Standard operating procedure (SOP) · SUB-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 38.3

At a glance

- Harm reduction services are listed and available (SUB-REG-001).
- Naloxone is offered to every person at risk and supplied where accepted.
- Safer use information is given to each person who uses substances.
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

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	Responsibility	Competence
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. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Offer.

- Offer naloxone, safer use information and a testing referral to each person at risk.

Key point: Offered.

Step 2. Supply.

- Supply naloxone where accepted and record the supply (SUB-REG-001).

Key point: Supplied.

Step 3. Refer.

- Refer for testing and record the referral.

Key point: Referred.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
People at risk offered naloxone	100%	Monthly	Clinical lead for addiction services	Escalate to the clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Narcology & Addiction Treatment (AMB-21)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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