Dear NaloxBox Collaborator,

Thank you for your commitment to increasing access to publicly available naloxone through a NaloxBox project initiative. Whether you purchased one unit or 50, you have made the powerful statement that you and your community, your organization, or your business cares about the individuals and families struggling with opioid and substance use disorders and want to make a positive impact.

In areas severely affected by the opioid overdose crisis, innovative, timely solutions are necessary to help prevent overdose fatalities. NaloxBox was one of the first innovations to successfully increase public access naloxone, fueled by the increasing number of overdose fatalities in Rhode Island. From personal and local-level experiences, NaloxBox has become a community-based solution to a nationwide crisis.

The NaloxBox team created this Collaborator Manual to provide your organization or business with valuable information as it relates to implementing a successful NaloxBox project. Inside, you'll find model policies, partnership suggestions and links to standing order processes and Good Samaritan Laws as they relate to your state and your project. We hope that you find the information useful.

Just as important as it is for communities, businesses, and organizations to increase access to naloxone, reduce stigma, and save lives, it is just as important that NaloxBox Collaborators collaborate. Data-driven solutions to this epidemic are solutions that will have the most impact and sustain funding for future endeavors. Data gathered from you on the effect your NaloxBox project has had in your community or state will help determine if NaloxBox placement and publicly available naloxone has made an impact on preventing overdose deaths. We need to see a return on investment, so let's gather that data. Let's collaborate.

My NaloxBox team will serve as a central hub for data collection efforts nationwide and can provide this data to yours and other agencies to show value and impact. We can also share these data with potential Collaborators considering a NaloxBox project to continue to increase access. If my team reaches out, please participate. Let us know what YOU know. Let's study and understand our impact so that we may achieve the most significant, positive outcomes that are possible.

At any time, if you have any comments, suggestions, or simply want to discuss your projects, please reach out. NaloxBox is a passion project that we continue to refine and improve.

THANK YOU for your commitment to Increasing Access, Reducing Stigma, and Saving Lives.

Contact information:
EMcDonough@naloxbox.org
888-549-3335 Ext 201

Erin McDonough
Program Director of
RIDMAT/MRC and NaloxBox
# NaloxBox Collaborator Manual

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Signature Page</td>
</tr>
<tr>
<td>II.</td>
<td>NaloxBox Overview</td>
</tr>
<tr>
<td>III.</td>
<td>NaloxBox Definitions</td>
</tr>
<tr>
<td>IV.</td>
<td>NaloxBox Collaborator</td>
</tr>
<tr>
<td>V.</td>
<td>Naloxone and the Workplace</td>
</tr>
<tr>
<td>VI.</td>
<td>Medical Direction</td>
</tr>
<tr>
<td>VII.</td>
<td>NaloxBox Placement</td>
</tr>
<tr>
<td>VIII.</td>
<td>NaloxBox Maintenance</td>
</tr>
<tr>
<td>IX.</td>
<td>Liability and Warranty</td>
</tr>
<tr>
<td>X.</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>XI.</td>
<td>Resources</td>
</tr>
</tbody>
</table>

## Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>NaloxBox Point of Contact</td>
</tr>
<tr>
<td>Appendix B</td>
<td>NaloxBox Checklist</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Naloxone Kit Prescription</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>Appendix E</td>
<td>NaloxBox Usage Report Form</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Narcan Standing Order</td>
</tr>
<tr>
<td>Appendix G</td>
<td>NaloxBox Draft Policy</td>
</tr>
</tbody>
</table>
SECTION 2.0 – OVERVIEW

Opioid overdose is currently the leading cause of death among adults 50 years old and younger in the United States. The small state of RI has been making a big impact in the opioid response by fighting to increase access to lifesaving naloxone through collaboration and partnerships with NaloxBox.

“We Are a Smart Solution to Public Access Naloxone and Opioid Overdose Response Tools”

Data-driven, innovative solutions to address the opioid epidemic are crucial to reducing fatalities and linking individuals to evidence-based treatment for opioid use disorder.

NaloxBox is a pioneering project of the Rhode Island Disaster Medical Assistance Team (RIDMAT), a nonprofit 501(c)3 organization based out of Providence, RI. We partner with local community agencies such as Amos House, RiverzEdge Arts and VR Industries to provide an innovative, community-based solution to address a nation-wide epidemic.

