

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance Committee
DATE	27 June 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Naloxone Project Update
REPORT NUMBER	RES/22/134
DIRECTOR	Steve Whyte
CHIEF OFFICER	Isla Newcombe
REPORT AUTHOR	Kirsten Foley
TERMS OF REFERENCE	2.7

1. PURPOSE OF REPORT

- 1.1 This report provides an update to Committee on the roll out of the Increase the Distribution and Administration of Naloxone – Test of Change which was initially reported to Committee in April 2021.

2. RECOMMENDATIONS

That Committee:-

- 2.1 Notes the progress made to date with the roll out of the distribution and administration of naloxone; and
- 2.2 Instructs the Chief Officer People & Organisational Development to ensure that staff continue to be trained and supported in the distribution and administration of Naloxone, thus continuing to increase the availability of naloxone to all those within the city who may benefit from this life saving intervention.

3. CURRENT SITUATION

- 3.1 In April 2021 a report was approved by Staff Governance Committee, instructing officers to undertake a Test of Change in respect of training frontline staff in the distribution and administration of naloxone.

- 3.2 Committee further instructed the Chief Officer of People and Organisational Development to report back to Committee to indicate lessons learned and any plans for further work and/or roll out.
- 3.3 As reported to Committee in April 2021, naloxone is a safe and easily administered medication which can temporarily reverse the effects of an opioid overdose. It is not a controlled substance and has no effect on anyone who has not taken opioid drugs. For the purposes of administration, Article 7 of the Medicines Act states that anyone can administer naloxone for the purpose of saving a life.
- 3.4 Following the SGC meeting in April 2021, a cross sector working group was convened with representatives from teams across Aberdeen City Council and NHS Grampian.
- 3.5 Discussions took place with Trade Union colleagues, who were supportive of the project on the understanding that no employees would be required to undertake the training, but rather this would be on a voluntary basis.
- 3.6 Volunteers were sought across frontline services to undertake training in the:
- **distribution** of naloxone, which is when a worker supplies a naloxone kit to any 'at risk' customers, directly to themselves or to their close friends or family members and/or the
 - **administration** of naloxone which is the administering of the naloxone drug to someone by means of injection or nasal spray who has potentially overdosed with the intention to reverse the effects).
- 3.7 To date, a total of 72 individual voluntary staff across Customer, Governance, Resources, Operations and Aberdeen Health and Social Care Partnership have come forward to access the training provided by NHS Grampian/Alcohol and Drugs Action Aberdeen and are now fully trained and equipped in the administration of naloxone.
- 3.8 In addition to those individual staff who have received training in the distribution and administration of Naloxone, there are now three whole Council teams set up to supply naloxone to those at risk. The three teams are the:
- Homelessness Team
 - Housing Team and
 - Justice Social Work (Courts) Team.
- 3.9 Procedures are available in relation to both the administration and the distribution of naloxone. These procedures were drafted in consultation with Trade Unions, staff already involved in the distribution and administration of naloxone and partners from NHS Grampian.
- 3.10 The procedures described in paragraph 3.9 include support for any employees who are in the position of administering naloxone, as this has the potential to be a stressful experience and it is important that any employee in this position is able to access appropriate counselling where required.
- 3.11 In April 2022 Aberdeen Drugs and Alcohol Partnership recognised Aberdeen City Council (ACC) as a corporate distributor of naloxone, with in house policies and

