



October 2022

Guide to Naloxone Distribution

A Note to Readers

“As of June 2022, a total of 136 emergency departments in California have followed these steps to obtain the California Department of Healthcare Services’ approval of their Naloxone Distribution Project applications. Through this project, an astounding 92,496 naloxone overdose reversal kits have been awarded to California emergency departments for free distribution.

But we need to do more. All California emergency departments are on the front lines of our national overdose crisis – it impacts every community.

Use this guide. Join this historic effort.”

– Josh Luftig, PA-C, CA Bridge, Director of Harm Reduction Services

About

CA Bridge, a program of the [Public Health Institute](#), works to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. We seek to fully integrate addiction treatment into standard acute care medical practice — increasing access to treatment to save lives.

The CA Bridge model is based on three pillars:



- 1. Low-Barrier Treatment:** Provide rapid, same-day treatment in response to patient needs. Make medication for addiction treatment (MAT) accessible in the emergency department and all hospital departments without complicated restrictions and procedures.



- 2. Connection to Care and Community:** Link patients to ongoing care through active support and follow up. Reach out to the community organizations and people who use drugs to increase access to care.



- 3. Culture of Harm Reduction:** Create a welcoming culture in the hospital that does not stigmatize substance use and does recognize racial disparities in access to care. Promote harm reduction and trauma-informed practices. Build trust and lead with respect.

This guide is designed to support hospitals to set up a take-home naloxone program in an effort to save lives. For more information on CA Bridge, visit www.cabridge.org.

This guide was last updated October 2022. Specific policies and regulations surrounding addiction care and medication dispensing and prescribing may have changed since that time.

CA Bridge disseminates resources based on published evidence and medical expertise. These resources are not a substitute for clinical judgment as current best practices may change. Providers are responsible for assessing the care and needs of individual patients. CA Bridge is a program of the Public Health Institute. © 2022, California Department of Health Care Services. Content available under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International ([CC BY-NC-ND 4.0](#))

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Naloxone Distribution Project Basics

The Naloxone Distribution Project (NDP) is a statewide naloxone distribution program funded at the federal level by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the California Department of Health Care Services (DHCS) to combat opioid overdose-related deaths throughout California.

As explained by DHCS:

“The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free take-home naloxone [the reversal medication for opioid overdose], in its nasal spray formulation.”

Since October 2018, qualified organizations and entities, including emergency medical services (EMS) and emergency departments (EDs), have been eligible to apply for free naloxone from DHCS. **Take-home naloxone (THN) is available to all California EDs through the NDP.**

What is Naloxone?

According to DHCS:

“Naloxone 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. Naloxone works by blocking the opioid receptor sites, reversing the toxic effects of the overdose. Naloxone [has] few known adverse effects and no potential for abuse. Naloxone is administered when a patient is showing signs of opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or by intravenous injection.”

Naloxone is an exceptional form of harm reduction. It has been recognized for both its extraordinary safety profile and its tremendous life-saving impact. Because of these qualities, states have allowed community distribution of naloxone by members of the lay public in the United States since the 1990s.¹ NDP programs focus on giving patients and their friends and families the intranasal formulation of naloxone to take home with them from the hospital/ED. Like knowing how to do CPR can help save a life if someone around you collapses in cardiac arrest, carrying naloxone allows you to save the life of someone around you in the event they overdose on opioids. Naloxone works for *all* opioids, including heroin, pills like ‘oxy’ or ‘norco,’ and fentanyl.

Why Distribute Naloxone?

Prescribers are legally required by California state law (CA Bus & Prof Code § 740-742 (2018)) to provide naloxone and overdose education to populations at risk for overdose.² Despite an increase in recent years of providers *prescribing* naloxone to patients, data shows that only 1.6% of patients actually *fill* those naloxone prescriptions.³

Possible barriers to filling a naloxone prescription include visiting the pharmacy, waiting in line, paying for the medication if uninsured, paying a copay if insured, and fear of experiencing stigma and bias at the pharmacy. Prescribing naloxone is restricted to registered patients and does not allow for low-barrier, anonymous, 24/7 access. The NDP eliminates nearly all barriers to naloxone access, even allowing THN distribution without patient registration. Furthermore, **16% of those who receive THN from the ED are estimated to go on to reverse an opioid overdose.**⁴ This program offers a simple way to save lives: increase the number of people in our community with naloxone on hand, particularly people who use drugs. See [Naloxone Distribution Project](#) for more information.

Setting up a Naloxone Distribution Program

The following is a basic checklist of steps required to set up an NDP program at your site:

- Appoint a **Program Director** to coordinate with stakeholders
- Establish **Standard Operating Procedures** for your program
- Obtain a provider's **Standing Order** for naloxone
- **Apply for naloxone** from DHCS
- Educate and **Train Your Team**
- **Establish a storage** location
- Log distributions using **Log sheets**
- **Distribute Naloxone. Save Lives.**

See the [Naloxone Distribution Project Application Checklist](#) for a complete checklist, and [Ready-Made Form Templates](#) for a Standard Operating Procedure, Standing Order, and Log Sheet templates.

Appoint a Program Director

Your NDP **program director** should be someone based in the ED and familiar with any other MAT programs at your site (e.g., buprenorphine for opioid withdrawal). This program director may be a **physician (MD/DO)**, **advanced practice provider (PA/NP)**, or **nurse leader**. The program director should work in coordination with the ED medical director, ED nursing leadership, and pharmacy department to implement the program. A navigator, nurse leader, or another engaged individual can provide key support and day-to-day program management.

Establish Standing Operating Procedures

Each NDP program needs to have a basic **Standard Operating Procedure** established that spells out the program's details. This includes:

1. **Naloxone Storage** – Details of where your THN will be stored. This must be a room/space *separate* from any other medication storage in your ED/hospital. Since this naloxone will not be charged to the patient/billed to insurance and will not be used for patient care or prescription fulfillment, it must be separate from those medications that *are* being billed to the insurance company.

DHCS does not require THN storage spaces to be locked. Many of the 136 EDs in California that have implemented ED-based THN distribution find that storing THN kits in easily accessible, unlocked drawers, shelves, and cabinets greatly facilitates low threshold distribution. EDs across California participating in DHCS' NDP with unlocked storage of DHCS THN kits pass Centers for Medicare and Medicaid Services, The Joint Commission, and California Department of Public Health (CDPH) Licensing and Certification surveys because they are distributing to the public as a participant in a state-sponsored public health program, *not* using DHCS-provided naloxone for medical care (patient care or prescription fulfillment) at the facility.
2. **Naloxone Inventory & Tracking** – There must be a system where you track the naloxone distribution from the ED. This requirement is not difficult, but it does need to be done. [Attachment E: Sample Log Sheet](#) can be adapted for your site.
3. **Distribution Plan** – There must be a distribution plan outlined for THN received through the program, including what will qualify patients to receive naloxone take-home doses. [Attachment B: Standard Operating Procedure](#) can be adapted for your site.

No need to label THN

Normally, when medication is given to a patient, it is labeled with a prescription label that includes the patient's name. However, naloxone obtained from DHCS for distribution to the public from EDs and community settings is *exempt* from these labeling requirements.

Therefore, **you are not required to label the THN distributed through your program with a prescription label.** It can be given to the patient exactly as is when it arrives in your shipment!

Since this process is very different from other medications that normally require a prescription, the **DHCS and California Board of Pharmacy have clarified regulations pertinent to the distribution of naloxone in hospitals.** See Question #9 of the [DHCS Naloxone Distribution FAQ](#) for details.

Obtain a Provider's Standing Order

Any patient medication not considered 'over the counter' must be given at the order of a licensed medical provider (e.g., physician, nurse practitioner, or physician assistant). Under [CA Civ Code § 1714.22 \(2012 Leg Sess\)](#) (legislation enacted in response to the opioid crisis), THN specifically may be distributed by, and administered by, trained members of the lay public under a 'standing order.' In accordance with this statute, a 'standing order' for naloxone can be issued by any licensed health care provider who is authorized to prescribe naloxone (e.g., physician, nurse practitioner, or physician assistant). This means a one-time standing order can be written by the provider and covers the distribution of *all* the naloxone in your NDP program. This approach circumvents the need to obtain a specific order for *every* dose that is distributed. It allows the staff at your hospital to carry and distribute THN.

