



<b>Health Care Agency Behavioral Health Services Policies and Procedures</b>	Section Name:	Care and Treatment
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SIGNATURE	DATE APPROVED
Deputy Director Behavioral Health Services <u>Signature on File</u>	<u>2/9/2024</u>

**SUBJECT:** Use of Naloxone Hydrochloride (Narcan) in BHS Programs

**PURPOSE:**

To provide a written policy regarding the administration, distribution, storage and disposal of Naloxone in the Health Care Agency (HCA) Behavioral Health Services (BHS) programs.

**POLICY:**

The HCA staff must follow specific procedures for receipt, administration, distribution, storage and disposal of Naloxone in the BHS programs.

**SCOPE:**

This procedure outlines a specific protocol for Substance Use Disorder (SUD) and Mental Health (MH) staff to store, use, distribute and dispose of Naloxone in the BHS programs.

**REFERENCES:**

[MHSUDS Information Notice No. 19-009 Naloxone in Licensed Alcohol and Other Drug \(AOD\) Residential Treatment Programs and Certified AOD Outpatient Programs](#)

[California Code, Civil Code – CIV §1714.22](#)

California Department of Public Health Naloxone Standing Order (Contact SUD Program Administrator for copy)

[HCA IV-1.03 Special Incident Report P&P](#)

[HCA P&P IV-1.04 Reporting the Deaths of Agency Staff Members, Clients and Other Persons](#)

[Narcan \(Naloxone HCL\) Nasal Spray Quick Start Guide](#)

**FORMS:**

HCA Record of Naloxone Receipt, Storage, Administration and Disposal (Referred to as the Naloxone Tracking Log) (Contact SUD Program Administrator for form)

HCA Naloxone Reversal Log (Contact SUD Program Administrator for form)

HCA Naloxone Distribution Log (Contact SUD Program Administrator for form)

**DEFINITION:**

Naloxone - (generic name for brand medications such as Narcan and Kloxxado) is a life-saving medication that reverses an opioid overdose while having little to no effect on an individual if opioids are not present in their system. The medication works by blocking the opioid receptors and reversing the harmful effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose. Naloxone requires a prescription but is not a controlled substance. This medication is approved by the Food and Drug Administration (FDA) to treat overdose by opioids such as heroin, morphine, oxycodone and fentanyl.

**PROCEDURE:**

- I. Naloxone shall be administered exclusively to treat a suspected opioid overdose and/or distributed to individuals at risk for overdose.
  - A. Any HCA staff who administers Naloxone must have successfully completed an Opioid Overdose Prevention and Treatment Training Program for Naloxone administration (as defined in California Civil Code § 1714.22), and the training must be documented in their individual personnel file.
  - B. Any individual provided Naloxone nasal spray to take home will be given a handout explaining when and how Naloxone is administered, and the provider is required to educate the individual on appropriate use in their primary language.
  - C. A BHS Medication Consent form is not required for distribution of or prescribing Naloxone, however, education and training on use must always be provided.
- II. Acquired Naloxone
  - A. All acquired Naloxone shall be recorded by the clinic/program nursing staff, or other designated staff, in the Record of Naloxone Receipt, Storage, Distribution, Administration and Disposal Log. This form will be referred to as the 'Naloxone Tracking Log' for the purposes of this document and will be stored in the same location as the Naloxone. The Naloxone Tracking Log is distinct from the Naloxone Reversal Log which is used to document all doses of Naloxone administered to an individual.
  - B. All acquired Naloxone shall be logged sequentially and will note, as appropriate: date received, lot number, expiration date, and number of units.
  - C. To demonstrate accountability for acquired Naloxone, each line entry on the Naloxone Tracking Log must track receipt of each Naloxone kit received,

administered, distributed, or disposed of and all applicable sections of the log must be completed.

