***Take Home Naloxone Programme (NSP)***

***Example Standard Operating Procedure (SOP)***

***(For illustration purpose only)***

Minimum Standards for Adaptation by Individual Contractors

This SOP will need to be re-drafted for each individual pharmacy.

**SOP: COMMUNITY PHARMACY TAKE HOME NALOXONE PROGRAMME IN**

**[XXXXXXXX] PHARMACY**

**Purpose**: To reduce Drug Related Deaths (DRD) in people who use drugs through the efficient and wider distribution of naloxone in the community

**Scope**: This service is for all any person who uses drugs or who may witness a drug overdose in the

Somerset area. It excludes supply to those under 16 years of age. Any person under 16 should be referred to the local specialist service.

This SOP should be read alongside the locally commissioned service specification.

Any person in the pharmacy who has attended the 1-hour online training programme or have undertaken this post session may supply naloxone. It is not a pharmacist-only service and we would encourage all staff, especially those involved in the provision of needle exchanges, to engage with the service.

**Procedure & Process**: People who access this service must be afforded the courtesy that any client or customer might expect. All transactions ideally would take place discretely. Social distancing should be maintained throughout the transaction during the Covid-19 pandemic.

If the individual is or appears to be under 16, supply health promotion material and signpost them to the specialist substance misuse service, except in an emergency situation when anyone can administer naloxone for the purposes of saving a life.

**Procedure for the supply of naloxone (proactive and reactive supply)**

* Welcome the individual
* If the individual attends for a needle exchange or to collect their Opioid Substitution Prescription (OST) prescription then ask them if they have naloxone (proactive supply)
* If they do not have naloxone, ask them to take a naloxone and explain the benefits of them having the naloxone to keep and it’ role in reducing DRDs. Hand them a leaflet outlining how to use naloxone and refer them to the website for further information

**Note – the service is a supply-only service so a comprehensive discussion of harm reduction and/or basic lifesaving is not required. The member of staff can direct the client to the naloxone website for further information. If the client has never been supplied with naloxone before, then provide a quick review of dosing using the placebo pack. Please refer to the online training programme for examples on how to supply.**

* If the individual states they do not want naloxone then do not force the agenda. Accept this but inform them that it is available in the pharmacy if they want a supply in the future. Ask again at a later date if you feel it appropriate.
* If appropriate, ask if the individual has any concerns or problems. Harm reduction messages can be provided, for example, advice and information on safer injecting and safer drug use. Clients may also be signposted towards more specialised open access and/or drug and alcohol treatment services if appropriate, for example, clients using the needle exchange service who are currently not engaging in treatment.
* If an individual actively asks for naloxone (reactive supply) please supply them with the amount requested referring to the procedure above.

**Records:**

* Ensure that a PharmOutcomes record is recorded
* A member of staff in the pharmacy must ensure that sufficient naloxone stock is available to provide the service. Stock can be ordered from your local wholesaler
* Any used naloxone syringes returned to the pharmacy should be in a sealed sharps bin or a sealed Prenoxad case, which then goes in the sharps waste.

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| Named trained staff | Role |
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Review of Standing Operating Procedure:

This procedure shall be reviewed:

* Every two years
* Following an incident and/or
* When the contact details require changing and/or
* Following a change in the law; GPhC guidelines; Contractual arrangements or service provision from Turning Point.

**Known Risks of Take Home Naloxone service:**

* Needle Stick injury for returns if not in sealed box/sharps bin
* Unacceptable behaviour of an individual. Possible danger to personal safety from unacceptable behaviour. A general policy applicable to all pharmacy users is advised
* Employees Shortage; busy periods resulting in shortage of adequately trained personnel so the service cannot be provided. The Pharmacy should be able to signpost to other local providers of naloxone when this occurs.
* Poor storage of equipment

I have signed to say that I have read the procedure and understand its implications:

Name:

Signature:

Date:

Procedure prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date effective from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Preparation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_