Attachment D: Standing Order Template can be used to write a standing order. Use the blank form in the attachment and obtain a signature from a licensed healthcare provider in your ED.

Non-prescribing entities can apply

The CDPH allows non-prescribing entities to apply for a standing order through the CDPH website. Non-prescribing entities are organizations that do not employ or contract with a medical provider that has a license to prescribe, such as community centers (e.g., libraries or schools). **This mechanism for non-prescribing entities is not the one you should use to establish your standing order.**

Apply for Free Naloxone

Apply through the [NDP Application](#).

To complete the application, you will need:

1. Applicant's name, contact information, and the mailing address for your site.
2. Your hospital's Federal Employer Identification Number (FEIN), which can be located by googling your hospital name and 'FEIN' or 'EIN.'
3. Copy of completed **Attachment D: Standing Order Template**.
4. A, "brief and comprehensive summary," with the application including **Attachment B, C, E, F, J, and K**.

How much naloxone should we order?

Deciding the size of your first order can be daunting. Consider the following in deciding how much to order:

- **How big is your storage area?** 1008 units (two-dose kits) are the size of about half a pallet. The dimensions would be 40 x 48 x 36 inches and would include twenty-one large boxes. Measure your potential storage area to better understand your capacity. We recommend placing a large enough order to provide a 6-8 month supply for your hospital, though this may take a few orders to determine accurately.
- **How many patients do you have?** Small hospitals start with orders of around 192 kits, while large hospitals go for orders closer to 2004.
- **Make sure you have a critical volume.** If you order too few kits, your staff may feel like distribution should be restricted to a limited number of people. Ordering a high volume demonstrates how plentiful it is and will encourage your staff to distribute it more freely so that the goal of decreasing the overdose fatality rate in your community can be reached.
- **What is your distribution goal?** Many of the hospitals with top-performing distribution programs give out a number of kits every year equivalent to 1% of their emergency department patient volume (i.e., an ED that saw 30,000 patients per year would distribute about 3,000 kits annually). Check out the California Department of Health Care Access and Information's [Emergency Department Volume and Capacity](#) webpage and select your hospital to see the most recent ED volume data.

Note: Orders of naloxone must be placed in multiples of 12. That is the amount that comes in one box and is the smallest unit the manufacturer can ship. For example, instead of ordering 200 kits, you could order 192 (16 boxes of 12) or 204 (17 boxes of 12).

Submit the Application

See [Attachment A: Naloxone Distribution Project Application Checklist](#) for an exhaustive list of what to include in your submission to DHCS.

- **Preferred:** Send an email to naloxone@dhcs.ca.gov with the completed [application](#) and all [completed forms](#) as attachments.
- **Alternative:** Submit the completed application and all supplemental materials by mail:
 Department of Health Care Services Community Services Division
 Attn: Naloxone Distribution Project
 P.O. Box 997413, MS 2603
 Sacramento, CA 95899-7413

Naloxone Logging and Tracking Requirements

DHCS requires programs to keep a log to track the distribution of naloxone doses distributed through the NDP program. Using [Attachment E: Sample Log Sheet](#) is a straightforward way to meet this requirement.

Educate and Train Your Team

According to DHCS, "Staff of community organizations and other entities distributing naloxone under the NDP are required to receive opioid overdose prevention and treatment training, and are required to train individuals who receive naloxone from them."

For licensed prescribers (physicians, nurse practitioners, or physician assistants) this training is already a core competency, so additional training is optional. However, all other participating staff, including nurses, navigators, ED technicians, social workers, clerks, security, and volunteers, must receive this training.

This training must include:

1. The causes of an opioid overdose
2. How to recognize an opioid overdose
3. Basic mouth-to-mouth resuscitation (not advised during COVID-19)⁵
4. How to contact appropriate emergency medical services by dialing 911
5. How to administer naloxone

All of these items are reviewed in this eleven-minute video, [Administering Naloxone](#), from the CDPH. This video can be used as your staff training video: <https://tinyurl.com/CA-Naloxone>.

Additional education should include:

- Review your site's completed [Attachment C: Standard Operating Procedures](#)
- Contact information for the program director
- Where THN is stored & how to complete the log sheet appropriately
- Instructions on how to educate the patient receiving THN
- Clarification that THN is for free public distribution and is not to be used for patient care.

Develop a plan for educating anyone in your ED/hospital who will be distributing naloxone on your site's standing order through your NDP. Your site can employ multiple methods for staff to receive training.

For example, the CDPH [Administering Naloxone](#) video training can be incorporated into the site's online competency training program, the program director can provide in-person training, and your naloxone storage area can have instructions for staff to access the CDPH YouTube Video trainer for independent training. The staff members trained on naloxone distribution initial on the log sheet with each distribution and participant education.

Depending on the program director's preference, additional measures such as a competency test and/or a training sign-off form can also be used to certify educator competency. These additional measures are *not* required by DHCS NDP but may be useful in some settings to more easily facilitate training large groups of people. See [Attachment G: Overdose Prevention Educator Competency Test](#) and [Attachment H: Overdose Prevention Educator Training Sign-Off Form](#).

Coordinate with Your Pharmacists

Even though the pharmacists in your hospital will *not* be the ones tracking or distributing naloxone through this program, it's important to include them as you educate your team and get your program started. Normally, medications being given to patients must comply with very specific guidelines and laws set in place by multiple agencies, including the Board of Pharmacy. This naloxone program is very different from the way all other medications are handled in the hospital.

Participating in DHCS's naloxone distribution program allows hospitals to serve as crucial safety-net community distribution points alongside libraries, schools, law enforcement, jails, and other eligible entities, as we all work together to combat the overdose crisis facing our communities. DHCS is very clear that, regardless of whether or not an outpatient pharmacy is onsite, naloxone provided from DHCS is for the purpose of free public distribution and, as such, must be stored separately from hospital pharmacy inventory because they are not pharmaceuticals for use in your healthcare setting (not for sale, patient care, or prescription fulfillment). This naloxone cannot be billed to patient insurance and is not subject to CMS, The Joint Commission, the California Board of Pharmacy, and CDPH regulations.

Set Up Your Space

Once the THN arrives, place it in the selected location. The storage space can be *anywhere!* A closet, somebody's office, a cabinet, etc. It just needs to be:

1. Accessible by all staff who will be distributing naloxone
2. Separate from all other medications being given in the hospital/ED

Attachment E: Sample Log Sheets should be accessible every time someone takes naloxone to be distributed. The program director should collect the log sheets and store them in a physical or digital repository.

Next to the log sheet include an instruction sheet; this reminds staff of the pertinent steps to your program.

Attachment F: Instruction Sheet Template includes a QR code to the CDPH's training video on distributing naloxone and can be customized to your site's needs.

Remember – you do not need to label the individual THN you distribute to patients. You only need to keep track of the distribution in the log sheet.

Example Workflow for Take-Home Naloxone

- For visitors:
 - A visitor requests naloxone at the ED lobby front desk. They do not need to register as a patient and can remain anonymous. A visitor may also be friends/family at the bedside of a loved one.
 - An (ED staff member [ED tech/RN/MD/PA/navigator, etc] or volunteer who has been trained in THN distribution) retrieves the requested THN from storage.

Reminder: THN should be stored in readily accessible unlocked drawers, cabinets, closets, or shelving in or near the ED front desk.
 - The ED staff member reviews the THN training brochure (located on the THN box flap) or the [How to Use Naloxone to Reverse an Overdose](#) flyer with the recipient, educates and confirms the recipient understands how to use naloxone, fills out a log sheet documenting the THN distribution, and distributes the THN to the visitor.
- For patients:
 - For ED patients, workflow is as above and, in addition, a note is added to the electronic health record that THN was distributed and overdose education was provided.