III. Storage of Naloxone

- A. The stock of all Naloxone shall be kept in an accessible location, such as the front office area in a cabinet that may be locked during non-business hours and is also only accessible to staff. All Naloxone-trained staff will have access to Naloxone.
- B. All Naloxone shall remain in its original and clearly marked packaging.
- C. Expired Naloxone will be removed immediately and properly disposed of in a pharmaceutical waste container (see section VI).
- D. Naloxone should be stored at room temperature (between 59 and 86 degrees Fahrenheit) and should be kept away from direct sunlight.
- E. For field-based programs (including community events), Naloxone will be kept on the staff members' person and brought in from the field each night and placed in a locked cabinet.

IV. Administration of Naloxone

- A. Naloxone should be administered to individuals who are suspected, known, and/or are showing signs of an opioid overdose.
- B. No medication consent is necessary to administer Naloxone.
- C. Steps of Naloxone administration:
  - 1. The overdose or suspected overdose is identified.
  - 2. Call 9-1-1. Naloxone administration is not a substitute for emergency medical care.
  - 3. Give Naloxone per the Quick Start Guide that accompanies the medication.
  - 4. If person is unresponsive and/or has impaired breathing after 2 to 3 minutes, give a second dose of Naloxone.
  - 5. Stay with person until emergency responders arrive.
  - 6. If additional Naloxone is available, Naloxone can be dosed every 2 to 3 minutes if necessary.
- D. After Naloxone is administered and the situation has stabilized, the clinical staff who administered the Naloxone shall enter a progress note into the

beneficiary's/client's chart and complete all sections of the Naloxone Reversal Log. Administered Naloxone should also be recorded on the Naloxone Tracking Log.

1. If the staff who administered the Naloxone is not clinical staff, a clinical staff person present shall enter a progress note into the beneficiary's/client's chart.
  2. If the person the Naloxone is administered to is not a current beneficiary/client, no progress note needs to be written. However, the Naloxone Reversal Log and Naloxone Tracking log must still be completed.
- E. A Special Incident Report (SIR) shall be completed within 24 hours of the incident of administering the Naloxone. For instructions on completing an SIR, please see HCA P&P IV-1.03. Program Management will maintain record of all incidents of Naloxone administration /reversals. For individuals who are not considered clients, an Incident Accident Report (IAR) will be completed through the Safety Portal.
- V. Distribution of Naloxone
- A. Pursuant to the California Department of Public Health Naloxone Standing Order for HCA, all FDA approved doses of the nasal spray, Naloxone, may be distributed to individuals who are at risk for overdose. All Naloxone distributed must be recorded on the Naloxone Distribution Log.
  - B. Beneficiaries/clients or family members will not be charged for Naloxone nasal spray-- whether receiving it to prevent a fatality in overdose or receiving it due to being at risk for overdose.
  - C. All beneficiaries/clients or family members will be provided a handout as well as education and training in their primary language to explain how to use Naloxone in the event of an overdose emergency.
  - D. Field based programs (including community events) will track distribution to individuals or to clients who are provided Naloxone. Reversals in the field will be documented on the Reversal Log immediately upon arriving back in the office.
  - E. Naloxone may also be distributed directly to HCA employees on an individual request basis. However, Naloxone distributed to employees may not include stock that is either funded or supplied through the state's Naloxone Distribution Program (NDP). Naloxone distributed to HCA employees will be managed directly by Administration of the Substance Use Disorder division of Behavioral Health Services. All Naloxone distributed to employees must be logged and documented on a Naloxone Distribution Log. A separate log for supply distributed to employees will be maintained and distinct from records for distribution to members of the community. Any HCA employee requesting Naloxone will be provided with the same training resources and materials that are given when Naloxone is distributed to a community member.

VI. Disposal of Naloxone

- A. Stock of stored Naloxone should be checked by clinic nursing or other designated staff on a regularly scheduled, monthly basis. Expired Naloxone will be removed immediately from storage and placed in a pharmaceutical waste container. To demonstrate accountability, tracking the expired medication must be entered into the Naloxone Tracking Log and must include date disposed, quantity of Naloxone disposed, reason for disposal, and signature of staff disposing Naloxone.
- B. All disposal of Naloxone must be logged in the Disposal section of the Naloxone Log and must include date, amount disposed, reason for disposal (expired, damaged, etc.), and signature of staff who disposed of the Naloxone.
- C. All disposed Naloxone shall be placed in the pharmaceutical waste container.