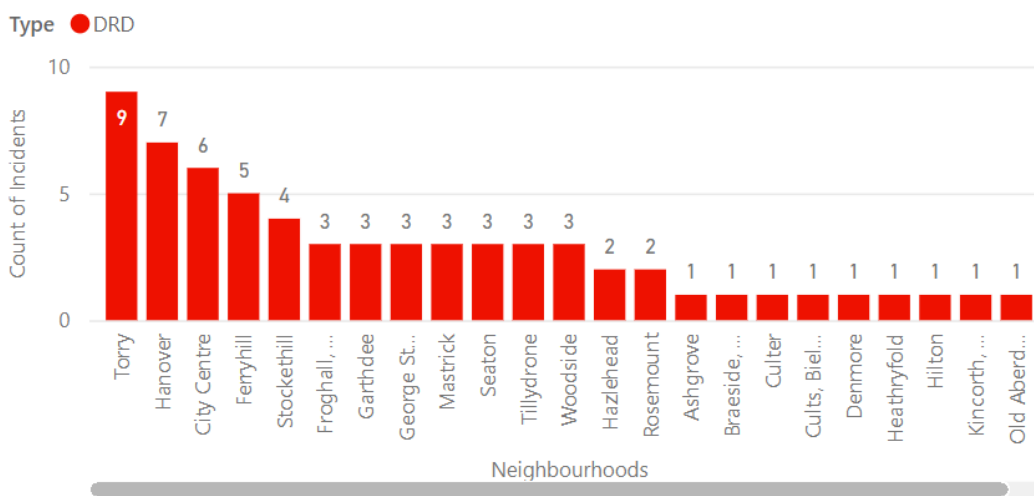
procedures in place that support individuals and teams of staff to carry naloxone and distribute and, where necessary, administer naloxone throughout communities in Aberdeen. It is our understanding that ACC is the first Local Authority in Scotland to achieve this recognition.

Next Steps

- 3.12 The test of change project designed the safeguards and processes to allow the distribution and administration of naloxone to become an element of the usual business of the Council. A coordinator is now in place to monitor the process, ensure compliance with the procedures and continue to roll out the training to both teams and individual employees.
- 3.13 We will continue to build on the work undertaken to date, seeking more staff to volunteer to undertake the training and thus increasing the availability of naloxone to all those who would benefit from having access to it in Aberdeen.
- 3.14 We will also continue to work with Aberdeen Drugs and Alcohol Partnership and NHS Grampian to recruit other Teams throughout the Council and members of the Community Planning Partnership to become corporate distributors of naloxone with our particular focus now being on increasing the number of teams who can make supply of naloxone available to ‘at risk’ individuals, their families and friends.
- 3.15 We will continue to work on increasing the availability of distribution sites concentrating initially on the top 5 areas with the highest recorded instances of drug related deaths (DRD) as shown in the graph below, to ensure the supply of naloxone is easily accessible in the following localities:
- Torry
 - Hanover
 - City Centre
 - Ferryhill
 - Stockethill

Period shown 1 January 2021 to 31 December 2021

Count of Incidents by Neighbourhoods and Type



3.15 This community targeting will be to additionally introduce distribution points at accessible frontline services in line with the Accommodation Unit which is already set up and running and will include:

- Libraries
- Family Centres
- Social Work Sites
- Justice Social Work

These teams are best placed to encounter individuals as well as family members and friends to help distribute Naloxone to make this service even more accessible within the communities in the first instance.

3.16 The Council is set up on Neo 360, (National Naloxone Recording Database). All instances of administering and distributing of Naloxone by Council Officers will be recorded centrally using this system. This will ensure reporting is accurate and accessible at a national level.

3.17 A communications campaign will be launched, including a digital home page with details of our in-house Naloxone programme and points of contact as well as our Naloxone procedures and templates. This will ensure consistency of setting up new Teams and that the knowledge of who to contact to record Naloxone distribution and administration is easily accessible.

3.18 A Naloxone webinar will be delivered on w/c 20 June to Service Managers setting out the Council's core purpose in delivering the Naloxone project and to sign up additional frontline teams and services.

4. FINANCIAL IMPLICATIONS

4.1 This initiative is funded by Aberdeen Drugs and Alcohol Partnership; as such there are no funding implications for ACC.

5. LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from the recommendations of this report. In May 2020, the Lord Advocate issued a statement of policy stating that, for the period of disruption caused by COVID-19, any individual working for a service registered with the Scottish Government is able, without prosecution, to supply naloxone to another person for use in an emergency to save a life. As at the date of this report, there has been no change to this position, but the Scottish Government's Population Health Directorate will ensure that relevant organisations are notified if and when it ceases to apply. This Lord Advocate's statement/policy applies only to the supply aspect and not to administration in case of emergency. The legislation which currently permits anyone to administer naloxone for the purpose of saving life in an emergency is the Human Medicines Regulations 2012.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no environmental implications of this report.

7. RISK

Management Of Risk

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	None identified. The project is proposed to support agreed strategic priorities.		N/A	N/A
Compliance	Non-compliance with the condition around appropriate instruction and training could give rise to a risk of prosecution	Policies and Procedures are in place Appropriate training of staff and the provision of appropriate instruction and training to recipients of naloxone	M	Yes
Operational	Impact of staff time to undertake training	Agreement from service managers to support the programme; identification of appropriate times for training to be undertaken	L	Yes
Financial	Costs being met by NHS and ADP		N/A	N/A
Reputational	Potential positive in ACC being first Scottish LA to take this focussed approach		N/A	N/A
Environment / Climate	None identified		N/A	N/A

8. OUTCOMES

<u>COUNCIL DELIVERY PLAN</u>	
	Impact of Report
Aberdeen City Council Policy Statement	Supports “Safe and Resilient Communities – Aberdeen is a place where people are and feel safe”
<u>Aberdeen City Local Outcome Improvement Plan</u>	
Prosperous Economy Stretch Outcomes	The proposed project directly supports the LOIP Stretch Outcome: “Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026”
Regional and City Strategies	The project supports the Strategic Plan of the Aberdeen City Integrated Joint Board.
UK and Scottish Legislative and Policy Programmes	The project directly supports the use of naloxone to prevent drug related overdoses as prioritised by the national Drug Death Task Force.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Full impact assessment not required
Data Protection Impact Assessment	Not required. Existing processes are in place for handling data relating to drug related incidents. Evaluation of this project will be anonymised.

10. BACKGROUND PAPERS

None

11. APPENDICES

- 11.1 Administration of Naloxone Procedure
- 11.2 Record of Training and Supply
- 11.3 Risk Assessment
- 11.4 Staff Training Record

12. REPORT AUTHOR CONTACT DETAILS

Name Kirsten Foley
Title Employee Relations and Wellbeing Manager
Email Address Kfoley@aberdeencity.gov.uk
Tel 07789 914445



Administration (by injection or nasal spray) of Naloxone Procedure (Template)

Date	March 2022		
Version	V1	Document No.	
Area of Service			
Approval Authority			
Scheduled Review			
Changes			

Team Coordinator:

Function:

Cluster:

Team:

Contents

1. Who is the procedure for?
2. What is Naloxone
3. To be able to distribute Naloxone?
4. Stock Control
5. Administration of Naloxone
6. Support for employees who administer Naloxone
7. Further Support
8. Templates
 1. AO Risk Tool

