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| **Victoria’s Take-Home Naloxone Program**Operational guidelines |
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Contents

[1. Take-Home Naloxone Program: Operational guidelines 4](#_Toc149665496)

[1.1 Introduction 4](#_Toc149665497)

[1.2 Background 4](#_Toc149665498)

[1.3 About the Take-Home Naloxone Program 4](#_Toc149665499)

[2. Approved organisations 5](#_Toc149665500)

[2.1 The approval process 5](#_Toc149665501)

[2.2 How to order naloxone 5](#_Toc149665502)

[2.3 Indemnity 6](#_Toc149665503)

[3. Approved workers 6](#_Toc149665504)

[3.1 Approved workers 6](#_Toc149665505)

[3.2 Mandatory training 6](#_Toc149665506)

[4. Naloxone formulations and legal requirements 7](#_Toc149665507)

[4.1 Storage and display 8](#_Toc149665508)

[4.2 Labelling 8](#_Toc149665509)

[4.3 Provision of sterile injecting equipment 8](#_Toc149665510)

[4.4 Frequency and quantity of supply 8](#_Toc149665511)

[4.5 Cost of naloxone 9](#_Toc149665512)

[5. Naloxone supply 9](#_Toc149665513)

[5.1 Steps for workers to supply naloxone 9](#_Toc149665514)

[5.2 Naloxone supply via outreach 11](#_Toc149665515)

[5.3 Referral to support services 11](#_Toc149665516)

[5.4 Pregnancy 11](#_Toc149665517)

[5.5 Young people 12](#_Toc149665518)

[5.6 Aboriginal communities 12](#_Toc149665519)

[5.7 Diversity and inclusion 12](#_Toc149665520)

[6. Naloxone supply record keeping 12](#_Toc149665521)

[7. Secondary Supply 13](#_Toc149665522)

[8. Administration of naloxone in opioid overdose 13](#_Toc149665523)

[Appendix 1: Naloxone supply checklist for organisations 14](#_Toc149665524)

[Appendix 2: Eligible workers 15](#_Toc149665525)

[Appendix 3: Approved training provider/s 15](#_Toc149665526)

[Appendix 4: Naloxone products 16](#_Toc149665527)

[Appendix 5: Naloxone supply checklist for workers 16](#_Toc149665528)

[Appendix 6: Data collection and reporting 17](#_Toc149665529)

| **Glossary** | |
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| Approved organisation | An organisation that is approved to obtain, possess and supply naloxone under the Take-Home Naloxone Program in Victoria. Approved organisations are listed in the Government Gazette as an ‘*approved naloxone provider*’. |
| Approved training | A naloxone training program approved by the Department of Health that a worker in an approved organisation must attend to become an approved worker under Victoria’s Take-Home Naloxone Program. |
| Approved worker | A worker that is approved to possess and supply naloxone under the Take-Home Naloxone Program in Victoria. Approved workers must be employed or volunteer at an approved organisation. |
| Commonwealth Government take-home naloxone program | A national program that funds the wholesale cost of naloxone for pharmacies and other approved organisations to supply naloxone to people who are at risk of opioid overdose. |
| Commonwealth Government Pharmacy Programs Administrator (PPA) portal | The online portal for the national naloxone program with which all approved workers must register and through which they will enter data about each supply of naloxone to a consumer. |
| Consumer | A person attending an approved organisation to collect naloxone for themselves, or on behalf of someone else. |
| Consumer fact sheet | Fact sheets for approved workers to provide to consumers that contain information on how to respond to an opioid overdose and how to use the three naloxone formulations (intranasal spray, pre-filled syringe and ampoules). |
| Contraindication | A specific situation in which a drug, in this case naloxone, should not be used because it may be harmful to the person. |
| Government approval | The approval issued by the Secretary of the Department of Health (or a representative of the Secretary) and published in the Victorian Government Gazette listing the organisations and workers approved to supply naloxone under Victoria’s Take-Home Naloxone Program, and the conditions of supply. |
| Harm reduction activities | Practices that are aimed at reducing the negative health and social consequences associated with drug use including, for example, information on safer drug use or provision of sterile injecting equipment. |
| Naloxone | A Schedule 3 medication that can be supplied without a prescription for the purpose of reversing opioid overdose. |
| Opioid overdose | The symptoms that occur after taking opioids in a larger amount than tolerated including shallow breathing, confusion, reduced alertness and loss of consciousness. |
| Outreach | The provision of treatment, care or support in the community, including to people who are unwilling or unable to engage with mainstream health, social support or AOD services. |
| Peers (and ‘peer to peer’ distribution) | Someone with lived or living personal experience of alcohol or other drug use. Peer to peer distribution refers to the involvement of peers in the collection and supply of naloxone to their fellow peers or other people who may experience or witness an overdose. |
| Primary supply | The supply of naloxone to a consumer by an approved worker of an approved organisation. |
| Secondary supply | The subsequent supply from person to person (i.e. within the community) of naloxone that has been obtained from an approved organisation. Often referred to as peer to peer distribution. |
| Victoria’s Take-Home Naloxone Program | Program that governs the supply of naloxone from non-traditional (i.e. non-pharmacy) organisations to members of the community who are at risk of opioid overdose. |
| Young people | People aged 12 to 25 years old. |

