Humber Teaching
NHS Foundation Trust

TAKE-HOME NALOXONE FOR OPIOID OVERDOSE GUIDELINE

Guideline Reference	G387
Version Number	4.0
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Date of Last Changes (This Version)	28th March 2024
Date of Next Review	March 2027
Approved by: **Date**	Drugs and Therapeutic Group 28 March 2024

VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	*15/12/2016*	*New Guidelines.*
2.0	*27/02/2020*	*Incorporated Nasal Spray device (Nyxoid); Updated references.*
3.0	*26/01/2023*	*Appendix 1 and 2 updated to specify batch number in light of MHRA Safety Alert 2022-09 & Humber Practice Notice 2022-24. MHRA Safety Alert 2022-09 reference. 2021 mortality statistics added. Updated weblinks to related policy documents. Stock Order contact details added – Pharmacy Team. Removed reference to a database. Health Inclusion Bus noted. Approved at DTG (26th January 2023).*
4.0	*28 March 2024*	*Reviewed. Choice of Naloxone nasal spray added. Incident Initial Review recommendations incorporated (2023-101). Minimum stock number increased to 30. Staff to record Offered & Refused, as per NDTMS requirements. Naloxone stock register sheets, patient name and batch number removed (Appendices 1, 2, 3). Emergency procedures appendices and client Naloxone training forms appendices removed, as now located within SystmOne. References updated. Consultation at East Riding Partnership Clinical Network meeting (6th February 2024). Approved at Drugs and Therapeutic Group (28th March 2024).*

Contents

1. INTRODUCTION

The aim of this guidance is to reduce drug related deaths associated with opioid overdose by the use of Naloxone.

Humber Teaching NHS FT (as East Riding Partnership) will provide Overdose Awareness and use of Naloxone training to staff, service users, family members and others in line with local and national guidelines to prevent and reduce the numbers of drug related deaths from opioid overdose.

Britain continues to have a high number of drug-related deaths with opiate overdose remaining a major cause of death among injecting drug users. For deaths registered in England and Wales 2022, a total of 2,261 drug-poisoning deaths involved opiates; this was 1.9% higher than in 2021 (2,219 deaths). Opiates were involved in just under half (46.1%) of drug-poisoning deaths registered in 2022, increasing to 61.7% when we exclude deaths that had no drug type recorded on the death certificate. Heroin and morphine (often indistinguishable in toxicology testing) continued to be the most frequently mentioned opiates with 1,256 drug-poisoning deaths mentioning either one of these substances in 2022 (21.8 deaths per million people).

People born in the 1970s continue to have the highest rates of drug misuse deaths.

In 2022, the highest rate of drug misuse deaths was found in those aged 40 to 49 years (130.8 deaths per million people). They are part of the age cohort often referred to as "Generation X"', born between the late 1960s and early 1980s, who have consistently had the highest rates of drug misuse deaths for the past 25 years (ONS, 2023).

The average age at death for drug misuse deaths in 2022 was 44.5 years for males and 46.5 for females. The average for males has been steadily increasing since the late 1990s while for females the average has been relatively consistent over the period from 1993 to 2022.

Age profile deaths in which heroin or morphine mentioned (2021)

Under 20 years	20-29	30-39	40-49	50-69	70 and over
12	113	293	405	362	28

Naloxone is a drug which temporarily reverses the effects of opioids such as heroin, methadone and morphine. For many years, Naloxone has been used within emergency medical settings to reverse the effects of opioid overdose and prevent death. UK Guidelines on Clinical Management of Drug Misuse (2017) fully endorses the use of Naloxone in overdose management and prevention.

In November 2005, Naloxone was reclassified under article 7 of Prescription Only Medicines Order, by Parliament. Naloxone is now on the list of prescription only medicines that can be administered parentally (by injection) by anyone for the purpose of saving a life.

In October 2015, The Human Medicines (Amendment) (No. 3) Regulations came into force. This allows Naloxone to be supplied by: Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies– a) an NHS body; (b) a local authority; (c) Public Health England; or (d) Public Health Agency. The regulations were amended in February 2019 to include nasal Naloxone.

