



Naloxone Distribution in Emergency Department (ED) Bridge Programs

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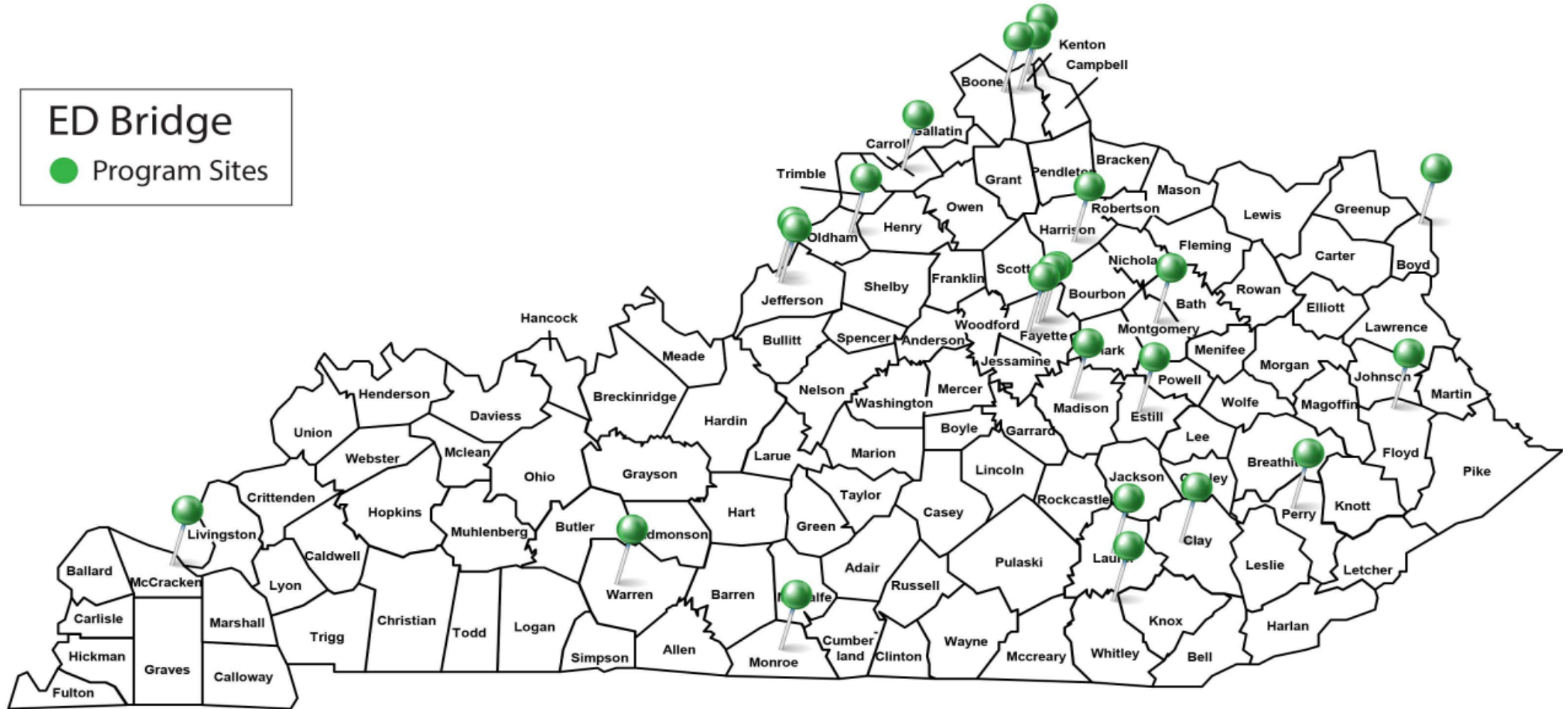
Webinar Agenda

- Welcome and Introductions
- Program Goals and Timeline
- Staff Education and Training
- Requesting Naloxone
- Storage and Workflow Suggestions
- Patient Education Materials
- Data Collection
- Wrap Up: Q & A Session

ED Bridge Programs

- Baptist Health LaGrange
- Carroll County Memorial Hospital
- CHI-Saint Joseph-Mount Sterling
- CHI-Saint Joseph-London
- Harrison Memorial Hospital
- Med Center Health-Bowling Green
- Mercy Health-Lourdes
- Mercy Health-Marcum and Wallace
- Monroe County Medical Center

ED Bridge Programs



KY SOS Partners with . . .