# Take-Home Naloxone Program: Operational guidelines

## 1.1 Introduction

These operational guidelines have been developed by the Victorian Department of Health (the department) for organisations and workers who are approved to supply naloxone under Victoria’s Take-Home Naloxone Program.

These guidelines do not apply to health services such as community pharmacies or workers who already supply naloxone in Victoria, such as pharmacists or medical and nurse practitioners.

To provide clarity to approved organisations and workers regarding their service delivery obligations, the guidelines use the word **MUST** for legislation or program funding dependent requirements, and the word **SHOULD** for policy recommendations that provide best practice advice.

## 1.2 Background

Opioids include both pharmaceutical opioids (e.g. morphine, oxycodone or fentanyl) and illicit opioid products (e.g. heroin, illicitly manufactured fentanyl products or novel synthetic opioids). Naloxone is a fast acting, opioid antagonist medication that temporarily reverses the effects of opioid overdose by binding to opioid receptors in the central nervous system. Naloxone is a safe and effective medication which can be lifesaving when used in a timely manner for an opioid overdose, but has no effects on someone who has not used opioids.

In Victoria, naloxone has previously only been available when prescribed by a medical or nurse practitioner or when supplied over-the-counter by a pharmacist. The Naloxone Subsidy Initiative, which previously operated out of Needle and Syringe Programs (NSP), facilitated naloxone supply through a voucher system in collaboration with pharmacies.

In response to the 2018 Victorian Parliamentary Committee’s *Inquiry into Drug Law Reform*, the Victorian Government has reformed legislation governing the supply of naloxone. The new regulatory framework includes:

* the *Drugs, Poisons and Controlled Substances Amendment Act 2021[[1]](#footnote-2)*
* the Drugs, Poisons and Controlled Substances Amendment (Naloxone) Regulations 2022[[2]](#footnote-3)
* the government approval for Victoria’s Take-Home Naloxone Program, published in the Victorian Government Gazette[[3]](#footnote-4)
* associated policy and guidance materials, including these operational guidelines[[4]](#footnote-5).

## 1.3 About the Take-Home Naloxone Program

Victoria’s Take-Home Naloxone Program increases community access to naloxone. Eligible workers in approved organisations may now supply naloxone to people who are at risk of, or who may be more likely to witness, an opioid overdose including carers, families or friends of people who use opioids.

People may still access naloxone from the other existing channels, including over-the-counter at their local pharmacy or with a prescription from a medical or nurse practitioner.

The role of peers is also enhanced by allowing a person who collects naloxone from an approved organisation to give it to another person (and that person to another, and so on) for the purposes of responding to an opioid overdose.

These changes aim to reduce opioid overdose-related morbidity and mortality by removing barriers to access experienced by people in the community who may have limited engagement with health services.

A check list of requirements for naloxone supply to support organisations and managers is provided at **Appendix 1**. A check list of requirements to support worker compliance when supplying naloxone is provided at **Appendix 5**. The following sections of these guidelines outline these requirements in detail.

# Approved organisations

## 2.1 The approval process

To be approved to participate in Victoria’s Take-Home Naloxone Program, an organisation **must**:

* be included in the government approval for the program published in the Victorian Government Gazette [[5]](#footnote-6)
* follow the conditions of program participation as specified in the government approval.