Our mission is important: Increase Access, Reduce Stigma and Save Lives One BOX at a Time. The NaloxBox mission is to improve the capacity of bystander rescuers to save the lives of victims of opioid overdose by increasing access to publicly available overdose response resources in settings most in need of quickly accessible, public use naloxone.

Our products include:

**NaloxBox Standard**

All NaloxBox units are durable, transparent, polycarbonate, surface-mounted enclosures that provide organizations with a solution to protect and provide access to lifesaving naloxone in an easy to recognize cabinet mounted in a central location in your building or organization. Units are gasketed and opened with the turn of a thumb-lock for ease of access.
**NaloxBox Siren**
NaloxBox SIREN features a local alarm which sounds when the box is opened. The alarm function is powered by a small box that mounts above containing a 9-volt battery.

**NaloxBox Smart**
NaloxBox SMART units provide a smart solution to public access naloxone and opioid overdose response tools. The Smart units allow for the online monitoring and management of your organization’s NaloxBox units. Smart units provide data on box temperature, notification of latch openings and allows for the management of box contents including medication expiration dates.

Each unit ships with:
- Rescue Breathing Barrier Device (contains gloves and alcohol pads)
- Multilingual (English/Spanish) instructional tear off guide on how to recognize and respond to a suspected opioid overdose
  *choice of intranasal or intramuscular instructions
- Safety Seal to provide additional security and deter tampering
- Fast and easy installation with mounting hardware and gasket

**PLEASE NOTE:** NaloxBox does not ship with naloxone. NaloxBox is also intended for indoor use only.

**SECTION 3.0 – DEFINITIONS**
This section defines terms related to NaloxBox policies and procedures.

Definitions:
1. **Naloxone** – (brand name *Narcan*) is an opioid antagonist used to counter the effects of an opioid overdose. Naloxone is specifically used to counteract life threatening depression of the central nervous system and respiratory system.
2. **Intranasal naloxone** – “IN” refers to Narcan Nasal Spray, which is the first and only FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected opioid overdose.
3. **Intramuscular naloxone** – “IM” refers to a form of naloxone that is administered through injection into an upper arm or thigh muscle.
4. **EMS** – “Emergency Medical Services” that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
5. **Opioids** – are most often used to treat acute or chronic pain. This class includes drugs derived from the opium poppy, such as morphine and codeine. It also includes synthetic or synthetic formulations, such as Vicodin, Percodan, Oxycodone, Methadone, Heroin, and Fentanyl.
6. **Opioid Overdose** - Opioid overdoses happen when there are too many opioids or a combination of opioids and other drugs in the body that the victim is not responsive to.
stimulation and/or breathing is inadequate. This happens because opioids fit into specific receptors that also affect the drive to breathe.

7. **Program Director** – responsible for the overall production of NaloxBox. All inquiries, documents, and contracts are addressed directly back to the Program Director of NaloxBox.

8. **Medical Director** – assumes responsibility for all medical control aspects; is able to authorize the purchase of naloxone rescue kits by the agency under his/her medical license

9. **Standing Order** - is a prewritten medical order that authorizes the dispensing of a medication, like *naloxone*, to any person who meets criteria designated by the prescriber.

**SECTION 4.0 – NALOXBOX COLLABORATOR**

A NaloxBox collaborator refers to any person and/or business who implemented a NaloxBox Project with the intentions of increasing public access naloxone. The NaloxBox collaborator is responsible for the overall condition, maintenance, and continued operation of their NaloxBox unit(s).

**Benefits of being a collaborator:**
- Increasing access to publicly available overdose response tools
- Providing technical assistance for naloxone storage
- Improving capacity of bystander rescuers
- Reducing stigma associated with opioid and substance use disorder
- Reducing morbidity and mortality from opioid overdose through the early administration of naloxone

**NALOXBOX DATA COLLECTION**

One of the most vital parts in being a NaloxBox collaborator is fulfilling that commitment to collaborate. We share a common goal which is to increase public assess naloxone while reducing stigma attached to opioid overdoses by treating it like the medical emergency it is. In order to strategically place innovative rescue cabinets in settings most in need of quickly accessible, public use naloxone we need your feedback. Data gathered from you will help measure the effectiveness of the NaloxBox project in your community and state by determining whether NaloxBox placement and publicly available naloxone has made an impact on preventing overdose deaths.