Naloxone can be supplied to anyone in the course of lawful drug treatment services and only where required for the purpose of saving life in an emergency.
For example, a worker in a recognised drug treatment service can supply Naloxone for use in an emergency to a family member or friend of a person using heroin or opiates, or to an outreach worker for a homelessness service whose clients include people who use heroin. In addition, to designated and trained Local Authority representatives i.e., staff within Customer Care Centers.

For explanatory memorandum see:
http://www.legislation.gov.uk/uksi/2015/1503/pdfs/uksiem_20151503_en.pdf
For updated The Human Medicines (Amendment) Regulations 2019 see:
http://www.legislation.gov.uk/uksi/2019/62/made

For further details about Naloxone, visit https://naloxone.org.uk/

Care Quality Commission (CQC) - Essential Standards of Quality and Safety

These Guidelines support the compliance with the Care Quality Commission Regulation 10, Outcome 16 'Patients who use the service will benefit from quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety'.

2. SCOPE

This Guideline is for staff working within East Riding Partnership and Hull Primary Care Addictions Service (HPCAS).

The East Riding Partnership (ERP) is an established formal partnership between Humber Teaching NHS Foundation Trust, Alcohol and Drug Service (ADS) and Nacro (a social justice charity) together delivering a fully integrated drug and alcohol service to the population of the East Riding of Yorkshire.

3. PROCEDURE STATEMENT

It is understood that not all those who are offered Naloxone in injectable format choose to accept the offer because the medication is delivered via needle and syringe, this can be due to a variety of reasons, needle phobia being just one of them. Prenoxad (injection) should be offered as the first line treatment option in all cases. However, Naloxone nasal spray is an alternative and something that family members/carers may feel more comfortable about accepting the provision of.

3.1. First line treatment choice

One Naloxone (Prenoxad) pre-filled syringe/pack for intramuscular use will be supplied. Each pack will include one Naloxone injection 1mg/ml as a 2ml pre–filled syringe. Each 2ml syringe is marked out with 5 x 0.4mg doses. 0.4mg is the minimum effective dose which can be given in an attempt to reverse the effects of opioid overdose.

3.2. Second line treatment

Naloxone nasal spray is a solution in a double-dose container that can be supplied. Each Naloxone nasal spray device contains only one dose and therefore it must not be primed or tested prior to administration. The non-branded nasal spray is licensed for adults over the age of 18 years only. Nyxoid nasal spray is indicated for those aged 14 years and older. ERP have

chosen to supply 2 nasal spray products due to the non branded one being so portable and more likely to be carried by the person.

3.3. Collection and audit

The supply of Naloxone must be recorded using the Naloxone Stock Register **(Appendix 1, 2, 3)** and recorded within the patient medical record (patient supply only) using an electronic form within Systm1 (S1). A partial Client Information Review (CIR) must be completed within NDTMS. When a supply is made under this procedure a record shall be made of the supply, including to whom it was supplied, the batch number of the product, the expiry date and the name of the person supplying the kit. If the supply is made as a replacement for a used item, client and administration details must be recorded on the Administration (of relevant product) Feedback form **(Appendix 5, 6, 7).** This will give important information about the use of the Naloxone kit and the situation in which it was used. All records of supply will be retained in a central folder for a minimum 3-year period.

Should a patient be offered and refuse the supply of Naloxone, this must be documented within S1 Journal entry and NDTMS data recording.

3.4. Supply, storage and stock control

Take home Naloxone will be supplied as;
First line treatment -
Pre-packed Prenoxad kit containing;
1 x 2ml pre-filled syringe (Naloxone Hydrochloride (Prenoxad) 1mg/1ml)
2 x 23G 1.25” needles for intramuscular injection
Product instruction sheet/s

Second line treatment -
2 x Naloxone nasal spray solutions in a single-dose container
Product information sheet/s

Naloxone must be stored at room temperature (i.e., between 15 to 25C) and protected from light. Inappropriate storage and handling may shorten the shelf life. Service users must be advised to keep the take home Naloxone out of reach of children and pets and encouraged to return for a replacement kit should it have been administered, lost, damaged, or past its expiry date. Service users must be advised on the safe disposal of needles following the use of the take home Naloxone (Prenoxad) pen.
Prenoxad kits have a low potential for misuse. However, authorised service users should be discouraged from opening the kits to use the needles for other purposes.