TEAM
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

KORE

KENTUCKY OPIOID
RESPONSE EFFORT



ED Bridge Program Core Elements

- Provide Low-Barrier Care
- Connect Patients to Ongoing Care in Community
- **Nurture a Culture of Harm Reduction**
- Collect Data to Measure Success

Program Goals and Timeline

- **KY SOS ED Bridge Team, Kentucky Pharmacists Association (KPhA), and KORE are working together on this initiative**
- **Goal:**
 - KY SOS ED Bridge Programs will provide naloxone to all patients in the ED upon discharge with:
 - History of overdose (OD)
 - Risk for overdose (OD)
 - Opioid Use Disorder (OUD) Diagnosis
- **Distribution to begin July 1, 2024**

Staff Education and Training

- To receive naloxone through KORE, hospital staff are encouraged to receive training on how to use naloxone and on overdose education.
- Training may include:
 - [How to Use Naloxone - Educational Video](#)
 - [How to Use Naloxone Nasal Spray](#)
- Additional training (either in person or virtual) may be requested from KPhA. Contact Jody Jagers, jjagers@kphanet.org .

Requesting Naloxone

- ALL Bridge Programs may request up to a 90-day supply of naloxone during initial rollout
 - Facility will receive a 30-day supply per shipment
- Naloxone will be shipped directly from manufacturer to hospital
 - FedEx and UPS
 - Shipment Schedule
- ALL requests will be completed through KPhA website using:
 - [KY SOS ED Bridge Naloxone Request Form](#).

ReadyOp: Naloxone Request Form



KORE Agency Naloxone Request Form

This form is to be used by AGENCIES in KY wishing to receive / distribute naloxone.

PLEASE NOTE:

First Responders (including Law Enforcement) should check this site to determine if you are eligible to receive naloxone from different grant funded sources.

<https://www.kphanet.org/naloxone>

Date

AGENCY INFORMATION

Agency Name

Shipping Address (No PO Box)

City

State

Zip Code

County

ReadyOp: Naloxone Request Form

Type of Agency

Healthcare

Specify Other

Enter other agency type, if applicable

Was your agency a part of the HEAL Study?

Yes

No

Name of Person Requesting Naloxone

First

Last

Title

Phone Number

 +1 (555) 555-5555

Email Address

ReadyOp: Naloxone Request Form

NALOXONE PROCEDURES & REPORTING

Agency has a standard operating procedure for naloxone storage, handling, and distribution.

Yes No

For more information about naloxone reporting requirements please visit:

<https://www.kphanet.org/koredata>

Agency agrees to routinely report all naloxone distribution via a ReadyOP form or some other approved reporting mechanism.(REDCap, NEO3660, etc).

Yes No

TRAINING INFORMATION

By requesting naloxone, you affirm that your agency staff are trained on how to use naloxone. You are also affirming that if distributing naloxone to clients or the public, your agency will at a minimum:

- 1) Educate the recipient on how to recognize an opioid overdose
- 2) Inform the recipient to activate the emergency response system by calling 911
- 3) Educate the recipient on the proper use of the formulation being distributed

Are you requesting naloxone training for staff?

Yes No

ReadyOp: Naloxone Request Form

NALOXONE REQUEST

PLEASE NOTE: KORE reserves the right to substitute naloxone formulations based on current inventory and budget constraints.

This means that if you select a product other than Narcan and those products are not on hand or the budget does not allow for their purchase, you may receive Narcan or a comparable naloxone nasal spray instead. Agencies will be notified of any substitutions.

Are you requesting technical assistance on your agency's standard operating procedure for naloxone storage, handling, or distribution?

