

EQUIPPING VA POLICE SERVICES WITH INTRANASAL (IN) NALOXONE



IMPLEMENTATION TOOLKIT

VA



U.S. Department
of Veterans Affairs

CONTENTS

Welcome.....	1
Background.....	1
VA and IN Naloxone	2
Implementing an Intranasal Naloxone Carry Practice	3
Implementation Roadmap	3
Step 1: Identify a Practice Champion.....	4
Step 2: Garner Support from Stakeholders	4
Step 3: Develop a Local Policy and Obtain Approval	6
Step 4: Secure Supplies	6
Step 5: Increase Staff Awareness of the Practice.....	7
Step 6: Train Staff and Implement the Practice	8
Step 7: Monitor and Evaluate the Practice.....	9
Additional Resources	10
Appendix A: VA Police Officer Naloxone Training and Administration FAQ.....	11
Appendix B: Attachments.....	15
Appendix C: Sources	42
Appendix D: Background and Acknowledgements.....	43

WELCOME

Welcome and thank you for your participation in implementing this intranasal (IN) naloxone carry practice with your VA Police Service.

This toolkit is intended for VA police chiefs (or their designee) and summarizes the steps to equip your VA Police Service with IN naloxone. The goals of this toolkit are to provide: (1) **background** on IN naloxone and (2) instructions for how to **implement** an IN naloxone carry practice and train your VA Police Service to carry and administer this life-saving medication.



Intranasal (IN) Naloxone
(also called nasal naloxone and nasal Narcan®) is a highly effective, easy-to-administer nasal spray medication that can rapidly reverse an opioid overdose.

BACKGROUND

The United States is in the midst of a devastating **opioid epidemic**, with opioid overdose deaths due to prescription opioids, heroin, and other synthetic opioids (e.g., fentanyl) at an all-time high.¹ Veterans are particularly vulnerable compared to non-Veterans, given their higher prevalence of chronic pain conditions and substance use disorders, including opioid dependence. **Veterans are twice as likely to die from accidental overdose** when compared to the non-Veteran population.²

Opioids include naturally occurring opiate substances (e.g., morphine, opium, codeine) found in the opium poppy, derivatives of these substances (e.g., heroin), as well as synthetic or semi-synthetic compounds (e.g., oxycodone, hydrocodone, etc.). In practice, the term “opioid” is currently used to refer to both synthetic/semi-synthetic (opioids) and naturally occurring compounds (opiates). While opioids are effective at reducing pain, they depress respiration and, when taken in excess, can lead to respiratory arrest (opioid overdose), which can be deadly.

Since 1999, over
350,000 people
have died from overdoses related
to opioids.³

In 2016,
opioid overdoses killed
42,249 people,
which is over 5x the number of
people who experienced lethal
overdoses in 1999.³

Naloxone complements VA’s
efforts to address opioid safety
(between July 2012 to June 2018
there were 308,911 fewer patients
receiving opioids--679,376
patients to 370,465 patients, a
45% reduction).⁴

VA and IN Naloxone

To improve opioid safety and reduce risk for opioid use disorder among Veterans, the Department of Veterans Affairs (VA) is utilizing alternative pain treatments, prescribing opioids only when necessary and in the lowest doses possible, consulting state prescription drug monitoring databases to avoid duplicate opioid prescriptions, reducing prescribing opiates with other medications that can cause serious drug-drug interactions, making medication disposal options available to Veterans, and referring patients to substance use disorder and mental health treatment when appropriate.

Despite these efforts, however, many of our nation's Veterans continue to overdose on opioids, including at VA facilities. To reduce the risk of death from opioid overdose on VA premises, **VA is implementing IN naloxone programs and practices to rapidly reverse any on-site opioid overdoses.**

For example:



The VA [**Opioid Overdose Education and Naloxone Distribution \(OEND\) Program**](#) aims to reduce the harm and risk of life-threatening opioid-related overdose and death among Veterans. Key components of the OEND Program include education and training on opioid overdose prevention, recognition of an opioid overdose, opioid overdose rescue response, and issuing naloxone.⁷



VA released a **VA Police Officers and IN Naloxone Frequently Asked Questions (FAQ)** document to answer common questions about carrying and administering IN naloxone (see the FAQ in Appendix A).



VA Boston Health Care System (HCS) established the Automated External Defibrillator (AED) Cabinet Naloxone Program (internal VHA website) to place IN naloxone in AED cabinets, enabling fast response times, especially in "high-risk" areas (e.g., areas infrequently traveled by facility personnel and/or areas that do not have a crash cart readily available). For more information on VA Boston HCS' naloxone program, see their naloxone policy in Appendix B.



Naloxone, an opioid receptor antagonist, is a highly effective treatment for opioid overdose. If administered promptly, appropriately, and in sufficient amount, naloxone reverses opioid overdose by blocking opioid receptors in the brain to restore breathing and prevent death.⁵

Naloxone is available as an easy-to-administer, FDA-approved for layperson administration **intranasal (IN) spray**.

Requiring minimal training, a usability study found 90.5% of individuals successfully used it without training.⁶



VA released a deputy under secretary for health for operations and management (DUSHOM) memorandum, entitled “**Rapid Naloxone Availability to Prevent Opioid-Related Death**” to encourage VA Police and facilities to implement IN naloxone carry practices (see the memorandum in Appendix B).

IMPLEMENTING AN INTRANASAL NALOXONE CARRY PRACTICE

This section provides step-by-step instructions for implementing an IN naloxone carry practice and training your VA police officers to recognize the signs associated with an opioid overdose and administer IN naloxone.

NOTE: All VA Police Services and facilities that implement an IN naloxone carry practice **MUST** develop a local policy to specifically address all accountable individuals and service/facility-specific information (e.g., training, documenting use, medication inspection/replacement, etc.).



For more information on guidance for naloxone and law enforcement, please reference the [Law Enforcement Naloxone Toolkit](#), created by the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA).

TIP: To help develop a local policy, consider adapting the local policy from another already-implementing facility, such as VA Boston HCS or Miami VA HCS (policies in Appendix B).

Implementation Roadmap

From start to finish, you can expect implementation of your IN naloxone carry practice to take approximately two to three months. This may differ slightly due to local factors, including policy concurrence and supply acquisition processes. Setting target deadlines can assist in enforcing accountability among practice stakeholders and improve the likelihood of successful and timely implementation. **Figure 1** provides a high-level roadmap for implementation.



Figure 1. IN Naloxone Carry Practice Implementation Roadmap

We detail each implementation step in the following sections.

Step 1: Identify a Practice Champion

Identify a practice champion (e.g., someone in the VA Police Service or a facility OEND champion) to advocate for implementing the IN naloxone carry practice. The practice champion should be vested in successful implementation, serve as your point of contact for implementation, and be responsible for overseeing implementation (e.g., coordinating across stakeholder groups to ensure all program requirements are met). Potential practice champions could include the local VA police chief, or a designee, with support from an OEND champion, patient safety manager, pharmacy leadership, etc. The key is to identify an individual who is willing to advocate for the practice and who has adequate time to dedicate to implementation.



The practice champion can use the implementation roadmap to guide efforts to implement the practice. Successful implementation requires the practice champion to work closely with practice stakeholders to carry out the necessary steps, as this is an interdisciplinary initiative.

Step 2: Garner Support from Stakeholders

Successful implementation of the IN naloxone carry practice requires support and buy-in from several stakeholder groups (e.g., police service and facility leadership, pharmacy, Quality Management and Patient Safety, Cardiopulmonary Resuscitation (CPR) committee chairpersons, and other staff who may serve as potential first responders or “carriers”). A “project kickoff” and regular implementation meetings with practice stakeholders can help get the ball rolling and expedite implementation.



