

The background of the slide features a large, light blue watermark of the City of Vancouver's coat of arms. The crest includes a crown with four maple leaves, a shield divided into four quadrants (top-left: a ship, top-right: a stag, bottom-left: a ship, bottom-right: a grizzly bear), and a banner at the bottom with the motto 'A NE FOR A'.

## **Agenda Item 5**

**Referral from  
Joint Consultative Committee**

**Falkirk Council**

**Title:** Referral from Joint Consultative Committee

**Meeting:** Executive

**Date:** 21 March 2017

**Submitted By:** Director of Corporate & Housing Services

**1. Purpose of Report**

- 1.1 The purpose of this report is to seek approval of the policies which were referred to the Executive, by the Joint Consultative Committee on 28 February 2017.

**2. Recommendations**

- 1) The Executive is asked to approve the immediate implementation of changes to the administrative arrangements within the Disciplinary & Capability Policies and a new Naloxone Policy.**

**3. Background**

**3.1 Disciplinary & Capability Policies**

Arrangements within both policies have been amended to remove the requirement for a legal representative to attend either Disciplinary or Capability hearings or appeals. An HR Adviser will continue to attend to support the chair of the hearing. A Legal Adviser will however still attend Appeals Committee to provide advice to Committee.

**3.2 Naloxone Policy**

- 3.2.1 There is a high take up of the Naloxone Programme nationally and there is widespread evidence that the use of Naloxone, a product which can temporarily reverse the effects of an opiate overdose, can save lives. This programme is supported locally by Forth Valley Alcohol & Drug Partnership and Forth Valley NHS Health Promotion.

- 3.2.2 This is a policy which will only be enacted by staff when a trained member of staff is available and willing to do so. Whilst we cannot force staff to be trained, we hope that uptake of training will be high, and that even amongst staff who have anxiety around administering Naloxone, any fears will be allayed by participation in the training process.

**4. Considerations**

- 4.1 The main proposed changes to the policies are as outlined above and as presented to the Joint Consultative Committee.

**5. Consultation**

- 5.1 This has followed the Council's Policy Consultation process with Services. Trade Unions have also been consulted on the policies.

## **6. Implications**

### **Financial**

- 6.1 The Naloxone policy is funded by Forth Valley Alcohol & Drug Partnership, with the training being delivered by NHS Forth Valley. The Council would be expected to pay any training venue costs.

### **Resources**

- 6.2 The proposed change to the Discipline and Capability Policies has enabled the Governance structure to be streamlined.

In respect of the Naloxone Policy, time will be required for staff to undertake training. This ranges from a half day to two day training for trainers.

### **Legal**

- 6.3 In respect of the Discipline and Capability Policy changes, legal advice will continue to be available as required to the chair of the hearing/appeal.

The Scottish Government supports the National Naloxone Programme. It is included in Schedule 19 of the Human Medicines Regulations 2012, allowing Naloxone to be administered by anyone for the purpose of saving a life. Legal guidance from the Lord Advocate in July 2011 allowed the supply of Naloxone to 'extend to staff working for services in contact with people at risk of opiate overdose'.

### **Risk**

- 6.4 There are no risks arising as a result of the change to the Discipline and/or Capability Policy as legal advice will continue to be available as required.

There is a risk by not implementing the Naloxone Policy that people at risk of opiate overdose in Falkirk will not have increased access to a potentially life-saving first response treatment.

### **Equalities**

- 6.5 No additional equality and poverty impact assessment is required.

### **Sustainability/Environmental Impact**

- 6.6 Not applicable.

## **7. Conclusions**

- 7.1 Full consultation has taken place with Services and Trade Unions and no major adverse issues have been identified.

- 7.2 The change to the Disciplinary and Capability Policies is recommended as it enables the Governance Division to streamline their structure with no detrimental impact on the Disciplinary and Capability processes and no

significant additional risk to the Council resulting from this change given the ongoing availability of legal support where required.

- 7.3 The implementation of this Naloxone Policy has the potential to save lives in Falkirk. The Naloxone Programme is supported at both a national and local level and has limited resource implications for Falkirk Council.

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Director of Corporate & Housing Services

Author – Tracey Gillespie, HR Manager 01324 506239

tracey.gillespie@falkirk.gov.uk

Date: 07 March 2017

### **Appendices**

1. Disciplinary & Capability Policy Report
2. Naloxone Policy Report
3. Naloxone Policy

### **List of Background Papers:**

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973:

None

**Falkirk Council**

**Title:** Disciplinary and Capability Policies  
**Meeting:** Joint Consultative Committee  
**Date:** 28 February 2017  
**Submitted By:** Director of Corporate & Housing Services

**1. Purpose of Report**

- 1.1 Committee will recall that in November 2016, the Council's Grievance Policy was updated to remove the requirement for a representative from Legal Services to be present at all grievance hearings and appeals. The purpose of this report is to advise Committee of a similar update in respect of the Council's Disciplinary and Capability Policies.