Organisations must also follow the requirements of the Commonwealth Government’s national take-home naloxone program[[6]](#footnote-7).

Participation in the supply of naloxone is not compulsory; organisations listed in the government approval can decide to ‘opt in’ to the program, providing they can meet all regulatory prerequisites of participating.

## 2.2 How to order naloxone

The program is established to align with the Commonwealth Government’s national funding program for take-home naloxone. As such, registration is required at a national level to support naloxone ordering and record-keeping processes. The steps below outline how to set up the naloxone ordering process:

**Step 1: Victorian Department of Health**

The department is to provide details of approved organisations to the Commonwealth Government and Victoria’s Take-Home Naloxone Program distributor Mailforce. This will ensure these organisations are included on the respective databases to facilitate naloxone ordering and record-keeping.

**Step 2: Approved organisation**

Approved organisations are to register online at the Commonwealth Government’s Pharmacy Programs Administrator registration and claiming portal. This can be accessed at: <<https://app.ppaonline.com.au/home>>. A video tutorial with a step-by-step guide to the registration process can be accessed at <<https://clipchamp.com/watch/xo02I52G53T>>.

**Step 3: Approved organisation**

Once this registration is complete, approved organisations can order naloxone via Mailforce. To do so, login to the Victorian Needle and Syringe Program Portal, go to the product ordering section, and choose the formulation and quantity of naloxone your organisation requires from the menu, in the same way you would order other products like sterile injecting equipment.

There is no minimum or maximum order quantity[[7]](#footnote-8). The quantity of naloxone ordered should consider your organisation’s existing stock levels, capacity to store naloxone, anticipated demand from consumers, and product expiry dates. It is reasonable for organisation to maintain stock levels that cover up to a few weeks supply.

There will be no cost to the organisation associated with ordering naloxone under this program.

## 2.3 Indemnity

Organisations are responsible for their own indemnity insurance for workers participating in the supply of naloxone. For further information, contact the Victorian Managed Insurance Agency at: <[www.dbi.vmia.vic.gov.au](http://www.dbi.vmia.vic.gov.au). >

# Approved workers

## 3.1 Approved workers

To be approved to supply naloxone under the Victorian Take-Home Naloxone Program, a worker **must:**

* work or volunteer in a role listed in the government approval (refer to list at **Appendix 2**)
* follow the conditions of program participation as specified in the government approval

Worker conditions for program participation:

* be employed or otherwise engaged by, or volunteer at, an approved organisation
* routinely perform harm reduction activities (provide support to minimise harm for people who use drugs) as part of their role
* complete a department approved training course and assessment (see section 3.2)
* meet the other requirements outlined in these guidelines.

In addition, workers should have a strong understanding of:

* the support needs of people who use drugs and their friends, carers, families and supporters.

## 3.2 Mandatory training

Organisations **must** ensure workers supplying naloxone have completed a department approved training and assessment. Training courses approved by the department are listed in **Appendix 3**.

Workers **must** be certified by the organisation they work at as being competent to possess and supply naloxone through confirmation of their training certificate and an acknowledgement that they routinely perform harm reduction duties as part of their role in the organisation. A list of approved workers and their competence to possess and supply naloxone **must** be kept onsite by each site approved to supply naloxone under the program.

Mandatory training includes the following learning objectives:

* risk factors and overdose prevention
* recognising an opioid overdose
* overdose response including contacting emergency services, administration of all types of naloxone, and the use of the recovery position
* how to effectively communicate information of overdose response and the use of naloxone to consumers being supplied naloxone
* legislative information relating to the supply and possession of naloxone.

Workers should re-take the training course every three years to support contemporary understanding of best practice and policies relating to naloxone supply and use.

### 3.2.1 Recency of training

Workers who completed approved training since 1 October 2018 will have their training recognised and will only be required to complete a post training assessment.

Workers who completed approved training prior to 1 October 2018 must re-take the training[[8]](#footnote-9). Upon completion of training and assessment, workers will receive a certificate of completion which must be presented to their organisation.