In the event that leadership is unaware of your interest in implementing the IN naloxone carry practice, we recommend that you inform them and obtain their support before proceeding

further. **Leadership support is imperative to ensuring successful implementation.** It may be helpful to remind your leadership that the IN naloxone carry practice was recommended by the DUSHOM and approved by labor unions (see memo in Appendix B).

The following are examples of how stakeholders can help support implementation of the IN naloxone carry practice:

- **Pharmacy:** Pharmacy Service is a key stakeholder because it is the department that supplies the IN naloxone medication. Coordinating with pharmacy to identify roles and responsibilities is critical when developing a local policy. Important aspects to discuss with pharmacy include the processes for supplying, inspecting, and replacing IN naloxone upon use or expiration.
- **Patient Safety:** Facility patient safety managers (PSM) are a key stakeholder because they can facilitate the implementation process. Since they work closely with hospital leadership, the PSM can also assist with breaking down any barriers that may exist.
- **Quality Management (QM):** Obtaining support from QM staff can assist with ensuring that the procedures are compliant with The Joint Commission regulations. QM staff can also assist with development of a performance improvement plan.
- **VA Police:** The VA police are often the first responders to VA emergencies. VA police representatives can assist with the logistics of the process that meets the workflow and needs of the VA police. This will include selecting the naloxone carry case for the utility belt, storage of naloxone within the VA police department and handing off critical information to the responding medical team after VA police have administered naloxone to a victim.
- **OEND Champions:** OEND has been implemented in every VA facility and many facilities have OEND champions who helped facilitate implementation (e.g., pharmacists, nurses, social workers, and physicians across primary care, pain management, mental health, and substance use disorder treatment settings). OEND champions may be able to assist with various aspects of the IN naloxone carry practice (e.g., development of policies/procedures; training VA police officers, etc.).
- **Academic Detailing Service:** VA has supported implementation of Academic Detailing (internal VHA website; external site is [here](#))—clinical pharmacists who train staff in evidence-based practices—across VA. OEND is one of ADS' campaigns and academic detailers may be available to help train VA police in how to recognize and respond to opioid overdose with naloxone.
- **Responding Medical Team:** Communication and collaboration with the responding medical team are vital to ensure that administered medications are documented and understood and that transitions are seamless. VA police officers should document naloxone use in a police report and communicate use to clinical personnel through a locally defined protocol.

Step 3: Develop a Local Policy and Obtain Approval

As you prepare for implementation, you must **create a local policy** to ensure that all stakeholder roles, responsibilities, and protocols are clearly defined. Each VA Police Service and facility's policy should include a purpose statement, stakeholder responsibilities, related processes (training, documenting use, medication inspection/replacement, etc.), and signatures from the VA police chief and facility leadership. To help develop a policy, consider adapting the local policies of VA Boston HCS or Miami VA HCS, as appropriate (see Appendix B). Work with your process stakeholders to update the policy to meet the needs and conditions of your VA Police Service and facility.



TIP: If your site has an existing policy that addresses expanding naloxone availability on facility grounds, such as through the OEND Program, you may add guidance for the IN naloxone carry process to that policy. It is important to emphasize universal precautions in the policy.

A Note on Reporting: It is important to clarify reporting responsibilities in the event of an opioid overdose, given that there may be multiple reporting expectations at the facility level (e.g., VA Police System (VAPS), Joint Patient Safety Reporting (JPSR), the National Naloxone Use Note, the Suicide Behavior and Overdose Report (SBOR) Note, etc.). It is recommended that first responders utilize the **SBOR Note** after responding to VA patients who overdose on campus, as it is an effective reporting tool to ensure all opioid overdoses among VA patients are recognized. Be sure to clearly indicate requirements for reporting involving VA police-assisted opioid overdose reversals in your facility's formal policy. On-property criminal incidents (including overdoses) are documented by VA police using one of two reporting systems: the Veterans Affairs Police System (VAPS) and the Report-Exec System, which is replacing VAPS.

Step 4: Secure Supplies

Coordinate with the appropriate services (e.g., logistics, pharmacy) to secure the proper supplies (e.g., VA police pouch, disposable gloves, IN naloxone medication). Be sure to establish and communicate inspection and replacement schedules and protocols to guarantee that sufficient supplies are available and not expired. Such protocols should be outlined in the facility's policy.



TIP: VISN 8 VA police officers use a naloxone police pouch for storage of two (2) doses of IN naloxone on their belts (see Miami VA's sample policy describing their practice in Appendix B).

A note on personal protective equipment (PPE): Ultimately, local VA police management should work with the appropriate services (e.g., Infection Control) to inform decision-making on what to include in the VA police naloxone kits. In accordance with guidance from the Centers for Disease Control (CDC) National Institute for Occupational Safety and Health (NIOSH), it is recommended that VA police officers carry nitrile gloves with their allocated doses of IN naloxone. Additionally, if there are concerns about potential fentanyl exposure, sites may elect to include additional measures of PPE protection, including disposable respirators, safety goggles, and/or other forms of wrist/arm protection. For more information, please refer to formal [CDC NIOSH guidance](#).⁸

Step 5: Increase Staff Awareness of the Practice

When implementing the IN naloxone carry practice, you should make sure that all staff are aware that VA police officers carry IN naloxone in the event of a nearby opioid overdose. From police officers to clinicians to administrative staff, increased awareness of the practice is important to maximize its benefits.



The table below includes sample key messages you can use when communicating across your facility.

Key Message ONE	Intranasal (IN) naloxone is a highly effective, easy-to-administer, FDA-approved for layperson administration nasal spray medication that can rapidly reverse an opioid overdose. It is a completely safe medication and only reacts when in the presence of opioids.
Key Message TWO	The VA Police Service is now equipped with intranasal (IN) naloxone, making this life-saving medication easier to access in the event of an opioid overdose.
Key Message THREE	Equipping VA police officers with naloxone is consistent with VA Memorandum Rapid Naloxone Availability to Prevent Opioid-Related Death, published by the DUSHOM and the President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand . ¹⁰

Some suggested communications channels and vehicles include:

- **Internal email blasts:** Send to all service and facility staff and/or select staff groups as appropriate (sample text available in Appendix B)
- **Blurbs in your service's or facility's newsletter:** Include whenever your site issues facility-wide communications via newsletter or comparable format (see sample in Appendix B)
- **Computer screen savers:** If commonly used at your facility to raise awareness of local happenings

Step 6: Train Staff and Implement the Practice

To ensure successful implementation of the IN naloxone carry practice, VA police officers must be **trained to administer nasal naloxone** and **recognize the signs and symptoms of an opioid overdose**.



Carry and administer training should cover:

- How to recognize symptoms and indications of an opioid overdose
- How to administer IN naloxone
- How to document IN naloxone use so that the medical team is aware of its administration
- How to store IN naloxone on and off duty
- When and how IN naloxone is inspected and replaced (either after administration or expiration)
- How to protect yourself from accidental exposure to toxic materials (e.g., fentanyl, carfentanil, etc.)

Training on when to give naloxone is included in VA's Talent Management System (TMS) Basic Life Support Training (Course 3871645), which is available to VA police staff. More in-depth training on naloxone administration is included in VA's OEND TMS training (Course 27440; see *IN Naloxone Training Reference Sheet* in Appendix B; available externally at <https://www.train.org/main/course/1087390/>). Stakeholders listed in Step 2 may also be able to help with in-person training of staff. A "train the trainer" approach could also be taken with a champion being trained and, in turn, being responsible for ensuring the rest of the VA Police Service receives proper training. The practice champion may wish to work with local pharmacy leadership to receive training on how to properly store IN naloxone. Employee Education may be able to assist with guidance on how to develop and document training in employees' educational records.

TIP: See the Naloxone Police Training Reference Sheet in Appendix B for an overview of IN naloxone training and list of training resources.