**2. Recommendation(s)**

- 2.1 It is recommended that Committee note the undernoted changes to the Disciplinary and Capability Policies and refer these to the Executive for approval.

**3. Background**

- 3.1 Under the current Disciplinary and Capability Policies, a legal representative is required to attend any gross misconduct or formal capability hearing as an adviser to the Chairperson together with an Human Resources Adviser.
- 3.2 The requirement for legal attendance at such hearings was reviewed as part of a review of service provision within the Governance Division of Corporate & Housing Services, linked to the ongoing budget implementation process. In future, it is proposed that a representative from Human Resources only will be present at all levels of formal disciplinary and capability hearings and they will provide advice to the Chairperson on the correct procedures to be adopted, precedents and to address the employee relations implications arising. Where necessary, however, the hearing may be adjourned to allow the Chairperson to seek legal advice on specific points/ issues raised. In complex cases, the Chairperson may make a specific request for a Legal Representative to be in attendance at the hearing to provide advice and support where necessary.
- 3.3 A legal adviser will continue to be available for appeals considered by the Appeals Committee of the Council.

**4. Considerations**

- 4.1 As indicated, this change is linked to changes within the Governance Division of Corporate & Housing Services. It is not anticipated that this will have a

significant impact on the disciplinary or capability hearing process as legal advice can still be accessed by the Chairperson on specific points/ issues.

## **5. Consultation**

- 5.1 Trade unions have been consulted on this proposal and are in agreement with this change.

## **6. Implications**

### **Financial**

- 6.1 There are no financial implications arising from this change to the Policies.

### **Resources**

- 6.2 As above, the proposed change has enabled the Governance structure to be streamlined.

### **Legal**

- 6.3 Legal advice will continue to be available as required.

### **Risk**

- 6.4 There are no risks arising as a result of this change as legal advice will continue to be available as required.

### **Equalities**

- 6.5 No additional equality and poverty impact assessment is required.

### **Sustainability/Environmental Impact**

- 6.6 Not applicable.

## **7. Conclusions**

- 7.1 This change to the Disciplinary and Capability Policies is recommended as it enables the Governance Division to streamline their structure with no detrimental impact on the Disciplinary and Capability processes and no significant additional risk to the Council resulting from this change given the ongoing availability of legal support where required.

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Director of Corporate & Housing Services

**Author – Kathleen Docherty, Senior HR Adviser – 01324 506234,  
Kathleen.Docherty@falkirk.gov.uk**

**Date: 21/12/2016**

**APPENDICES**

None

**List of Background Papers:**

**The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973:**

**None**

**Falkirk Council**

**Title:** Naloxone Policy  
**Meeting:** Formal JCC  
**Date:** 28 February 2017  
**Submitted By:** Director of Corporate & Housing Services

**1. Purpose of Report**

- 1.1 Falkirk Council is trying to develop a policy which saves lives.
- 1.2 Falkirk Council would like to try to put a programme in place over coming months in settings where there is a significant risk of opiate overdose taking place, such as Criminal Justice and Homelessness services.

**2. Recommendation(s)**

The recommendation is for JCC to approve the policy for submission to the Council's Executive.

**3. Background**

- 3.1 There has been an increase in Drug Related Deaths in Falkirk, and across Scotland as a whole. There is a high take up of the Naloxone Programme nationally and there is widespread evidence that the use of Naloxone, a product which can temporarily reverse the effects of an opiate overdose, can save lives.
- 3.2 The Naloxone programme is supported locally by Forth Valley Alcohol & Drug Partnership and Forth Valley NHS Health Promotion. This draft policy has been reviewed by the Lead Pharmacist, Substance Misuse & Mental Health, NHS Forth Valley.

**4. Considerations**

- 4.1 If the availability of Naloxone is increased and the number of staff trained is increased, the opportunity to administer potentially life saving treatment to people at risk of overdose is also increased.
- 4.2 Falkirk Council appreciates that staff may have some anxieties about administering a first response, potentially life saving substance in an emergency situation. This is a policy which will only be enacted by staff when a trained member of staff is available and willing to do so.
- 4.3 Whilst we cannot force staff to be trained, we hope that the uptake of the training will be high, and that even amongst staff who have anxiety around administering Naloxone, any fears will be allayed by participation in the training process.



## **5. Consultation**

There is a Naloxone Monitoring Group in Forth Valley which involves a range of partners in health, pharmacy and substance misuse services.