2. Risk Assessment
3. Training Record
4. Stock Tracker

1. Who is the procedure for?

- 1.1 Naloxone is a prescription only medication which can temporarily reverse the effects of an overdose from opioid drugs. This allows time for medical assistance to get to the person who has overdosed, and potentially save a life.
- 1.2 The Health and Homelessness in Scotland report of 2018 found that in their study males were 7.7 times more likely to die as a result of drugs if they had ever been homeless, 7.6 for females, compared to the most deprived communities in Scotland. The most common cause of death of people during the study who had ever been homeless was drugs
- 1.3 This statement of policy is subject to the condition that appropriate instruction on the use of naloxone and basic life support training will be provided to persons receiving the medication for such use alongside the medication.
- 1.4 The Lord Advocate may withdraw it at any time. The Scottish Government's Population Health Directorate will ensure that services are notified when it ceases to apply.
- 1.5 **This will be voluntary for staff members**, those who are interested shall note their interest by submitting a request through the "Naloxone Save Lives Volunteering Form - https://forms.office.com/Pages/ResponsePage.aspx?id=aw-pJD2_E02ip4k2nOs164uKh24uOrpCm4UMwaLw2-1UMIJCQVNJVU04Q1E1SUQ5RkVXQUJUVUkc2Ui4u.
- 1.6 Aberdeen City Council is working with NHS Grampian and [Alcohol and Drugs Action \(ADA\)](#) on this policy who will provide training and inform the Scottish Government of our participation.
- 1.7 This procedure sets out how members of staff will be supported to administer Naloxone.
- 1.8 This procedure is designed to reflect the guidance issued by NHS Grampian in their policy "Guidance for services in Grampian to supply Naloxone to People at risk of opiate overdose, significant others and services in contact with those at risk" and should be read in conjunction with it. The Guidance is available here: [NHS Grampian Policy](#)

2. What is Naloxone

2.1 Naloxone is a drug which can temporarily reverse the effects of opioid drugs such as heroin, morphine, codeine, and methadone in overdose situations.

2.2 Those people who are at risk of, or might witness an opiate overdose are:

- People who use prescription opioids, in particular those taking higher doses
- People who use any type of opioid in combination with other sedating substances such as benzodiazepines or alcohol
- People who use any type of opioid and have medical conditions such as HIV, liver, lung disease or who suffer from depression
- People with opioid dependence, in particular following reduced tolerance (following detoxification, release from prison, breaks in or stopping treatment)
- People who inject opioids
- Anyone in contact with people who use opioids (including prescription opioids)

2.3 People who can receive a supply of Naloxone under the NHS Grampian policy are:

- People at risk of opioid overdose
- People who are likely to witness an overdose, e.g. carers, family members, partners, friends
- Organisations and business likely to be in contact with people at risk of opioid overdose (non-clinical settings) eg Hostels

2.4 The risk profiling tool can also be used to recognise those at risk of an overdose [AO Risk Tool \(see Appendix 1\)](#)

2.5 Naloxone will be made available in two forms, Prenoxad intramuscular injection and Nyxoid nasal spray.

2.6 Further information on these products are available in the [NHS Grampian Policy](#) and product websites linked to below.

<https://www.nyxoid.com/uk>

<http://www.prenoxadinjection.com/>

3. To be able to Administer Naloxone

- 3.1 All volunteers will complete the online Naloxone eLearning Module here: [ACC Learn Website](#) prior to undertaking the virtual session delivered by ADA. This will include a Q&A session to test knowledge acquired.
- 3.2 All volunteers will read and understand the NHS Grampian Naloxone guidance available here: [NHS Grampian Policy](#)
- 3.3 All volunteers will watch the videos on the administration of the two Naloxone products available for supply [here](#)
- 3.4 All volunteers will undertake the virtual training session which is provided by ADA via MS Teams, on the risk of opioid overdoses, overdose prevention and how to administer and distribute Naloxone. This will include a Q&A session.
- 3.5 Once 3.1 to 3.4 actions are complete, the staff member will be able answer questions in relation to overdose awareness, naloxone supply and administration as well as knowing where to refer to for further professional advice or support if required.
- 3.6 Staff members will be supported by ADA for advice and support around the distribution of Naloxone. They will also ensure the competency of staff members who wish to distribute Naloxone.
- 3.7 Following completion of training, please **upload your completion certificate to the Naloxone Teams channel**. The certificate will be sent to you by email upon completion of the online course and can also be downloaded from the Scottish Drugs Forum site.
- 3.8 Training of staff members will be recorded on the [Naloxone Training Log](#) by the **service to identify**. When the competency of the staff member has been met, it will be recorded on ACC Learn and the certificate stored within the Naloxone Teams channel.

