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## Guide to Emergency Department Naloxone Distribution

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## Sample Emergency Department Naloxone Distribution Policy

Note: This sample policy refers to the no-cost community naloxone provided by Louisiana Department of Health.

### Who can receive free naloxone kits in the ED?

- Any patient or visitor at risk of an opioid-related overdose (prescribed or illicit opioids).
- A patient or visitor who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.
- A patient or visitor who uses illicit or non-prescribed stimulants, or a patient or visitor who is a family member, friend, or other person in a position to assist a person who uses stimulants or another non-prescribed drug.
  - People who use illicit stimulants (meth, cocaine/crack, MDMA/ecstasy/molly) are now being exposed to stimulants mixed with fentanyl, with potentially catastrophic results. Counterfeit prescription pills, easily accessible on social media, also often contain lethal doses of fentanyl.

### Storage

The Louisiana State Board of Nursing requires the no-cost naloxone provided by LDH to be stored separately from other medications that may be billed to patient insurance. The best practice is for take-home naloxone storage to be unlocked for ease of access and to facilitate low-barrier distribution. Take-home naloxone can be stored in or on cabinets, closets, drawers, open shelving, desktops, publicly accessible self-service naloxone access, overdose emergency wall cabinets or anywhere on [HOSPITAL NAME] property accessible to staff.

### Workflow for Distribution of Take-Home Naloxone

- Candidates for naloxone are identified by staff OR a patient or visitor who is an individual in a position to assist a person at risk of an opioid-related overdose requests a naloxone kit.
- A staff member retrieves naloxone from the designated storage. Training on how to use naloxone is provided to the individual via manufacturer-provided instructions on the package. Optionally, additional in-person training can be provided by staff distributing the kit.
- If the individual receiving the naloxone is currently registered as a patient, a note can be added to the electronic health record documenting naloxone distribution and overdose education was provided, but this is not required.
- A designated staff member restocks the naloxone storage area, documents the number of kits restocked in the logbook, and notifies the appropriate personnel when naloxone needs to be reordered.

### Logging

- Logging is performed at the restocking phase to ensure LDH provided naloxone is stocked in areas that are stored separately from other medications that may be billed to patient insurance. Distribution logging and recipient-specific logging is not required; staff members only need to log the number of units restocked at distribution points.
- While an electronic health record order is not required for patient distribution, it can be beneficial for complete documentation, meeting naloxone provisioning requirements, and quality improvement measures.

## **Community Naloxone Distribution: Frequently Asked Questions**

### **How does my hospital obtain community based take-home naloxone?**

Hospitals may purchase naloxone from any vendor of their choice for community distribution.

### **Is a standing order still needed for naloxone distribution?**

Since naloxone is now an over-the-counter product, a standing order is no longer needed.

### **My pharmacy is telling me that all naloxone must go through the pharmacy. Is this true?**

No. **Community Distributed Naloxone** obtained through the Louisiana Department of Health is not a therapeutic or pharmaceutical that will be used for medical care in your hospital. Selling, providing patient care, or fulfilling prescriptions with the community distributed naloxone supply is prohibited. Even though the pharmacists in your hospital will not be the ones tracking or distributing community naloxone, it's important to include them as you educate your team and get your program started. This naloxone program is very different from the way all other medications are handled in the hospital. This naloxone cannot be billed to patient insurance and is not subject to regulations from CMS, The Joint Commission, the Louisiana Board of Pharmacy, or LDH.

### **Do naloxone doses from the community distribution program need to be labeled?**

No. Naloxone obtained for community distribution to the public is exempt from labeling requirements. It can be given to the patient exactly how it arrives. Many hospitals opt to add custom stickers to the boxes that provide information on navigator services, overdose prevention and risk reduction resources, as well as and mental health support.

### **Is a hospital policy required to distribute community naloxone?**

Yes. Regulatory entities may require that your hospital have a policy. Surveyors may request copies of your policy and procedure or log sheets during a site survey. The Louisiana State Board of Nursing resolution also expresses that for nurses to participate in community naloxone distribution, there must be a hospital policy. In addition, a policy helps to ensure that your team is properly tracking naloxone, following the same process, knows where the community naloxone is stored, and ensuring that community doses are not incorrectly handled (such as storing with the pharmacy inventory, using for medical purposes, or billing for doses).

### **Are individuals who are receiving community naloxone required to receive training?**

Yes. According to Louisiana law (RS 40:978.2), training should address recognizing signs of an opioid overdose, how to store and administer naloxone, and emergency follow up procedures including

activating emergency medical services via 911. There is no required documentation of training, and the training requirement is fulfilled by the manufacturer via printed instructions on the box flap of each kit which covers all of these points.

**Is distribution of community naloxone against the hospital licensing regulations, pharmacy regulations, or board of nursing regulations?**

No. The Louisiana Board of Pharmacy and the Louisiana State Board of Nursing both passed resolutions clarifying that RS 40:978.2 supersedes existing board regulations. The Louisiana Board of Nursing formally supports the distribution of naloxone to community members at risk of experiencing or witnessing an overdose. The resolution stipulates that the naloxone must be stored separately from the pharmacy inventory, must have policies and procedures, and must keep a log to track the doses distributed. The resolution also specifically says that naloxone being provided to the community as part of a harm reduction program may be dispensed by a nurse directly to a community member or patient of a hospital if supplied at no charge. LDH adopted an Emergency Rule allowing widespread availability and distribution of OTC naloxone to patients and/or non-patients who present in a hospital and sent a memo to all Louisiana Licensed Hospitals on April 19, 2024. There are no known legal or regulatory barriers that prohibit community naloxone distribution at a hospital.