## **6. Implications**

### **Financial**

- 6.1 The Naloxone programme is funded by Forth Valley Alcohol & Drug Partnership, with the training being delivered by NHS Forth Valley. The Council would be expected to pay any training venue costs.

### **Resources**

- 6.2 Staff time will be used to undertake Naloxone training. This ranges from a half day to two day training for trainers.

### **Legal**

- 6.3 The Scottish Government supports the National Naloxone Programme. It is included in Schedule 19 of the Human Medicines Regulations 2012, allowing Naloxone to be administered by anyone for the purpose of saving a life.
- 6.4 An amendment to the Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order 2005 was made following recommendations from the Scottish Advisory Committee on Drug Misuse Working Group that 'those in a position to administer Naloxone should receive training to do so'.
- 6.5 Legal guidance from the Lord Advocate in July 2011 allowed the supply of Naloxone to 'extend to staff working for services in contact with people at risk of opiate overdose'.

### **Risk**

- 6.6 There is a risk by not implementing the Naloxone Policy that people at risk of opiate overdose in Falkirk will not have increased access to a potentially life-saving first response treatment.

### **Equalities**

- 6.7 An equalities and poverty impact assessment will be carried out at a later date.

## **7. Conclusions**

- 7.1 The implementation of this Naloxone Policy has the potential to save lives in Falkirk. The Naloxone programme is supported at both a national and local level and has limited resource implications for Falkirk Council.
- 7.2 This has led to the recommendation that the Naloxone Policy is approved.

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Director of Corporate & Housing Services

Author – Fiona Campbell, Head of Technology, Policy and Improvement 01324  
506004, [fiona.campbell@falkirk.gov.uk](mailto:fiona.campbell@falkirk.gov.uk)

Date: 08/02/2017

## **Appendices**

Draft Naloxone Policy

### **List of Background Papers:**

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973:

- None



# **Falkirk Council**

## **NALOXONEPOLICY**

## Contents

1. Statement of Intent.....	3
2. Introduction .....	4
3. Background.....	4
4. Organisational Responsibilities .....	5
4.1 Chief Executive .....	5
4.2 Directors and Heads of Service .....	5
4.3 Heads of Service will oversee activities involving Naloxone.....	5
4.4 Managers.....	6
4.5 Employees .....	6
6. Obtaining Naloxone.....	7
7. Safe Storage and Use of Naloxone.....	8
8. Training.....	8
9. Relevant Legislation.....	9
10. Other Guidance.....	9
Appendix 1 .....	11
Detailed Procedure for Administration of Naloxone .....	11
2. Preserving Forensic Evidence - Practice Guidance .....	12
Naloxone Needs Assessment .....	13
Naloxone Training Record (Staff or Service User) .....	14
NALOXONE – RECORD OF USE FORM .....	15
NAME .....	17
SIGNATURE AND DATE .....	17

## 1. **Statement of Intent**

It is the policy of Falkirk Council to take all reasonably practicable steps to ensure the health, safety and welfare at work of all its employees and service users.

This applies specifically to the protection of those whose health could be adversely affected by opiate overdose within Council premises or while utilising Council Services.

Falkirk Council supports the National Naloxone Programme and will identify, through the risk assessment process, key service areas and properties where Naloxone and associated procedures could be implemented.

Relevant Council staff will be trained and supported in the safe storage and administration of Naloxone in the event of an emergency where someone has overdosed on opiates.

A high standard of health and safety performance is one of the Council's primary objectives and is recognised as an integral part of service delivery. The Corporate Management Team is fully committed to the principles of safely managing the use of Naloxone and convinced of the benefits of utilising the approach outlined within this document.

This Policy is relevant for services which support people who use drugs and are at risk of overdose; where staff have recorded incidences of calling emergency services and managing an overdose until an ambulance arrives; and/or where there has been a death/s from overdose in or around the service.

This policy does not replace any existing policy or procedures but is intended to enhance the support provided to individuals at significant risk. However, the policy is enacted at the discretion of staff and only after appropriate training, support and consent.