### 3.2.2 Other recommended training

Workers should also be aware of complementary training and skills that would further assist them in their role as an approved worker. Some examples of these include:

* providing trauma-informed care
* stigma and discrimination awareness training
* formal first-aid training
* Victorian Aboriginal Community Controlled Health Organisation’s (VACCHO) cultural safety training
* Harm Reduction Victoria’s Drug Overdose Prevention/Peer Education (DOPE) training
* Fuse Initiatives run by Harm Reduction Victoria.

# Naloxone formulations and legal requirements

Under the Take-Home Naloxone Program, the following naloxone formulations are able to be ordered and supplied:

* Nasal spray
* Prefilled syringe
* Ampoules

Individual pack sizes and product information for naloxone formulations available can be found at [www.tga.gov.au](http://www.tga.gov.au) and are outlined in **Appendix 4**.

Organisations **must** ensure compliance with storage, display and labelling requirements for naloxone as a schedule 3 medication, listed below and as set out in the *Drugs, Poisons and Controlled Substances Act 1981*.

## 4.1 Storage and display

Naloxone **must** be stored:

* in a secure area of the organisation’s premises that the public does not have access to, and which does not allow self-selection by the consumer
* at a stable room temperature (do not freeze and do not store above 25° C).

Organisations should ensure that protocols are in place to check expiry dates of the naloxone and that procedures for ordering naloxone and managing stock levels take into account product expiry dates.

Display material **must** only consist of general overdose and naloxone awareness messaging. While references to specific naloxone brands are permitted, any promotion **must** only be about use of the naloxone for opioid overdose response, rather than commercial promotion of any particular product.

## 4.2 Labelling

Each container of naloxone **must** be affixed with a label that identifies the:

* name of the approved organisation
* address of the approved organisation from which it was supplied.

An example of a label that meets the regulatory requirements is provided in **Figure 1**.

**ABC Needle and Syringe Program**

123 Smith Street

Melbourne, VIC 3000

**Figure 1**. Example of a label to be affixed on naloxone packs

## 4.3 Provision of sterile injecting equipment

If ampoules are supplied, a naloxone kit should also be provided that contains:

* 5 x 3mL syringes
* 5 x 23-gauge needles

A sharps container and alcohol wipes should be provided with all injectable forms of naloxone.

## 4.4 Frequency and quantity of supply

There is no limit on the number of times an organisation may supply naloxone to a consumer.

At a minimum, one full pack per person should be supplied. However, as part of the supply process, workers should identify where a second or multiple packs would be needed by a consumer. Examples of this would include:

* a consumer that uses opioids at different locations and should have naloxone on hand in each of these locations
* a consumer travelling to a rural/regional area where there may be additional barriers to naloxone access.

If a consumer is also collecting naloxone for others, supply at least one pack to the consumer per additional person.

Each multiple of two packs of naloxone supplied must be recorded as a separate data entry in the online portal (refer to section 6 and **Appendix 6**).

## 4.5 Cost of naloxone

Organisations **must** provide naloxone to consumers free of charge.

# Naloxone supply

## 5.1 Steps for workers to supply naloxone

A checklist of the following requirements for naloxone supply by approved workers is outlined in **Appendix 5**.

Where the word consumer is used in the following steps, this also represents anyone collecting naloxone for a person who uses opioids such as family members, friends, peers, carers or supporters of that person.

**Step 1:** Engage with the consumer regarding their naloxone needs

Workers should engage with the consumer in a non-judgemental, trauma informed, culturally safe and appropriate manner.

Workers **must** confirm that the consumer or person collecting naloxone for others is using naloxone for a potential opioid overdose. Education should be provided that naloxone will not reverse overdoses due to other drug classes such as benzodiazepines or sedatives.

The person collecting naloxone should also be made aware that if naloxone is used on someone who has not actually consumed opioids, it will not affect that person.

Workers should listen to the consumer and seek to ensure they understand reasons for increased risk of overdose such as:

* using again after a break with reduced tolerance (e.g. after hospital or drug-free treatment, detox, prison)
* mixing opioids with other sedating drugs – such as alcohol or benzodiazepines (e.g. diazepam, alprazolam)
* using a greater amount (or purity) of opioid than usual
* injecting instead of other ways of using (e.g. swallowing, snorting, smoking)
* having other health problems (e.g. a major infection, fever)
* using by yourself – with no one able to call for help.