A stock balance of 30 units of each product (nasal and injection) should be aimed for within each Hub, ensuring a top-up once stock levels drop to 20 units.

Storage of Naloxone on Trust premises needs to be in line with the Trust’s Safe and Secure Handling of Medicines Procedures, i.e., in approved medicines cabinets, ensuring daily monitoring of temperatures of rooms in which the stock is held carried out.

Medicine cabinets need to remain locked and the key ring kept solely for these keys, secured in the Hub key safe.

Supplies of Naloxone should be ordered by each Hubs clinical team for pharmacy supply using the Pharmacy Requisition Form **(Appendix 4)**. Stock received and supplied should be recorded in the Naloxone Register **(Appendix 1, 2, 3)**.

The Clinical Team will ensure that Naloxone orders are processed in a timely manner and that

Naloxone is stored and ordered as per the Trust's Safe and Secure Handling of Medicines procedure.

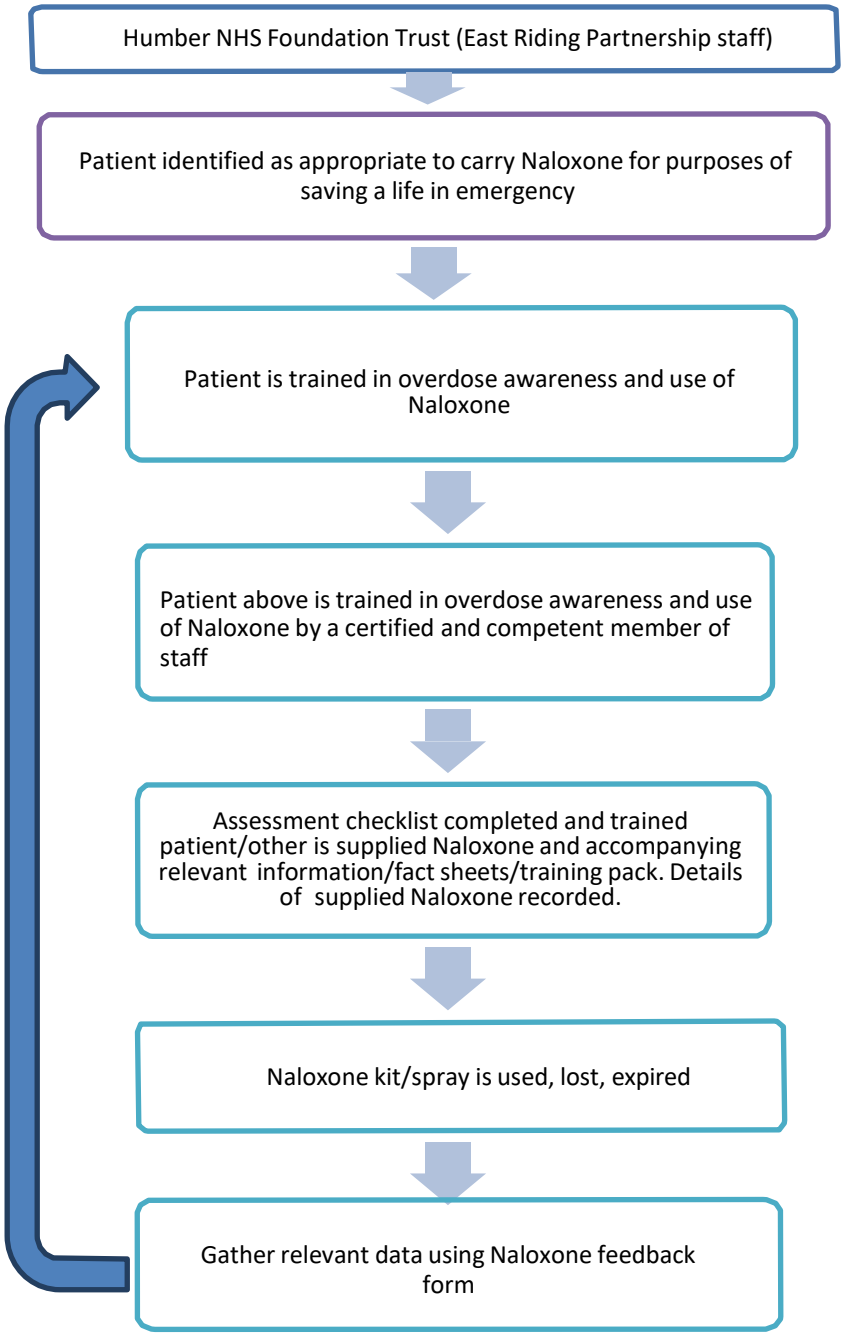
3.5. Expired supplies

Naloxone has a maximum shelf life of 3 years from the date of manufacture. When Naloxone is supplied this should be explained to the client and the expiry date noted. An electronic form is completed within Systm1 (S1), which captures the expiry date and a partial Client Information Review (CIR) completed within NDTMS.

The recipient should be encouraged to return the Naloxone to the service before the expiry date to collect a further supply. Expired kits/sprays will need to be disposed of appropriately, via local arrangements with community pharmacies or the Trust pharmacy.

An audit of stock expiry dates must be conducted monthly by a member of the clinical team and random reports can be requested from S1 for quality checking purposes of patients who have Naloxone in their possession.

Diagram 1: Naloxone supply



4. DUTIES & RESPONSIBILITIES

4.1. Staff competence and staff training

Staff will be given training on how to recognise and manage an opioid overdose and use Naloxone.

Staff supplying Naloxone should have been appropriately trained (minimum requirement Humber Teaching NHS FT Overdose Awareness and use of Naloxone training package) and have been signed off as competent by the identified trainer for the team.

The identified lead will also be responsible for keeping a register of appropriately trained staff/recovery champions/volunteers who can supply the Naloxone **(Appendix 8, 9, 10).**