## 2. Introduction

- 2.1 The majority of drug related deaths in Scotland involve opiates. This is also the case for drug related deaths in the Falkirk area. Opiates are a class of drug that includes heroin/morphine, methadone, buprenorphine and dihydrocodeine. In overdose, opiate drugs will cause respiratory depression.
- 2.2 Naloxone is a pharmaceutical drug which can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive and treatment to be given.
- 2.3 The National Naloxone Programme is supported by the Scottish Government. It is included in Schedule 19 of the Human Medicines Regulations 2012 as a parenteral drug that can be administered by anyone for the purpose of saving a life in an emergency
- 2.4 The National Take Home Naloxone programme involves Naloxone being provided to those thought to be at risk of opiate overdose, following training.
- 2.5 The programme also supplies and enhances the focus on promoting the role of everyone in the community in using Naloxone to reverse life-threatening opiate overdose emergencies before healthcare professionals can intervene. This includes: **frontline professionals engaging with people using or have previously used opiates in any setting: individuals using or have previously used opiates: families: friends and carers.**
- 2.6 The programme is supported locally by Forth Valley Alcohol and Drug Partnership, Falkirk Alcohol and Drug Partnership and Forth Valley NHS Health Promotion. Training is provided to staff and members of the community relating to The National Take Home Naloxone Programme and Overdose Awareness.

## 3. Background

- 3.1 Naloxone is a non-addictive, non-harmful drug used in an emergency situation for the temporary reversal of opiate overdose. The administration of Naloxone **will not cause harm** if the cause of the overdose or collapse is not related to opiate overdose.
- 3.2 The effects of Naloxone are not permanent. It will last approximately 20 minutes during which time an ambulance will normally arrive.

The administration of Naloxone therefore is a first response treatment only.

- 3.3 Under the Human Medicines Regulations 2012, no-one, except individual patients who receive a prescription and appropriate medical practitioners (or those acting under medical instructions, including nurses) is legally allowed to administer injectable Prescription Only Medicines (POMs). Naloxone is included in Schedule 19 of the Human Medicines

Regulations 2012 (see 2.3. above).

Therefore, although supply must be to a named person or service, in the event of a suspected opiate overdose anyone can legally administer Naloxone in order to save a life. There is no requirement for consent to be given for administration of this substance.

- 3.4 An amendment to the Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order 2005 was made following recommendations from the Scottish Advisory Committee on

Drug Misuse working group that **“those in a position to administer Naloxone should receive training to do so”**.

3.5 Legal guidance from the Lord Advocate in July 2011 allowed the supply of Naloxone **“to extend to staff working for services in contact with people at risk of opiate overdoses”**.

3.6 The National Naloxone Programme aims to:

- **Increase awareness and availability of Naloxone across Scotland and increase the chance of it being administered, contributing to a reduction in fatal opiate overdoses.**

3.7 In keeping with the Lord Advocate’s guidance and support of the National Naloxone Programme, Falkirk Council acknowledges that it is likely to support a number of groups and individuals at risk from accidental or deliberate overdose of opiates within some service settings. It is also acknowledged that there may be groups and individuals at risk of opiate overdose in certain services Falkirk Council commission, including 3<sup>rd</sup> sector services.

#### **4. Organisational Responsibilities**

##### **4.1 Chief Executive**

The Chief Executive is responsible, so far as is reasonably practicable, for ensuring the health, safety and welfare of all Falkirk Council employees and service users who utilise Council amenities. The Chief Executive is committed to ensuring that adequate resources are made available to enable the implementation of the Corporate Policy on The Use of Naloxone.

##### **4.2 Directors and Heads of Service**

Directors are responsible, so far as is reasonably practicable, for ensuring the health, safety and welfare of all employees in their respective Directorates and services, and for service users who may be affected by their activities.

##### **In particular they will:**

- ensure appropriate information, instruction and training is provided to relevant employees on the administration of Naloxone.

##### **4.3 Heads of Service will oversee activities involving Naloxone.**

This may include the following:

- identify relevant staff groups and workplaces which routinely come into contact with people who use opiate drugs;



- highlight the need for policies to be in place in potentially high risk areas, such as communal housing services which the council commission/contribute monies to, Criminal Justice Services.
- have risk assessments completed to assess the requirement to hold a service supply of Naloxone;
- encourage and support relevant services to engage in the Naloxone programme;

#### 4.4 **Managers**

All managers/supervisors or officers with responsibility for service settings where there is a possibility of Naloxone being administered are obliged to ensure the implementation of the Corporate Policy on The Use of Naloxone. Naloxone awareness training should be undertaken by managers as required.

Managers will also:

- ensure all staff delivering services to people at risk receive adequate information, instruction and training in the administration of Naloxone and life support;
- ensure service users' health risk assessments will include the assessment of risk of opiate overdose and the potential need for Naloxone/known allergy to Naloxone.
- ensure all staff know how and where Naloxone is stored in individual service areas according to layout and environment;
- make adequate arrangements for staff visiting service users outwith the service base to safely carry Naloxone;
- promptly arrange for replacement stock when a supply of Naloxone is used or when the use by date is impending;
- maintain staff training records, arrange refresher training and keep appropriate records of any use of Naloxone;
- ensure that staff are made aware that participation in the Naloxone programme is not compulsory.