Distribute Naloxone. Save Lives.

By establishing a naloxone distribution program, you will empower your department staff to collaborate in an effort to stop deaths from opioid overdose. Thank you for your dedication to this project and our patients.

Frequently Asked Questions

Who should receive take-home naloxone kits?

People who use illicit drugs and/or prescription opioids, including patients, friends and family of those patients, and visitors. People that form the support network of someone who uses drugs and is at risk of overdose have an increased likelihood of being bystanders when an overdose occurs. Additionally, people who use fentanyl are at increased risk for overdose. This includes people who use fentanyl intentionally and people who use illicit drugs that have been unknowingly contaminated with fentanyl. If you are concerned that your patient is using drugs that have been unknowingly contaminated with fentanyl, provide fentanyl test strips and [fentanyl test strip education](#).

Does this work save lives or are we wasting time with people who aren't ready to change?

Naloxone distribution is one of many strategies hospital systems can implement to combat the opioid epidemic and save lives. Recovering from opioid use disorder (OUD) is often a long journey. Many people who have OUD attempt to quit or cut down on their use. Like quitting tobacco, many quit attempts are usually required. Unlike tobacco, every opioid use carries the risk of overdose and death. Naloxone helps decrease that risk as people continue on the road to recovery. Additionally, there are people that use opioids with no intention of quitting or reducing their use. That is a personal decision and should not affect the health care that they are provided with.

Does naloxone distribution encourage drug use?

No. Providing seat belts and child car seats does not encourage people to drive recklessly, similarly, research demonstrates that naloxone distribution does not encourage drug use.⁶

Can NDP naloxone be stored unlocked in my hospital?

Yes. Unlocked storage of naloxone received through the NDP is encouraged. Storage in unlocked drawers, cabinets, and shelves allows easy access by all trained staff and volunteers participating in distribution. This facilitates low barrier distribution and helps achieve the goal of decreasing the overdose fatality rate in your community. As long as the kits are not used for medical care at your hospital (such as selling, fulfilling prescriptions, or providing patient care) unlocked storage of DHCS NDP naloxone is permitted and encouraged.

Will my hospital get in trouble or be cited for storing unlocked naloxone?

No. Unlocked storage of naloxone received through the NDP is encouraged for the above reasons. As long as the kits are not used for medical care at your hospital (such as selling, fulfilling prescriptions, or providing patient care using DHCS NDP naloxone is prohibited) regulatory and licensing agencies (DHCS, California Board of Pharmacy, CDPH, The Joint Commission, and Centers for Medicare and Medicaid Services) are permitting unlocked storage and not citing hospitals. Please maintain copies of your standing order, standard operating procedure, and log sheets to provide to evaluators during a survey if requested. Also, refer them to [Naloxone Distribution Project](#) and this [Guide to Naloxone Distribution](#). If they have additional questions about the program, refer them to naloxone@dhcs.ca.gov, info@cabridge.org, and jluftig@cabridge.org.

Can I distribute THN kits to visitors in the ED lobby/waiting area?

Yes. If an individual is not seeking medical care, registering as a patient is not required to receive NDP naloxone. Documentation of distribution is maintained via log sheets. If an individual is also seeking medical care then the Emergency Medical Treatment and Labor Act (EMTALA) is triggered, and they need to be seen as a patient.

I can't give other medications to a visitor, even relatively safe medications like acetaminophen (Tylenol). Why can I distribute NDP naloxone to an ED visitor?

Naloxone has been recognized for its extraordinary safety profile and life-saving impact. States have allowed community distribution of naloxone in the United States since the 1990s.¹ California enacted [Section 1714.22](#) of the California Civil Code to specifically permit community distribution of naloxone (and no other medications). Community distribution of other medications, even relatively safe medications like ibuprofen, is not allowed.

Can naloxone kit recipients remain anonymous?

Yes. People with OUD are often subject to shame and stigma. Requiring the provision of identifying information can be a significant barrier to distributing naloxone to this population at high risk for overdose. Your naloxone distribution program should be designed to allow for anonymous distribution.

Can I give more than 1 kit to someone?

Yes, there is no limit to how many kits an individual recipient can receive. It is useful to ask, “Is there anyone else you know who should probably have naloxone available?” Often, two to five kits are distributed at a time so that recipients have extra to provide to their support network who may be bystanders in the event of an overdose. This is also an effective way to reach marginalized populations that do not have regular access to health care.

Should our ED have signs in the lobby identifying the ED lobby/waiting area as a place people can receive free naloxone?

Yes. Most people will be unaware that free THN is available. Increasing awareness will help your program succeed.

Do I need to obtain Pharmacy and Therapeutics (P&T) committee approval?

No. NDP naloxone is *not* a pharmaceutical or therapeutic that will be used for medical care in your hospital. Selling, providing patient care, or fulfilling prescriptions with DHCS provided naloxone is prohibited.

My hospital wants my pharmacy department to be involved. What is a role they can have?

The ED naloxone distribution program director can notify the pharmacy department prior to submitting an order for the shipment of naloxone kits. Kits can be delivered to the pharmacy department and inspected for integrity and dating. The pharmacy department will notify the supplier if any kits are damaged or unusable; these kits will be destroyed or returned according to the supplier’s direction. The pharmacy department can notify the program director once the naloxone kits are received and transfer the kits to designated areas in the ED.

Do I need to have nurses distribute NDP naloxone?

No. Anyone who has completed the training and agrees to abide by the standard operating procedure can participate. The leaders of the NDP program at your site should work with ED leadership to decide who are the best staff members to begin NDP naloxone distribution. Since this is a community distribution program, EDs are permitted to use any employee category for this program, including navigators, clinicians, ED techs, nurses, social workers, or volunteers. One approach is to start with one group as your program begins, then expand incrementally. If navigators are available at your ED, they are ideal to begin implementing distribution.

Will my hospital be recognized for having an ED-based naloxone distribution program?

Yes. ED-based naloxone distribution is increasingly becoming a metric that is tracked as a quality measure. One example is CalHospital Compare’s [Opioid Care Honor Roll Program](#).⁷ Consumers, payers, community leaders, government agencies, and other stakeholders access CalHospital Compare to assess hospital quality. As your program is being implemented, work with your hospital’s Chief Quality Officer, Chief Medical Officer, or equivalent to enroll in CalHospital Compare’s Opioid Honor Roll Program.

Can other departments and clinics in my hospital participate in naloxone distribution?

Yes. As long as the overall program is run by the ED, educators can be trained, and naloxone can be distributed from clinics or departments affiliated with the ED (i.e. within the same system of care). Your program leaders can train one or more staff members from the department or clinic in distribution, and have them fill out log sheets when they distribute kits. When replenishing their supply of kits for their department or clinic, they can return the completed log sheets to the program leaders. Note: Hospital EDs should each apply for their own supply of DHCS naloxone. If there are any questions about this, please reach out to Charles Hawthorne chawthorne@cabridge.org and Josh Luftig jluftig@cabridge.org.

DHCS requires the provision of the “Number of overdose reversals reported with naloxone received through NDP” for subsequent applications. In the ED setting, we typically see recipients on a one-time basis. How can we provide reversal data?

There are multiple ways to collect reversal data from patients. Some programs have a log sheet and ask if the naloxone was used for a reversal when patients ask for a new kit. Others add a QR code sticker on the box that links to an anonymous reporting form. Any method you use to collect is fine as long as it doesn’t impede someone from receiving a kit.

We understand that collecting reversal data can be challenging in an ED setting. Reversal data is collected for advocacy and funding purposes at a statewide level and is **not** used as a metric to evaluate the quality of a specific distribution program. Despite the number of kits previously ordered, reporting few or no known reversals will not impact your ability to order more naloxone.

Can I distribute naloxone to organizations or agencies in my community that want to help distribute naloxone to the public?

Yes. There is no limit on the number of kits you can dispense to an individual. If an individual uses the quantity you provide them to distribute to others at risk (referred to as ‘secondary distribution’), this is a fantastic way to increase the impact of your program. If a community organization wants an ongoing supply of naloxone for distribution, encourage them to apply for the NDP.