**So how can you collaborate?**

1. Complete the survey using the following link: [www.surveymonkey.com/r/NaloxBoxSurvey](http://www.surveymonkey.com/r/NaloxBoxSurvey)
2. Keep the NaloxBox team updated on any suspected overdose where the response tools in your NaloxBox were used. All information can be sent to: [info@naloxbox.org](mailto:info@naloxbox.org)
3. Share data on overdose hotspots, naloxone accessibility, and any other related resources in your community.
The information obtained in the survey will be used to target populations in greatest need of community access naloxone, formulate geographic maps of NaloxBox locations, and spread awareness of public access naloxone and overdose related deaths in your area.

All information will be used for data collection purposes only. No personal information will be disclosed.

SECTION 5.0 – NALOXONE AND THE WORKPLACE

Data show that opioid overdoses are occurring in the workplace. The opioid crisis has significant impact on employers and employees. The Bureau of Labor Statistics (BLS) reported that overdose deaths at work from non-medical use of drugs or alcohol increased by at least 25% annually between 2013 and 2017. In 2017, 95% of the 70,067 U.S. drug overdose deaths occurred among the working age population, persons aged 15-64 years. Opioids are often initially prescribed to manage pain arising from a work injury. Workplaces that serve the public (i.e. shopping centers, libraries, schools, restaurants, etc.) may also have visitors who overdose while onsite.

Overdoses without immediate intervention can quickly lead to death. We recommend implementing a NaloxBox project to increase naloxone accessibility in the workplace in the event of an opioid overdose. The following recommendations also include, but are not limited to:

- Seeking CPR/AED and overdose response training for all staff/employees
- Developing a policy in consultation of a medical professional
- Considering any legal and liability implications (including potential overdoses that may occur on your premises)
- Reseaching your state’s Good Samaritan Laws on naloxone administration
- Defining clear roles and responsibilities for all persons designated to manage the maintenance, distribution, and administration of naloxone
- Creating formal procedures for documenting incidents and managing those records, to include safeguarding the privacy of affected individuals
- Contacting an overdose education and naloxone distribution (OEND) program in your area or your state health department's overdose prevention or injury prevention program for local resources

MISCONCEPTIONS:

There are several misconceptions associated with the distribution of naloxone. We understand that such misconceptions can negatively impact one’s decision to implement a naloxone program in their workplace. We addressed the five most common myths about increasing public access naloxone:
Myth #1 Naloxone makes people violent.
Fact. Naloxone itself does not evoke violent reactions. People may be in withdrawal or disoriented once they regain consciousness from the effects of the naloxone, which could contribute to a negative reaction upon recovering. The reports on violent behavior are rather low.

Myth #2 Naloxone is difficult to get.
Fact. Laws have been passed in all 50 states and the District of Columbia to widen the availability to naloxone for family, friends, and other potential bystanders of overdose. Although naloxone is still a prescription drug, you may purchase a kit at a pharmacy under your state’s Collaborative Practice Agreement.

Myth #3 The availability of naloxone encourages drug use.
Fact. Research has shown that naloxone does not encourage more substance abuse. In fact, if anything, it decreases the use of opiates. When administered, naloxone blocks the effects of opiate drugs and causes one to experience withdrawal symptoms.

Myth #4 Naloxone is another drug that can be abused.
Fact. Naloxone is safe and effective. It has no potential for abuse. In addition, naloxone cannot be taken before drug use to avoid an overdose.

Myth #5 Naloxone is expensive.
Fact. As with most medications, the price of naloxone depends on where you purchase it. Additionally, most insurance providers will pay for this medication. Even without prescription coverage, naloxone is a relatively inexpensive drug and importantly, there are an increasing number of community outreach programs currently providing the overdose antidote for free.

Myth #5 You need special training to use naloxone and save a life
Fact. In fact, all you need to do for is recognize the person is not responding and not breathing and squirt the medicine up the nose (for intranasal) and call 911. It takes less effort than squirting a squirt gun.

SECTION 6.0 – MEDICAL DIRECTION
NaloxBox is not a supplier or manufacturer for naloxone. Naloxone is still a prescription drug and requires a prescription or standing order from a medical professional. We provided a sample memorandum of understanding (MOU) for medical direction (see Appendix D). This MOU is a proposal on how to obtain naloxone for your NaloxBox unit(s). Please be advised that this is a contractual agreement between agency and medical director. NaloxBox is not legally bonded or affiliated with the MOU put in place between your agency and the medical director. We recommend that each agency develop an individual policy in accordance with the medical director on how to properly obtain, manage, and administer naloxone (see Appendix G).