#### 4.5 **Employees**

All employees who work within identified service settings will be encouraged and supported to:

- co-operate in the implementation of this policy and its arrangements;
- participate in Naloxone awareness training as required;
- work in accordance with agreed procedures and risk assessments and in line with Naloxone training received;
- encourage service users known to be at risk of overdose to seek training and supply of Naloxone.

Employees will notify their immediate supervisor of any shortcomings observed or suspected in respect of the Council's Health and Safety arrangements for the use of Naloxone.

#### 4.6 **Local Naloxone Co-ordinator**

- Local activity in relation to Naloxone will be co-ordinated for Falkirk Council by the chair of Falkirk Alcohol & Drug Partnership or her delegated representative e.g. Policy Officer Substance Misuse.

### 5. **Risk Assessment**

- 5.1 A Naloxone Needs assessment (appendix 1) will be carried out in every Falkirk Council service that is identified as routinely coming into contact with people

who use opiate drugs.

Advice can be sought from the local Naloxone Co-ordinator following completion of the assessment.

5.2 In addition to the Naloxone Needs assessment, the need for individuals to be supplied with Naloxone will be assessed as part of each service's existing individual health/substance misuse risk assessment processes. This risk assessment will highlight if an individual has a known allergy to Naloxone.

5.3 Where it is considered that a Council service is delivering to vulnerable people at risk of opiate overdose, a '**Service Supply**' request should be forwarded to the 'Naloxone Co-ordinator' who will liaise with the National Co-ordinator to arrange training and supply.

The 'service supply' must be held readily available for staff in the event of an emergency and amounts stored should take into account:

- Numbers of people at risk;
- Layout and size of building;
- Any requirement for staff to carry a supply on their person.

5.4 Naloxone may also be prescribed to an individual service user, and kept on his/her person.

The individual's Risk Assessment should identify this and detail actions expected of staff in storing the kit or in the event of an overdose of opiates.

5.5 By far the most common drugs that result in overdose are Heroin and Methadone. However, Naloxone is equally effective in overdoses of other opiate drugs. The known or suspected use of drugs below should also be considered in assessing the risks and potential use of Naloxone:

Buprenorphine (Subutex, Suboxone, Temgesic) Co-codamol (Solpadol, Solpadeine, Kapake)  
Co-Dydramol (Remedeine)  
Co-Proxamol (Distalgesic)  
Diamorphine  
Dihydrocodeine (DF118)  
Fentanyl  
Morphine (Oromorph, MST)  
Oxycodone (Oxycontin, Oxynorm)  
Pethidine  
Tramadol (Zydol, Zamadol)

## 6. **Obtaining Naloxone**

6.1 Naloxone will be supplied to named staff members but will be held within the service and known as a Service Supply. The individual is receiving the supply on behalf of the service for storage and use within that service.

If the member of staff leaves the service, the supply of Naloxone will remain within the service and a new named staff member will be identified.

- 6.2 An adequate number of kits will be held to take account of numbers of vulnerable people (possibility of multiple, simultaneous overdose), layout of the building, and any requirement for staff to carry kits “off site”.
- 6.3 Following the appropriate staff training, supplies of Naloxone will be obtained from the local pharmacist. Naloxone is supplied in a sealed container.

- 6.4 Repeat supplies will be ordered as soon as a kit is used to ensure there is no shortfall in availability of Naloxone for vulnerable people.

## **7. Safe Storage and Use of Naloxone**

- 7.1 Naloxone must be stored separately and securely alongside the first aid box in a staffed area of the service base. The storage area must be inaccessible to service users/members of the public/children.
- 7.2 Naloxone must be readily accessible to staff in the event of an emergency.
- 7.3 Naloxone must not be refrigerated and must not be locked away.
- 7.4 Further supplies can be stored in strategic places within a unit or on a staff member's person e.g. for when doing room checks or outreach activities.
- 7.5 An assessment, including assessment of risk, of each service building will be necessary to determine where to store additional supplies of Naloxone.
- 7.6 If a supply of Naloxone is lost or goes missing the Lead Pharmacist: Mental Health & Substance Misuse FV, Falkirk Alcohol & Drug Partnership Chair or the local Naloxone Co-ordinator should be contacted immediately for advice.
- 7.7 Within Falkirk Council services, Naloxone will only be administered by members of staff who have received the necessary training to do so. However, out with a work situation, it is designed to be used by people with no or minimal training, and legally, anyone can administer this life saving drug without any requirement for consent to be obtained.
- 7.8 All incidents where Naloxone is used by staff will be recorded on the "Naloxone – Record of Use" form (Appendix 3). The incident will be timeously reported to the Naloxone Co-ordinator who will collate information for report to Forth Valley Alcohol and Drug Partnership, Critical Incident (Drug Related Deaths) Group.