4.2. Training service users, carers and identified others in overdose management

Training on the risks of opioid overdose, should include the increased risk of accidental overdose when the respiratory system is compromised by infection or disease, when taking a different respiratory depressants in the same day, when using drugs intra-venously rather than smoked, snorted or injected.

In addition, how to recognise opioid overdose, overdose management, and administration of Naloxone injection/spray must be given before Naloxone is supplied.

The training may be delivered on an individual or group basis.

The training is not time consuming, taking five to ten minutes, but must cover recognition of an opioid overdose and the procedure to follow. Evidence of this training is detailed within the patients Systm1 record. For carers and identified others, competency will be signed following training completion and evidenced by staff signature **(Appendix 9, 10)**. Each product comes with an information leaflet instructing the person administering the medication, how to use the device.

4.3. Training in emergency response action on finding a potential overdose client

The process of using the Naloxone must be explained and demonstrated and an assessment checklist **(Appendix 9, 10)** carried out post training to ensure understanding. This should be done each time a kit/spray is given out or replaced. This knowledge can be reinforced by providing the trainee a copy of the pictorial ‘Emergency procedure for opioid overdose’ management to take away with them. For patients, an electronic copy of these forms are located as a template within SystmOne.

5. EQUALITY & DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA. See Section 11 for a copy.

6. IMPLEMENTATION

- We will identify local Naloxone champions and workforce members appropriate to be trained in the use of Naloxone.
- We will organise ‘training the trainers’ sessions for staff and Naloxone champions.
- We will consider who will receive Naloxone supplies and how: opiate users at the point of accessing the service and throughout their recovery journey; those who smoke or

inject heroin; those prescribed high dose opiate regimes; family friends and carers of the above; outreach workers, etc.