Can I participate in the NDP if I have an onsite outpatient pharmacy?

Yes. The presence of an onsite pharmacy does not prevent participation in the NDP. Regardless of whether or not an outpatient pharmacy is onsite, overdose kits containing naloxone provided for this purpose of public distribution need to be stored separately from hospital pharmacy inventory as they are *not* pharmaceuticals for use in your healthcare setting (not for sale, patient care, or prescription fulfillment) that would be subject to CMS, The Joint Commission, and CDPH regulations.

My team has been distributing naloxone and is ready to take our work to the next level. What are other harm reduction services we can offer?

Naloxone is only one of a variety of harm reduction tools that can be offered in the ED. Other tools and services your ED could offer include:

- safer smoking and safer injection materials,
- fentanyl test strips,
- patient-facing harm reduction materials,
- harm reduction counseling and support services,
- human immunodeficiency virus and hepatitis C testing,
- and, of course, on-demand buprenorphine starts for withdrawal management.

Ready to take the next step? [Request technical assistance!](#)

Naloxone I ordered through the NDP has passed its expiration date. What should I do?

It’s unfortunate that the FDA has set the expiration to only 36 months, as Naloxone is effective for many years beyond that time. If you have expired or nearly expired naloxone kits, please reach out to Charles Hawthorne (chawthorne@cabridge.org) and Josh Luftig (jluftig@cabridge.org) for support with handling the kits and getting a new supply as soon as possible.

“Numerous studies have demonstrated that naloxone retains its potency long past its expiration date, even when kept in less-than-ideal conditions. In perhaps the most comprehensive study on the subject, expired naloxone samples – some which expired as early as the early 1990’s - were obtained from fire departments, emergency medical services and law enforcement agencies. Upon testing, it was discovered that these samples, which had

mostly been stored in ambulances, police cars, and similar environments, retained nearly all of their active ingredient even after nearly 30 years in storage.”⁸

Helpful Resources

<p>Templates for your NDP application</p>	<p><u>Ready-Made Form Templates</u></p>
<p>CA Bridge naloxone resources</p>	<ul style="list-style-type: none"> ● <u>How to Use Naloxone to Reverse an Overdose</u> (flyer for patients and visitors receiving THN) ● <u>Naloxone: What You Need to Know</u> (flyer for patients who were recently administered naloxone to reverse an overdose) ● <u>Starting Buprenorphine Immediately after Reversal of Opioid Overdose</u> ● <u>Harm Reduction Strategies for the Hospital Setting</u>
<p>DHCS responses to frequently asked questions</p>	<p><u>DHCS Naloxone Distribution Program: Frequently Asked Questions</u></p>
<p>CDPH naloxone administration training</p>	<p><u>Administering Naloxone</u> training video</p>
<p>Naloxone informational site</p>	<p><u>GetNaloxoneNow</u></p>
<p>National Harm Reduction Coalition resources</p>	<ul style="list-style-type: none"> ● <u>Guide to Developing and Managing Overdose Prevention and Take Home Naloxone Projects</u> ● NHRC’s <u>Harm Reduction Education On-Demand</u> webpage contains a <u>three-course “harm reduction 101” curriculum</u> including the following courses: Foundations of Harm Reduction, Overdose Prevention and Response, and Engaging People Who Use Drugs. This is a free resource for people living in California.

References

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Attachments

- Attachment A: Naloxone Distribution Project Application Checklist
- Attachment B: Take-Home Naloxone (THN) Distribution Program Summary
- Attachment C: Standard Operating Procedure Template
- Attachment D: Standing Order Template
- Attachment E: Sample Log Sheet
- Attachment F: Instruction Sheet Template
- Attachment G: Overdose Prevention Educator Competency Test
- Attachment H: Overdose Prevention Educator Training Sign-Off Form
- Attachment I: Naloxone Stickers
- Attachment J: Naloxone Brochures (English and Spanish)
- Attachment K: Naloxone Posters

Microsoft Word version of attachments available

Attachments are also available as a Microsoft Word document. Download now to start setting up your NDP program: [Ready-Made Form Templates](#).

Attachment A: Naloxone Distribution Project Application Checklist

Complete this checklist to apply to the California Department of Health Care Services' (DHCS') Naloxone Distribution Project. The checklist and application can be completed by a navigator with the support of a prescriber clinical champion.

1. Review CA Bridge's Guide to Naloxone Distribution.
2. Engage stakeholders, including the emergency department (ED) medical director, the ED nurse manager, and the pharmacy director, in program planning:
 - a. Clarify that the naloxone is not for medical care at the hospital (not for sale, patient care, or prescription fulfillment), that it must be stored separately from hospital formulary medications, and that the program will be run by the ED, not the pharmacy department.
3. Complete and review the Ready-Made Form Templates. *This step takes about 5-10 minutes.*
 - Attachment B: Take-Home Naloxone (THN) Distribution Program Summary
 - Attachment C: Standard Operating Procedure Template
 - Attachment D: Standing Order Template
 - Attachment E: Sample Log Sheet
 - Attachment F: Instruction Sheet Template
 - Attachment G: Overdose Prevention Educator Competency Test (Optional)
 - Attachment H: Overdose Prevention Educator Training Sign-Off Form (Optional)
4. Prescriber clinical champion (MD, DO, PA, or NP) signs Attachment D: Standing Order, including the date and an expiration date five years from the date of signature to cover all distribution for five years.
5. Obtain a copy of your hospital's valid and active business license, FEIN number, or tax-exempt letter. Submit this along with your application.
6. Download and complete the Naloxone Distribution Project (NDP) Application from DHCS. The navigator can be the "authorized person" in the application. *This step takes about 5 min to complete.*
7. Submit the application to DHCS. Email the application, along with the completed form templates, to naloxone@dhcs.ca.gov. Please 'cc' Charles Hawthorne, Josh Luftig, and Lizabeth Allen on the application. They are available to troubleshoot as needed.
 - a. Charles Hawthorne, chawthorne@cabridge.org
 - b. Josh Luftig, jluftig@cabridge.org
 - c. Lizabeth Allen, allenl@ebsi.com
8. Shipments typically arrive 2-6 weeks following application processing.
9. For re-orders, save your completed forms. While you must submit a new application for each order (Step 5 above), you can reuse your supporting forms (Step 3 above).

Attachment B: Take-Home Naloxone Distribution Program Summary Template

Take-Home Naloxone Distribution Program: Program Summary

Program Background

The Naloxone Distribution Project (NDP) is a statewide naloxone distribution program funded at the federal level by Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the California Department of Healthcare Services (DHCS) to combat opioid overdose-related deaths throughout California.

Over the past 15 years, individuals, families, and communities across our nation have been tragically affected by the opioid overdose crisis, with the number of overdose deaths from prescription and illicit opioids growing almost five times from 21,089 in 2010 to 68,630 in 2020.¹ Prevalence of substance use disorder among the emergency department (ED) population has been found to be as high as 28% of the adult ED patient population.²

Prescribers are now required by California state law³ to provide naloxone and overdose education to the following patient populations at risk for overdose:

- Patients with a prescription dosage that is 90 or more morphine milligram equivalents of an opioid medication per day.
- Patients concurrently prescribed opioids and benzodiazepines.
- Patients with an increased risk for overdose, including but not limited to: patients with a history of overdose; patients with a history of substance use disorder; patients no longer opioid tolerant returning to a high dose of opioid medication.

Program Goals

Given the high number of patients and visitors to [hospital name] ED at risk for overdose; as well as family, friends, and community members in contact with individuals at risk for overdose; we are joining other EDs in California in distributing DHCS NDP take-home naloxone (THN). We anticipate distribution of free THN to these target populations will save lives and have a significant impact on the health and safety of our patients, visitors, and the community.

- Become a leader in supporting at-risk patients in [hospital name's] ED community, which is highly impacted by the opioid overdose crisis.
- Provide free take-home naloxone to any and all patients and visitors who are high-risk for opioid overdose or adjacent to someone high-risk for opioid overdose.
- Reduce county and statewide opioid overdose deaths through the efficient provision of free naloxone.