NALOXONE STANDING ORDER:
A standing order is intended to ensure that naloxone is readily obtainable by any person at risk of experiencing an opioid related overdose or anyone who is in a position to assist a person at risk...
of experiencing an opioid related overdose. Under medical direction, the standing order may be used as a prescription to obtain naloxone from a pharmacy under your state’s collaborative laws.

NALOXONE KIT:
In compliance with your agency’s policies and the oversight of the medical director, we recommend attaching a prescription (see Appendix C) on all naloxone kits stored in a NaloxBox. Naloxone is not sold with NaloxBox units; therefore, we are not responsible for its distribution or administration. An attached prescription provides each respondent with an overview of the naloxone kit, including expiration dates and point of contact in case of an emergency. It also aids in tracking the distribution of naloxone.

SECTION 7.0 – NALOXBOX PLACEMENT
So where is the best place to keep your NaloxBox so that it can be retrieved as quickly as possible? You must figure out the most probable areas where a person may experience an overdose, as well as place the NaloxBox in a location that is easily accessible. Common areas include a lobby, reception area, lunch room or centrally-located restroom facilities. Also keep in mind high traffic areas, places where people tend to congregate and facilities where at-risk activity might occur.
Keep the following points in mind when placing your NaloxBox:
- Make sure the NaloxBox is accessible to everyone and highly visible with clear sightlines.
- Never place the NaloxBox in a locked and/or out of sight area.
- For rapid response, train people in your facility on how to administer Naloxone

SECTION 8.0 – NALOXBOX MAINTENANCE
Readiness should be checked at least monthly and after every use, according to the NaloxBox manufacturer’s recommended guidelines. The purpose of the inspection is to make sure its contents are organized and that the unit is safe to use. The first thing you should do is to examine the box itself for any cracks and make sure the hinges and latches are in proper working order. The second step is to check the inside contents for expired medication or opened or damaged product which will need to be replaced.

Equipment Maintenance:
1. Inspect the interior and exterior for dirt, contamination or tampering.
2. Check supplies, accessories and spares for expiration dates and damage.
3. Check operation of the NaloxBox by removing and reinstalling the battery and running a battery insertion test (if applicable).
Naloxone Storage Information:
1. Store naloxone in the original package at room temperature. Avoid light exposure.
2. The shelf life of naloxone is generally up to 24 months from the time of purchase. If stored properly, naloxone should be effective until at least the expiration date on the packaging.
3. Monitor the expiration date on naloxone and replace before it expires. When there are no other alternatives, expired naloxone can be administered but may not be as effective.

The following stock levels and expiration dates will be checked every month and maintained as follows:

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<th>Item Description</th>
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The type and number of NaloxBox unit(s) and related equipment should be maintained at each site as outlined above. The NaloxBox collaborator or designee should assure replacements are ordered through NaloxBox.org as soon as possible. Equipment is located as shown in Appendix B.

SECTION 9.0 – LIABILITY AND WARRANTY
NaloxBox units are built with pride and we have great confidence in their longevity. A one-year guarantee is offered on all NaloxBox units. We will replace, without charge or hassle, any cover that breaks under normal operating conditions. Any product returned to us for out-of-warranty repair will receive a free estimate before any work is completed. All products need to be sent back to NaloxBox with freight charges prepaid.

This warranty does not apply to batteries or products that (a) have been refurbished, remanufactured or tampered with in any way, (b) experience problems resulting from misuse, improper storage or operation outside of the published environmental specifications for this product, (c) exhibit wear from ordinary use or (d) the product is purchased from anyone other than an authorized NaloxBox distributor.
To obtain warranty service, please return the product to place of purchase (with a written description of the problem) or contact NaloxBox customer support at info@NaloxBox.org. At NaloxBox’s option, NaloxBox will repair or replace products that prove to be defective with new or refurbished items.

TO THE EXTENT ALLOWED BY LOCAL LAW, IN NO EVENT WILL NALOXBOX OR ITS SUPPLIERS BE LIABLE FOR DIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL (INCLUDING LOST PROFIT OR DATA), OR OTHER DAMAGE, WHETHER BASED IN CONTRACT, TORT OR OTHERWISE.