- We will offer Prenoxad as the first line treatment choice, with nasal spray as 2nd line.
- Training will be completed for all staff and the training for patients, their family/friends, etc. will be via groups or keyworker sessions.
- We have a system that flags approaching expiry dates to the keyworker and a report can be run off S1 at any time, for quality checking purposes.
- We hold regular meetings for local Naloxone champions – including people who use drugs – to encourage progress, discuss any barriers or concerns, and learn from each other. Staff can also receive this via MDT meetings, Safety Huddles, supervision and internal CPD sessions.
- We have explored the products and prices available, speaking to local pharmaceutical representative(s)/commissioners, and decided together with local service providers which product to purchase and which will be 1st and 2nd line treatment choices.
- We will inform and liaise with the police, local coroners, ambulance service, GPs, hostel managers and pharmacies to signpost clients to our service for the supply of Naloxone.
- We will ensure that Outreach workers carry a supply of Naloxone kits so that those who present to Drop-in services can be supplied at the time of initial discussion, dependent on risk.
- We will ensure the Health Inclusion Bus carries a supply of Naloxone and its staff are competent to train and supply the kits.
- We will purchase the Naloxone kits/sprays and make the necessary arrangements for stocking and distributing them and for re-supply when Naloxone held by an individual has been used or expires.
- We will record the numbers of kits/sprays dispensed and the reported number of times that Naloxone has been used to reverse overdoses, reported to ERP by those who have used it. **(Appendix 5, 6, 7**).

7. MONITORING & AUDIT

Our services will make suitable arrangements to record the supply of Naloxone for the following purposes:

- to demonstrate that supply has been made appropriately for use in emergency.
- to monitor who has received training and Naloxone supplies and ensure equitable provision to different groups.
- to understand when and how Naloxone is used in overdose situations and to arrange re-supply when Naloxone has been used or is approaching expiry.
- for ensuring all patient supply remains within expiry date.
- for contract and performance management purposes.

8. REFERENCES

- DH (2017) Drug misuse and dependence: UK guidelines on clinical management - Available from: https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management
- DH (2019) Guidance: Widening the availability of naloxone – Available from: https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone

- Office for National Statistics (2023) Annual number of deaths related to drug poisoning in England and Wales - Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsrelatedtodrugpoisoningenglandandwalesreferencetable https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations
- PHE (2019) Guidance: Widening the availability of naloxone – Available from: https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone
MHRA (2022) National Patient Safety Alert 2022–09 - Available from:
National Patient Safety Alert: Class 4 Medicines Defect Information: Prenoxad 1mg/ml Solution for Injection, Macarthys Laboratories (Aurum Pharmaceuticals Ltd/Ethypharm Group), due to potential missing needles in sealed kits, NatPSA/2022/009/MHRA
- Summary of product characteristics: Nyxoid 1.8 mg nasal spray https://www.medicines.org.uk/emc/product/9292 Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe https://www.medicines.org.uk/emc/product/3054
- Naloxone 1.26 mg nasal spray, solution in single-dose container SPC https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.accord-healthcare-products.co.uk%2Fdocument%2Fsmpc-naloxone-1-26mg-nasal-spray&data=05%7C02%7Cdawn.fawcett2%40nhs.net%7Ce03ca7417f1c4e560fbf08dc0d2a951a%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638399723875208373%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Gh06aMze5hQQr6dFL9GJHHAQfDFORoDga4XNFnVoYnU%3D&reserved=0

9. RELEVANT HTNHSFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Safe & Secure Handling of Medicines Procedures (2023)
https://intranet.humber.nhs.uk/Policies/Clinical%20Policies/Clinical%20Procedures/Safe%20and%20Secure%20Handling%20of%20Medicines%20Procedures%20Proc431.pdf

https://intranet.humber.nhs.uk/safe-and-secure-handling-of-medicines-procedures.htm
Local Anti-Fraud, Bribery and Corruption Policy (2021)
https://intranet.humber.nhs.uk/Policies/Corporate%20Policies/Local%20Anti%20Fraud%20Bribery%20and%20Corruption%20Policy.pdf