Timeline:

[Hospital name] is anticipating starting to offer take-home naloxone by [date].

- [Hospital name] joins the other California hospitals in driving down the overdose fatality rate in our community and helping achieve the goal of all California EDs implementing ED THN distribution.

¹ Overdose death rates. National Institute on Drug Abuse website.

<https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>. Published January 20, 2022. Accessed May 2022.

² The DAWN report: Highlights of the 2010 drug abuse warning network (DAWN) findings on drug-related emergency department visits. Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/DAWN096/DAWN096/SR096EDHighlights2010.pdf>. Published July, 2012. Accessed July, 2018.

³ CA Bus & Prof Code § 740-742 (2018). Accessed May 2022.

- [Hospital name] ED Standing Order (SO) and [hospital name] ED Standard Operating Procedure (SOP) are created following guidelines provided by NDP SOs and SOPs and support from Cal Hospital Compare and CA Bridge program.
- DHCS NDP application, [hospital name] ED Standing Order, [hospital name] ED Standard Operating Procedure will be submitted to DHCS on [date].
- If DHCS approves the application for take-home naloxone for distribution at [hospital name], relevant partners such as the ED medical director, nursing leadership, and pharmacy department will be notified of a successful application and work will begin on project implementation by [date].

Staff Training

Training to be provided to appropriate staff following DHCS guidelines and expectations. Training will include standardized training via the California Department of Public Health (CDPH) produced [eleven-minute training video](#).⁴

Storage

DHCS NDP requires, “separate storage of naloxone received through the program from other medications that may be billed to patient insurance.”⁵ In order to comply with DHCS requirements, the following storage procedure will be utilized:

- THN is stored in cabinets or closets in or near the ED that are accessible to staff members trained on naloxone distribution. A reserve supply of THN may be stored in the program director and/or program manager’s office.
- These storage areas can be unlocked for ease of access to facilitate low barrier distribution but must be separate from other medications that may be billed to patient insurance and are similar to THN storage areas used at other emergency department DHCS NDP sites and other DHCS NDP entities such as libraries, schools, and community organizations.
- Log sheets documenting training completion and kit distribution are located in or near storage areas.

Workflow

- Any [hospital name] staff member or volunteer can identify a recipient. A recipient is a patient or visitor at risk of an opioid-related overdose, or a patient or visitor who is a family member, friend, or another person in a position to assist a person at risk of an opioid-related overdose.
- Any [hospital name] staff member (examples include navigator, physician, advanced practice provider, pharmacist, RN, LVN, health coach, clinical social worker, research staff, emergency department technician, clerk, medical assistant) or volunteer may educate recipients upon completion of the standardized training video and abide by the Standard Operating Procedure.
- A naloxone kit containing two naloxone nasal spray devices and an instructional brochure (located on the kit box flap) is obtained by accessing a storage area in or near the ED.
- A staff member trained on naloxone distribution provides education while reviewing the box flap instructional brochure with the recipient and distributes THN naloxone.
- The distribution of THN is documented in log sheets. For patients, distribution is also documented in the electronic health record.

⁴ CA Public Health. Administering Naloxone [Video]. <https://www.youtube.com/watch?v=nurz9qPGKws&feature=youtu.be>. Published August 30, 2018. Accessed October, 2020.

⁵ Naloxone Distribution Project: Frequently Asked Questions. Department of Health Care Services website. <https://www.dhcs.ca.gov/individuals/Documents/Naloxone-Distribution-Project-FAQ-0720.pdf>. Published July, 2020. Accessed October, 2020.

Attachment C: Standard Operating Procedure Template

[Hospital Name] – Naloxone Distribution Standard Operating Procedure (SOP)

FEIN: [FEIN # / tax ID # -- can be obtained by internet searching your hospital name and "FEIN," "EIN," "TIN", "Tax ID number," or "Employer Identification Number."]

Overview: [Hospital name] Naloxone Distribution Background

[Hospital Name] is located in [city], California, a community significantly impacted by the opioid overdose crisis. The prevalence of patients with substance use disorder among the emergency department (ED) population has been found to be as high as 28% of the ED adult patient population.⁶ In addition, our community has a significant population of people who ingest, smoke, and snort opioids and stimulants that are now being unexpectedly exposed to fentanyl, often with catastrophic results. Fentanyl is a potent opioid and intentional use is also becoming increasingly common throughout California. Friends, family, and those in a position to assist in the event of an overdose also frequently visit the ED.

EDs that have participated in the California Department of Health Care Services (DHCS) Naloxone Distribution Program (NDP) have demonstrated a marked increase in the naloxone in hand distribution rate over prior methods of naloxone provisioning. The traditional approach of encouraging providers to write naloxone prescriptions and expecting patients to fill these prescriptions has only had a limited impact. Despite being a covered benefit, naloxone prescription filling is typically very low. One study investigating naloxone prescription and filling rates found that only 11% of ED patients at risk for opioid overdose were prescribed naloxone, and only 1.6% of ED patients actually filled those prescriptions.⁷ EDs participating in the NDP (136 EDs with 92,496 kits for free distribution as of July 2022) have demonstrated a significant increase in naloxone distribution rates over prior methods. For example, one site went from 7 to 452 kits in hand per month after initiating DHCS NDP direct distribution to eligible recipients, representing a 65-fold increase in the distribution rate.

To decrease the overdose fatality rate in our community, we are joining other California hospitals and recipient sites to help achieve the goal of all California EDs implementing ED-based naloxone distribution. Given the early experience with ED naloxone distribution and 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 initial need for naloxone kits for distribution to be at least [estimate, usually 192-2004]- 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 another 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.

⁶ The DAWN report: Highlights of the 2010 drug abuse warning network (DAWN) findings on drug-related emergency department visits. Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/DAWN096/DAWN096/SR096EDHighlights2010.pdf>. Published July, 2012. Accessed February 2, 2018.

⁷ Lebin JA, Chen BC, Korab G, Jablonowski K, Whiteside LK. Rates of naloxone prescriptions following implementation of a take-home naloxone program from the emergency department. *Ann Emerg Med*. 2017 Oct 1;70(4): S101. doi: 10.1016/j.annemergmed.2017.07.232.

Procedure

1. Any [hospital name] staff member (examples include physician, advanced practice provider, RN, LVN, health coach, navigator, clinical social worker, research staff, emergency medicine technician, pharmacist, security guard, clerical staff) or [hospital name] volunteer may act as an overdose prevention educator and may distribute free nasal formulation of naloxone to eligible recipients (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)
2. As per the DHCS NDP guidance,⁸ and DHCS Deputy Director, DHCS Psychiatric and Substance Use Disorder Pharmacist, and the California Board of Pharmacy Interim Executive Officer clarification:⁹
 - a. NDP naloxone obtained through DHCS will not be labeled as stated in Business and Professions Code 4068.
 - b. Inventory tracking will be managed by the [hospital name] program leader and the naloxone kits will be:
 - i. stored separately from pharmacy inventory
 - ii. provided free of charge
 - iii. not used for patient care or prescription fulfillment
 - iv. distributed via Standing Order issued by the Program Director
3. Staff who wish to participate must agree to complete the [hospital name] Opioid Overdose Prevention and Treatment Training Program and abide by the procedures and documentation requirements described in this document. The Opioid Overdose Prevention and Treatment Training Program completion requirement may be met by viewing the California Department of Public Health (CDPH) [Administering Naloxone](#) training video. **For licensed prescribers (physicians or advanced practice providers) this training is already a core competency, so the CDPH training is optional.**
4. Staff members trained on naloxone distribution will:
 - a. offer naloxone kits to eligible recipients,
 - b. access naloxone kit storage and carry naloxone kits for the purpose of distribution,
 - c. engage the recipient in a brief educational program about overdose prevention and response (reviewing the manufacturer provided instructions included with the naloxone kits with the recipient meets this requirement),
 - d. complete the required documentation to assist with inventory tracking, and
 - e. distribute naloxone kits to recipients.