4. Stock Control

- 4.1 Each time Naloxone is administered by a staff member, they are required to complete a [Record of -Re-Supply Form](#) and return this to the **service to identify individual**.

If **identified individual** is not available, these can also be sent to **service to identify alternative individual**

- 4.2 This data will then be transferred onto “[neo360](#)” website for statistical purposes by the **service to identify**.

- 4.3 A request for a new kit should be made to ADA? New stock will be delivered to: **service to identify location**

(Mailroom/Facilities Team to be informed when a delivery is expected to arrive)

This will be kept in a safe place for collection from **service to identify location**.

- 4.9 In **state venue** the supply for distribution will be in an unlocked cabinet on **state identified location with facilities advice**

5. Administering Naloxone

- 5.1 If a customer or member of the public is in having an overdose and requires Naloxone to be administered, the staff member should immediately call 999 so that the ambulance service can attend the situation.
- 5.2 The staff member will have to ascertain whether there are any risks to administering the Naloxone and be familiar with the content of the Risk Assessment (Appendix I). **NB. Only trained employees can administer Naloxone or supply kit.**
- 5.3 Naloxone given, wait for ambulance to arrive
- 5.4 Person wants to leave, inform ambulance crew
- 5.5 Dispose of kit using the packaging that Naloxone comes out of as a sin bin for a needle. Either pass to ambulance crew who will have a sin bin or return to any chemist for disposal
- 5.6 Report to line manager who will record incident in reporting system
- 5.6 Discuss lessons learned with line manager

6. Support for Employees who administer Naloxone

- 6.1 The employee should inform their line manager immediately if during their duties they have had to administer Naloxone. The line manager should record this using the near miss recording system on YourHR and share details with employee about possible sources of support e.g.

[Time for Talking](#) – provide a confidential counselling service to employees, call 0800 970 398 or go to website to use online chat

[City Chaplain](#) - Contact Ron Flett on 07508 654423 or ron.flett@wpcscotland.co.uk

Seek support from our network of [Mental Health First Aiders](#)

[Further Drug and Alcohol Support information](#) can also be found on PeopleAnytime SharePoint.

Naloxone champion Graeme Gardner or Lucy Simpson can also be contacted for additional support at GrGardner@aberdeencity.gov.uk or call (0122452) 3560 or LuMcNicol@aberdeencity.gov.uk 01224

7. Further Support

- 7.1 Further operational support for this procedure is available via the Alcohol and Drugs Partnership, Summerfield House, 2 Eday Rd, Aberdeen AB15 6RE, [01224 558844](tel:01224558844) and Alcohol and Drugs Action, 7 Hadden St, Aberdeen AB11 6NU, [01224 577120](tel:01224577120)

8. Templates

- 8.1 Appendix 1 – AO Risk Tool
- 8.2 Appendix 2 - Recording of Training and Supply and **Re-supply (when administering)**
- 8.3 Appendix 3 - Example of Risk Assessment
- 8.4 Appendix 4 - Example of Training Record

Appendix 1 – AO Risk Tool

Risk Profile Tool: Preventing Substance Use Related Deaths

Eligibility, Initial Assessment and Establishing a Risk Profile

Cases for referral are those who have multiple complex needs and an increased risk of overdose and death. Risk profiles will vary from individual hence the requirement to ensure good discussion and Action Planning. The Risk Profile Tool (Appendix 2) is developed to be a guide to capture a range of potential factors for consideration. The Risk Profiling Tool is not intended as an assessment tool but should be used as an “aide memoir”; to broaden the scope of consideration of risk factors; to confirm whether a range of risks is present or not. Different professionals will have different access to information based on presentation of the individual and extant records.

This is not an absolute list of risks. Risks will be different for every individual. This is a list of common factors that have been identified in people who have died. It is not a checklist. It is an aide memoir of some of the potential factors that could contribute to increased risk.		
Risk Factors		Commentary
Basic Demographics		
1	Age	Long term drug users over 35 are deemed to be at higher risk. Be alert to age, gender and isolation being risk factors. Be aware of coercion and gender abuse. People who live alone are more at risk. Predominately males are most at risk although there has been a recent increase in female drug related deaths
2	Gender	
3	Lives alone	
4	Increasing concern reports; calls for help, antisocial behaviour, house fires, accumulation of rubbish, neglect	
5	Sudden change in presentation, drop off in contact or concern reports	
Substance Use		
6	Long term drug use	A long history of substance misuse can lead to liver and cognitive problems. Previous non fatal overdose indicates an increased risk for fatal overdose. Smoking causes lung and heart problems which can impair breathing / oxygen levels. Sedating drugs cause overdose. Injecting increases risk. Recent relapse indicates a significant change in circumstances. Recent abstinence reduces tolerance. Being engaged in treatment is a protective factor.
7	Opioid dependent /use	
8	No naloxone / no one to administer it	
9	Poly-drug use (particularly involving drugs with a sedative effect)	
10	Heavy alcohol use	
11	Previous overdose	
12	Not in addiction treatment	
13	Not engaged in harm reduction services	
14	Struggling to engage in treatment	
15	Injecting	
16	Smoking	
17	Recent relapse	
18	Recent period of abstinence	
Physical health and co-morbid conditions		
19	Does the person experience chronic pain	Drug users over 35 have more complex physical health problems – often undiagnosed and untreated. Conditions that affect central nervous system can increase risk of overdose
20	Chronic health conditions – asthma, heart disease, COPD, diabetes	
21	Mobility issues	
22	Poor physical health including lack of exercise	
23	Complex / poly medication	
24	Poor engagement with health services	
Mental Wellbeing		

25	Poor mental health, wellbeing and mood		<p>Poor mental wellbeing is a risk factor. Whilst people might not intentionally wish to die they may feel hopeless and ambivalent about living. A legacy of trauma is common, often leading to behaviours that can make engagement challenging for clients and staff which results in lack of support. Recent adverse events can increase impulsive behaviour and poor mood regulation.</p>
26	Mental illness diagnosis		
27	Previous suicide attempt / suicidal ideation		
28	Self harm		
29	Degenerating living conditions		
30	Adult adverse life events - recent separation, bereavement, arguments, domestic abuse, child removal		
31	Childhood trauma / ACES		
32	Care experienced		
Living circumstances			
33	Recent transition of – prison liberation, hospital discharge, residential settings		<p>Transitions and transfers of care increase disruption. They can be indicators of more serious problems such as offending, health issues. All forms of homelessness make it harder to engage in treatment and overdose a higher risk. Friends and family are protective factors that are not always well utilised. People who live alone can't use naloxone on themselves.</p>
34	Current Homelessness		
35	Housing difficulties		
36	Financial Issues / debt or recent windfall		
37	Cuckooing		
38	Socially Isolated		
39	Protective factors not engaged – friends, family, services		

APPENDIX 2

Grampian Naloxone Take Home Program - Record of Training and Supply

TRAINING (Naloxone key points sheet COVERED WITH PERSON)

Name of Service:

Staff Member Name:

Person at risk Family Member/Friend Service Worker

M F Trainee Name:

CHI/Date of Birth: Unit Number (SMS only).....

Address:

.

..... Postcode:

Prison Release date (prison only):

Training checklist completed Training Declined Reason.....

NALOXONE[®] SUPPLY

Kit 1: Prenoxad[®] Nyxoid[®] Batch no.: Expiry Date:

Spare: Prenoxad[®] Nyxoid[®] Batch no.: Expiry Date:

1st supply Spare supply Used on self Used on other
(complete 2nd page) (complete 2nd page)

Expired Confiscated Damaged Lost Not known

Or declined supply of naloxone State Reason

I consent to: Details of this training/supply being recorded on the electronic database

Anonymous sharing of data with the NHS for purpose of reporting and research

Signed (trainee): Date:

Signed (staff):

NALOXONE RESUPPLY – Where the naloxone kit has been used on somebody

When did the overdose occur? (Approximate date):.....