Yes No

Select Product

Narcan / Naloxone 4mg Nasal Spray ▼

Number of 2-dose units requested

Request in multiples of 12

How many 2-dose units of the requested product does your agency currently have on hand?

If none, enter 0

ReadyOp: Naloxone Request Form

0.4mg Injectable Naloxone Vials

If you are interested in the 0.4mg injectable naloxone vials, please visit [KORE Agency 0.4 mg IM Naloxone Request Form - KORE Naloxone \(readyop.com\)](#).

Additional Comments:

For use in KY SOS ED Bridge Program

Submit

Where to find Naloxone in Kentucky



**Find
Naloxone
Now**KY

www.FindNaloxoneNowKY.org

ED Bridge Programs: INPATIENT PHARMACY

- ALL Bridge Programs with an inpatient pharmacy **ONLY** will continue to request naloxone through KORE ReadyOp form
- Inpatient pharmacies **will not bill** for KORE naloxone distributed upon discharge
- Allows for Bridge Programs to meet core element listed in commitment letter

ED Bridge Programs: OUTPATIENT PHARMACY

- ALL Bridge Programs with an outpatient pharmacy will be provided a 90-day supply of naloxone through KORE
- Outpatient pharmacy will be responsible for establishing policy and procedure for providing naloxone in ED Bridge Program
 - KY SOS Bridge Team will schedule individual meetings

ED Bridge Programs: OUTPATIENT PHARMACY

- **Suggested policy shared from UK Healthcare**
 - Naloxone (labeled affixed) will be prepared by outpatient pharmacy and loaded into ED Pyxis or Omnicell
 - Facility provider will need to pre-sign naloxone prescriptions
 - Outpatient pharmacy will retrospectively collect patient information from billing
 - KORE Copay Program

Storage and Workflow

Naloxone supplied from KORE will need to be separate from other medications that are billed

- Consider cabinets, closets, drawers, or shelving
- Staff member to restock and keep log sheet of internal monthly usage
- Patient education is provided on manufacturer instructions (product box)

Patient and Staff Education

- **To distribute naloxone, your hospital must provide patient education:**
 - Educate patient on how to recognize an opioid overdose
 - Inform patient to seek emergency help by calling 911
 - Educate patient on proper use of formulation being distributed
- **Consider counseling family members or friends that are present**
- **Emergency contact information for family or friends educated could be entered into EHR**

Naloxone Patient Education

An overdose happens when someone takes too much of an opioid.

A person who has overdosed will be unable to wake up or talk to you.

Their breathing may be slow and shallow.

They may not be breathing at all.



**Find
Naloxone
NowKY**

FindNaloxoneNowKY.org

Give Naloxone!

Naloxone reverses overdose.

Act quickly!

Peel

Peel back the foil and remove the nasal spray.



Place

Gently **insert** the nozzle into their nostril.



Press

Press the plunger all the way in until it clicks.



Naloxone nasal spray takes 2-3 minutes to work!

Wait at least 2 minutes for a response before giving more.

CALL 911! Give rescue breaths while you wait. →

Naloxone Patient Education

A person who has overdosed may wake up after naloxone administration or they may remain unconscious.

If someone who received naloxone is breathing slowly, shallowly or not at all, rescue breathing is essential.

Give Rescue Breaths!

1. Place them on their back. Make sure nothing is in their mouth.
2. Apply a barrier mask, if available. Tilt their head back, lift their chin and pinch their nose closed. This opens the airway.
3. **Give one breath slowly**, watching to see their chest rise.
4. Continue giving **one breath every five seconds.**
5. If they start to gurgle or breathe on their own, stop and roll them onto their side in recovery position.

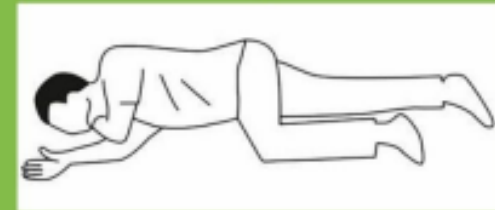
Steps 1 - 2



Steps 3 - 4



Step 5



Spread the Word!