Workers should provide consumers with information and options to support informed decision-making regarding the appropriate formulation of naloxone.

**Step 2:** Identify any contraindications or precautions to naloxone use

Workers **must** ask the consumer about any known or potential contraindications to naloxone or other precautions relating to naloxone.

Contraindications to naloxone include previous allergic reactions or hypersensitivity to naloxone hydrochloride or to any of the other ingredients in the formulation. Consumers with contraindications to naloxone **must** not be given naloxone. They should be referred to a medical or nurse practitioner for advice.

Naloxone can be supplied for pregnant consumers, but further information should be provided in relation to a potential overdose as outlined in section 5.4.

**Step 3:** Educate the consumer about naloxone and provide fact sheets

Workers **must** provide education to the consumer about how to:

* use naloxone safely
* respond in an overdose as outlined in the approved training course.

If a consumer is collecting naloxone for another person, the worker should encourage the consumer to pass on the information to the other person/s and provide fact sheets to the consumer.

If the consumer is collecting naloxone for themselves, it should be clearly communicated that another person will have to administer naloxone in the event of an overdose and information on how to use naloxone should be relayed to family, friends and supporters.

The worker should ensure that any person collecting naloxone, especially friends or family members, understand that they may have to administer the naloxone in an emergency.

Family, friends and supporters or consumers receiving naloxone via secondary supply will need information on how to administer. Workers should offer the consumer enough copies of a fact sheet specific to the naloxone formulation/s being supplied (nasal spray, prefilled syringe or ampoules). Fact sheets are available at <https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program>.

**Step 4:** Supply naloxone to the consumer

A consumer accessing naloxone should be supplied with one full pack of the naloxone formulation decided upon, at a minimum. However, if the need for multiple packs is identified, then the consumer may be supplied with more than one pack.

If a consumer is collecting naloxone for multiple people, a full pack per person should be supplied.[[9]](#footnote-10)

Workers **must** not break packs and **must** not provide individual ampoules or sprays to a consumer.

The expiry date of the naloxone **must** be checked at the time of supply, ensuring it has not expired nor will expire soon and the consumer should be advised of the date.

The container **must** have a label that identifies the supplying organisation and their address (see section 4.2).

When ampoules or prefilled syringes are supplied, the appropriate sterile injecting equipment and sharps container should also be provided to the consumer (see section 4.3).

Naloxone **must not** be supplied to another organisation for the purpose of distribution. This would constitute wholesale supply which is illegal without a wholesale licence.

An accurate record of each naloxone supply transaction **must** be recorded in the appropriate record-keeping portal (see section 6).

## 5.2 Naloxone supply via outreach

Where a worker of an approved organisation is supplying naloxone via outreach the steps above should all be followed. Distribution of naloxone in a park or other public place is acceptable as part of carrying out usual outreach duties while interacting with people who may be at risk of opioid overdose. Outreach workers **must** **not** hawk, peddle or engage in open distribution of naloxone in a public place or from house to house.

Tips to help approved workers performing outreach to supply naloxone safely and effectively include:

* taking only the amount of naloxone the worker thinks they will need for that day
* not storing naloxone in a hot environment, for example in a parked car on a hot day
* incorporating the supply of naloxone into the daily harm reduction duties of the worker’s role
* developing local protocols to support data collection; which could include maintaining a hard copy of supply data while offsite, then collating and entering the data into the online portal when the worker has finished their shift.

## 5.3 Referral to support services

Workers should aim to build a respectful relationship with consumers who attend the service and especially those that obtain naloxone often. Workers should seek to understand if the consumer would like to access alcohol and other drug (AOD) help and support or requires other harm reduction or health care support. If a consumer provides consent, the worker should provide information or refer the consumer to support services as appropriate.

## 5.4 Pregnancy

Pregnant consumers or those collecting for a pregnant consumer should be educated about the use of naloxone specifically in pregnancy.

When using naloxone in response to an overdose there is the potential to cause an acute opioid withdrawal in the mother and foetus putting both lives at risk. Therefore, the need to call triple zero (000) once an overdose has occurred is paramount. A trained professional can then advise what to do in this situation.

An initial dose of naloxone should be given as per product information. A repeat intramuscular dose can be given at a longer interval time of 4 minutes between doses if required until further management advice from a trained professional.

Due to the higher dose in the nasal spray only one dose should be given. Seek advice from a trained professional for further management.

The pregnant consumer or those collecting for a pregnant consumer should be offered support and the option to be referred to a medical practitioner or nurse practitioner. The Women’s Alcohol and Drug Service at the Royal Women’s Hospital is another resource for further support as appropriate. This service can be reached by calling (03) 8345 2000 or visiting <https://www.thewomens.org.au/health-professionals/maternity/womens-alcohol-and-drug-service>

Further information on accessing supports for opioid use and pregnancy is available in the NSP Handbook[[10]](#footnote-11).

## 5.5 Young people

Naloxone may be supplied to a young person under the program. When a young person attends an approved organisation, workers should use this as an opportunity to start a conversation with them about staying safe or providing support if they are collecting naloxone for someone they know that uses opioids. Organisations should ensure a welcoming environment to help the person feel comfortable to speak about any concerns. Organisations should have information on support services for young people visible and easily accessible, including information on health, education, legal matters, drug treatment and online/ telephone counselling services.

If there are worries about the young person’s safety or because of the person’s age, the worker should try to refer the person to an appropriate service. This may include contacting DirectLine on 1800 888 236 to locate an appropriate support service. Workers may need to notify Child Protection Services if they have reasonable grounds to believe that there is a risk of significant harm to a child or young person. If a child or young person is in immediate danger the worker must contact the police.

Further information on supporting young people regarding opioid use is available in the NSP Handbook[[11]](#footnote-12).

## 5.6 Aboriginal communities

Organisations should ensure they are welcoming and culturally safe places for Aboriginal peoples. Services should support equity of access and Aboriginal peoples’ right to self-determination.

For further information see <https://www.health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety>.

Guidance is also available in the NSP Handbook.

## 5.7 Diversity and inclusion

Organisations should consider the diverse needs of their local community to minimise barriers to naloxone access for people who often face greater rates of marginalisation and discrimination in our society. This may include the specific needs of culturally and linguistically diverse or lesbian, gay, bisexual, transgender and intersex (LGBTI) community members.

For further resources and information see <https://www.health.vic.gov.au/populations/designing-for-diversity>.

# Naloxone supply record keeping

Workers **must** record data relating to all naloxone they supply in the online portal for the national take-home naloxone program (see section 2.2 above).

A short video tutorial is available to guide approved workers through the registration and record-keeping processes for the online portal: <https://clipchamp.com/watch/xo02I52G53T>.

Registration of both your organisation and all approved workers is required before you may supply naloxone under the Victorian program. The collection and entry of data of naloxone supplied by approved workers of Victoria’s program supports the:

* Victorian department’s monitoring and evaluation of naloxone supply[[12]](#footnote-13)
* requirements of the Commonwealth Government’s national take-home naloxone program.

Data **must** be recorded each time naloxone is supplied. This can be at the time of supply or according to an organisation-specific protocol, such as for outreach workers to collect supply data manually (e.g. in a notebook) and to enter all data after an outreach shift in one go. If more than two packs are supplied to a person at one time, a new data entry is required for each multiple of two packs supplied. **Appendix 6** outlines the minimum data fields that are to be recorded by workers.

# Secondary Supply

Under Victoria’s Take-Home Naloxone Program, once naloxone has been obtained at an approved organisation it may be given from person to person for the purpose of opioid overdose reversal. This is often referred to as secondary supply or ‘peer to peer distribution’.

Consumers who are supplied with naloxone are encouraged to collect naloxone for others who may be at risk of experiencing, or witnessing, an opioid overdose. This may be their family, friends, carers, supporters or peers.

Peer to peer distribution is an effective practice to facilitate naloxone access to people in the community who use drugs and who may have limited engagement with harm reduction, AOD or other health service providers.

Workers should advise the consumer to explain to their peers how to respond to an opioid overdose and how to use naloxone.

Workers should also provide the consumer with copies of the fact sheet specific to the naloxone formulation/s being supplied (nasal spray, prefilled syringe or ampoules).

