DPH Clearinghouse Naloxone Distribution Policy and Procedure
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Policy
The Naloxone Distribution Project (NDP) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Department of Health Care Services (DHCS) to combat opioid overdose-related deaths throughout California. The NDP aims to reduce opioid overdose deaths through the provision of free naloxone nasal spray.

The standing order issued by the state Public Health Officer (authorized by California Civil Code Section 1714.22):

1) allows community organizations and other entities in California that are not currently working with a physician, to distribute naloxone to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist; and
2) allows for the administration of naloxone by a family member, friend, or other person to a person experiencing or reasonably suspected of experiencing an opioid overdose.

Through the NDP, qualified organizations and entities may request free naloxone from DHCS and have it directly shipped to their address. San Francisco Department of Public Health (SFDPH) has been designated a High-Need Entity by DHCS due to its high utilization. Thus, SFDPH may request a large quantity of recurring shipments. CBHS Pharmacy will receive and store naloxone shipments from the NDP for distribution to SF programs serving high-risk patients in the City and County of San Francisco. Programs participating in the DPH Clearinghouse will have access to this naloxone supply and the programs champions will be responsible for coordinating obtaining supplies and tracking staff training for their program.

The DPH Clearinghouse pharmacy and participating programs shall adhere to laws and regulations related to naloxone distribution.

Purpose
The purpose of the DPH Clearinghouse Naloxone Program is to address the opioid epidemic and allow a wide distribution of naloxone to permit individuals that receive naloxone to administer it. The purpose of this policy is to describe the policy and procedures for safe storage and distribution of intranasal naloxone obtained through the DPH Clearinghouse.

Definitions
Throughout the document, references to “naloxone” will refer to the intranasal formulation of the opioid antagonist received by NDP used for the acute treatment of opioid overdose. The “pharmacy” will refer to CBHS Pharmacy. The “program” will refer to participating programs.
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Procedure for CBHS Pharmacy
1. DPH Clearinghouse naloxone supply acquisition
   a. Pharmacy will submit application(s) to NDP annually or as indicated by DHCS
   b. DHCS will deliver quarterly shipments of naloxone to CBHS Pharmacy (1380 Howard Street) in March, June, September, and December of each calendar year
2. Storage of DPH Clearinghouse supply
   a. Naloxone will be stored at 1380 Howard Street
   b. Naloxone will be stored separately from pharmacy medications in a safe and secure location
3. Program naloxone records
   a. Pharmacy will track the number of reversals as reported by programs
   b. For each naloxone order provided to programs, Pharmacy will log the program name, pickup date, quantity provided, expiration date, LOT number

Procedure for Programs
1. DPH Clearinghouse program participation
   a. SFDPH and SFDPH-affiliated programs qualify to participate in the DPH Clearinghouse
   b. Participating programs are required to exclusively receive naloxone for distribution through the DPH Clearinghouse
   c. Each program shall have designated staff person(s) who will coordinate naloxone distribution including reordering and tracking of reversals
2. Policies and Procedures
   a. Programs may utilize this policy and procedure, or may write their own site-specific policy and procedure (refer to Appendix A Model P& P Template)
3. Naloxone storage
   a. Stored naloxone will not be in immediate access to clients
   b. Naloxone is not required to be stored within a medication room. However, if stored in a medication room, they must be stored separately from other medications and shall follow any additional guidelines set out by the program
4. Obtaining Naloxone from CBHS Pharmacy DPH Clearinghouse
   a. To request naloxone, the program will complete Microsoft Form:
      i. https://forms.office.com/g/atYLnaCW00
   b. Program will report total number of naloxone reversals with each reorder
5. Naloxone distribution
   a. Naloxone will be distributed by clinic staff who have completed Naloxone Distribution training. Both clinical and non-clinical staff may participate
   b. Eligibility for receiving naloxone
      i. People who currently use opioids, have a history of opioid use, or are in frequent contact with people who use opioids, or
      ii. People at risk for overdose or in contact with someone at risk (including individuals who use stimulants or other agents which may be contaminated with or confused with opioids), or
      iii. Other persons in a position to assist during an opioid-related overdose
      iv. Naloxone should be given to any person who requests it, regardless of history
      v. Naloxone may be distributed to any person, and is not restricted to patients/clients of the program
   c. Staff are required to provide appropriate counseling on naloxone to individuals who receive naloxone through the program

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6. For naloxone administration within health facilities, follow the facility’s guidelines for emergency response

7. Documentation
   a. Each program will track the number of reversals the program is aware of, and report to the DPH Clearinghouse when reordering naloxone
   b. Naloxone distribution will be documented in the naloxone log, including date of distribution, quantity given, staff or patient information as applicable, and documentation that overdose prevention education was provided to the patient.
   c. Labelling the naloxone is not required; however, programs may choose to do so

8. Training
   a. Staff distributing naloxone are required to receive training on opioid overdose prevention and treatment
   b. Minimum training requirements:
      i. The causes of an opiate overdose
      ii. Mouth to mouth resuscitation (but should only be given if using a mouth guard for Covid-19 safety)
      iii. How to contact appropriate emergency medical services (call 911)
      iv. How to administer the intranasal naloxone
   c. Each program will maintain records of all staff who have completed training. Refer to example training log template in Appendix B
   d. Approved training programs/resources:
      i. **Recommended staff training**
         1. How to Use Narcan with the DOPE Project (~10 min)  
            https://www.youtube.com/watch?v=bUtYpbdUSus
         2. Administering Naloxone- Training Video (~10 min)  
            https://www.youtube.com/watch?v=nurz9qPGKws&feature=youtu.be
      ii. Other training programs/resources recognized by medical director/designee
Appendices

Appendix A - Model P&P Blank Template

To participate in the DPH Clearinghouse, programs are not required to write their own policy and procedure. Those who choose may utilize the following tools:

DPH Programs: Please utilize this document P&P Model Template.docx to create a P&P for your clinic.
1. Click on the link
2. Click download
3. Add your program/clinic details
4. Email completed P&P to DPH-Naloxone_Clearinghouse@sfdph.org

Non-DPH Programs: Please utilize Attachment A to create a P&P for your clinic.

Appendix B - Staff Naloxone Training Tracker

DPH Employees: This Staff Naloxone Tracking Template Microsoft Form (link) may be adopted by clinic champions to track those staff who have completed training.
1. Click on the link
2. Click “Duplicate It” on the top right of the webpage. This will create a copy into your personal OneDrive
3. Add your program/clinic details
4. Click “Share” to generate a unique link to share with staff
5. The clinic champion can now receive responses and include their email address

Non-DPH Employees: Please utilize Attachment B to track staff training

Note: All proof of training completion (e.g., training certificates) must be retained by the program. DPH Clearinghouse will not be responsible for collecting or keeping proof of completion certificates.