## **8. Training**

- 8.1 The programme is supported locally by Forth Valley Alcohol and Drug Partnership, Falkirk Alcohol and Drug Partnership and Forth Valley NHS Health Promotion. Training is provided to staff and members of the community relating to The National Take Home Naloxone Programme and includes;
- Raising awareness generally about the Naloxone programme; and
  - Enabling trained staff to administer Naloxone in the event of an emergency.
- 8.2 The Naloxone Co-ordinator will co-ordinate all required Naloxone training and an associated database of council staff trained will be held by Forth Valley Alcohol

and Drug Partnership.

Each service with Naloxone provision will keep local records of Naloxone training undertaken by staff (Using **Naloxone Training Record** format – Appendix 2). These records will be held within the local policy/standards manual, and will be the responsibility of the policy/standards manual holder.

- 8.3 The training follows a set format in accordance with the Naloxone programme and will cover:
- Why there is a need for Naloxone
  - The drugs involved in opiate overdose
  - Risk factors of opiate overdose
  - How to recognise overdose and what to do / not to do

The training includes a practical skills session which teaches people how to inject Naloxone and teaches people how to carry out CPR and place someone into the recovery position.

Refresher training is recommended after 1 year. The practical skills session is repeated in the refresher training.

- 8.4 Staff trained in the use of Naloxone will be expected to act in accordance with that training.  
However, the Council recognises the right of staff to choose not to participate in the Naloxone programme. Where possible, services will increase the number of trained staff and therefore increase the likelihood of Naloxone being administered if required. In any circumstances of a suspected overdose, this should be treated as a medical emergency and the service emergency procedures followed.
- 8.5 It is recognised that in some settings and in some circumstances in which we will not have staff who can or will administer Naloxone. The administration of Naloxone is an added tool in our assistance to vulnerable adults.

## 9. Relevant Legislation

The Medicines Act 1968  
Human Medicines Regulation 2012  
Health & Safety at Work (Etc) Act 1974  
Management of Health and Safety at Work Regulations 1999  
The Health & Safety (First Aid Regulations 1981

## 10. Other Guidance

### **National Naloxone Programme - Scottish Government**

<http://www.scotland.gov.uk/Topics/Justice/law/Drugs-Strategy/drugrelateddeaths/NationalNaloxone>

### **Health Guidance National Naloxone Programme - SCSWIS**

[http://www.scswis.com/index.php?option=com\\_docman&task=doc\\_download&gid=523&Itemid=720](http://www.scswis.com/index.php?option=com_docman&task=doc_download&gid=523&Itemid=720)

### **Falkirk Council Needle Stick Policy -**

[http://underground.falkirk.gov.uk/employee/strategies\\_policies\\_procedures\\_g](http://underground.falkirk.gov.uk/employee/strategies_policies_procedures_g)



uidan  
ce/health safety care docs/needle stick policy.pdf

**Falkirk Council Policy for the Prevention & Management of Infectious Diseases –**

[http://underground.falkirk.gov.uk/employee/strategies\\_policies\\_procedures\\_guidan](http://underground.falkirk.gov.uk/employee/strategies_policies_procedures_guidan)

ce/health safety care docs/infectious disease.pdf

**Drug Related Deaths in Scotland 2013 -**

<http://www.gro-scotland.gov.uk/files2/stats/drug-related-deaths/2013/drugs-related-deaths-2013.pdf>

**Care Inspectorate Health Guidance: Take Home Naloxone in Social Care Services, 2016**

[http://www.careinspectorate.com/images/documents/3203/Take%20Home%20Nal oxone%20in%20Social%20Care%20Services.pdf](http://www.careinspectorate.com/images/documents/3203/Take%20Home%20Nal%20oxone%20in%20Social%20Care%20Services.pdf)