Peer to peer distribution does not allow an approved organisation to supply naloxone to another organisation to distribute via their networks. This would constitute wholesaling, which requires a licence to supply scheduled medicines.

# Administration of naloxone in opioid overdose

Victoria’s Take-Home Naloxone Program deals exclusively with the regulation of naloxone *supply*. Provisions regarding its use or administration on someone suspected of experiencing an opioid overdose are not in scope of the program.

Under Victoria’s *Wrongs Act 1958*, legal protection from civil liability applies if a person, commonly called a ‘good Samaritan’, provides assistance, advice, or care in an emergency with honest intent and not expecting any financial reward for helping.

A person may administer naloxone to someone in an emergency, where they are unable to obtain consent from that person, for the purpose of responding to what they reasonably believe to be an opioid overdose. They do not need to be a registered health practitioner to do so.

Workers who attend to someone who is suspected of having overdosed are to call triple zero (000) as a priority and assist the person in accordance with the advice of the emergency service operator.

# Appendix 1: Naloxone supply checklist for organisations

This checklist is provided for use by a manager or program lead at an approved organisation to determine if all the conditions for naloxone supply have been met.

You must answer YES to ALL the questions below before a worker in your organisation can supply naloxone.

|  |  |  |
| --- | --- | --- |
| **Naloxone supply questions for organisations** | **Yes** | **No** |
| **Approved organisation requirements** | | |
| Is my category of organisation listed under the government approval for the Victorian program? |  |  |
| Has the ‘Main Authorised Person’ of my organisation registered our organisation as an approved naloxone supplier on the Commonwealth Government’s Pharmacy Programs Administrator portal? |  |  |
| Does my organisation’s indemnity insurance cover approved workers to supply naloxone? |  |  |
| **Manager or program lead responsibilities for approved workers** | | |
| Is the worker employed by or volunteer at a Needle and Syringe Program or Medically Supervised Injecting Centre in Victoria? |  |  |
| Is their role listed as an eligible worker class? (See **Appendix 2**) |  |  |
| Does the worker routinely undertake harm reduction activities as part of their role? |  |  |
| Have all workers in organisation who will be supplying naloxone completed the required training and assessment? |  |  |
| Do I have a record of their certificate for completion for naloxone training? |  |  |
| Have I certified in writing that they are competent to possess and supply naloxone? |  |  |
| Have workers registered themselves as an approved naloxone worker on the Commonwealth Government’s Pharmacy Programs Administrator portal? |  |  |
| Have workers read and understood these guidelines and the requirements of naloxone supply? |  |  |
| **Naloxone requirements** | | |
| Does my organisation have a place to store naloxone where the public does not have access to it? |  |  |
| Is it stored at the correct temperature (not freezing or over 25° Celsius)? |  |  |
| Do we have a process for labelling each naloxone pack? |  |  |

# Appendix 2: Eligible workers

The following persons are specified in the Victorian program’s government approval as approved classes of workers that can supply naloxone when working or volunteering for an approved organisation:

|  |
| --- |
| Registered Aboriginal and Torres Strait Islander Health Practitioner  Alcohol and other Drugs (AOD) worker  Case manager/worker  Community support worker  Consumer worker  Counsellor  Enrolled nurse  Medically Supervised Injecting Centre worker/coordinator/manager/director  Mental Health worker  Needle and Syringe Program worker/coordinator/manager/director  Outreach worker/officer  Paramedic  Peer support worker/coordinator  Registered nurse  Social worker  Youth worker  Any of the above roles plus pre-fix of Aboriginal or Culturally and Linguistically Diverse |

# Appendix 3: Approved training provider/s

1. Community Overdose, Prevention and Education (COPE) training

For further details on COPE training contactPenington Institute:

* Email: [info@penington.org.au](mailto:info@penington.org.au)
* Telephone: (03) 9650 0699
* Website: <https://www.penington.org.au/resources/cope-overdose-first-aid/>

# Appendix 4: Naloxone products

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Formulation | Strength | Dose | Brand examples | Full pack size |
| Nasal spray | 1.8mg/actuation | 1.8mg intranasal | Nyxoid | 2 x 1 nasal sprays |
| Prefilled syringe | 1mg/mL | 400mcg IM | Prenoxad | 1 x 2mL syringe |
| Ampoule | 400mcg/mL | 400mcg IM | Junalox, Naloxone Hydrochloride (DBL), Naloxone Juno, NALOXONE SXP | 5 x 1mL ampoules |