Consider adding stickers to naloxone to educate community and let others know about your ED Bridge Program

KY SOS will mail stickers with attention to all ED Directors:

1. Custom sticker with hospital contact information
2. FindNaloxoneNowKY.org grant funding sticker
3. Never Use Alone crisis information sticker

Data Collection

Facilities distributing naloxone through the KYSOS ED Bridge Program will need to collect monthly data:

- ▶ This will be reported on **ReadyOp** (or paper)
 - Date of distribution
 - Zip code
 - Race/Ethnicity
 - Gender
 - Age
 - Experience with naloxone (First, Replaced, Expired)
 - Product given
 - Quantity given

Data Collection: ReadyOp

General Information		Email Addresses	
First Name	Last Name	Email 1	Work
<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Organization		Email 2	Work
<input type="text"/>		<input type="text"/>	▼
Title		Email 3	Work
<input type="text"/>		<input type="text"/>	▼
Tags		Email 4	Work
<input type="text"/>		<input type="text"/>	▼
		Email 5	Work
		<input type="text"/>	▼
		Phone Numbers	
		Phone 1	Textable
		<input type="text" value="+1 (555) 555-5555"/>	Yes
			▼
			Cell
			▼
		Phone 2	Textable
		<input type="text" value="+1 (555) 555-5555"/>	Yes
			▼
			Cell
			▼
		Phone 3	Textable
		<input type="text" value="+1 (555) 555-5555"/>	Yes
			▼
			Cell
			▼

Data Collection: ReadyOp



Naloxone Data Collection Form 2.1

Please complete the following for each participant receiving naloxone

Each individual who is trained in overdose prevention and response must complete this form. A partner agency representative should complete the first three questions (date, product and number of naloxone distributed to participant) and either ask individuals receiving naloxone the remaining questions or allow the individual to complete the form. An individual may decline to answer any of the demographic questions; simply leave those questions blank.

Date:

Naloxone Product Distributed

Narcan / Naloxone 4mg Nasal Spray

Kloxxado 8mg Nasal Spray

Zimhi 5mg Prefilled IM Syringe

Naloxone 0.4mg IM vial

Number of NALOXONE two-dose units distributed to participant:

- 1
- 2
- 3
- 4
- 5
- More than 5

Quantity if MORE than 5 two-dose units:

Data Collection: ReadyOp

Check ONLY if naloxone was placed in a naloxbox, vending machine or kiosk OR was given to an individual for secondary distribution.

- Secondary distribution (peer to peer, etc...)
- Naloxbox / vending machine / kiosk

Residential / Kiosk / Naloxbox Zip
Code:

Age Range

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Gender:

- Male
- Female
- Transgender - Male
- Transgender - Female
- Non-Binary / Other

Data Collection: ReadyOp

Race / Ethnicity

- Hispanic or Latino
- NOT Hispanic or Latino

Please choose one (If Latinx, Hispanic or Latin American, feel free to choose Other and specify):

- African American/Black
- White
- Asian
- American Indian/Alaska Native
- Native Hawaiian or Other Pacific Islander
- Mixed Race-Ethnicity (2 or >)
- Other

If other, please specify:

Experience with naloxone

- This is my first time carrying naloxone.
- This is a replacement - my naloxone was used to reverse an overdose.
- This is a replacement - I gave my naloxone to someone else.
- This is a replacement - my naloxone expired.

Submit

Data Collection: ReadyOp

Naloxone Data Collecting and Reporting Guide

Questions or issues,
contact Jody Jagers,
jjagers@kphanet.org

ReadyOp
KORE Naloxone Data Collection Form 2.1
Please complete the following for each participant receiving naloxone

Each individual who is trained in overdose prevention and response must complete this form. A partner agency representative should complete the first three questions (date, product and number of naloxone distributed to participant) and either ask individuals receiving naloxone the remaining questions or allow the individual to complete the form. An individual may decline to answer any of the demographic questions; simply leave those questions blank.