With regard to the other carry and administration topics, custom training should be developed and incorporated into the service's and facility's CPR training program. Employee Education may be able to assist with guidance on how to develop and document training in employees' educational records.

TIP: For more information on guidance for naloxone and law enforcement, please reference the [Law Enforcement Naloxone Toolkit](#), created by the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA). The VA Naloxone Training and Administration FAQ (available in Appendix A) is also an excellent resource for communicating practice facts and can be used as-is or adapted for your facility's specific needs.

Step 7: Monitor and Evaluate the Practice

Per medication management requirements, all implementing sites should monitor and evaluate the effectiveness of their IN naloxone carry protocols. The process for naloxone storage is required to be compliant with VHA policy (e.g., [VHA Directive 1108.06](#) regarding ward stock). Key monitoring requirements include:



1. The number of IN naloxone dosages provided to your VA police officers, including expiration dates (to ensure all dosages are accounted for and replaced upon expiration)
2. Recording and tracking each opioid overdose reversal resulting from VA police-administered IN naloxone, including but not limited to information such as:
 - a. Name and role/department of individual who administered IN naloxone
 - b. Date of IN naloxone administration
 - c. Name of individual with opioid overdose
 - d. Whether the overdose reversal was successful
 - e. Location of overdose (i.e., where on facility grounds the overdose occurred)
 - f. Overdose victim current prescription information (if victim is enrolled in VA care and if information is available)
 - g. If naloxone was used on a VA patient, a process should be developed to ensure appropriate documentation in the medical record (e.g., VA National Naloxone Use Note or Suicide Behavior and Overdose Report; these national notes also aim to improve care post-overdose).

To help with monitoring and evaluation of the IN naloxone carry practice, your local policy could identify a designee from your VA Police Service/facility to submit updated monitoring and program evaluation data to facility and VISN leadership each month. It may be helpful to analyze data from your facility at least annually to inform potential process improvements.

Your local policy could identify stakeholders with whom to collaborate in interpreting monitoring and evaluation data to develop recommendations to help improve and tailor the practice in response to any reported trends or indications.

TIP: Sample tracking spreadsheets that you can use to monitor the nasal naloxone carry practice at your facility are available in Appendix B.

ADDITIONAL RESOURCES

If you have questions about implementation at the facility level, refer to the facility policy from VA Boston HCS as one example of successful VA police carry implementation. This comprehensive policy provides insights into how VA Boston HCS implemented the VA Police Naloxone Carry Program, as well as standard operating procedures (SOPs) for what to do in the event of an opioid overdose. We recognize that VA Police Services will need to tailor the program to suit facility environments and populations and that there is no “one-size-fits-all” implementation strategy.

Additionally, you may wish to visit the [National OEND Program SharePoint site](#) (internal VHA website), which has a multitude of resources developed in support of naloxone availability expansion, including training resources, communications materials, related research, and information on their monthly calls. The [VA Academic Detailing Service OEND SharePoint site](#) contains additional resources, including quick reference guides, brochures and handouts, and data collection methods and metrics.

APPENDIX A: VA POLICE OFFICER NALOXONE TRAINING AND ADMINISTRATION FAQ

1. Are there any policy-related requirements for a VA Police Service to carry naloxone?

Yes. To ensure all stakeholder roles and protocols are clearly defined, each VA facility that trains and equips its VA Police Service with naloxone must establish a local policy. Each facility's policy should include a purpose statement, stakeholder responsibilities and related processes, and signature from facility leadership. For reference, implementing facilities may adapt the local policies of VA Boston HCS or Miami VA HCS, as appropriate (available in Appendix B).

2. How can I tell if someone is experiencing an opioid overdose? What are the symptoms and indications?

Individuals experiencing an opioid overdose may exhibit any of the following symptoms:

- Their face is very pale and/or feels damp to the touch
- Their body is or goes limp
- Their fingernails or lips have a purple or blueish color
- They start vomiting or making gurgling noises
- They cannot be awakened or are unable to speak
- Their breathing or heartbeat slows or stops

TIP: Learn more [here](#), per the Substance Abuse and Mental Health Services Administration (SAMHSA).

3. Did the labor unions approve VA police to carry naloxone?

Yes. VA leadership briefed the appropriate unions and all parties are in concurrence with VA police officers carrying naloxone. It was determined that carrying and administering naloxone when necessary falls within the prescribed duties of a VA police officer. For more information, refer to the DUSHOM memorandum in Appendix B.

4. Where should VA police officers store naloxone on and off duty?

Whether on or off duty, VA police-issued naloxone must be secured at all times. Please define your facility's processes for ensuring that VA police-issued naloxone is constantly secured and is documented in local policy.

- **On duty:** Store IN naloxone in a pouch on officers' duty belts or tactical vests.

- **Tip:** VISN 8 VA police officers use a naloxone police pouch on their belts (see Miami VA's sample policy describing their practice in Appendix B).
- **Off duty:** Determine your facility's storage process based on relevant environmental factors and document this process in local policy accordingly.
 - **Tip:** Naloxone pouches can be stored in a secured locker at a facility's local VA police headquarters or office while officers are off duty. Consideration should be given to temperature and other storage requirements.

5. Where should VA police officers document naloxone use so that the medical team is aware of its administration?

VA police officers should document naloxone use in a police report and communicate use to clinical personnel through a locally defined protocol. Each VA Police Service should establish a protocol for informing the responding medical team of naloxone use in the event of an overdose if the medical team is not on-site at the time of the naloxone administration. If naloxone was used on a VA patient, a process should be developed to ensure appropriate documentation in the medical record (e.g., VA National Naloxone Use Note or Suicide Behavior and Overdose Report; these national notes also aim to improve care post-overdose).

6. Does every VA police officer carry naloxone?

At present, not all VA facilities provide IN naloxone to their VA police officers. While it is up to facility leadership to make the decision on VA police carry practices, individual VA police officers may opt out of being trained to carry and administer IN naloxone if they so choose.

7. Who inspects the naloxone? How often are naloxone inspections needed?

Each facility implementing this practice should work with the local Pharmacy Service to establish a process for VA police-issued naloxone inspection. One way an implementing facility may achieve this is to include VA police-issued naloxone inspection in their monthly pharmacy inspections or rounds. Each VA Police Service may establish their own specific inspection process. All inspection protocols must be documented in local policy.

8. How do I replace the naloxone after administration or expiration?

Naloxone replacement is determined by each individual VA facility. Each implementing VA police station should establish a clearly documented protocol with the pharmacy service line for naloxone disposal and exchange. This protocol should be documented in local policy and communicated to the appropriate parties accordingly.

9. If a naloxone administration is unsuccessful, am I liable?

Per the memorandum of understanding between VA, VHA, and the National Association of Government Employees (NAGE), as well as VA, VHA, and the American Federation of Government Employees, "VA police officers will not be held liable while acting within the scope of their employment when administering Narcan."

TIP: In addition to federal supremacy, Good Samaritan laws exist and vary by state and jurisdiction. Learn more [here](#), per guidance from SAMHSA. Information is also available at lawatlas.org and PDAPS.org.

10. What are the side effects of naloxone? Is it safe to use?

Naloxone is very safe and has proven successful in the reversal of opioid overdoses. It is an inert substance that does not react when opioids are not present. Side effects to an individual with opioids in their system can include:

- Opioid withdrawal
- Aches
- Sweating
- Runny nose
- Diarrhea
- Nausea
- Vomiting
- Restlessness or irritability
- Aggressiveness/agitation/combativeness

Withdrawal symptoms may start within minutes of naloxone administration but typically dissipate within an hour due to the metabolic clearance rate of naloxone relative to that of the offending opioid. Withdrawal symptoms are often a necessary part of reversal of an opioid overdose; while they may be distressing to the patient and may complicate clinical management, they are generally not life threatening and represent a superior outcome to an overdose death.¹¹

TIP: Learn more about naloxone and its effects [here](#). VA Pharmacy Benefits Management also has a [Clinical Guidance document](#) (internal VHA website) about naloxone that includes efficacy and safety information.

