

[HOSPITAL NAME] (FEIN [fein #])

Overview: Proposed Naloxone Distribution Site Background

[HOSPITAL NAME] is an urban Emergency Department (ED) in [CITY], California, a community highly impacted by the opioid crisis, with an annual patient census of [ED CENSUS] visits. In 2018, using a closed response survey to assess the prevalence of patients who use injection drugs, we found an 11% prevalence of active injection drug users (IDU) among the ED patient population¹. In addition we have a large population of ingested, smoked and snorted opioid and stimulant users that are now being unexpectedly exposed to fentanyl, often with catastrophic results. Given the number of patients and visitors to [HOSPITAL NAME] directly at risk for overdose, as well as family and friends in direct contact with individuals at risk for overdose, we estimate the annual initial need for naloxone distribution in our department to be approximately [#] units.

Standard Operation Procedure – Distribution of Free Nasal Spray Formulation of Naloxone

Target Population:

- Any [HOSPITAL NAME] patient or visitor at risk of an opioid-related overdose, or a patient or visitor who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose

Purpose:

- To reduce opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation

Procedure:

- Any [HOSPITAL NAME] staff member (examples include MD, PA, NP, RN, LVN, Health Coach, Substance Use Navigator, Clinical Social Worker, Research Staff, Emergency Medicine Technician, Pharmacist, Security Guard, Clerical Staff, Volunteer) may act as an Overdose Prevention Educator and may distribute free nasal formulation of naloxone to patients or visitors at [HOSPITAL NAME] who are at risk of an opioid-related overdose, or who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose
- As per the CDPH Naloxone Distribution Project guidance the storage, retrieval and dispensing of naloxone kits will be:
 - a. separate from naloxone used for medical treatment of patients
 - b. provided free of charge
 - c. dispensed via Standing Order issued by the Project Director Dr [PROGRAM DIRECTOR]
- 2. Educators who wish to participate will agree to complete the California Department of Public Health (CDPH) training video and abide by the procedures and document requirements described in this document. Clinicians with
- 3. Educators will:
 - a. offer naloxone kits to patients or visitors who are at risk of an opioid-related overdose, or who are family members, friends, or other persons in a position to assist a person at risk of an opioid-related overdose
 - b. access to naloxone kit storage
 - c. review the instructions for naloxone use for the reversal of opioid overdose with the recipient
 - d. complete the required documentation
 - e. dispense naloxone kits to participants.

Documentation:

- The following information will be logged when dispensing naloxone:
 1. The number of naloxone kits dispensed
 2. The number of opioid overdose reversals the recipient has completed using free naloxone (if any)
 3. Confirmation that the instructions for naloxone were reviewed with the recipient

¹ White et al. "The Prevalence of Injection Drug Users and Blood-Borne Viral Infections among Emergency Department Patients." Abstract submitted to Society for Academic Emergency Medicine (SAEM), 2019.

Responsible Persons for the Project:

- Project Director: [PROGRAM DIRECTOR]
- Project Coordinators: [PROGRAM MANAGER(S)]