Date:

Naloxone Product Distributed

Narcan / Naloxone 4mg Nasal Spray

Kloxxado 8mg Nasal Spray

Zimhi 5mg Prefilled IM Syringe

Naloxone 0.4mg IM vial

Number of NALOXONE two-dose units distributed to participant:

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4

5

More than 5

Quantity if MORE than 5 two-dose units:

Check ONLY if naloxone was placed in a naloxbox, vending machine or kiosk OR was given to an individual for secondary distribution.

Secondary distribution (peer to peer, etc...)

Naloxbox / vending machine / kiosk

Residential / Kiosk / Naloxbox Zip Code:

Age Range

16-24

25-34

35-44

45-54

55-64

65+

Gender:

Male

Female

Transgender - Male

Transgender - Female

Non-Binary / Other

Race / Ethnicity

Hispanic or Latino

NOT Hispanic or Latino

Please choose one (if Latinx, Hispanic or Latin American, feel free to choose Other and specify):

African American/Black

White

Asian

American Indian/Alaska Native

Native Hawaiian or Other Pacific Islander

Mixed Race-Ethnicity (2 or +)

Other

If other, please specify:

Experience with naloxone

This is my first time carrying naloxone.

This is a replacement - my naloxone was used to reverse an overdose.

This is a replacement - I gave my naloxone to someone else.

This is a replacement - my naloxone expired.

Data Collection: Paper Collection

- [Printable Naloxone Data Collection Form](#)
 - Zip Code
 - Race/Ethnicity
 - Gender
 - Age
 - Experience with Naloxone
 - Product given and quantity

Data Collection: Paper Collection

KORE Naloxone Training

Registration Form

Each individual who is trained in overdose prevention and response must complete this form. A partner agency representative should complete the first two questions (date and number of naloxone distributed to participant) and either ask individuals receiving naloxone the remaining questions or allow the individual to complete the form.

An individual may decline to answer any of the demographic questions; simply leave those questions blank.

Date: _____

Zip Code: _____

Race/Ethnicity

Please choose one:

- Hispanic or Latino
- NOT Hispanic or Latino

Please choose one (If Latinx, Hispanic or Latin American, feel free to choose Other and specify):

- African American/Black
- White
- Asian
- American Indian/Alaska Native
- Native Hawaiian or Other Pacific Islander
- Mixed Race-Ethnicity (2 or >)
- Other

If other, please specify:

Gender:

- Male
- Female
- Transgender – Male
- Transgender – Female
- Non-Binary / Other

Age Range:

- 16–24
- 25–34
- 35–44
- 45–54
- 55–64
- 65+

Experience With Naloxone:

- This is my first-time carrying naloxone.
- This is a replacement - my naloxone was used to reverse an overdose.
- This is a replacement - I gave my naloxone to someone else.
- This is a replacement - my naloxone expired.

PRODUCT GIVEN

- Narcan / Naloxone 4mg Nasal Spray
- Kloxxado 8mg Nasal Spray
- Zimhi 5mg IM injectable
- Naloxone 0.4mg IM Injectable

Quantity: _____

Conclusion

- All ED Bridge Programs can begin requesting naloxone on July 1, 2024
- ED Bridge Programs with outpatient pharmacies will need a policy and protocol in place within 90 days
 - KY SOS ED Bridge Team will set up individual meetings to assist
- Provide educational materials to patients
- Adhere stickers to naloxone to spread word about your ED Bridge Program!

Announcements

Naloxone Office Hours July 10, 2024 11 a.m. to 12 p.m. (ET)

- Calendar invites will be sent closer to date.
- Naloxone Distribution Guide will be shared after webinar.

Contact Mary Beth and Emily if assistance is needed. Always here to help!

Wrap Up: Questions?



Melanie Landrum
mlandrum@kyha.com



Emily Henderson
ehenderson@kyha.com



Mary Beth Ecken
mecken@kyha.com

Sources

- CA Bridge Program
- Kentucky Opioid Response Effort (KORE)
- Kentucky Pharmacist Association
- UK-Policy and Protocol
- CDC: Centers for Disease Control and Prevention: Opioid Use Disorder: Preventing and Treating
- FindNaloxoneNowKY.org