11. Can I give someone too much naloxone?

No, a person cannot overdose on naloxone. However, if a victim receives more naloxone than may be needed, they may experience opioid withdrawal.

12. Where can I find training on naloxone administration?

Naloxone administration is included in your required basic life support (BLS) or cardiopulmonary resuscitation (CPR) training and you can complete it in TMS. Additional training will be provided based on on-site requests and capabilities. VA police officers can receive training on how to train their local police service.

TIP: For more information on guidance for naloxone and law enforcement, please reference the [Law Enforcement Naloxone Toolkit](#), created by the U.S. Department of Justice (DOJ) Bureau of Justice Assistance.

APPENDIX B: ATTACHMENTS

Sample Docs		Page Number
VA Boston HCS Local Naloxone Policy	Local policy, developed at VA Boston HCS, outlining guidelines and requirements for rapid availability of IN naloxone	Page 16
Miami VA HCS Local Naloxone Policy	Local policy, developed at Miami VA HCS, outlining guidelines and requirements for equipping Miami VA police with IN naloxone	Page 26
DUSHOM Memorandum on Rapid Naloxone Availability to Prevent Opioid-Related Death	Memorandum signed by the deputy under secretary for health for operations and management (DUSHOM) on rapid naloxone availability, published on September 5, 2018	Page 30
References		Page Number
Naloxone Police Training Reference Sheet	Document containing an overview of IN naloxone training and a list of training resources	Page 31
Templates		Page Number
VA Police IN Naloxone Carry Sample Communications	Sample communications to describe VA Police IN Naloxone Carry	Page 33
IN Naloxone Tracker Sheet	Spreadsheets to monitor the IN naloxone administered by VA police officers at your facility	Page 41

DEPARTMENT OF VETERANS AFFAIRS

VA BOSTON HEALTHCARE SYSTEM

PATIENT CARE MEMORANDUM -119-020-LM

June 2017

INTRA-NASAL NALOXONE

1. **Purpose:** Opioid overdoses are occurring with increasing frequency in the community and at VA medical centers. When administered timely, intranasal (IN) naloxone effectively reverses opioid overdoses. The purpose of this policy is to outline procedures for the rapid availability of IN Naloxone in outlying areas of VA Boston Healthcare system where injectable naloxone is not readily available.
2. **Policy:** To ensure that IN naloxone is rapidly accessible throughout the Boston Healthcare System, IN naloxone kits have been placed within automated external defibrillator (AED) cabinets at select campus locations based on risk assessment and guidance from the Joint Commission (TJC). Additionally, VA police and other designated staff have been equipped with IN naloxone and trained in its administration. The Overdose Education and Naloxone Distribution (OEND) program was implemented for management of those patients at risk for opioid overdoses. OEND trains at risk veteran patients on proper IN Naloxone administration and how to prevent, recognize, and respond to an opiate overdose.
3. **Responsibility:**
 - a. **The Medical Center Director** is responsible for ensuring that policy and procedure related to assessment and use of IN naloxone are established and are consistent with standards of care and practice as well as national patient safety goals.
 - b. **The Chief of Staff/Service Line Chief/Service Line Manager** is responsible for the implementation of this policy and oversight of clinical practice.
 - c. **Trained responding staff** will begin prompt evaluation and aid individuals with a known or suspected opiate overdose using IN Naloxone as indicated. (Attachment A)
 - d. **Responsible Staff to Conduct Daily Checks:** Daily checks will be conducted to check integrity of the AED, expiration of the supplies and IN naloxone or missing medication. Each AED cabinet location containing IN Naloxone will have designed staff assigned to conduct daily checks. Generally, the service where the AED with IN naloxone is located is responsible for the daily checks. (Attachment C)

4. Intra-Nasal Naloxone Locations

a. Automatic Defibrillator (AED) Cabinets- Designated areas of the medical center will have IN naloxone kits located within the staff areas based on risk assessment (Attachment B).

I. Risk Assessment: A risk assessment was conducted to identify high risk AED locations that would benefit from adding IN Naloxone within the AED cabinets. High risk areas are defined as locations where an opioid overdose may occur but does not have ready access to crash carts. (Parenteral naloxone would be available in crash carts and is preferred in the reversal of opioid overdoses). Based on this risk assessment, VA Boston selected IN Naloxone to be added to AED cabinets in outpatient clinics, cafeterias, hallways, waiting rooms, domiciliary and residential program areas where opioid overdoses have been or may need to be reversed. (List of AED Cabinets with IN Naloxone- Attachment C)

II. AED Cabinets with In Naloxone Set-up- To maintain integrity of the contents of AED cabinets containing IN Naloxone, additional modifications to the AED cabinet were implemented based on guidance from the Joint Commission. (Attachment D)

b. VA Boston Police are Equipped with IN Naloxone

c. Other VA Staff are Equipped with IN Naloxone as outlined in Attachment B

d. Overdose Education and Naloxone Distribution (OEND) program, an intervention plan to train at-risk Veterans on proper IN naloxone administration and how to prevent, recognize, and respond to an overdose.

5. Procedures for Responding staff:

a. Assess for Opioid Overdose Symptoms

Staff in outlying areas will identify/assess patients having opiate overdose symptoms quickly and begin the treatment protocol immediately. **Opiate overdose symptoms** may include:

- I. difficult to arouse the patient
- II. shallow breathing, snoring, raspy, or gurgling sounds
- III. bluish or grayish lips, fingernails, or skin
- IV. clammy or sweaty skin

b. Call for help

Dial 33333 **or** call 9-1-1, depending on location of the patient as outlined in PCM11-005-LM- Responding to Medical Emergencies.

c. Initiate Opioid Overdose Rescue Procedures (Attachment A)

d. Documentation of administered medication- A hand off will be conducted between the first responder and the responding medical team to communicate the use of intra nasal naloxone.

e.

I. **VA Patients-** The responding medical team will document the administration of the IN Naloxone by the first responder and/or medical team and the result of the treatment in the patient medical record.

II. **Individuals not eligible for VA care taken by emergency ambulance (911)-** VA Boston HCS first responder or member of the responding medical team will conduct a hand off with the emergency medical service to communicate the administration of the IN Naloxone and result of the treatment.

III. **VA Police-** Responding VA police will document the administration of the IN Naloxone by VA Police and the result of the treatment in VA police records.

f. IN Naloxone Replacement- Once used or expired, IN Naloxone will be restocked by Pharmacy. Responsible staff in the area of the used naloxone will contact pharmacy for replacement. See Attachment C-1 Listing of accountable pharmacy staff with oversight of AED's housing Naloxone

6. Medication Storage and Security

Designated Pharmacy staff will inspect the AED cabinets monthly and replace used IN Naloxone once use is reported. See Attachment B for locations of intra-nasal naloxone. See Attachment C-1 Listing of accountable pharmacy staff with oversight of AED's housing Naloxone.

7. Performance Improvement Program:

A performance improvement (PI) program is in place to monitor the AED cabinets where IN naloxone is stored, including security and expiration dates of this drug. Daily service level checks and monthly Pharmacy inspections will be utilized to monitor the security and expiration of medication and supplies. Patient Safety or designee will conduct random audits of the daily AED with IN naloxone logs for quality assurance. Pharmacy

service will track Opioid reversals and outcomes. Performance information and compliance with staff training requirements will be reported at least annually to the CPR committee. Pharmacy Service Chief or designee will review the program on an annual basis to assess the effectiveness of the program and include tracking of IN naloxone usage and missing medication Site-level processes will be revised based on PI guidance as needed.

