Date: September 15, 2022

BHRS POLICY: 22-05

SUBJECT: BHRS Naloxone Policy

AUTHORITY: National Naloxone Distribution Project (NDP)

Funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and Administered by Department of Health Care Services

(DHCS)

California Civil Code Section 1714.22 Standing Order

Behavioral Health Information Notice 22-025

NEW POLICY: September 15, 2022

ATTACHMENTS: Attachment A: BHRS Pharmacy Naloxone Log

Attachment B: Clinic/Program Naloxone Log

Attachment C: Naloxone Staff Training Completion Tracker

PURPOSE:

The NDP aims to combat opioid overdose-related deaths through the provision of free naloxone nasal spray throughout California. The purpose of BHRS Naloxone Policy is to establish policy and procedure for participation in the NDP and fulfill its program requirements for safe storage and distribution of intranasal naloxone. Additionally, it fulfills the requirement of BHIN as the program expands to BHRS residential facilities.

POLICY:

The standing order issued by the state Public Health Officer (authorized by California Civil Code Section 1714.22):

- 1) allows community organizations and other entities in California that are not currently working with a physician, to distribute naloxone to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist; and
- allows for the administration of naloxone by a family member, friend, or other person to a person experiencing or reasonably suspected of experiencing an opioid overdose.

Through the NDP, qualified organizations and entities may request free naloxone from DHCS and have it directly shipped to their address. BHRS Pharmacy team will request, receive, and store naloxone shipments from the NDP. It will serve as a hub for wide distribution of naloxone to participating San Mateo County programs serving high-risk patients. Designated program champions will be responsible for coordinating obtaining supplies, tracking staff training, and naloxone reversals.

Participating programs shall adhere to laws and regulations related to naloxone distribution.

<u>Definitions</u>

Throughout the document, references to "naloxone" will refer to the intranasal formulation of the opioid antagonist used for the acute treatment of opioid overdose. The "pharmacy" will refer to BHRS Pharmacy Team. The "program" will refer to approved participating programs.

Procedure for BHRS Pharmacy

- 1. Naloxone supply acquisition
 - a. Pharmacy will submit application(s) to NDP annually or as needed
 - b. DHCS will deliver shipments of naloxone to BHRS Pharmacy at 727 Shasta St. Redwood City, CA 94063.
- 2. Storage of Naloxone supply
 - a. Naloxone will be stored at 727 Shasta Street Medication Storage Room
 - b. Naloxone will be stored separately from pharmacy medications in a safe and secure location
- 3. Pharmacy naloxone records (Refer to sample Pharmacy Naloxone Log in Attachment A)
 - a. Pharmacy will log receipt of naloxone shipments with date, quantity, expiration date and lot numbers
 - For each naloxone order provided to programs, Pharmacy will log the program name, pickup date, quantity provided, expiration date, LOT number
 - c. With each re-order from the programs, pharmacy will note the number of reversals as reported by programs
 - d. Pharmacy will send the naloxone reversal information to Naloxone@dhcs.ca.gov.

Procedure for Participating Programs

- 1. Program participation
 - a. BHRS and BHRS-affiliated programs may request to participate and receive naloxone by contacting Medical Director or AOD Deputy Director or their designee
 - b. Each program shall have designated champions who will coordinate naloxone distribution including reordering and tracking of reversals

- c. Programs that prefer to order directly from the State can do so via NaloxoneStandingOrder (ca.gov)
- 2. Naloxone storage
 - a. Stored naloxone will not be in immediate access to clients
 - b. Naloxone is not required to be stored within a medication room. However, if stored in a medication room, they must be stored separately from other medications
 - c. **DHCS licensed SUD recovery or treatment facilities** (per AB 381 (HSC, Section 11834.26)) must 1) maintain, at all times, at least two unexpired doses of naloxone, or any other opioid antagonist medication that is approved by the FDA for the treatment of an opioid overdose; 2) have at least one staff member, at all times, on the premises who knows the specific location of the naloxone, or other FDA-approved opioid antagonist medication, and who has been trained in its administration.
- 3. Obtaining Naloxone from BHRS Pharmacy
 - a. To request naloxone, the program will email hs bhrs pharmacy@smcgov.org
 - b. Program champions will coordinate pickup of the naloxone supply with pharmacy team
 - c. Program will report total number of naloxone reversals with each reorder
- 4. Naloxone distribution
 - a. Naloxone will be distributed by clinic staff who have completed Naloxone Distribution training. Both clinical and non-clinical staff may participate
 - b. Eligibility for receiving naloxone
 - i. People who currently use opioids, have a history of opioid use, or are in frequent contact with people who use opioids, or
 - ii. People at risk for overdose or in contact with someone at risk (including individuals who use stimulants or other agents which may be contaminated with or confused with opioids), or
 - iii. Other persons in a position to assist during an opioid-related overdose
 - iv. Naloxone should be given to any person who requests it, regardless of history
 - v. Naloxone may be distributed to any person, and is not restricted to patients/clients of the program
 - c. Staff are required to provide appropriate counseling on naloxone to individuals who receive naloxone through the program; staff may use youtube Narcan Training; Naloxone Brochure English or Naloxone Brochure Spanish
- 5. Documentation (Refer to sample Clinic/Program Naloxone Log in Attachment B)
 - a. Each program will track the number of reversals the program is aware of, and report to BHRS Pharmacy upon reordering naloxone

- Naloxone distribution will be documented in the naloxone log, including date of distribution, quantity given, staff or patient information as applicable, and documentation that overdose prevention education was provided to the patient
- c. Labelling the naloxone is not required; however, programs may choose to do so
- 6. Training (Refer to sample Training Tracker in Attachment C)
 - a. Staff distributing naloxone are required to receive training on opioid overdose prevention and treatment
 - b. Minimum training requirements:
 - i. The causes of an opiate overdose
 - ii. Mouth to mouth resuscitation (but should only be given if using a mouth guard for Covid-19 safety)
 - iii. How to contact appropriate emergency medical services (call 911)
 - iv. How to administer the intranasal naloxone
 - c. Each program will maintain records of all staff who have completed training.
 - d. DHCS licensed SUD recovery or treatment facilities (per AB 381 (HSC, Section 11834.26)) must have at least one staff member, at all times, on the premises who has been trained in the administration of naloxone, or any other opioid antagonist medication that is approved by the FDA for the treatment of an opioid overdose. Training shall include review of online resources and the National Harm Reduction Coalition's Opioid Overdose Basics website to respond effectively to an opioid-associated overdose emergency. Staff shall certify that they have reviewed and undergone training in opioid overdose prevention and treatment. Proof of completion of such training shall be documented in the staff member's individual personnel file, in accordance with California Code of Regulations (CCR), Title 9, Section 10564(k).
 - e. Additional approved training programs/resources:
 - i. Recommended staff training
 - 1. How to Use Narcan with the DOPE Project (~10 min) https://www.youtube.com/watch?v=bUtYpb dUSus
 - Administering Naloxone- Training Video (~10 min)
 https://www.youtube.com/watch?v=nurz9qPGKws&feature=you tu.be
 - ii. Other training programs/resources recognized by medical director/designee

Approved <u>Signature on File</u>

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