NALOXBOX SHOULD BE STORED IN AN EASILY ACCESSIBLE AREA AND MOUNTED ON A WALL, TYPICALLY AWAY FROM ANY OTHER OBJECTS THAT MAY INTERFERE WITH ITS PROPER USAGE OR COMPROMISE THE SAFETY OF THE NALOXBOX AND/OR THE RESPONDENT (I.E. ANYONE WHO USES THE OPIOID OVERDOSE RESPONSE TOOLS INSIDE THE UNIT). SHOULD YOU CHOOSE TO MOUNT THE NALOXBOX IN YOUR PREFERRED AREA, NALOXBOX IS NOT LIABLE FOR ANY ACCIDENTS RELATED TO ITS PLACEMENT.

TO THE EXTENT ALLOWED BY LOCAL LAW, IN NO EVENT WILL NALOXBOX BE RESPONSIBLE FOR ANY ADDITIONAL ITEMS PURCHASED FROM NONAFFILIATED ENTITIES OTHER THAN NALOXBOX. PLEASE REFER TO OUR WEBSITE TO RESTOCK ON ALL OPIOID RESCUE KIT ITEMS.

TO THE EXTENT ALLOWED BY LOCAL LAW, IN NO EVENT WILL NALOXBOX BE LIABLE FOR THE DIRECT USE OF NALOXONE DISTRIBUTION OR ADMINISTRATION. EACH NALOXBOX COLLABORATOR BECOMES THE SOLE OWNER OF THE UNIT; IS RESPONSIBLE FOR ITS STOCKING, PROPER USE, MAINTENANCE, AND MUST DETERMINE WHICH TYPE OF NALOXONE IS BEST FOR THEIR SETTING.

SECTION 10.0 – FREQUENTLY ASKED QUESTIONS

Q: Is NaloxBox intended for free naloxone use to the public?
No. NaloxBox opioid reversal tools, including the naloxone kit, are intended for EMERGENCY USE ONLY.

Q: Does NaloxBox ship with the opioid reversal drug naloxone?
No. NaloxBox is neither a manufacturer nor distributor of medications.

Q: Where can I get naloxone? Do I need a prescription?
No, you do not need a prescription.
Potential steps to furnish naloxone for your NaloxBox includes:
• purchasing a kit at a Pharmacy under your state's Collaborative Practice Agreement
• contacting an overdose education and naloxone distribution (OEND) program in your area for advice
• contacting your local or state health department's overdose prevention or injury prevention program for local resources
• requesting a prescription from a Prescriber or from the Medical Director for your project

Q: Can anyone, including staff or members of the public, use the naloxone kit if it’s not their own prescription?
Yes. By law, it is permissible for anyone acting in good faith to administer naloxone. Please refer to our list of resources on page 10 to learn more about the Good Samaritan Overdose Prevention Law in your state.

Q: Can naloxone hurt an overdose victim if given?
No. Given how safe naloxone is, a victim of a non-opioid overdose, or an overdose caused by a mixture of drugs will not be harmed by naloxone. Naloxone is a nonscheduled (i.e., non-addictive), prescription medication. Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent.

Q: Do I need to be trained or a certified medical professional to administer naloxone?
No. You do not need to be a certified medical professional to administer naloxone. We do strongly advise that persons providing naloxone should have the necessary training to recognize the signs of an opioid overdose and administer naloxone in case of a suspected emergency.

Q: Where are the best places to install a NaloxBox?
Some populations are at particular risk for opioid overdose. NaloxBox collaborators have included community agencies such as opioid treatment centers and recovery houses as well as centers serving those experiencing homelessness, individuals transitioning from prison, and individuals battling addiction. Installations also meets the safety needs of more public-facing spaces including city and state offices, libraries, universities, sports and entertainment venues, and public transportation hubs.

Q: Can we reuse any of the items in the NaloxBox?
The items in the NaloxBox are intended for one time us only. You cannot reuse the barrier device or the naloxone kit. Please do not place used items back into the original NaloxBox unit. The intranasal/intramuscular instructional booklets are easy tear of guides. Each booklet consists of 50 tear-off guides which will serve for multiple uses.

Q: Are there instructions included on how to assemble/mount my NaloxBox?
Yes. We include a cabinet installation guide in all orders which gives detailed instructions on how to assemble both the inside of your NaloxBox and how to mount your NaloxBox on the wall. See instructions on how to mount your NaloxBox [here](#).

**Q: What else do we need to consider about storing naloxone in a NaloxBox?**

**Storage:** Naloxone should be stored away from direct light and extreme temperatures.

**Expiration Dates:** Always check the expiration dates. Generally, the expiration date is up to 24 months from the time of purchase so consider how your agency will monitor expiration dates and replace expired kits.

