Harm reduction services and naloxone access

Standard operating procedure (SOP) | SUB-SOP-002

Document type	Standard operating procedure (SOP)
Title	Harm reduction services and naloxone access
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
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Replaces	None (new document)
Standards and criteria supported	Standard 38 (Substance Use and Addiction Treatment), criterion 38.3
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Harm reduction services are listed and available (SUB-REG-001).
2. Naloxone is offered to every person at risk and supplied where accepted.
3. Safer use information is given to each person who uses substances.
4. A testing referral is offered and recorded.

Stop and get help straight away if: a person at risk of overdose is not offered naloxone.

1. Purpose

To reduce the harm of substance use for people who use substances (38.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

People who use substances face serious harm from overdose and infection. Harm reduction services save lives and bring people into care, and they should be available to anyone who needs them.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinical lead for addiction services	Owns the harm reduction service and its stock	Clinical director
Any clinician or outreach worker	Offers naloxone, information and referral	Clinical lead for addiction services

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Offer.	• Offer naloxone, safer use information and a testing referral to each person at risk.	Offered.
2	Supply.	• Supply naloxone where accepted and record the supply (SUB-REG-001).	Supplied.
3	Refer.	• Refer for testing and record the referral.	Referred.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
People at risk offered naloxone	100%	Monthly	Clinical lead for addiction services	Escalate to the clinical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
SUB-REG-001	Naloxone and harm reduction register	Register

16. Evidence

ID	Source and status
E-009	Based on the WHO guidelines for the psychosocially assisted pharmacological treatment of opioid dependence (2009), the WHO Guidelines on HIV and harm reduction for people who inject drugs, and the ASF Ambulatory standard for addiction services.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval