



<p style="text-align: center;">Alameda County <small>ac</small>  Behavioral Health Care Services <small>bh</small></p> <p style="text-align: center;">MENTAL HEALTH & SUBSTANCE USE SERVICES</p>	<p>DocuSigned by:</p> <p>By:  _____</p> <p style="text-align: center;">Karlyn J. Tribble, PsyD, LCSW, Director</p>
<p>POLICY TITLE</p> <p>Naloxone Distribution Program (NDP)</p>	<p>Policy No: 150-1-5</p> <p>Date of Original Approval: 3/2/2023</p> <p>Date(s) of Revision(s):</p>

PURPOSE

The purpose of this policy is to ensure Alameda County Behavioral Health Care Services (ACBH) establishes and maintains a Naloxone Distribution Program (NDP) to address the opioid epidemic and allow for safe storage and distribution of intranasal naloxone obtained through the ACBH Office of the Medical Director.

AUTHORITY

- California Civil Code §1714.22

SCOPE

All Alameda County Behavioral Health Care Services (ACBH) county-operated and owned programs, county Substance Use Disorder (SUD) programs, as well as affiliated programs that participate in the ACBH Naloxone Distribution Program.

POLICY

Naloxone is indicated to reverse opioid overdoses caused by natural or synthetic opioids. The Alameda County Behavioral Health (ACBH) Naloxone Distribution Program (NDP) aims to help reduce opioid overdose-related deaths through the provision of free naloxone nasal spray. The NDP is a program under the California Department of Public Health (CDPH) statewide naloxone standing order, which was issued in 2017 by the state Public Health Officer and authorized by California Civil Code Section 1714.22 to:

- A. Allow 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
- B. Allow 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.

PROCEDURE

Through the Naloxone Distribution Program (NDP), qualified organizations and entities may request free naloxone from DHCS. ACBH Office of the Medical Director will receive and store naloxone shipments from the NDP for distribution to ACBH, SUD, and ACBH-affiliated programs serving patients in the County of Alameda. Programs participating in the ACBH NDP will have access to this naloxone supply, and these programs will be responsible for ordering the supply from the ACBH Office of the Medical Director and for providing and documenting staff training for their program.

Naloxone products received through the NDP may not be submitted for reimbursement of any type, including, and not limited to, private pay, commercial, government authority, or agency.

ACBH reapplies for the CDPH standing order at least every two years or as needed for renewal. ACBH SUD and ACBH-affiliated programs track and report to the ACBH Office of the Medical Director the following information, which will be reported to CDPH:

- A. Number of doses of naloxone distributed
- B. Number of overdose known reversals that occurred using naloxone distributed under the CDPH standing order

I. Procedure for ACBH Office of the Medical Director

- A. ACBH Office of the Medical Director naloxone supply procurement and storage
 1. ACBH Office of the Medical Director will submit applications to DHCS NDP annually or as indicated by DHCS.
 2. DHCS will deliver shipments of naloxone to:
ACBH Office of the Medical Director
2000 Embarcadero, 4th Floor
Oakland, CA 94606
 3. Storage of ACBH Office of the Medical Director's naloxone supply:
 - a. Naloxone will be stored in a safe and secure location
 - b. Naloxone will be inventoried quarterly
 - c. Naloxone will be stored at:
ACBH Office of the Medical Director
2000 Embarcadero, 4th Floor
Oakland, CA 94606
 4. Questions regarding the product or shipment of the product should be directed to: customerservice@adaptpharma.com
- B. The ACBH Office of the Medical Director will track the number of known reversals as reported by ACBH, SUD, and ACBH-affiliated programs.
- C. For each naloxone order provided to the ACBH, SUD, and ACBH-affiliated programs, the ACBH Office of the Medical Director will record the following:
 1. The program name
 2. The pickup or delivery date
 3. The quantity provided
 4. The expiration date
 5. The Lot number
- D. ACBH NDP naloxone records will be maintained for at least three (3) years. Records will include shipments received and units allocated to county programs.
- E. Information regarding the number of known reversals that occurred using naloxone will be reported to naloxone@dhcs.ca.gov on a quarterly cadence or as required by DHCS.

II. Procedure for ACBH Programs, Substance Use Disorder Programs, and ACBH-Affiliated Programs

- A. ACBH and ACBH-affiliated programs qualify to participate in the ACBH NDP.
- B. Participating programs are required to receive naloxone exclusively for distribution through the ACBH NDP.
- C. Each program shall have designated staff person(s) who will coordinate naloxone distribution, including reordering and tracking known reversals.
 1. The number of known reversals that occurred using naloxone since the last reordering of the supply that the program is aware of will be reported to ACBHPharmacy@acgov.org when ordering additional naloxone supplies.
- D. ACBH, SUD, and ACBH-affiliated programs participating in the ACBH NDP must adhere to this policy but may also write their own site-specific policy and procedure. Site specific policies and procedures must align with this policy.
- E. Naloxone Storage for Participating Programs:

1. Stored naloxone must be stored in a safe and secure location and will not be in immediate access to clients, the general public, or untrained staff.
 2. The Board of Pharmacy has clarified that naloxone obtained through the DHCS NDP under a standing order pursuant to Civil Code §1714.22 is not a pharmaceutical that will be used in the healthcare setting and is exempt from Title 22 Cal. Code Regs. §70265, Business and Professions Code §4068, and Business and Professions Code §4076. Thus, it does not need to be maintained, stored, or labeled in compliance with Business and Professions Code §4068.
 - a. Manufacturers recommend storage at controlled room temperatures (59°F and 77°F) and away from direct light.
 3. 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.
 4. Naloxone should not be removed from the packaging until it is ready for use.
 5. Obtaining Naloxone from ACBH Office of the Medical Director:
 - a. Programs will complete the [Naloxone Re-Ordering Form](#) to request naloxone.
 - b. The requested naloxone will typically be ready one week after the request is received.
- F. Naloxone Distribution:
- a. Naloxone will be distributed by clinical and non-clinical staff who have completed Naloxone Distribution training.
 - b. Staff is required to provide appropriate counseling on naloxone to individuals who receive naloxone through the program.
 - i. Written educational material is encouraged to be given to the client with naloxone. Written material can be found at narcans.com.
 - c. If naloxone is administered at the program for an emergency, follow the program's guidelines and policies for an emergency response.
 - d. Active clients of ACBH, SUD, or ACBH-affiliated dispensing program/clinic are eligible to receive naloxone if they:
 - i. Currently use opioids, have a history of opioid use, or are in frequent contact with people who use opioids, and/or
 - ii. Are 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), and/or
 - iii. In a position to assist during an opioid-related overdose
 - iv. Request Naloxone, regardless of history
 - i. Labeling naloxone is not required; however, programs may choose to do so
 - e. Program staff are eligible to receive naloxone if they:
 - i. Currently use opioids, have a history of opioid use, or are in frequent contact with people who use opioids, and/or
 - ii. Are 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), and/or
 - iii. In a position to assist during an opioid-related overdose
 - iv. Request Naloxone, regardless of history
 - ii. Labeling naloxone is not required; however, programs may choose to do so
- G. Distributing Program Staff 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. Recognizing signs and symptoms of overdose
 - iii. Opioid overdose treatment:
 1. Administering rescue breathing and chest compressions. Mouth-to-mouth resuscitation (but should only be given if using a mouthguard for COVID-19 safety).

2. Placing the subject in the recovery position
 3. Contacting appropriate emergency medical services (call 911)
 4. Administering the intranasal naloxone
- c. Each program will maintain records of all staff who have completed training. Refer to the 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](#)
 2. [Administering Naloxone—Training Video](#)

H. Documentation

- a. Each program will track the number of known reversals the program is aware of and report to ACBHPharmacy@acgov.org when ordering additional naloxone supplies.
- b. Under the Alameda County SUD Quality Improvement Plan, programs are required to use procedure code 885 for all distribution.
- c. Naloxone distribution will be documented in the Naloxone Distribution Log (Appendix A) and will include the following:
 - i. Date of distribution
 - ii. Quantity given
 - iii. Staff name
 - iv. Recipient name
 - v. Documentation that overdose prevention education was provided to the patient
 1. Suggested language for documentation: “Per protocol, naloxone was supplied directly to the patient to reduce the risk of fatal opioid overdose by a staff member who has completed training in overdose prevention. Instructions for naloxone use were reviewed with the client.”
- d. Naloxone distribution records and staff training records will be maintained for at least three (3) years.

NON-COMPLIANCE

Any failure to comply with this policy may result in formal actions, including and up to formal sanctions as outlined in ACBH policy 1302-1-1 “Contract Compliance and Sanctions for BHCS – Contract Providers.”

CONTACT

ACBH Office	Current Date	Email/Phone
Office of the Medical Director	01/27/2023	ACBHPharmacy@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Charles Raynor, PharmD, Director of Pharmacy Services; Betsy Yuan, PharmD, BCPP, Clinical Pharmacist

Original Date of Approval: 3/2/2023

Revision Author	Reason for Revision	Date of Approval by (Name, Title)

DEFINITIONS

Term	Definition
Naloxone	An opioid antagonist received by NDP used for the acute treatment of opioid overdose and refers to the intranasal formulation

APPENDICES

- A. Naloxone Distribution Log
- B. Opioid Overdose Prevention and Treatment Staff Training Log