**Communication and Training:** Staff may have many questions about overdose and administering naloxone. Your agency should have a clear method for communicating its policies to all staff and training staff how to respond to an overdose, including administering naloxone. It can also be helpful to designate a “point person” for questions and refresher training on overdose and naloxone at each site that carries naloxone.

**SECTION 11.0 – RESOURCES**

Shop NaloxBox: [https://www.NaloxBox.org](https://www.naloxbox.org)

NaloxBox locations in RI: [https://preventoverdoseri.org/NaloxBoxes/](https://preventoverdoseri.org/naloxboxes/)

Naloxone Overdose Prevention Laws per State: [http://j.mp/2JrbffB](http://j.mp/2JrbffB)


Directory of Local Health Department: [https://www.naccho.org/membership/lhd-directory](https://www.naccho.org/membership/lhd-directory)


Additional resources on Naloxone: [https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone](https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone)
APPENDIX A

NALOXBOX CONTACT PHONE LIST

For information and assistance regarding the NaloxBox stored at [enter location name], the individual(s) listed below may be contacted. Every effort should be made to first contact the NaloxBox collaborator or alternate contact. Only in a case of an emergency event or when the alternate cannot be reached, will contact be made with the Medical Director.

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NALOXBOX LOCATION

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NaloxBox – Policies and Procedures
APPENDIX B
NALOXBOX CHECK LIST

| DATE | | | |
| SUPPLIES AVAILABLE | | | |
| a. Rescue breathing barrier device with alcohol pads and gloves included. | | | |
| b. Multilingual (English/Spanish) instructional tear off booklet on how to recognize and respond to a suspected opioid overdose. | | | |
| c. Red safety seal to deter tampering and provide additional safety. | | | |
| d. Naloxone Kit | | | |

| STATUS INDICATOR | | | |
| a. Self-test okay, verify by noting status indicator | | | |

| ONSITE UNIT | | | |
| a. Clean no dirt or contamination | | | |
| b. No damage present | | | |
| c. Expiration dates | | | |

| INSPECTED BY: | | | |

REMARKS, PROBLEMS, CORRECTIVE ACTION:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

NaloxBox – Policies and Procedures
RX #: [prescription#]  Distribution Date: [enter date]
Pt Name: [enter name]
[agency name] [pt. street, city, state zip code]
Protect from light    LOT# [enter number] Expires: [format date 00/00/0000]

Store at Room Temperature
Prescribed by [name of doctor] [affiliation]
[ street, city, state zip code]
[phone number] Refills: [number of refills]

NARCAN NASAL SPRAY 4mg
Administration: Remove the device from the package. Hold with thumb on the bottom of the plunger with your first and middle fingers on either side of the nozzle. Tilt the person’s head back and provide support to the neck then insert the tip of the nozzle into nostril until your fingers are against the person’s nose. Press the plunger firmly to give the dose. Please call to report usage – [phone number]

RX #: [prescription#]  Distribution Date: [enter date]
Pt Name: [enter name]
[agency name] [pt. street, city, state zip code]
Protect from light    LOT# [enter number] Expires: [format date 00/00/0000]

Store at Room Temperature
Prescribed by [name of doctor] [affiliation]
[ street, city, state zip code]
[phone number] Refills: [number of refills]

NARCAN NASAL SPRAY 4mg
Administration: Remove the device from the package. Hold with thumb on the bottom of the plunger with your first and middle fingers on either side of the nozzle. Tilt the person’s head back and provide support to the neck then insert the tip of the nozzle into nostril until your fingers are against the person’s nose. Press the plunger firmly to give the dose. Please call to report usage – [phone number]
APPENDIX D

MEMORANDUM OF UNDERSTANDING

This Agreement is made and entered into on [date] and is between [enter name here], hereinafter known as “the medical director”; And [enter name here] hereinafter known as “the agency.”

This Agreement is requested pursuant to [agency name here], hereinafter known as [alternative name]; Medical Direction for agencies that elect to implement a program for the use of naloxone rescue kits in accordance with the [agency name here] Policy. Individuals employed by the agency will function under the medical control supervision of a physician Medical Director.

This Agreement is in place for the purpose of implementing a NaloxBox Project (“program”).