Inventory logging and tracking

When distributing naloxone, staff will log the number of naloxone kits distributed and the date of the distribution. The program leader will be responsible for associating each log sheet with a lot number and expiration date.

Responsible Persons for the Project

Program Director: [name, title (must be a physician or advanced practice provider)]

⁸ Naloxone Distribution Project. Department of Health Care Services website. https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx. Updated August 21, 2020. Accessed October 27, 2020.

⁹ Naloxone Distribution Project: Frequently Asked Questions. Department of Health Care Services website. <https://www.dhcs.ca.gov/individuals/Documents/Naloxone-Distribution-Project-FAQ-0720.pdf>. Published July, 2020. Accessed October, 2020.

Attachment D: Standing Order Template

[HOSPITAL NAME] - Standing Order to Distribute Naloxone Hydrochloride

Naloxone is indicated for treatment of opioid overdose. It may be delivered intranasally or intramuscularly. This standing order is current as of [TODAY'S DATE] and issued in accordance with Section 1714.22 of the California Civil Code.¹⁰

1. This standing order authorizes [HOSPITAL NAME] staff trained on naloxone distribution to maintain supplies of naloxone kits for the purposes of distributing them in the community those at risk of an overdose or other potential bystanders.
2. This standing order authorizes [HOSPITAL NAME] staff trained on naloxone distribution to possess and distribute naloxone to community members who have completed overdose training and required documentation.
3. This standing order authorizes community members trained by [HOSPITAL NAME] staff members to possess and administer naloxone to a person who is experiencing an opioid overdose.

Naloxone Dosage and Administration

[HOSPITAL NAME] Staff will train people at risk of an opioid-related overdose, and people who are family members, friends, or other person in a position to assist a person at risk of an opioid-related overdose in the use of naloxone for the reversal of opioid overdose.

Program participants must meet all of the following criteria:

- Person(s) at risk of an opioid-related overdose, or a person who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose, by report or history;
- Able to understand and willing to learn the essential components of overdose prevention and response and naloxone administration.

A staff member trained on naloxone distribution from [hospital name] will complete the required documentation and education about overdose prevention and response with program participants.

The educational components will include:

- Recognizing signs and symptoms of overdose
- Calling 911
- Naloxone administration
- Rescue breathing
- Post-overdose care

Upon completion of the educational component, naloxone will be dispensed to the newly trained program participant, who will carry and use naloxone to treat individuals experiencing an opioid overdose.

Order to Dispense

Upon completion of an overdose prevention training, dispense at minimum:

Two NARCAN® (naloxone HCl) 4mg/0.1ml Nasal Sprays

¹⁰ CA Civ Code § 1714.22 (2012). Accessed May 2022.

Refills

To be provided to previously trained participants as needed.

[SIGNATURE and CA medical LICENSE #]	[DATE]
Licensed health care provider's signature and license number <i>[printed or typed licensed health care provider's NAME]</i>	Date [EXP. DATE (above date + 5 years)]
Licensed health care provider's Name (Print)	Order Expiration Date

¹⁰ CA Civ Code § 1714.22 (2012 Leg Sess):

(c) (1) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.

(d) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program.

(f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.



Attachment E: Sample Log Sheet


[HOSPITAL NAME] Naloxone Distribution Program Log

Questions? Contact **[PROGRAM DIRECTOR NAME]** at **[Phone]** or **[Email]**

[HOSPITAL NAME] staff or volunteers:

Place initials each time naloxone (Narcan) kits are distributed. Each kit contains two naloxone nasal sprays.

# of Kits	Date	Staff or volunteers INITIAL HERE*	# of Kits	Date	Staff or volunteers INITIAL HERE*

Lot #: _____ exp date: _____ Overdose Prevention and Treatment Training Video: https://tinyurl.com/CA-Naloxone 	[name], [Title - Navigator] [phone #] [email address] [name], [Title - MD or DO or PA or NP] [phone #] [email address] Program Director, [hospital name] Naloxone Distribution Project
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*Initials of the person distributing naloxone (educator). Initials indicate that the naloxone kit was distributed to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose; and that the educator has been trained in overdose prevention and treatment; and that the educator trained the naloxone kit recipient in overdose prevention and treatment.

Attachment F: Instruction Sheet Template

[HOSPITAL NAME] – Naloxone Distribution Project Instructions

Who can receive overdose/naloxone kits?

- Any patient or visitor at risk of an opioid-related overdose (prescribed or illicit opioids),
- 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.
- A patient or visitor who uses stimulants, or a patient or visitor who is a family member, friend, or other person in a position to assist a person who uses stimulants or other non-prescribed drugs
 - ***People who use stimulants (meth, cocaine/crack, MDMA/ecstasy/molly) are now being unexpectedly exposed to stimulants mixed with fentanyl, often with catastrophic results. Counterfeit prescription pills, easily accessible on social media, also often contain lethal doses of fentanyl.***

Who can distribute overdose/naloxone kits?

- Any [hospital name] staff member. First, review this eleven-minute training video: <https://tinyurl.com/CA-Naloxone>
- Or scan QR code to start the training video:



How to distribute?

1. Get naloxone kits ([Insert exact locations of naloxone storage e.g., “located in charting room cabinet, and triage desk drawers”])
2. Complete distribution log ([Insert locations of logs, e.g., “located on cabinet door and in triage drawers”])
3. Review the instructions (on the naloxone box) with recipient
4. For patients: electronic health record ([Insert EHR name, e.g. Cerner, Epic, etc]) note: “Naloxone and overdose education provided”

Why distribute?

- In 2017, the risk of dying from opioid overdose surpassed the risk of dying from a car crash¹¹
- Naloxone saves lives by reversing overdose
- **16% of those who receive THN from the ED are estimated to go on to reverse an opioid overdose¹²**
- **As of January 2019, provision of overdose education and offering naloxone to those at overdose risk is required by law (CA Bus & Prof Code § 740-742 (2018))¹³**

Questions? Contact:	[program director name & contact Info]	[program manager name & contact Info]
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¹¹ Preventable Deaths: Odds of Dying. National Safety Council website.

<https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>. Accessed May 2022.

¹² Dwyer K, Walley AY, Langlois BK, et al. Opioid education and nasal naloxone rescue kits in the emergency department. West J Emerg Med. 2015 May;16(3): 381–384. doi: 10.5811/westjem.2015.2.24909.

¹³ Assembly Bill No. 2760 Prescription Drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs. California Legislative Information. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2760. Published September 10, 2018. Accessed October 26, 2020.

Attachment G: Overdose Prevention Educator Competency Test (Optional)