## Detailed Procedure for Administration of Naloxone

1. Naloxone is administered in accordance with training provided and detailed information kept with the kit. However, the following are the key steps:
  - Firstly, risk assess the environment to ensure it is safe for staff to enter. Staff safety is priority.
  - Try to get the person to respond by **shouting** their name, issuing an instruction to them and if this doesn't work – by **shaking** their **shoulders**.
  - If there is no response, open their airway by gently tilting their head back and opening their mouth. Watch and listen for signs of breathing for 10 seconds. If other staff are available shout for help.
  - **If you see / hear / feel breathing** during this time, place the person in the recovery position. Assemble the **Naloxone** kit and inject the needle into the outer thigh at a right angle, and through the clothing.
  - Give a dose of 0.4 mls of Naloxone by pushing the plunger to the first black line on the barrel. Place the syringe in the appropriate part of the box.  
**PHONE 999 and ask for an ambulance.**
  - If there is no response after 2-3 minutes a further dose should be administered. This should be repeated until either the person regains consciousness, or all 5 doses have been used, or the emergency services arrive and take over
  - **If the person is not breathing, PHONE 999 and ask for an ambulance right away.**  
**Tell them where the person is and that they are not breathing.**
  - Start chest compressions with the heel of your hand in the centre of their chest.
  - Assemble the Naloxone kit and inject the needle into the outer thigh at a right angle, and through the clothing.
  - Give a dose of 0.4 mls of Naloxone by pushing the plunger to the first black line on the barrel and return the kit to its box in case it is needed later, and continue with chest compressions.
  - Give three more cycles of CPR followed by a further dose of Naloxone and continue until the person begins to come round or emergency services arrive.
- 1.2 The person must not be left alone at any time (unless an exceptional circumstance arises). If the person refuses to go to hospital, the **emergency services must be asked for explicit instructions regarding care and support of the individual who has overdosed. This must be obtained on an individual basis, recorded and followed.**
- 1.3 The Naloxone kit box acts as a Sharps Container when closed. The kit should be returned to safe storage for uplift. A re-supply can be obtained from any local pharmacy who supplies Naloxone. All staff should be familiar with Falkirk Council's procedure within Falkirk Council Needle Stick Policy and Policy for the Prevention and Management of Infectious Diseases.
- 1.4 After Naloxone is used, the staff member should complete the "Naloxone – Record of Use" form and forward to the 'Naloxone Co-ordinator'.

- 1.5 After staff have administered Naloxone, managers should arrange a debrief session. Managers should assess the need for any additional support which individual staff members may require.

- 1.6 The service will arrange for the used kit to be uplifted and replaced. They will also forward the “Naloxone - Record of Use” form to the Naloxone Co-ordinator for logging.

## 2. **Preserving Forensic Evidence - Practice Guidance**

- If the use of Naloxone and subsequent attempts at resuscitation are unsuccessful, and the person is subsequently pronounced dead by the emergency services, the police will treat the death as “unexplained” and the location potentially as a crime scene until proven otherwise.
- The room and all its contents must not be touched or moved (other than to make it immediately safe for others) and the room must be secured from anyone accessing it until the police have arrived and take charge of the situation. In this situation, any drug paraphernalia will form part of the investigation and should be left in the room. The Naloxone kit should also be left where it was used to assist in the enquiry and preserve forensic evidence.
- Staff should ensure that accurate written records are in place and that witness statements are obtained as soon as possible after the event. Record any injuries that are visible and which may or may not be associated with the opiate overdose. **Contact the Service Manager in the event of any overdose or sudden and unexpected deaths.**

**Naloxone Needs**  
**Assessment**

<b>Directorate:</b>		
<b>Service:</b>		
<b>Address /</b>		
<b>Main type of work activity at</b>		
<b>Points to Consider</b>	<b>Additional Guidance</b>	<b>Response</b>
<b>How many people are employed within service area?</b>	<i>You may need to train employees in Naloxone</i>	
<b>Has overdose already occurred in service area?</b>	<i>This may give an indication of whether Naloxone kits</i>	
<b>How many service users utilise the service?</b>	<i>This may give an indication of</i>	
<b>Are service users known or likely to be opiate drug users?</b>	<i>This may give an indication of how many Naloxone kits</i>	
<b>Are you aware of individual service users having been issued with their own Naloxone</b>	<i>This may give an indication of whether Naloxone kits</i>	
<b>Does the service area involve multiple buildings/floors ?</b>	<i>You may need to consider provision for each building/on</i>	
<b>Are there isolated areas within service area that present heightened overdose risk or complicate overdose response i.e. bathrooms</b>	<i>You may need to make specific provision for higher risk areas or there may be a requirement for</i>	
<b>Are there any employees who travel a lot, work</b>	<i>You may need to consider</i>	
<b>Do employees work shifts or out of hours?</b>	<i>You may need to consider</i>	
<b>Are staff permanent /temporary?</b>	<i>May help identify training</i>	
<b>Is the site location remote from emergency medical</b>	<i>There may be a requirement for staff to carry a supply</i>	
<b>Are staff prepared to administer Naloxone if</b>	<i>This may help identify provision</i>	
<b>Has a suitable area been identified for the</b>	<i>'Service supply' must be held</i>	

**The above Checklist may help to highlight issues that you should consider when identifying how many/if any Naloxone Kits are required within your service area.**

**There are no hard and fast rules on exact numbers. It will depend on the circumstances of your workplace/environment.**

**You must inform your employees of whatever Naloxone arrangements have**

where supplies are stored.

