**Take Home Naloxone Guide**

**for Saskatchewan First Nation’s Organizations**

**Background**

1. Overdose deaths, related to prescription and illicit opioids, such as fentanyl, codeine, morphine, and hydromorphone, has risen sharply across Canada in recent years. Opioid overdose that is not detected or treated in a timely manner can lead to neurological damage or death due to respiratory depression or arrest. Naloxone is an opioid antagonist (antidote) for opioid poisoning; it is a safe treatment that can be used in 1st aid situations where opioid overdose is suspected allowing extra time for emergency services to respond. According to the World Health Organization (WHO):

**“Any adult capable of learning basic life support can also learn to recognize an opioid overdose, and administer naloxone in time to save lives. “**

**Purpose**

1. Reduce the number of deaths from opioid overdose by:
	1. increasing the **availability** of naloxone to people likely to witness an opioid overdose in the pre-hospital setting;
	2. increasing the **preparedness** of people likely to witness an opioid overdose to respond safely and effectively by carrying naloxone and being trained in the management of opioid overdose; and
	3. increasing the rate of **effective resuscitation** and post-resuscitation care by persons witnessing an opioid overdose.

**Considerations**

1. Organizations may hold Take Home Naloxone Kits for emergency use within their facility similar to an AED or other first aid treatment. The Employer must ensure that the appropriate policy and procedures are in place prior to purchasing and making the kits readily available for use in their facility.
2. Employees that administer naloxone must be trained in naloxone administration, meet designated competencies, and need to be supported by an organization’s overdose response policy and be offered post administration support. The employer should provide ongoing training for new staff and overdose drills to maintain staff competencies.
3. Naloxone has been made a non-scheduled drug, in order to increase availability to the general public.
4. The Following are suggested positions within your organization to support and maintain the Take Home Naloxone kit for your facility:
5. Facility Overdose Recognition and Response **SITE COORDINATOR**
* Be accountable for submission of all required site paperwork;
* Monitor overdose response supply inventory levels (including naloxone) and reorder as needed; and
* Liaise with local Community Pharmacist and FNIHB Regional Pharmacist as required.
1. Facility Overdose Recognition and Response **SITE EDUCATOR**
* If this position is filled by a non-Health Care Professional they must be teamed up with a nurse or pharmacist to teach the injection portion of the training;
* Familiarize self with the suggested curriculum through self-study and a train-the-trainer session;
* Deliver education to site staff;
* Assess staff competency; and
* Complete Summary Training Record(s).
1. Facility Overdose Recognition and Response **SITE MANAGER(S)/SUPERVISOR(S)**
* Maintain internal records of staffs that possess the competencies required for responding to an opioid overdose; and
* Hold yearly refresher trainings and Maintain staff competency by holding regular practice drills;
* Provide post-naloxone administration debriefing.
* Consider arranging a Take Home Naloxone training for your clients
1. Complete the Take Home Naloxone for Organizations Workbook to identify strengths and weaknesses of your organization when responding to an overdose situation.
2. Resources are available at <http://towardtheheart.com/naloxone/> and/or contact the Regional Pharmacist with First Nations and Inuit Health Branch (FNIHB).