8. References:

- a. World Health Organization - [Community Management of Opioid Overdose](#), 2014
- b. VA Academic Detailing Service Overdose Education and Naloxone Distribution OEND <https://vaww.portal2.va.gov/sites/ad/SitePages/OEND.aspx>
- c. Patient care memorandum-11-005-LM Responding to Medical Emergencies
- d. Police Service Memorandum No. 07B-011 April 01, 2015
- e. Joint Commission Standards Current Edition

9. Rescissions: PATIENT CARE MEMORANDUM -119-020-LM January 2017

10. Review Date and Responsibility: This policy will be reviewed annually by the Chief, Pharmacy Service or designee and reissued no later than June 2020.

X

Michael E. Charness, MD

MICHAEL E. CHARNESS, M.D.

Chief of Staff, VA Boston Healthcare System

ATTACHMENTS: A, B, C, C-1, D

ATTACHMENT A

Opioid Overdose Rescue Procedures

Reference Card - Narcan[®] Nasal Spray Rescue Procedures

Use NARCAN Nasal Spray (naloxone hydrochloride) 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 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 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 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.



**Intranasal (IN) Naloxone Locations and Other VA Staff Equipped with IN Naloxone
within VA Boston Healthcare System**

Designated AED Cabinets throughout VA Boston Healthcare System as
outlined in Attachment C

All VA Boston Healthcare System Police

Designated Social Work Staff

Designated Homecare Staff

Designated Nurse Case Managers

Other Designated Staff as Approved by the Medical Executive Committee

ATTACHMENT C**AEDs With IN Naloxone Locations**

Campus	AED Location with IN Naloxone	Area of Response	Responsible Service
Boston (Causeway)	1st Floor Primary Care Offices	Primary Care	Primary Care
Boston (Causeway)	2nd Floor Employee Gym	Primary Care	Primary Care
Boston (Causeway)	2nd Floor Primary Care	Primary Care	Primary Care
Boston (Causeway)	2nd Floor Methadone Clinic	Methadone Clinic	Mental Health
Boston (Causeway)	3rd Floor Mental Health	Mental Health	Mental Health
Brockton	Building 2- MH Rec Center	MH Rec Center	Recreation Therapy
Brockton	Building 3, 2 nd Floor (A215)	Canteen	Canteen Service
Brockton	Building 3, 3 rd Floor (B301)	Primary Care	Nursing
Brockton	Building 3, 4 th Floor (A417)	Sleep Lab	Sleep Lab
Brockton	Building 3 Dental B518	Dental	Dental
Brockton	Building 4 Basement Hallway	Building 4	PM & RS
Brockton	Building 4 Room C025-04-BR	Employee Gym	Employee Health
Brockton	Building 5 1 st Floor	Outpatient MH	Mental Health
Brockton	Building 7- 1 B - REACH Dom.	Domiciliary	Mental Health
Brockton	Building 7- 1 C - REACH Dom.	Domiciliary	Mental Health
Brockton	Building 20 Warehouse	Warehouse	Logistics
Brockton	Building 20 2 nd Floor	Veteran's Cafeteria	Nutrition & Food
Brockton	Building 22	PRRCP (MH)	Mental Health
Brockton	Building 23	Gym only	Recreation Therapy
Brockton	Building 62 RISE	Transitional Res	RISE
Brockton	Building 2: 21C (PATH)	1 st Floor Building 2	Nursing
Brockton	Bldg 2 - 2-1-C Addictions SA Unit	CIRCA	Nursing

Brockton	Bldg 2 -2-4-C Womens TX & Recov	WITRP	Nursing
CBOC Framingham	Primary Care CBOC	Primary Care	Primary Care
CBOC Lowell	1 st Floor Boston Primary Care	Primary Care	Primary care
CBOC Plymouth	Primary Care CBOC	Primary Care	Primary Care
Jamaica Plain	Building 4 (SARRPT)	Building 4	Mental Health
Jamaica Plain	Cafeteria Building 1	Cafeteria	Canteen Service
Jamaica Plain	Warehouse	Warehouse	Logistics
Jamaica Plain	Building 1 Room BD 120	Employee Gym	Employee Health
Jamaica Plain	13 A MAVERIC	13 th	Psychology
Residential- Brighton	25 Litchfield Street (Men)	Transitional Res.	Mental Health
Residential JP	34 Boynton Street (WomenTRUST)	Transitional Res.	Mental Health
Residential JP	15 Woodside Ave, (Men)	Transitional Res.	Mental Health
West Roxbury	Building 3 1 st Floor Cafeteria	Cafeteria	Canteen Service
West Roxbury	Building 30 1 st Floor Gym	Employee Gym	Employee Health
West Roxbury	Building 88 (Trailer)	Staff Offices	Safety
West Roxbury	Fisher House 1 st Floor	Fisher House	Fisher House Staff
West Roxbury	Fisher House 2 nd Floor	Fisher House	Fisher House Staff
West Roxbury	Warehouse	Warehouse	Logistics

Listing of accountable Pharmacy staff with oversight of AED's housing IN Naloxone

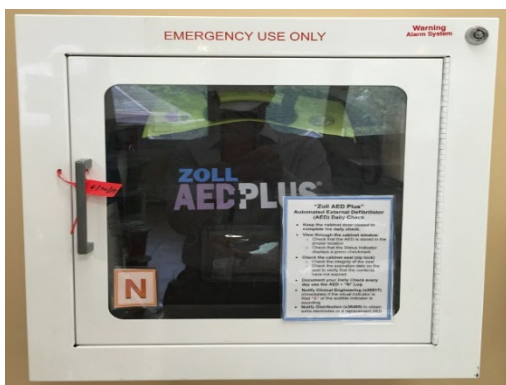
Campus	Pharmacy Staff	Role	E-mail
Brockton	Alan Kershaw	Primary	Alan.Kershaw@va.gov
Brockton	Kathryn Lange	Back-up	Kathryn.Lange2@va.gov
West Roxbury	Kathleen O'Brien	Primary	Kathleen.Obrien@va.gov
Jamaica Plain	John Donovan	Primary	John.Donovan3@va.gov
CBOC-Lowell	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Causeway	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Plymouth	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Quincy	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Framingham	Greg DeRoma	Primary	Gregory.Deroma@va.gov
MH Residential Homes	Alan Kershaw	Primary	Alan.Kershaw@va.gov
All Campuses	Robert Henault	Service Chief	Robert.Henault@va.gov
Other Designees as assigned			

AEDs with IN Naloxone

AED Cabinets with In Naloxone Set-up (Figure A):

1. Selected cabinets are labeled to indicate the presence of both AED and IN naloxone. The orange “N” in the lower left of the AED cabinet door indicates to employees that this particular AED contains IN naloxone. This signage will not alert most non-employees to the presence of the drug.
2. The AED cabinet is alarmed and sealed (not locked).
3. Modifications were made to the door of the AED cabinet for placement of the tamper resistant seal around the AED cabinet door. This is to ensure that the integrity of the contents of the AED cabinet is maintained.
4. The tamper resistant seal is marked with the expiration date of the first product to expire within in the AED cabinet.
5. AED with IN Naloxone cabinets will be checked daily (when the clinic or area is in operation), to verify that the tamper resistant seal is in place. This is to ensure that the integrity of the AED cabinet contents is maintained. Instructions for the daily check of the AED are printed on the door of the cabinet, whereas instructions for the use of IN naloxone are packed within the IN Naloxone kit contained inside the AED cabinet.
6. Pharmacy will replace stocks of IN naloxone after every use and prior to expiration.

Figure A



MIAMI VA HEALTHCARE SYSTEM

MIAMI, FLORIDA

HEALTHCARE SYSTEM POLICY MEMORANDUM

NO.....132-10-16

October 10, 2016

INTRA-NASAL NALOXONE

I.PURPOSE:

To establish standing orders for the assessment and treatment of suspected opiate overdoses with intra-nasal naloxone by the Miami VA Police acting as first responders.

II. POLICY:

Responding officers will begin prompt and targeted evaluation of every patient with a suspected opiate overdose.

III. DEFINITIONS:

None

IV. RESPONSIBILITIES:

- A. The Medical Center Director is responsible for insuring that policy and procedure related to assessment and use of intra-nasal naloxone are established and are consistent with standards of care and practice as well as patient safety goals.
- B. The Chief of Police is responsible for the implementation of this policy and oversight of clinical practice.
- C. Chief of Pharmacy is responsible for providing training to all Police Officers.

V. PROCEDURES:

- A. VA Police officers will receive competency training from the Pharmacy on the use of intra-nasal naloxone and are authorized to carry naloxone kits.
- B. VA Police first responders will identify/assess patients having opiate overdose symptoms quickly and begin the treatment protocol immediately. Opiate overdose symptoms can include:
 - 1. difficulty arousing the patient
 - 2. shallow breathing, snoring, raspy, or gurgling sounds
 - 3. bluish or grayish lips, fingernails, or skin
 - 4. pinpoint pupils
- C. Procedures for responding offices
 - 1. Lay the person on their back to administer NARCAN:
 - a. Remove NARCAN Spray from the box.
 - b. Peel back the tab with the circle to open the NARCAN Nasal Spray.
 - c. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 - d. Tilt the person's head back and provide support under the neck with your hand.
 - e. 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.
 - f. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
 - g. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
 - h. Call a Code blue (4911) or call 911 if patient is in an CBOC.
 - i. Administer rescue breathing if necessary.
 - j. If the person does not respond by waking up to voice or touch, or return to normal breathing, another dose may be given.
 - k. NARCAN Nasal Spray may be dosed every 2 to 3 minutes.
 - l. If necessary, give another dose in the other nostril.
 - m. If additional NARCAN Nasal Sprays are available, administer NARCAN nasal spray every 2 to 3 minutes until the person responds or emergency medical help is received.
 - n. Move the person onto their side into recovery position or if they are breathing, but unresponsive, put them on his/her side to prevent choking if they vomit.
 - 2. Use of naloxone rescue kit will be reported to responding healthcare personnel and documented in the Police incident Report.
- D. Pharmacy will inspect the designated storage area(s) monthly in accordance with HSMP 119- 31 Storage and Inspection of Medication and will replace used kits as needed.
- E. Officers will receive refresher training every two years and the training will be annotated in the Police Officers Training Course Record.

VI. REFERENCES:

- a. World Health Organization - [Community Management of Opioid Overdose](#), 2014
- b. HSMP 119- 31, Storage and Inspection of Medication

VII. FOLLOW-UP RESPONSIBILITY:

Chief, Police Service (132)

VIII: This Healthcare System Policy Memorandum will expire on October 10, 2019.

Paul M. Russo, MHSA, FACHE, RD
Medical Center Director

Attachment: 1

Distribution: A (Electronic)

The following concurred with this Healthcare System Policy Memorandum:

Anesthesiology Service
Audiology and Speech Pathology
Biomedical Engineering Service
Canteen Service
Chief of Staff
Customer Service
Dental Service
Dermatology Service
Education Service
Emergency Services
Engineering Service
Environmental Management Service
Fiscal Service
Geriatrics/Extended Care
Human Resources Management Service
Imaging Service
Information Resources Management Service
Logistics
Medical Administration Service
Medical Service

Mental Health and Behavioral Sciences Service
Neurology Service
Nursing Service
Nutrition and Food Services
Pathology and Laboratory Medicine
Pharmacy Service
Physical Medicine and Rehabilitation Service
Prosthetic Sensory Aids Service
Psychiatry Service
Psychology Service
Quality Management and Performance Improvement
Recreation Therapy Service
Research Service
Social Work and Chaplain Services
Spinal Cord Injury Service
Surgical Service
Voluntary Service

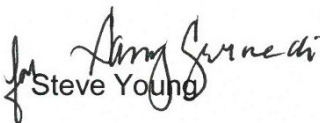
Date: Sep 05 2018

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Rapid Naloxone Availability to Prevent Opioid-Related Death

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The Purpose of this memorandum is to ensure rapid availability of Naloxone, a lifesaving medication used to reverse overdoses, across Veterans Health Administration (VHA) to prevent opioid-related death through implementation of the VHA Diffusion of Excellence Gold Status Practice to equip at-risk patients and first responders with naloxone. Naloxone is a highly effective treatment for reversing opioid overdose and can be easily administered by anyone. The identified Diffusion of Excellence practice has three elements: (1) providing Opioid Overdose Education and Naloxone Distribution (OEND) to VHA patients at-risk for opioid overdose; (2) equipping VA police with naloxone; and (3) equipping select Automated External Defibrillator (AED) cabinets with naloxone. The VA Boston Health Care System, the facility that submitted the Gold Status Practice, has reported over 120 lives saved since implementing this practice.
2. VHA Directive 1651 Opioid Overdose Education and Naloxone Availability is pending publication and will define formal national policy regarding these lifesaving practices; however, the resources are available now to support full implementation of this Diffusion of Excellence Practice. Each facility is to identify a champion and a backup champion that will coordinate the implementation and monitoring of this practice at the local level. Please have your local champion visit <http://go.va.gov/naloxone> to complete the Rapid Naloxone registration form **within 10 business days** of receipt of this memorandum. A member of the VHA Diffusion of Excellence team will contact the champion at each facility to provide technical assistance and linkage with implementation resources. The goal is to implement this practice as soon as possible and no later than December 2, 2018.
3. Questions can be referred to VHARapidNaloxone@va.gov and additional information and resources can be found at <http://vaww.ncps.med.va.gov/Initiatives/Med/naloxone/index.html>.


Steve Young

INTRANASAL (IN) NALOXONE POLICE OFFICER TRAINING

Employee Education (TMS Mandatory Training for CPR-trained Staff)

To ensure successful implementation of the intranasal (IN) naloxone carry practice, all staff (VA Police Force and facility) must be **aware** of the practice (Step 5) and Police Officers must be **trained to recognize the signs and symptoms of an opioid overdose and carry/administer IN naloxone**.

Carry and Administer training should cover:

- How to recognize symptoms and indications of an opioid overdose
- How to administer IN naloxone
- How to document IN naloxone use so that the medical team is aware of its administration
- How to store IN naloxone on- and off-duty
- When and how IN naloxone is inspected and replaced (either after administration or expiration)

IN naloxone administration training can be included in the required annual Basic Life Support (BLS) or cardiopulmonary resuscitation (CPR) training and VA Police Officers/staff can complete it in the VA Talent Management System (TMS). VA Opioid Overdose Education and Naloxone Distribution (OEND) TMS training is also available. A third option is to contact your facility's Pharmacy Service leadership to request a training on IN naloxone administration.

With regard to the other carry and administration topics, custom training should be developed and could be incorporated into the force's/facility's CPR training program. Employee Education System (EES) may be able to assist with guidance on how to develop and/or document training in employees' educational records.

