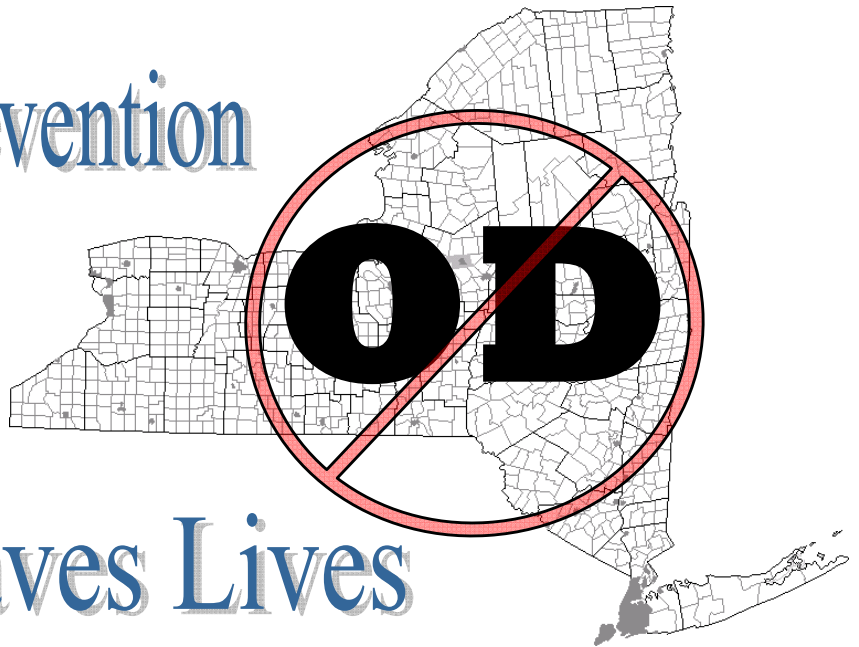


New York State Department of Health

Opioid Overdose Prevention
Guidelines for Policies and Procedures

Overdose Prevention



Saves Lives

Opioid Overdose Prevention Program Policy and Procedures

This sample policies and procedures may be used by opioid overdose prevention programs in New York State as a guide in developing their own policies and procedures. Elements in this document should be tailored by programs after carefully considering the options for program implementation. No opioid overdose prevention program may have policies and procedures inconsistent with the laws and regulations of the State of New York. All opioid overdose prevention programs should have their policies and procedures signed and dated by the program director. Policies and procedures should be reviewed at least annually to ensure they continue to meet the needs of the program and to be reflective of the program's operations.

Program Director's Responsibilities

The program director will

- Identify a New York State-licensed physician, physician assistant, or nurse practitioner to oversee the clinical aspects of the opioid overdose prevention program prior to the operation of the program;
- Develop a training curriculum, which meets the approval of the New York State Department of Health (NYSDOH);
- Identify and select persons as trained overdose responders (TORs);
- Ensure that all trained overdose responders successfully complete all components of training program;
- Issue certificates of completion to trained overdose responders who have completed the training program;
- Maintain opioid overdose prevention program records including trained overdose responder training records, opioid overdose prevention program usage records and inventories of opioid overdose prevention program supplies and materials;
- Provide liaison with local EMS, where appropriate;
- Assist clinical director with review of all overdose reports, particularly those including opioid antagonist administration; and
- Report all administrations of opioid antagonist on forms prescribed by the NYSDOH;
- Ensure that the program's registration with the NYSDOH remain up-to-date, with no lapse in the program's ability to operate;
- Ensure that the NYSDOH is notified in a timely fashion of all changes in the information contained on the program's registration form, including names and contact information for the program director, the clinical director and affiliated prescribers, as well as sites at which the program operates.

Clinical Director's Responsibilities

The clinical director, who must be a New York State-licensed physician, nurse practitioner or physician assistant, will:

- Provide clinical consultation, expertise and oversight of medical issues related to program;
- Adapt training program content and protocols as needed, in consultation with the program director;

- Approve and provide ongoing supervision of the trainers;
- Approve of affiliated prescribers;
- Review reports of all administrations of an opioid antagonist with the program director; and
- Oversee procurement of naloxone.

Selection of Individuals to be Trained as Overdose Responders

All adults who are interested in becoming TORs are eligible to be trained. If a participant appears to be unable to understand adequately the training instruction, they will be invited to return another time.

Minors as Trained Overdose Responders

A minor who has attained the age of 16 may become a trained overdose responder if, in the opinion of the program staff, there are reasonably foreseeable circumstances in which this minor will be positioned to save a life by administering naloxone. This minor must be deemed to be sufficiently mature with respect to intellect and emotions to carry out all the responsibilities of a trained overdose responder. The program's records should document this maturity in its records on this responder; and the Opioid Overdose Program Director, Clinical Director of Affiliated Prescriber should document his or her approval for the training of all minors. If the required maturity appears to be lacking, an effort should be made to make the minor a trained overdose responder in all ways other than furnishing that minor with naloxone, i.e. training the minor in recognizing an opioid overdose; in calling 911 and in waiting with the victim until EMS arrives.

