- Designated staff may complete education available to support their knowledge, skills, and abilities to safely administer injectable or nasal naloxone as applicable.
- Resources are available on MyLearningLink (“Community Based Naloxone” e-Learning module) and at www.ahs.ca/naloxone.

Distribution of Community Based Naloxone (CBN) Kits Policy

- The Distribution of Community Based Naloxone Kits policy permits trained AHS staff in all practice areas to distribute CBN program naloxone kits, without an authorized prescriber’s order to persons at risk, their families and friends and to members of the public requesting a kit.
- This policy replaces the naloxone Directives for Community and Emergency Departments and Urgent Care Centres.
- While CBN kits may be distributed on hospital grounds, they are intended to be used outside of a hospital setting in the community.

Accessing Community Based Naloxone Kits for Distribution

- AHS settings shall assess the needs of the patients and families they serve to determine whether it is appropriate for them to register with the CBN Program.
- Sites will need to register with the CBN Program by visiting www.ahs.ca/naloxone and following the steps in the Community Based Naloxone Program Distribution Site Manual document linked on the website. Once registered:
  - Sites that receive medications from AHS Pharmacy Services may order CBN program Kits for distribution through AHS Pharmacy Services.
  - Sites that do not order medications from AHS Pharmacy Services will need to order kits through the CBN program website www.ahs.ca/naloxone.

Education

- All personnel distributing CBN kits shall complete the required AHS Community Based Naloxone e-learning module available on MyLearningLink.
Key Messages for Staff and Physicians

- Staff should assess their competency and comfort level to provide training on poisoning prevention, recognition and response training. If further support and education is required, please speak with your clinical educator or manager.
- Other resources to support your learning such as FAQ, videos or support documents can be found on www.ahs.ca/naloxone.

Support for Policy Implementation

AHS staff will be supported through educational initiatives and resources. To learn more about naloxone visit: www.ahs.ca/naloxone

For more information on the implementation of this policy, or if you have questions or concerns, please email harm.reduction@ahs.ca

The naloxone policies and FAQs are available on Insite: https://insite.albertahealthservices.ca/tools/policy/Page23999.aspx

The naloxone policies are available on the AHS external website https://www.albertahealthservices.ca/info/Page7451.aspx

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