[SITE NAME] – Naloxone Distribution Project Competency Test

Name of person becoming on naloxone distribution: _____

Title/Role (navigator, RN, tech, security, volunteer, etc.): _____

<p>All are true EXCEPT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Naloxone can reverse an overdose and save a life <input type="checkbox"/> Naloxone is not addictive <input type="checkbox"/> Naloxone is not harmful if given to someone who not suffering from an opioid overdose <input type="checkbox"/> Naloxone has street value and encourages drug misuse <p>Which is not an opioid?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Norco/Vicodin/Hydrocodone <input type="checkbox"/> Dilaudid/Hydromorphone <input type="checkbox"/> Codeine <input type="checkbox"/> Oxycontin <input type="checkbox"/> Methadone <input type="checkbox"/> Fentanyl <input type="checkbox"/> Heroin <input type="checkbox"/> Naloxone <p>True/false Naloxone is stored at room temperature. _____</p> <p>True/false Risk for overdose increases after a period of abstinence including forced abstinence during incarceration or hospitalization. _____</p> <p>The following are signs of overdose, EXCEPT: Deep snoring, gurgling/wheezing Not responding to simulation Breathing slowly or irregularly or not breathing at all Being sleepy or nodding out but responding to verbal stimulation. _____</p> <p>Opioid overdose can cause:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respiratory depression <input type="checkbox"/> Decreased oxygenation <input type="checkbox"/> Brain damage <input type="checkbox"/> Cardiac arrest and death <input type="checkbox"/> All of the above <p>The following are ways to check responsiveness EXCEPT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yelling <input type="checkbox"/> Pinching <input type="checkbox"/> Rubbing sternum (breast bone) <input type="checkbox"/> Gently tapping someone on the shoulder 	<p>The following are true about administering naloxone EXCEPT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Press plunger firmly to administer the whole dose <input type="checkbox"/> If after 2 minutes the person has not responded, administer a second dose <input type="checkbox"/> Call 911 immediately after administering naloxone <input type="checkbox"/> The person administering naloxone is protected from any liability by California Good Samaritan Laws <input type="checkbox"/> All of the above are true <p>True/false If you are not comfortable giving rescue breathing, you should not administer naloxone. _____</p> <p>After administering naloxone:</p> <ul style="list-style-type: none"> <input type="checkbox"/> It is important to call 911 <input type="checkbox"/> Roll the person on their side so they don't choke on their tongue or vomit <input type="checkbox"/> It is important to stay with the patient <input type="checkbox"/> The most common reaction is feeling uncomfortable and disoriented <input type="checkbox"/> The person should be reassured and told what happened <input type="checkbox"/> All of the above <p>True/false: Any staff member or volunteer can become an opioid overdose prevention educator. _____</p> <p>True/false: Any patient or visitor can receive free naloxone kits. _____</p> <p>True/false: Multiple kits can be distributed to one recipient. _____</p> <p>True/False: Naloxone kits provided for free distribution cannot be sold, used for prescription fulfillment, or used patient care. _____</p>
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[SITE NAME] – Naloxone Distribution Project Competency Test Answer Key

<p>All are true EXCEPT:</p> <ul style="list-style-type: none"> • Naloxone can reverse an overdose and save a life • Naloxone is not addictive • Naloxone is not harmful if given to someone who not suffering from an opioid overdose • Naloxone has street value and encourages drug misuse (FALSE) <p>Which is not an opioid?</p> <ul style="list-style-type: none"> • Norco/Vicodin/Hydrocodone • Dilaudid/Hydromorphone • Codeine • Oxycotin • Methadone • Fentanyl • Heroin • Naloxone (TRUE) <p>True/false Naloxone is stored at room temperature (TRUE)</p> <p>True/false Risk for overdose increases after a period of abstinence including forced abstinence during incarceration or hospitalization. (TRUE)</p> <p>The following are signs of overdose, EXCEPT:</p> <ul style="list-style-type: none"> • Deep snoring, gurgling/wheezing • Not responding to stimulation • Breathing slowly or irregularly or not breathing at all • Being sleepy or nodding out but responding to verbal stimulation (FALSE) <p>Which of the following are true? opioid overdose can cause:</p> <ul style="list-style-type: none"> • Respiratory depression • Decreased oxygenation • Brain damage • Cardiac arrest and death • All of the above (TRUE) <p>The following are ways to check responsiveness EXCEPT:</p> <ul style="list-style-type: none"> • Yelling • Pinching • Rubbing sternum (breast bone) • Gently tapping someone on the shoulder (FALSE) 	<p>The following are true about administering naloxone EXCEPT:</p> <ul style="list-style-type: none"> • Press plunger firmly to administer the whole dose • If after 2 minutes the person has not responded, administer a second dose • Call 911 immediately after administering naloxone • The person administering naloxone is protected from any liability by California Good Samaritan Laws • All of the above are true (TRUE) <p>True/false If you are not comfortable giving rescue breathing, you should not administer naloxone. (False, you should still administer naloxone, begin hands only CPR, and call 911)</p> <p>After administering naloxone:</p> <ul style="list-style-type: none"> • It is important to call 911 • Roll the person on their side so they don't choke on their tongue or vomit • It is important to stay with the patient • The most common reaction is feeling uncomfortable and disoriented • The person should be reassured and told what happened • All of the above (TRUE) <p>True/false: Any staff member or volunteer can become an opioid overdose prevention educator (TRUE)</p> <p>True/false: Any patient or visitor can receive free naloxone kits (TRUE)</p> <p>True/false: Multiple kits can be distributed to one recipient (TRUE)</p> <p>True/False: Naloxone kits provided for free distribution cannot be sold, used for prescription fulfillment, or used patient care. (TRUE)</p>
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Attachment H: Overdose Prevention Educator Training Sign-Off Form *(Optional)*

[SITE NAME] – Naloxone Distribution Project
Competency as an Overdose Prevention Educator

Name of person becoming trained on naloxone distribution:

Title/Role (navigator, RN, tech, security, volunteer, etc.):

Competency requirements to become trained on naloxone distribution:

1. View the entirety of the CDPH Overdose Prevention Education video via YouTube.
2. Or complete online or in-person training provided by the NDP Program Director.

Viewed CDPH Video:

Signature: _____ Date: _____

Or completed on-line, or in-person training provided by the NDP Program Director:

Signature: _____ Date: _____



NDP Program Director: [PROGRAM DIRECTOR NAME]

Program director signature: _____ Date: _____

Attachment I: Naloxone Stickers

Adding stickers to your naloxone kits is a great way to educate your community and expand the reach of your program. We suggest adding three stickers to each box: a ‘call to action,’ suicide hotline phone numbers, and a customized sticker with your hospital’s logo and navigator’s contact number. Photos and instructions are included below. Need help? Email us at info@cabridge.org.

Stickers

<p>Call to Action Print Here</p>	
<p>Suicide Hotline and CDPH Naloxone Training Video Print Here</p>	
<p>DHCS Take Home Naloxone Warning Label Print Here</p>	<p>This kit is provided as a public health measure by the California Department of Health Care Services (DHCS) for hospital staff and volunteer distribution to the public, including patients and visitors.</p> <p>Unlocked storage is permitted, but kits cannot be used for sale, prescription fulfillment, or patient care.</p>

Customized Sticker
example
[Print Here](#)

 **CA Bridge Medical Center**
Substance Use Disorder (SUD) Regional Safety Net
Medication for SUD, Free Naloxone Distribution
Struggling with Pain Pills, Heroin, or Fentanyl?
Try Buprenorphine/Suboxone Today
Call or Text: (510) 555-4444



Customized Stickers

If you like the text on the customized sticker, feel free to reach out to CA Bridge (info@cabridge.org) for one with your hospital's logo and navigator phone number. If the text on the customized sticker is not be exactly what you are looking for, you can either A) create your own label by following the instructions on the following page, or B) you can email CA Bridge for support.

How to create your own stickers:

1. Go to [Avery.com](https://avery.com) - Creating an account is recommended. This allows you to save and edit your designs.
2. Click the **Templates** tab, then click **Avery Design & Print**. On the next page click **Start Designing**.
3. Select the **Avery 5160 Template** and then click **Select this design**.
4. Design your sticker! Put any info on here that you want any random person picking up this box to know about your program and how to reach you.
5. Once you are done click **Preview and Print** and then click **Print it Yourself**. Click **Get PDF to Print**. It will prompt you to save your design, which we would recommend. Then **Select Open PDF**. Print this PDF out using the info below!

Printing

These are formatted on Avery 5160 sticker sheets (1" x 2 5/8"). We recommend printing these on neon stickers for high visibility! There is a picture included below for reference. You can likely get these sticker sheet's through your hospital's office supply ordering system. For convenience, here are links to purchase them from Amazon:

- [Green sticker sheets](#)
- [Pink stickers sheets](#)

Attachment J: Naloxone Brochure (English and Spanish)

This information is included on the box flap of each kit.

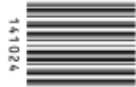
NARCAN[®] (naloxone HCl) NASAL SPRAY

QUICK START GUIDE Opioid Overdose Response Instructions

Use NARCAN[®] (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.



1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of an opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.



2 Give NARCAN Nasal Spray

REMOVE NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.