Appendix 1 - Naloxone (Prenoxad Injection) Stock Register

Date	Staff Name	Quantity received	Quantity issued	Balance

Appendix 2 - Naloxone (Nyxoid Nasal Spray) Stock Register

Date	Staff Name	Quantity received	Quantity issued	Balance

Appendix 3 - Naloxone Nasal Spray (Over 18s only) Stock Register

Date	Staff Name	Quantity received	Quantity issued	Balance

Appendix 4 - Pharmacy Requisition Form

To be completed by Humber Teaching NHS Foundation Trust staff when requesting medication from the Trust pharmacy service.
It is the individual team's responsibility to make their copy of any requisitions placed, if desired.

Team:

Medicine (Must be on approved list)	Strength	Form	Quantity required	Dispensed by Initials/Date	Issued Initials/Date

Ordered by print name & designation	
Ordered by – signature	
Date requested	

ONLY TO BE PRESENTED TO HUMBER TEACHING NHS FOUNDATION TRUST PHARMACY SERVICES
Only items on the approved stock list may be issued as stock. NB: Not to be used for Controlled Drugs.
Email to: hnf-tr.pharmacyprocurement@nhs.net

Appendix 5 - Administration of Prenoxad injection feedback form

Client's name: ……
Date: …… Prenoxad kit used on: **CLIENT** or **SOMEONE ELSE**
How much was given (0.4mg per black line, total 4mg):

1 DOSE or **2 DOSES** or **3 DOSES** or **4 DOSES** or **ALL**

What was the outcome: ……
Was the ambulance called: **YES** or **NO**
If NO can you please state why: ……

How was the used kit disposed of: ……

Has a new kit been given: **YES** or **NO**

Would the client like to tell us anything else about their experience of using Prenoxad:

Staff name: ……

Appendix 6 - Administration of Nyzoid Nasal Spray Feedback Form

Client's name: ……
Date: ……

Nyxoid Nasal Spray kit used on: **CLIENT** or **SOMEONE ELSE**
How much was given (number of nasal spray devices):
1 DOSE or **2 DOSES** or **More**

What was the outcome: ……

Was the ambulance called: **YES** or **NO**
If NO can you please state why: ……

How was the used kit disposed of: ……

Has a new kit been given: **YES** or **NO**

Would the client like to tell us anything else about their experience of using Nyxoid:

Staff name: ……

Appendix 7 - Administration of unbranded Naloxone nasal spray feedback form (over 18s)

Client's name: ……

Date: ……

Naloxone Nasal Spray kit used on: **CLIENT** or **SOMEONE ELSE**

How much was given (number of nasal spray devices):

1 DOSE or **2 DOSES** or **More**

What was the outcome: ……

Was the ambulance called: **YES** or **NO**

If NO can you please state why: ……

How was the used kit disposed of: ……

Has a new kit been given: **YES** or **NO**

Would the client like to tell us anything else about their experience of using Naloxone nasal spray:

Staff name: ……

Appendix 8 - Staff Competency Register

DATE	STAFF MEMBER (Name and Job Title)	COMPETENT (Spray/ injection)	STAFF MEMBER SIGNATURE	CLINICAL SERVICE MANAGER SIGNATURE (Sign off competence)

Appendix 9 - Overdose and use of Naloxone (Prenoxad injection) Training Checklist

Staff/Representative name & role:……

Evidence of understanding	Assessor's signature
What are the signs and symptoms of suspected opioid overdose? **Unconscious, not responding to touch or noise, breathing difficulties, heavy snoring, rasping sounds, pinned pupils, blue tinge to lips, nose, fingertips.**	
How and when would you call an ambulance? **Dial 999. Prenoxad is not an alternative to calling an ambulance.**	
Describe the recovery position.	
Describe what Prenoxad is and how it works? **Opioid antagonist, antidote to heroin, reverses effects of heroin temporarily, does not reverse alcohol or benzos, quick acting 2-8 min.**	
When would you inject Prenoxad? **When the person will not wake, shows signs of overdose and they have been put into the recovery position. Call ambulance first.**	
How do you inject Prenoxad? **Assemble the injection as shown on the leaflet provided. Inject 0.4ml (up to the first black line) into the muscle of the outer thigh or upper arm. Repeat another 0.4ml dose every 2-3 minutes until the person wakes up or the ambulance arrives**	
How long do the effects of Prenoxad last? **20 – 30 minutes. Overdose may return after this, especially if the person uses opioids again.**	
Are you aware of the importance of staying with the person and handing over to the paramedics when they arrive? **Tell the paramedics what the person has taken if you know, hand the Prenoxad kit to the paramedics.**	