**Who can distribute naloxone at the hospital?**

Anyone who agrees to abide by the standard operating procedure can participate. Hospital and ED leaders should identify staff who are best suited to begin community naloxone distribution. Since this is a community distribution program, EDs are permitted to use any employee category for this program, including navigators, clinicians, ED techs, nurses, social workers, or volunteers.

**Can I distribute take-home naloxone kits to visitors in the ED lobby/waiting area?**

Yes. If an individual is not seeking medical care, they are not required to register as a patient to receive community naloxone. If the individual is also seeking emergency medical care, they would then need to be registered and afforded a medical screening exam per EMTALA regulations. .

**Can naloxone kit recipients remain anonymous?**

Yes. People with opioid use disorder are often subject to shame and stigma, so requiring identifying information can be a significant barrier to the highest risk populations. Your naloxone distribution program can and should be designed to facilitate anonymous distribution.

**Can community naloxone be distributed to minors?**

Yes. There is no age restriction on distribution of naloxone in Louisiana. Minors who are not patients (i.e. visitors, friends, or family), can receive community naloxone without age restriction. If the minor is a patient, Louisiana minor consent and confidentiality laws apply.

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**Should our ED have signs in the lobby identifying the ED lobby/waiting area as a place people can receive free naloxone?**

Yes. Most people will be unaware that free naloxone is available. Increasing awareness will help your program succeed. Advertising the availability of free naloxone will not have a significant impact on your staff workload other than decreasing the number of overdoses treated by your ED.

**Can individuals receive more than one kit?**

Yes. There is no limit to how many kits an individual recipient can receive. It is useful to ask individuals if they know anyone else who would benefit from having naloxone available, and if they would like to take extra for them. Often, two to five kits are distributed at a time so that the recipient has extra to provide to their support network and anyone else who may be bystanders in the event of an overdose. This is also an effective way to reach at risk marginalized populations that do not have regular access to health care.

**Naloxone I ordered through the Louisiana Department of Health has passed its expiration date. What should I do?**

The FDA has set the expiration to 36 months. However, numerous studies have demonstrated that naloxone retains its potency long past its expiration date, even when kept in less-than-ideal conditions. If you have expired or nearly expired naloxone kits, please reach out to your local community naloxone source for support with handling the expired kits and getting a new supply as soon as possible. There is proposed legislation that, if passed, will provide immunity for the use of expired naloxone and extend the shelf-life which will help with sustaining our community distribution programs.



# Sample Hospital Policy

HOSPITAL NAME: \_\_\_\_\_

## Emergency Department Free Naloxone Distribution Policy

### I. Purpose

The purpose of this policy is to establish a low-barrier, point-of-care (POC) program for the free distribution of naloxone, an opioid overdose reversal medication, to at-risk patients, their family members, and friends in the Emergency Department (ED). This initiative aims to reduce opioid overdose deaths and link individuals to further care and harm reduction resources.

### II. Scope

This policy applies to all ED staff members, including physicians, nurses, social workers, pharmacists, and peer counselors, who are involved in the care and discharge planning of patients at risk of opioid overdose.

### III. Definitions

- **Naloxone:** An opioid antagonist medication that can reverse the effects of an opioid overdose.
- **Opioid Use Disorder (OUD):** A problematic pattern of opioid use leading to clinically significant impairment or distress.
- **At-Risk Patient:** Any patient with a history of substance use, opioid use disorder, recent opioid overdose, or other risk factors (e.g., high-dose opioid prescription, transitioning from a period of abstinence, has a friend or family member who uses substances).
- **Point-of-Care (POC) Distribution:** The immediate provision of a take-home naloxone kit to the patient or a bystander at the time of discharge, rather than a prescription to be filled later.

### IV. Policy Statements

#### A. Patient Identification

Naloxone should be offered to all patients with risk factors (see above definition of at-risk patient, and it should also be made available to patients upon their request, regardless of the reason for their ED visit.

#### B. Naloxone Provision

A take-home naloxone kit will be provided to at-risk patients, their accompanying family/friends, or any patient free of charge. No patient should be denied a kit due to inability to pay or lack of insurance.

#### C. Education and Training

Prior to discharge, an ED staff member will provide the recipient with education and training on overdose recognition and response via manufacturer-provided instructions on the package. Optionally, additional in-person training and resources can be provided by staff distributing the kit.

#### D. Documentation and Follow-Up

If the individual receiving the naloxone is currently registered as a patient, a note can be added to the electronic health record documenting naloxone distribution and overdose education provided, but this is not required.

## **E. Storage and Supply**

The Louisiana State Board of Nursing requires the no-cost naloxone provided by LDH to be stored separately from other medications that may be billed to patient insurance. The best practice is for take-home naloxone storage to be unlocked for ease of access and to facilitate low-barrier distribution. Take-home naloxone can be stored in or on cabinets, closets, drawers, open shelving, desktops, publicly accessible self-service naloxone access, overdose emergency wall cabinets or anywhere on [HOSPITAL NAME] property accessible to staff.

A designated staff member restocks the naloxone storage area, documents the number of kits restocked in the logbook, and notifies the appropriate personnel when naloxone needs to be reordered.

## **V. Review**

This policy will be reviewed annually and updated as needed to reflect current best practices and any changes in state or federal regulations.

Date: \_\_\_\_\_