TRAINING RESOURCES

- **American Health Association CPR Guidelines (2015 or current edition):**
<https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>
- **VA OEND Training TMS modules (27440 and 27441):** These will be updated to incorporate information on identification of AEDs equipped with naloxone. These TMS modules also include training on how to identify an overdose and administer naloxone.
- **Law Enforcement Naloxone Toolkit:** Guidance for naloxone and law enforcement, created by the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA):
<https://www.bjatraining.org/tools/naloxone/Naloxone%2BBackground>
- **TMS Mandatory Training for Non-CPR certified staff utilized for VA Boston rollout*:**

- Video link:
https://player.vimeo.com/video/151191919?api=1&player_id=151191919
- VA Boston HCS Intra-Nasal Naloxone Policy
- Narcan® Knowledge Check (4 questions)

*VHA used this model to create a short, standardized national TMS training released in February 2019, TMS 37795 “How to Use Naloxone Nasal Spray (Narcan®)”. VHA worked with the pharmaceutical company to adapt the video used by VA Boston HCS for inclusion in the TMS training for national VHA training purposes.

Intranasal (IN) Naloxone Carry Practice Sample Communications

KEY MESSAGES

- The [insert facility name] VA Police Service is now equipped with intranasal (IN) naloxone, making this life-saving medication easier to access in the event of an opioid overdose.
- IN Naloxone is a highly-effective, easy-to-administer, FDA-approved for layperson administration, single-step nasal spray medication that can rapidly reverse an opioid overdose.
- Naloxone administration generally falls under your state's Good Samaritan laws. These laws protect VA Police Officers from any unintended consequences of issuing naloxone. VA Police Officers are also not responsible if a victim does not receive naloxone within the prescribed window for success and overdose reversal is unsuccessful.

STAFF EMAIL

Dear Staff,

The [insert facility name] VA Police Service is now equipped and trained to carry and administer IN naloxone. IN naloxone allows VA Police Officers to quickly and accurately use a naloxone dose to reverse the effects of an opioid overdose, saving a Veteran's life.

Due to the increasing rates of opioid overdoses across the country, and the fact that Veterans are twice as likely to die from accidental overdose, the IN naloxone carry practice is incredibly important to our Veteran population. That's why we want to make sure that all staff are aware of this practice. While the VA Police Service is trained to carry and administer IN naloxone and a dedicated, interdisciplinary team is set up to monitor and run the practice, we hope you will take the time to familiarize yourself with it as well. The successful implementation of this practice, including staff buy-in, is key to prompt and accurate responses to any opioid overdose that occur.

Below you will find the VA Police Service Naloxone FAQ, with answers to some frequently asked questions. We encourage you to familiarize yourself with the practice.

[Refer to the VA Police Service Naloxone FAQ in Appendix A, Page 35.]

We're excited to be utilizing this life saving program! If you have any questions or comments please contact [insert contact].

MESSAGE FOR LEADERSHIP

Dear [insert names],

We're excited to let you know that the [insert facility name] VA Police Service is now equipped and trained to carry and administer IN naloxone. IN naloxone allows VA Police Officers to quickly and accurately use a naloxone dose to reverse the effects of an opioid overdose, saving a Veteran's life.

IN naloxone programs and practices has been highly successful in other medical centers, having already saved multiple lives in conjunction with other opioid overdose reversal efforts. As you may know, rates of opioid overdoses are increasing across the country and Veterans are twice as likely to die from accidental overdose. As such, combatting opioid addiction and overdoses is a key focus of VA. This practice, a product of the Diffusion of Excellence Initiative, is a highly visible and effective way to combat this issue. By equipping VA Police Officers with IN naloxone, we are strategically maximizing the possibility of opioid reversal at a low cost with no new staffing needed.

The IN naloxone carry practice was recommended by the Deputy Under Secretary for Health for Operations and Management (DUSHOM) and approved by labor unions. Good Samaritan laws generally protect the officers from unintended consequences of issuing naloxone.

If you would like more information on the effort, see the attached FAQ document.

This effort is a simple and proven way to combat an increasing problem and we are excited to be utilizing it at [insert VAMC name]. If you have any questions or comments please contact [insert contact].

VA Police Officer Naloxone Training and Administration



FREQUENTLY ASKED QUESTIONS

VA



U.S. Department
of Veterans Affairs

ARE THERE ANY POLICY-RELATED REQUIREMENTS FOR A VA POLICE SERVICE TO CARRY NALOXONE?

Yes. To ensure all stakeholder roles and protocols are clearly defined, each VA facility that trains and equips its VA Police Service with naloxone must establish a local policy. Each facility's policy should include a purpose statement, stakeholder responsibilities and related processes, and signature from facility leadership. For reference, implementing facilities may adapt the local policies of VA Boston HCS or Miami VA HCS as appropriate (embedded below).

Refer to the VA Boston HCS Naloxone Policy in Appendix B, page 16.

Refer to the Miami VAHCS Naloxone Policy in Appendix B, page 26.

HOW CAN I TELL IF SOMEONE IS EXPERIENCING AN OPIOID OVERDOSE? WHAT ARE THE SYMPTOMS AND INDICATIONS?

Individuals experiencing an opioid overdose may exhibit any of the following symptoms:

- Their face is very pale and/or feels damp to the touch
- Their body is or goes limp
- Their fingernails or lips have a purple or blueish color
- They start vomiting or making gurgling noises
- They cannot be awakened or are unable to speak
- Their breathing or heartbeat slows or stops

Learn more [here](#), per the Substance Abuse and Mental Health Services Administration (SAMHSA).

DID THE LABOR UNIONS APPROVE VA POLICE TO CARRY NALOXONE?

Yes. VA leadership briefed the appropriate unions and all parties are in concurrence with VA Police officers carrying naloxone. It was determined that carrying and administering naloxone when necessary falls within the prescribed duties of a VA Police Officer.

WHERE SHOULD VA POLICE OFFICERS STORE NALOXONE ON- AND OFF-DUTY?

Whether on- or off-duty, VA Police-issued naloxone must be secured at all times. Please define your facility's processes for ensuring that VA Police-issued naloxone is constantly secured and is documented in local policy.

- **On-duty:** Store IN naloxone in a pouch on Officers' duty belts or tactical vests.
 - **Tip:** VISN 8 VA Police Officers use a Naloxone Police Pouch on their belts (see Miami VA's sample policy describing their practice above).
- **Off-duty:** Determine your facility's storage process based on relevant environmental factors, and document this process in local policy accordingly.
 - **Tip:** Naloxone pouches can be stored in a secured locker at a facility's local VA Police headquarters or office while Officers are off-duty. Consideration should be given to temperature and other storage requirements.

WHERE SHOULD VA POLICE OFFICERS DOCUMENT NALOXONE USE SO THAT THE MEDICAL TEAM IS AWARE OF ITS ADMINISTRATION?

VA Police Officers should document naloxone use in a police report and communicate use to clinical personnel through a locally defined protocol. Each VA Police Service should establish a protocol for informing the responding medical team of naloxone use in the event of an overdose if the medical team is not on site at the time of the naloxone administration. If naloxone was used on a VA patient, a process should be developed to ensure appropriate documentation in the medical record (e.g., VA

National Naloxone Use Note or Suicide Behavior and Overdose Report; these national notes also aim to improve care post-overdose).

DOES EVERY VA POLICE OFFICER CARRY NALOXONE?

At present, not all VA facilities provide IN naloxone to their VA Police Officers. While it is up to facility leadership to make the decision on VA Police Carry practices, individual VA Police Officers may opt out of being trained to carry and administer IN naloxone if they so choose.

WHO INSPECTS THE NALOXONE? HOW OFTEN ARE NALOXONE INSPECTIONS NEEDED?

Each facility implementing this practice should work with the local Pharmacy Service to establish a process for VA Police-issued naloxone inspection. One way an implementing facility may achieve this is to include VA Police-issued naloxone inspection in their monthly pharmacy inspections or rounds. Each VA Police Service may establish their own specific inspection process. All inspection protocols must be documented in local policy.

HOW DO I REPLACE THE NALOXONE AFTER ADMINISTRATION OR EXPIRATION?

