

How to build a take-home naloxone program in your ED

The Ontario Naloxone Program (ONP) provides free take-home naloxone (THN) kits to emergency departments (EDs) for distribution to clients at high risk for opioid overdose. Kit distribution does not require a medical directive, order, or prescription.

As an ED leader, you have a key role in creating a THN program for your ED. The following steps facilitate program uptake:

- 1. Identify champions who are committed to making the program work.** The champions might include ED physicians, nurses, pharmacists, addiction clinicians, and/or administrators. A small, energetic, dedicated team of three to four people is probably best.
- 2. Have the champions apply to the local public health unit to be part of the ONP.** Once the application has been approved, the public health unit will arrange for your ED to receive free, monthly shipments of THN kits. About 110 Ontario hospitals are already part of the program. While application requirements vary somewhat between public health units, there are two core elements:
 - **Complete a statement of need.** For example, the Toronto Public Health Unit asks, “Does your agency work directly with populations at risk of opioid overdose?... Do you have naloxone ‘champions’ ready to take the lead? Can your agency commit to and sustain naloxone distribution?”
 - **Have senior leadership sign a service agreement with the public health unit.** The service agreement outlines the ED’s commitment to ensure that staff are trained, and that there are protocols in place to identify eligible patients, store and distribute the kits, and collect basic data.
- 3. Have the champions organize a training program for ED staff, in collaboration with the public health unit.** ED staff need training in who should receive a kit and what to say to patients who have been given a kit (see accompanying ED primer). Public health units have developed their own training programs, so there is no need for you to create one. Most departments only require one or two staff to receive in-person training, while other staff can review online modules that can be completed in half an hour or less.
- 4. Have a process for identifying eligible patients.** The accompanying ED primer lists criteria for who should receive the kit, but each ED can create their own criteria. The hospital’s EMR can be used to flag eligible patients, e.g., patients on a high dose of prescription opioids, or patients with a diagnosis of opioid overdose or withdrawal.
- 5. Have a plan for storing and distributing kits.** Distribution should be as quick and convenient as possible for staff. Kits should be stored in the ED itself, and staff should be able to access kits and give them to patients without requiring approval from a pharmacist or physician.

6. **Collect data for the public health unit.** Staff will need to keep a record of the number of kits distributed.
7. **Submit a monthly request for a supply of kits.** EDs will need to let their public health unit know how many kits were distributed in the previous month, and how many kits they estimate will be needed in the upcoming month.

If you have questions about building a THN program at your ED, please contact your [public health unit](#) or METAPHI's administrative assistant, Laurie Smith at Laurie.smith@wchospital.ca