# Appendix 5: Naloxone supply checklist for workers

This checklist is provided for use by an approved worker to determine if all the conditions for naloxone supply have been met.

|  |  |  |
| --- | --- | --- |
| **Naloxone supply questions for workers** | **Yes** | **No** |
| **Check with the consumer** | | |
| Have I confirmed the consumer understands naloxone can only be used for an opioid overdose and not an overdose due to other drugs? |  |  |
| Have I confirmed the consumer has no contraindication/precautions to using naloxone? |  |  |
| Have I educated the consumer about opioid overdose response, including how to use naloxone? |  |  |
| Have I offered the consumer a naloxone fact sheet? |  |  |
| **Check the product** | | |
| Is the naloxone pack in date? |  |  |
| Is the pack labelled with the name and address of the organisation? |  |  |
| Is the naloxone being given out free of charge? |  |  |
| **Record keeping** | | |
| Have I recorded the details of the supply in the online portal? |  |  |

# Appendix 6: Data collection and reporting

The following data is to be collected and entered into the online reporting portal by the approved worker supplying naloxone each time it is supplied\*

* Date of naloxone supply
* Formulations and quantities of naloxone supplied (maximum of two in each data entry)
* Staff designation (e.g. ‘NSP worker’)
* Consumer consent to the collection of de-identified information for program monitoring purposes
  + If yes, whether the naloxone supplied was an initial supply or refill
  + If refill, was the previous naloxone:
    - lost, damaged or expired; or
    - used on the individual; or
    - used on another person; or
    - given to another person.

*\**Note:

1. These are the minimum data fields required to be completed in accordance with the funding requirements for the Commonwealth Government’s take-home naloxone program. The Victorian Department of Health may notify organisations of additional reporting requirements to support quality and safety evaluation of this program.
2. The maximum number of packs of naloxone that can be reported in each data entry is two. A new data entry is required for each multiple of two packs supplied.

|  |
| --- |
| Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, November 2023.  **ISBN** 978-1-76131-452-0 **(pdf/online/MS word)**  Available at <<https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program>> |

1. https://www.legislation.vic.gov.au/as-made/acts/drugs-poisons-and-controlled-substances-amendment-act-2021 [↑](#footnote-ref-2)
2. https:// https://www.legislation.vic.gov.au/as-made/statutory-rules/drugs-poisons-and-controlled-substances-amendment-naloxone-regulations-2022 [↑](#footnote-ref-3)
3. http://www.gazette.vic.gov.au/gazette/Gazettes2023/GG2023G014.pdf [↑](#footnote-ref-4)
4. https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program [↑](#footnote-ref-5)
5. <http://www.gazette.vic.gov.au/gazette/Gazettes2023/GG2023G014.pdf> [↑](#footnote-ref-6)
6. [Australian Government, Department of Health and Aged Care, About the Take Home Naloxone program](https://www.health.gov.au/our-work/take-home-naloxone-program/about-the-take-home-naloxone-program#:~:text=The%20Australian%20Government%20is%20investing,opioid%20overdose%20or%20adverse%20reaction) [↑](#footnote-ref-7)
7. The imposition of order limits may be considered in the event of stock shortages or supply disruptions. [↑](#footnote-ref-8)
8. COPE training was updated in response to approval of naloxone nasal spray for the Australian market by the Therapeutic Goods Administration in September 2018 [↑](#footnote-ref-9)
9. Commonwealth Government take-home naloxone program rules require a separate data entry be made for every multiple of two packs supplied. [↑](#footnote-ref-10)
10. [NSP-Handbook.pdf (penington.org.au)](https://www.penington.org.au/wp-content/uploads/2022/10/NSP-Handbook.pdf) [↑](#footnote-ref-11)
11. [NSP-Handbook.pdf (penington.org.au)](https://www.penington.org.au/wp-content/uploads/2022/10/NSP-Handbook.pdf) [↑](#footnote-ref-12)
12. The department will establish an additional six-monthly survey for approved organisations to report on quality and safety of naloxone supply under the Victorian program. [↑](#footnote-ref-13)