Naloxone replacement is determined by each individual VA facility. Each implementing VA Police station should establish a clearly documented protocol with the Pharmacy service line for naloxone disposal and exchange. This protocol should be documented in local policy and communicated to the appropriate parties accordingly.

IF A NALOXONE ADMINISTRATION IS UNSUCCESSFUL, AM I LIABLE?

Per the Memorandum of Understanding between VA, VHA, and the National Association of Government Employees (NAGE) as well as VA, VHA, and the American Federation of Government Employees, "VA Police Officers will not be held liable while acting within the

scope of their employment when administering Narcan.”

TIP: In addition to Federal Supremacy, Good Samaritan Laws exist and vary by state and jurisdiction. Learn more [here](#), per guidance from SAMHSA. Information is also available at lawatlas.org and PDAPS.org.

WHAT ARE THE SIDE EFFECTS OF NALOXONE? IS IT SAFE TO USE?

Naloxone is very safe and has proven successful in the reversal of opioid overdoses. It is an inert substance that does not react when opioids are not present. Side effects to an individual with opioids in their system can include:

- Opioid withdrawal
- Aches
- Sweating
- Runny nose
- Diarrhea
- Nausea
- Vomiting
- Restlessness or irritability
- Aggressiveness/agitation/combateness

Withdrawal symptoms may start within minutes of naloxone administration but typically dissipate within an hour due to the metabolic clearance rate of naloxone relative to that of the offending opioid. Withdrawal symptoms are often a necessary part of reversal of an opioid overdose; while they may be distressing to the patient and may complicate clinical management, they are generally not life threatening and represent a superior outcome to an overdose death.

TIP: Learn more about naloxone and its effects [here](#). VA Pharmacy Benefits Management also has a [Clinical Guidance document](#) (internal VHA website) about naloxone that includes efficacy and safety information.

CAN I GIVE SOMEONE TOO MUCH NALOXONE?

No, a person cannot overdose on naloxone. However, if a victim receives more naloxone than may be needed, they may experience opioid withdrawal.

WHERE CAN I FIND TRAINING ON NALOXONE ADMINISTRATION?

Naloxone administration is included in your required Basic Life Support (BLS) or cardiopulmonary resuscitation (CPR) training and you can complete it in TMS. Additional training will be provided based on site requests and capabilities. VA Police officers can receive training on how to train their local police service.

For more information on guidance for naloxone and law enforcement, please reference the [Law Enforcement Naloxone Toolkit](#), created by the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA)

Nasal Naloxone from AED Cabinets Tracker

Instructions: Record all necessary details for each instance of an opioid overdose reversal attempt with nasal naloxone sourced from an AED cabinet at your facility. Report data to [facility-identified point of contact] on a monthly basis. If the reversal attempt was on a VA patient, ensure that the VA Suicide Behavior and Overdose Report (SBOR) is completed for that patient in CPRS.

Owner: [First Last]
Last Updated: [Date]

Name of Individual Who Administered Nasal Naloxone	Role/Department of Individual Who Administered Nasal Naloxone	Date	Name of Individual with Opioid Overdose	Successful Reversal?	Name of Individual Who Administered Nasal Naloxone
Location of Overdose (i.e., where on facility grounds the overdose occurred)	Outpatient Rx Given	Previous Use of Nasal Naloxone on Individual with Opioid Overdose?	Documentation in CPRS (VA Suicide Behavior and Overdose Report [SBOR]) Completed if Individual with Opioid Overdose is a VA Patient?	Additional Notes	Location of Overdose (i.e., where on facility grounds the overdose occurred)

APPENDIX C: SOURCES

1. <https://www.cdc.gov/drugoverdose/data/index.html>
2. Bohnert AS, Ilgen MA, Galea S, McCarthy JF, Blow FC. Accidental poisoning mortality among patients in the Department of Veterans Affairs Health System. *Med Care* 2011;49: 393–396.
3. Hedegaard H, Warner M, Miniño AM. (2017). Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. <https://www.cdc.gov/nchs/data/databriefs/db294.pdf>
4. VA Opioid Safety Initiative Dashboard (internal VA dashboard) accessed July 2018.
5. Center for Behavioral Health Statistics and Quality. 2014 National Survey on Drug Use and Health: detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2015.
6. Krieter, P. Pharmacokinetic Properties and Human Use Characteristics of an FDA-Approved Intranasal Naloxone Product for the Treatment of Opioid Overdose. *Journal of Clinical Psychology* 2016;00(0): 1-11.
7. Oliva EM, Christopher MLD, Wells D, Bounthavong M, Harvey M, Himstreet J, Emmendorfer T, Valentino M, Franchi M, Goodman F, Trafton J, & VHA OEND National Support & Development Workgroup. (2017). Opioid overdose education and naloxone distribution: Development of the Veterans Health Administration's National Program. *Journal of the American Pharmacists Association*, 57, S168-179.
8. <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>
9. DUSHOM Memorandum on Rapid Naloxone Availability to Prevent Opioid-Related Death, signed and published by the DUSHOM.
10. President Donald J. Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand. March 2018.
11. Naloxone Rescue: Recommendations for Issuing. Naloxone Rescue [Naloxone HCl nasal spray (Narcan®) or Naloxone HCl autoinjector (Evzio®)] for the VA Opioid Overdose Education and Naloxone Distribution (OEND) Program. February 2018.

APPENDIX D: BACKGROUND AND ACKNOWLEDGEMENTS

This toolkit was used to implement the VHA Rapid Naloxone Initiative in Fall 2018. When possible, we tried to integrate links to corollary external VHA websites when internal VHA websites were referenced. Because this toolkit was developed before the COVID-19 pandemic, it does not include any specific COVID-19 recommendations (e.g., [American Heart Association \(AHA\)](#) interim guidance for Basic and Advanced Life Support [BLS and ACLS] for individuals with suspected or confirmed COVID-19).

Since implementing this initiative in Fall 2018, VHA developed a short, standardized national training in response to requests from the field. VA Boston Health Care System originally used a video from the pharmaceutical company in their standardized training; however, VHA worked with the pharmaceutical company to adapt the video for national VHA training purposes. The adapted video is included in VA's Talent Management System training 37795 "How to Use Naloxone Nasal Spray (Narcan®)" released in February 2019 and available on the public-facing website www.train.org (<https://www.train.org/main/course/1092122/>).

We would also like to acknowledge the support of various VA program offices that and staff that were critical to the success of the Rapid Naloxone Initiative:

- Care Management and Social Work (Jennifer Koget, Susan Shelton, Jennifer Silva, Laura Taylor)
- Diffusion of Excellence (Blake Henderson, Carl McCoy, Ryan Vega; Atlas Research Contractors: Mollie Brick, Dana Schmucker, Katrina Young)
- External Accreditation Services and Programs (Gloria Williams)
- Homeless Programs Office (Michal Wilson)
- National Center for Patient Safety (Mary Burkhardt, William Gunnar, Robin Hemphill)
- Office of Mental Health and Suicide Prevention (Jennifer Burden, Eleanor Lewis, Marsden McGuire, Elizabeth Oliva, Jodie Trafton)
- Office of Nursing Services (Elizabeth Czekanski)
- Office of Security & Law Enforcement (Darryl Blackwell)
- Pharmacy Benefits Management Services (Melissa Christopher, Thomas Emmendorfer, Mariano Franchi, Michael Harvey, Chikara Hasegawa, David Hillgoth, Julianne Himstreet, Mitchell Nazario, Michael Valentino)
- Pain Management and Opioid Safety (Amy Aylor, Rachel Brophy, Jenie Perry, Friedhelm Sandbrink)
- VA Boston Health Care System (Pamela Bellino, Michael Charness, Alan Kershaw)
- Veterans Integrated Service Network 8 (VISN 8; Steve Elliott, John Richardson)
- VHA Police (Troy Brown)