THEREFORE, THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

The Medical Director Agrees;
1. To assume responsibility for all medical control aspects of the program and ensure that the administration of the program is in compliance with the [agency name here] protocols.
2. To approve training programs for the use of naloxone which meet the minimum standards established by the [agency name here] Program and are in accordance with applicable Statewide Treatment Protocols.
3. To review policies for the proper acquisition, storage, replacement, and disposal of the NaloxBox Rescue Tools including naloxone.
4. To authorize the purchase of naloxone, with standing order, for the agency under his/her medical license

The Agency Agrees;
1. To designate one qualified employee to serve as a liaison to the Medical Director and agency leader of the NaloxBox Project;
2. To participate in all quality assurance and or remediation procedures established by the Medical Director (Quality assurance);
3. To ensure all employees within the agency successfully complete training programs approved by the Medical Director for the use of the NaloxBox Rescue Tools including naloxone.
4. To abide by policies for proper acquisition, storage, replacement, and disposal of the naloxone approved by the Medical Director and in accordance with the U.S. Food and Drug Administration’s approved manufacturer's product label recommendations. (acquisition and replacement of devices, shelf life of the medication and proper storage and disposal conditions);

NaloxBox – Policies and Procedures
5. To provide to the Medical Director, for quality assurance purposes, individual summary report of the system-wide database of overdose trip records filed by First Responders, including all First Responder use of naloxone; submit summary reports to the Medical Director every quarter.

It is AGREED TO BY ALL PARTIES:

1. That any party may terminate this Agreement within [enter number here] days written notice.

2. That nothing contained in this Agreement is intended to induce, encourage, solicit, or reimburse the referral of any patient or business, including any patient or business funded in whole or in part by a state or federal health care program, to any party hereunder.

Medical Director:

[enter name here]  
Print name  

_________________________________________  
Signature  

_________________________________________  
Date

AGENCY Director/Chief:

_________________________________________  
Print name  

_________________________________________  
Title  

_________________________________________  
Signature  

_________________________________________  
Date
APPENDIX E

NARCAN NASAL SPRAY 4mg
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of __________________________ may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray 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.
• Each NARCAN Nasal Spray has 1 dose and cannot be reused.
• You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:
Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.
Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
Step 3. 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.
Step 4. 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.
Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
Step 7. 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 Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.
Step 8. Put the used NARCAN Nasal Spray back into its box.
Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY:_________ REFILLS:_______ SIG:______________________________

DATE __/__/____ Dr. Signature ______________________________

Print Dr. Name and contact information: [enter name here] – [enter email here]
# APPENDIX F

## NALOXBOX USAGE REPORT FORM

<table>
<thead>
<tr>
<th>Date: <em><strong>/</strong></em>/___</th>
<th>Time of Incident: ______</th>
<th>Location: ______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>__________________________</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Staff Involved:</th>
<th>__________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Victim ______ Age ______ Gender ______ Ethnicity ______</th>
</tr>
</thead>
</table>

### Signs of Overdose present:
- [ ] Unresponsive
- [ ] Breathing Slowly
- [ ] Not Breathing
- [ ] Blue Lips
- [ ] Slow Pulse
- [ ] No Pulse
- [ ] Other __________________________

### Overdosed on what drugs?
- [ ] Heroin
- [ ] Alcohol
- [ ] Methadone
- [ ] Benzos/Barbiturates
- [ ] Cocaine/crack
- [ ] Suboxone
- [ ] Any other opioid
- [ ] Unknown
- [ ] Other __________________________

### DOSAGE: How many doses were administered?
- ___ 1 NARCAN NASAL SPRAY
- ___ 2 NARCAN NASAL SPRAY
- More? ______________________________________

### Did the individual respond to the NARCAN NASAL SPRAY? [ ] Yes [ ] No

### Other:

### Subjects post-naloxone withdrawal symptoms:
- [ ] None
- [ ] Vomiting
- [ ] Irritable/angry
- [ ] Combative
- [ ] Nauseous
- [ ] Muscle Aches
- [ ] Runny Nose
- [ ] Other __________________________

### Was 911 called? [ ] Yes [ ] No

### Other Actions Taken:
- [ ] Sternal rub
- [ ] AED
- [ ] Recovery position
- [ ] Bystander naloxone
- [ ] Rescue breathing
- [ ] Oxygen
- [ ] Chest compressions
- [ ] Other __________________________

### What overdose response tools were used from the Naloxbox? [ ] Gloves
- [ ] Multilingual instruction booklet
- [ ] CPR barrier device
- [ ] Alcohol Pads
- [ ] Naloxone Kit*