Who administered the naloxone?

- Self Paramedic Another person Unknown

Where did the overdose occur?

- My own home Somebody else's home Another indoor location
 Outdoors Other (state).....

What was the outcome?

- Opioid reversed, person went to hospital
 Opioid reversed, person did **not** go to hospital
 Person did not survive
 Not Known

Additional Information:

APPENDIX 3

Date:	Assessed by:	Location:	Assessment No:
	Signature:	Service:	Review date:

Key: S = Severity L = Likelihood R = Remaining risk rating

What has the potential To cause harm (hazards) and what harm might result	<i>Who and how many people might be at risk</i>	What are the preventative and protective measures already in place	S	L	R	What further action, if any, needs to be taken to reduce risk	By whom and by what date
<p>Prescribed substances used inappropriately</p> <p>Naloxone is required to be kept in a place that is not locked and not accessible by the customer, employees & service users</p>	All staff and customer with access to Naloxone	<p>Unless someone is allergic to Naloxone it will not cause any harm if it is used inappropriately.</p> <p>Only trained staff to distribute Naloxone as per procedure and once competency check completed.</p> <p>Staff signing for kit / record kept of distribution to trained staff</p>	1	1	Low	Only trained staff to distribute Naloxone as per procedure and once competency check completed.	

<p>Administration of Naloxone</p> <ul style="list-style-type: none"> - error in administration technique - infections - including potential for BBVs if sharps (Naloxone syringe) . - stress and anxiety <p>needle stick injuries</p> <p>Puncture wound</p>	<p>Anyone who opens the needle Naloxone product</p>	<p>The Naloxone is kept in a sealed packet, therefore this is only a risk if the packet is opened.</p> <p>It should only be opened by people it is to be administered to at a time of their need</p> <p>Only trained employees can administer Naloxone or supply kit to service user.</p> <p>Good hygiene practices maintained.</p> <p>Follow Blood Borne Viruses procedure for first aid / hospital treatment if wound draws blood & needle contaminated.</p> <p>Reporting injury / near miss to line manager</p> <p>Line manager Report to electronic incident / near miss reporting system</p>	<p>4</p>	<p>2</p>	<p>Medium</p>	<p>There is both needle and nasal spray options for Naloxone.</p> <p>Once used the Naloxone syringe should be placed back in the box and given to the paramedic in attendance for safe disposal.</p>	
--	---	---	----------	----------	---------------	--	--

<p>Risk to service users if not taught to use properly</p>	<p>People to whom the Naloxone is distributed</p>	<p>Naloxone is safe to use, and will have no impact if used on someone inappropriately</p>	<p>1</p>	<p>2</p>	<p>Low</p>	<p>Training to be facilitated by ADA before someone is able to distribute Naloxone.</p> <p>Scottish Drugs Forum training to be completed as well</p> <p>Competency Check</p>	
<p>Safe administration of Naloxone and First Aid</p>		<p>Adhere to Staying Safe While Working Policy on administering First Aid and CPR</p> <p>More on this can be read here:</p> <p>https://peopleanytime.aberdeency.gov.uk/coronavirus-advice-for-employees/coronavirus-staying-safe-while-working/</p>	<p>5</p>	<p>2</p>	<p>Medium</p>	<p>In all cases call an ambulance and get paramedic advice</p> <p>For nasal spray, ideally wear gloves for administration and fluid resistant surgical mask, if available.</p>	

		Only trained staff members to administer Naloxone.					
Violent or aggressive Behaviour / anger Assault Verbal abuse	Employee	Ensure emergency service informed of situation Have another colleague / responsible person present before administering Naloxone Move away from person once administered					