A person must be appointed to take charge of Naloxone arrangements and the Naloxone kits (this person may not necessarily be the Naloxone Co-ordinator).

**Naloxone Training Record (Staff or Service User)**

**Trainee details – Staff**

**Name:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Date of training:** \_\_\_\_\_

.....

**Trainee details – Service User**

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Date of training:** \_\_\_\_\_

**Home address (where applicable):** \_\_\_\_\_ **GP details (where applicable):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b>Trainer's Initials</b>
<b>The most common drugs identified in a drug-related death</b> (heroin, methadone, diazepam and alcohol – all CNS depressant drugs).	
<b>The physical effects these drugs have</b> (slow, shallow, irregular breathing; slow heart rate; feeling less alert; unconsciousness; poor memory; not feeling	
<b>The main causes of drug overdose</b> (low tolerance, polydrug use, using too much, using alone, purity levels).	
<b>High Risk Times</b> (release from prison, leaving hospital, recent detox, recent	
relapse, poor physical and mental health, recent life events, cash	
<b>Signs and Symptoms of suspected opiate overdose</b> (pin point pupils, breathing	
<b>Common Myths</b> (don't inflict pain, give other drugs e.g. stimulants, put in	
<b>When to call 999</b> (when person won't wake with a shout / shake)	
<b>What information to give</b> (status of person and location – don't need to give your	
<b>Knows about recovery position</b> (person on side, airway open).	
<b>Knows about CPR</b> – continued until they come round or emergency	
<b>Knows that Naloxone is short acting</b> (effects wear off after 20-30 minutes and	
<b>Knows the importance of staying with the person</b> (do not let the person use any	

The above trainee has demonstrated an understanding of all the topics covered in the training



session.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Trainee's \_\_\_\_\_ Date: \_\_\_\_\_

### **NALOXONE – RECORD OF USE FORM**

<b>Date:</b>	
<b>Name of person completing records:</b>	
<b>Service:</b>	
<b>Contact telephone no:</b>	

<b>Date of event:</b>	
<b>Time of event:</b>	
<b>Location of event:</b>	
<b>Did the incident result in a fatality?</b>	<b>YES NO</b>

<b><u>Information on individual:</u></b>	
<b>Male / Female</b>	
<b>Age (if known)</b>	
<b>Regular opiate user (if known)</b>	<b>YES NO</b>
<b>Any other substances involved? If yes, please give detail.</b>	

<b>How long did it take from point of injecting / ingesting to overdose?</b>

<b>How many other people were present (apart from you and the casualty)?</b>

#### **Sequence of events**

<b>Ambulance phoned</b>	<b>Yes</b>	<b>No</b>	<b>If No - why not?</b>
<b>Comments:</b>			
<b>CPR performed</b>	<b>Yes</b>	<b>No</b>	<b>If No – why not?</b>
<b>Comments:</b>			

<b>Naloxone given</b>	****	<b>No</b>	<b>If No – why not?</b>
Comments:			
<b>Naloxone given</b>	<b>Yes</b>	****	<b>If Yes – How many doses?</b> <b>How long did it take to work?</b>
Comments:			
<b>Casualty placed in Recovery</b>	<b>Yes</b>	<b>No</b>	<b>If No – why not?</b>
Comments:			
<b>Did you remain with casualty until emergency services</b>	<b>Yes</b>	<b>No</b>	<b>If No – why not?</b> <b>How long did it take for emergency services to arrive?</b>
Comments:			
<b>Handover given to paramedics?</b>	<b>Yes</b>	<b>No</b>	<b>If No – why not?</b>
Comments:			
<b>Did casualty go to</b>	<b>Yes</b>	****	
	****	<b>No</b>	<b>If No – why not? Did they refuse? What</b>
Detail instructions given by paramedics if person refused treatment.			

**Did the Police attend the incident?**    **YES / NO**  
(If Yes – did they take any action?)

Please provide details.

### **Staff Support**

Did you feel confident in being able to administer Naloxone and CPR?

Would you like an opportunity for time out or to discuss the event away from the workplace? Is there anything that Falkirk Council can do to help you:

Feel more confident in future?

Feel less anxious about this incident?

Feel valued for your efforts today?

## STAFF SIGNATURE SHEET – POLICY

**TO:** The Naloxone Co-ordinator / Service Manager

It is your responsibility to ensure that all your staff have read the appropriate part(s) of the Policy.

E.g. All members of staff must read the Policy Aim /

Statement All care staff must read the entire Policy.

Please fill in the names of staff in the left hand column asking them to sign and date it when they have read the appropriate part(s) of the Policy. When all signatures are obtained file this sheet behind the relevant standard.

[illegible]