### Disposition:
- [ ] Transferred to Hospital: ______
- Name of Ambulance service: __________________________

### Notes/Comments:
APPENDIX G
NALOXBOX DRAFT POLICY

I. PURPOSE
The purpose of this policy is to establish guidelines and procedures governing the utilization of the Opioid Overdose Response Tools in the NaloxBox units including naloxone administered by members or employees of the [enter agency name]
This policy is intended to recognize the potential life-saving role staff plays in the encounters with persons suffering from apparent opioid overdose. As such, staff needs to recognize the signs and symptoms of a potential overdose as they attempt to protect and aid the individual at the earliest stage possible.

II. DEFINITIONS
A. DRUG INTOXICATION – Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment.
B. EMS – “Emergency Medical Services” that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
C. NALOXONE – an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms.
D. NARCAN – 2 4mg/1ml Nasal Spray
E. OPIOIDS – heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone.
F. OPIOID OVERDOSE – An acute condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
G. UNIVERSAL PRECAUTIONS – is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens.

III. POLICY
It is the policy of the AGENCY to aid any person(s) who may be suffering from an apparent opioid overdose. Employees trained in accordance with the policy shall make every reasonable effort, to include the use of naloxone, combined with calling 911 and CPR and/or rescue breaths, to the victim of any apparent drug overdose.

NaloxBox – Policies and Procedures
IV. PROCEDURES

A. TRAINING

1. Prior to issue, members or employees shall be trained in the use of naloxone by the [enter name of training agency]; or designee.

2. The [identify employee or member title] for the agency or his/her designee, shall ensure that appropriate personnel receive refresher training every TWO (2) years and that may be done in conjunction with First Aid/CPR Training.

3. The [identify employee or member title] for the agency shall serve as the coordinator responsible for managing the NaloxBox Project including.

B. ISSUANCE

1. Naloxone will be stored in the NALOXBOX located: __________________________

   a. Each NaloxBox will include:
      - Bilingual instructions for administering intranasal Naloxone (tear away cards)
      - One Narcan Nasal Spray Rescue kit (2 4mg/1ml devices)
      - One Rescue Breathing Barrier Device with gloves and alcohol

C. USE OF NALOXONE

If an employee encounters the victim of what appears to be a drug overdose, the member shall follow the protocols outlined in their naloxone training.

1. Maintain universal precautions throughout overdose incident;

2. Notify 911 of a possible opioid overdose in progress and request EMS response (CALL 911)

3. Perform assessment - Check for unresponsiveness, vital signs such as breathing and pulse. [Is the subject awake and talking; responsive to verbal stimulation only; response to painful stimulation only; or completely unresponsive?]

4. Check for medic alert tags (around wrist, necklace or ankles; indicating pre-existing medical condition)

5. If unresponsive, administer one dose of Naloxone

6. Provide aid to the individual by providing CPR or rescue breaths with the face mask/barrier device from the NaloxBox unit and continue until victim is revived or EMS responds. OR: If unable to locate pulse or do not have barrier device, begin CPR, Chest Compressions and request and AED.

7. If after two to four minutes of administering naloxone, there is no improvement (victim remains unconscious, no breathing or pulse) and if available, one (1) additional dose of naloxone may be administered. Continue rescue breaths/CPR using CPR face mask/barrier protection device until
8. Once used, the intranasal Naloxone device is considered bio-hazardous material and shall be turned over to EMS for proper disposal immediately following administration.

STORAGE AND REPLACEMENT

A. Inspection of the NaloxBox unit shall be the responsibility of the [identify employee or member title] and shall be conducted [enter time period]. (suggest at least monthly)
   1. Check the expiration date found on the box.
   2. Check unit safety seal.

B. Naloxone will be stored in accordance with manufacturer instructions to avoid extreme cold, heat and direct sunlight as best possible.

C. Missing, damaged or expired overdose response tools will be reported to __________________ for the agency.

D. Requests for replacement overdose response tools, including naloxone shall be made to ____________________________

V. PROVISIONS

A. Under the [insert state’s good Samaritan law], any person can administer naloxone to another person if he or she, in good faith, believes the individual is experiencing a drug overdose and acts with reasonable care in administering the drug to the overdose victim.

Any employee who administers Naloxone in accordance with this policy shall be deemed to be acting in compliance with [insert state’s good Samaritan law] and not subject to civil liability or criminal prosecution.