I confirm that the above named representative has had Prenoxad training, has demonstrated sufficient understanding of overdose and using Prenoxad and has been provided with a Prenoxad kit and Prenoxad information:

Staff signature: …….

Representative Signature: …… Date: ……..……..

Batch Number: …….. Expiry date: ……

Appendix 10 - Overdose and use of Naloxone (Nasal spray) Training Checklist

Staff/Representative name & role:……

Evidence of understanding	Assessor's signature
What are the signs and symptoms of suspected opioid overdose? **Unconscious, not responding to touch or noise, breathing difficulties, heavy snoring, rasping sounds, pinned pupils, blue tinge to lips, nose, fingertips.**	
How and when would you call an ambulance? **Dial 999. Nyxoid is not an alternative to calling an ambulance.**	
Describe the recovery position.	
Describe what Nyxoid is and how it works? **Opioid antagonist, antidote to heroin, reverses effects of heroin temporarily, does not reverse alcohol or benzos, quick acting 2-8 min.**	
When would you administer Nyxoid? **When the person will not wake, shows signs of overdose and they have been put into the recovery position. Call ambulance first.**	
How do you administer Nyxoid? **Administer one Nyxoid nasal spray up one nostril. If there is no improvement after 2-3 minutes or if symptoms of overdose return, use 2nd Nyxoid nasal spray by administering into the other nostril. Repeat another 0.4ml dose every 2-3 minutes until the person wakes up or the ambulance arrives.**	
How long do the effects of Nyxoid last? **20 – 30 minutes. Overdose may return after this, especially if the person uses opioids again.**	
Are you aware of the importance of staying with the person and handing over to the paramedics when they arrive? **Tell the paramedics what the person has taken if you know, hand the used Nyxoid spray/s to the paramedics.**	

I confirm that the above named representative has had Naloxone nasal spray training, has demonstrated sufficient understanding of overdose and using Naloxone and has been provided with a Naloxone nasal spray and information:

Staff signature: …….

Representative Signature: …….. Date: ……..

Batch Number: …….. Expiry date: ……

Appendix 11 - Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Take-home Naloxone for Opioid Overdose Guideline
2. EIA Reviewer (name, job title, base and contact details): Dr Soraya Mayet, Consultant Psychiatrist & Dawn Fawcett, Non Medical Prescribing Lead, East Riding Partnership Addictions Service
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Guidance

Main Aims of the Document, Process or Service
This is to provide opioid overdose training and take-home naloxone to opioid users at risk of overdose. Including the provision to family, carers, professionals with close association to those at risk of opioid overdose.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	Accessible 18 years and over. Non branded Naloxone nasal spray not licensed for under 18 years.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	Accessible for all. With impaired capacity, this would need capacity assessment and needs assessment to determine if further support with medication administration is required.
Sex	Men/Male Women/Female	Low	Accessible for all
Marriage/Civil Partnership		Low	Accessible for all
Pregnancy/ Maternity		Low	If pregnant, this would need further assessment and would be off license supply. Accessible for maternity.
Race	Colour Nationality Ethnic/national origins	Low	Accessible for all
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Accessible for all This medication would only be provided if the person wanted this treatment.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	Accessible for all
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Accessible for all

Summary

Please describe the main points/actions arising from your assessment that supports your decision above; This policy has a low equality impact score.	
EIA Reviewer – Soraya Mayet & Dawn Fawcett	
Date completed; 22.01.24	Signature Dawn Fawcett