Trainers

Trainers may be program staff, peers or volunteers. They may be trained by program staff or in trainings held by other agencies. Each trainer must be approved by the program director. Each trainer will meet with or be supervised at least once by the clinical director or by an affiliated prescriber who has specifically been delegated the responsibility of supervising trainers.

Affiliated Prescribers

Affiliated prescribers must be New York State-licensed physicians, nurse practitioners or physician assistants. Each affiliated prescriber must be approved by the clinical director, who must keep a written record of such approval. The affiliated prescribers must be knowledgeable regarding the following: opioid overdose; administration and storage of naloxone; conducting the necessary brief medical assessment; completing the medical history; and strongly encouraging TORs to report use or loss of naloxone. They must periodically report their program-related activities to the clinical director and must ensure that all reports of opioid antagonist administration are communicated to the clinical director as soon as practicable. Affiliated prescribers may be delegated the responsibility of supervising those individuals who train TORs.

Training Protocol

The program must maintain an up-to-date training curriculum, which has been approved by the NYSDOH. [The Core Curriculum is an example of such a curriculum.] All trainings will address at a minimum:

Risk factors for opioid overdose:

- Loss of tolerance
- Mixing drugs
- Using alone

Signs of an overdose:

- Lack of response to sternal rub
- Shallow or no breathing
- Bluish lips or nail beds

Actions:

- Call 911
- Rescue breathing
- Rescue position
- Using naloxone

Trainings may take place in a variety of settings, including on the street or in a more conventional classroom setting. The trainings may be in small groups or conducted one-on-one. They may be as short as ten (10) minutes or may last thirty (30) minutes or longer, depending on the TORs' familiarity with drug injection and overdose and on other factors.

Incentives for Participation in Training

If incentives are offered, there should be a policy with respect to how frequently individuals will be eligible for these incentives and when they should be offered.

Training Certification

At the conclusion of training, each person who has demonstrated adequate understanding of the course material will receive a certificate of completion (see attached). This certification is valid for a period not to exceed two (2) years from the date of the training.

Refresher Course

TORs will be required to take a refresher training in order to retain their status if more than two (2) years have passed since their previous certification. Training records will be checked for currency of certification at a minimum when TORs request a new kit for loss, use or expiration date. Refresher courses may be offered prior to the expiration of two (2) years to ensure current knowledge regarding overdose protocols and seamless ability of the TOR to administer naloxone.

Medical Encounter

Either the clinical director or an affiliated prescriber will conduct a brief assessment and complete the attached medical history for each TOR. This medical provider will then furnish a naloxone kit and an official New York State prescription to each TOR after verifying successful completion of the opioid overdose prevention training.

Maintaining Medical Records

The medical records will be stored by the clinical director in a place secured by a lock. If there is an established medical chart in the facility, a note will be made in the chart in keeping with policy regarding medical services.

Naloxone Kits--Intramuscular

The kits will include two (2) syringes; 2 vials of naloxone, instructions for administering naloxone, one (1) face mask for mouth-to-mouth resuscitation, two (2) alcohol swabs and one (1) pair of gloves.

Naloxone-Kits—Intranasal

The kits will include 2 vials of naloxone, 2 mucosal atomizers, instructions for administering naloxone, one (1) face mask for mouth-to-mouth resuscitation, two (2) alcohol swabs and one (1) pair of gloves.

Instructions Regarding Use or Loss of Naloxone Kit

TORs will be strongly encouraged to make best efforts to report all use and loss of the kits to the program director, clinical director or affiliated prescriber.

Refill Protocol

TORs requiring refills will be informed of the hours and location where a prescriber (clinical director or affiliated prescriber) is available to dispense the naloxone or which pharmacies can fill a prescription for naloxone. Each TOR's training record will be reviewed and a refresher training will be scheduled consistent with the Refresher Course item above.

Storage of Naloxone

The program director will ensure that naloxone is stored safely consistent with the manufacturer's guidelines and that an adequate inventory of naloxone be maintained consistent with reasonable projected demand. The naloxone inventory should be routinely assessed to ensure that TORs are furnished naloxone which has at least 9 months—and preferably 12 months—prior to the expiration date.

Record Keeping

The program director will maintain a log of all TORs with the name of the TOR and the date trained; a log of all trainings with the date of the training, the location of the training, the name of the trainer and the names of the TORs; a list of all persons who are designated trainers. The program director must also maintain records in order to comply with the requirement of reporting opioid antagonist administrations to the NYSDOH, as detailed below under Overdose Reversals. The clinical director must maintain a log of current affiliated prescribers, and this information must be shared with the program director.

Overdose Reversals

All overdose reversals will be recorded on the form supplied by the NYSDOH and reviewed immediately by the program director. The reports will be reviewed monthly with the clinical director. Copies of these reports will be sent to the NYSDOH on a monthly basis. If there are more than two reversals in a week or if there are specific concerns over either the strength or contamination of drugs in the area, the concern will

be discussed with the clinical director and reported immediately to the local health department as well as to the NYSDOH.