Hold the NARCAN Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the red plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



NARCAN® (naloxone HCl) **SPRAY NASAL**

GUIA DE INICIO RÁPIDO Instrucciones para responder a una sobredosis de opioides

Use NARCAN® (clorhidrato de naloxona) Spray Nasal para conocidas o presuntas sobredosis en adultos y niños.

Importante: Solo para uso nasal.

No remueva o pruebe NARCAN Spray Nasal hasta que esté listo para usarse.

1 Identifique la sobredosis de opioide y compruebe la respuesta

Pregúntele a la persona si está bien y que diga su nombre.

Sacuda los hombros y frote firmemente la mitad del pecho.

Verifique la presencia de signos de sobredosis de opioides si:

- La persona no despierta o responde a su voz o contacto
- La respiración es muy lenta, irregular, o se ha detenido
- La parte central de los ojos es muy pequeña, a veces denominadas "pupilas puntiformes"

Acueste a la persona sobre su espalda para recibir una dosis de NARCAN Spray Nasal.



2 Administre NARCAN Spray Nasal

SAQUE NARCAN Spray Nasal de la caja.

Despegue la pestaña marcada con un círculo para abrir NARCAN Spray Nasal.

Sostenga NARCAN Spray Nasal con el pulgar sobre la parte inferior del émbolo y los dedos índice y medio a cada lado del pulverizador.

Con suavidad, inserte la punta del pulverizador en cada fosa nasal.

- Incline la cabeza de la persona hacia atrás y sujete la parte posterior del cuello con su mano. Inserte suavemente la punta del pulverizador en **una de las fosas nasales** hasta que sus dedos, en cada lado del pulverizador, estén contra la base de la nariz de la persona.

Presione firmemente el émbolo para administrar la dosis de NARCAN Spray Nasal.

- Retire NARCAN Spray Nasal de la fosa nasal después de administrar la dosis.



3 Solicite ayuda médica de emergencia, evaluación y soporte

Busque ayuda médica de emergencia inmediatamente.

Coloque a la persona de costado (posición de recuperación) después de administrar NARCAN Spray Nasal.

Observe atentamente a la persona.

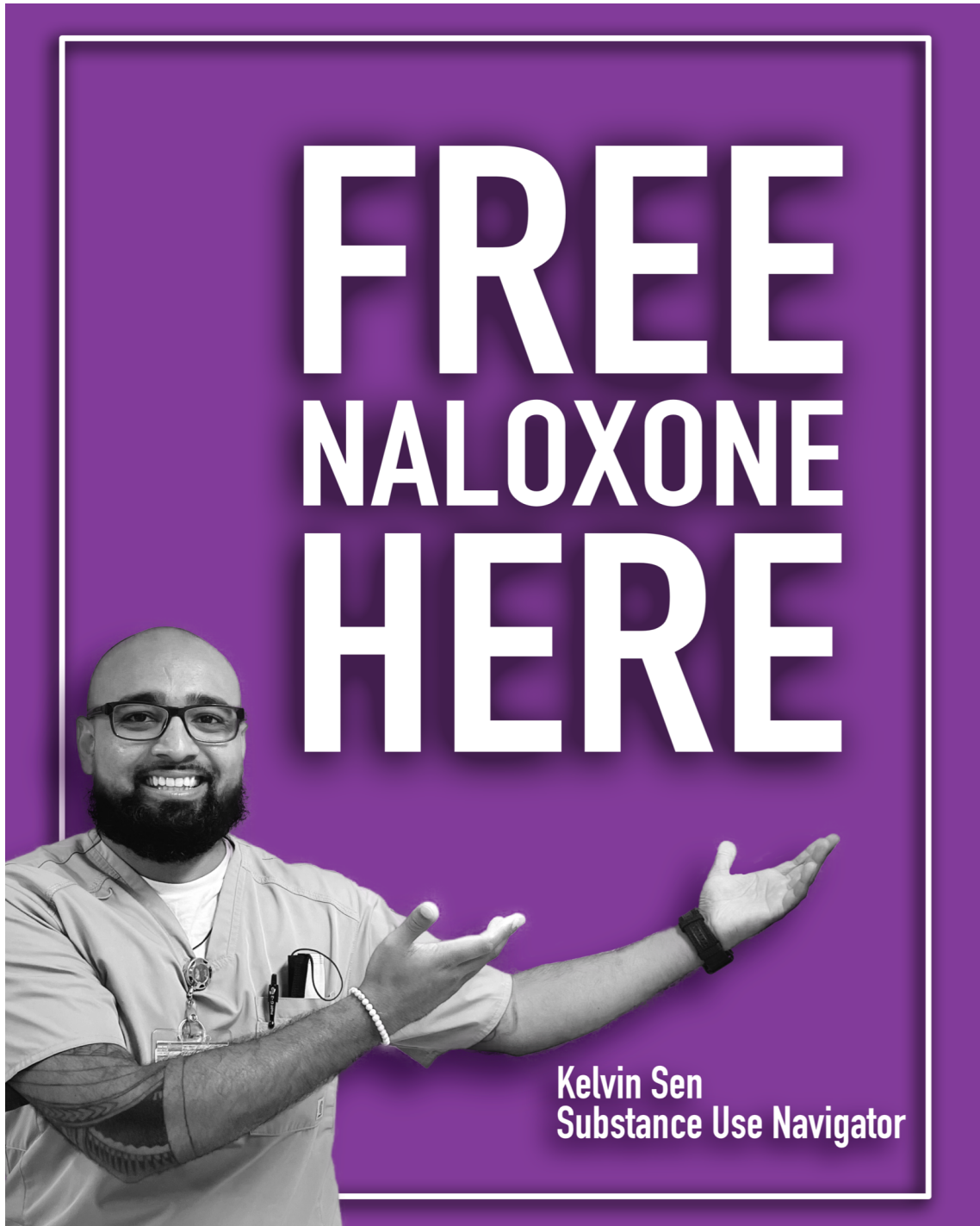
Si la persona no responde despertándose, ante la voz o el contacto, o respirando normalmente podrá administrarse otra dosis. NARCAN Spray Nasal puede aplicarse cada 2 o 3 minutos, si está disponible.

Repita el paso 2 usando un nuevo NARCAN Spray Nasal para administrar otra dosis en la otra fosa nasal. Si están disponibles otros envases de NARCAN Spray Nasal, repita el paso 2 cada 2 o 3 minutos hasta que la persona responda o se reciba asistencia médica de emergencia.



Attachment K: Naloxone Poster Examples

Posters in waiting rooms, hallways, triage areas, patient care areas, and bathrooms are a great way to let patients and visitors know you have this amazing distribution program. It also helps engage them around harm reduction topics. They also help decrease stigma and bias among staff and volunteers and remind those trained on naloxone distribution to offer naloxone. Feel free to use the following example as inspiration for your posters.



ANYONE CAN SAVE A LIFE WITH NARCAN

ASK US FOR
FREE
NALOXONE
(NARCAN)
NASAL
SPRAYS



NARCAN NASAL SPRAY

Great News!

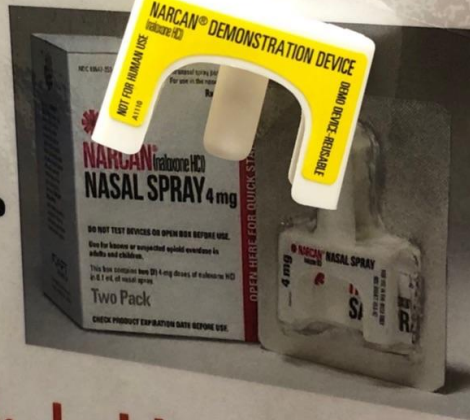
WE HAVE NARCAN

(intranasal naloxone)
for patients to take home!

Who should get it?

Anyone with:

- Opioid Use Disorder
- Opioids prescribed in the ED
- Street drug use history
- Has family/friend at risk



People do NOT need to check in as patients!!

Please do NOT call Pharmacy. Call the Bridge team!

Monday-Friday 7am-4pm

Chaia Vang (Bridge SUN)

(559)668-1900

After hours/Weekends

Dr Rais Vohra

(214)274-0034