

**Florida Department of Children and Families
Office of Substance Abuse and Mental Health
Overdose Prevention Program**

Overview

The Florida Department of Children and Families (DCF) Overdose Prevention Program (OPP) is designed to reduce opioid overdose deaths by providing access to FDA-approved emergency opioid antagonists (naloxone), as defined in s. 381.887(1)(d), F.S., to organizations that serve individuals at risk of witnessing or experiencing an opioid overdose. [NARCAN Nasal Spray](#) is the naloxone product DCF currently purchases and makes available to eligible organizations. The OPP has 2 primary goals:

1. Provide overdose recognition and response training to organizations and individuals who may witness or experience an overdose; and
2. Distribute free naloxone kits to individuals at risk of experiencing an opioid overdose, as well as to friends and family members who may witness an overdose.

Eligibility

Eligible organizations include:

- Non-profit organizations (regardless of contract with one of the Department's Managing Entities)
- For-profit organizations that have an existing contract with one of the Department's Managing Entities
- Public and private methadone clinics (regardless of contract with one of the Department's Managing Entities)

Restrictions

Due to limited funding, DCF naloxone kits are not to be handed out to law enforcement departments, EMS agencies, or fire departments. However, if EMS agencies or fire departments want to start a naloxone "leave behind" program, where free naloxone kits would be left at the scene of an overdose with the person who overdosed and/or loved ones, they are eligible to receive DCF naloxone for this purpose.

Requirements

Organizations receiving naloxone kits from the Department must:

- Receive overdose prevention training from the Department prior to distributing naloxone.
- Identify a pharmacy licensed in the State of Florida to receive shipments of naloxone from Florida State Hospital.
- Distribute take-home naloxone kits, free of charge, to individuals at risk of experiencing an overdose, and/or to family members, friends, caregivers who may witness an overdose, along with the proper education to use the medication.
- Submit monthly naloxone distribution reports.

Placing an Order

Organizations interested in receiving naloxone must submit all completed documentation via email to DCF's Overdose Prevention Coordinator. It is the responsibility of the organization to submit updated/renewed documents as needed. Required documentation includes:

1. Pharmacy license for the pharmacy that will be receiving naloxone shipments
2. Signature Authorization (Appendix A)
3. NARCAN Order Form (Appendix B)
4. Naloxone distribution plan OR signed Naloxone Distribution Standing Order (Appendix D)

Data Collection and Reporting

Organizations must complete the "DCF NARCAN Distribution Monthly Report" (Appendix C) and submit reports via email to DCF's Overdose Prevention Coordinator on a monthly basis.

Reports are due by the 15th of each month to reflect the distribution activities of the previous month. For example, a report for the month of May is due by June 15th and will reflect NARCAN distribution activities from May 1 – 31.

Sample Policies

The organization may need to operate under a non-patient specific naloxone standing order, authorized by a licensed prescriber, to hand out naloxone kits directly to individuals at risk of witnessing or experiencing an opioid overdose. A sample non-patient specific naloxone standing order for organizations is attached as Appendix D. Please review with your organization to determine if this policy is needed.

DCF Contact Information

Name: Amanda Muller

Title: Overdose Prevention Coordinator

Phone: 850-717-4431

Email: Amanda.Muller@myFLfamilies.com

APPENDIX A

SIGNATURE AUTHORIZATION FORM



**Signature Authorization
NARCAN Program
Florida State Hospital**

Please list the individuals at your organization authorized to place orders for NARCAN.

Name	Facility	Signature	Date

SIGNATURE OF APPROVAL: _____

TITLE: _____

DATE _____

(Needs to be approved by supervisor of highest-level employee listed above)

Florida State Hospital

100 North Main Street/POB 1000 · Chattahoochee, Florida 32324-1000

Mission: Work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency

If you require Americans with Disabilities Act accommodations to participate in an event at Florida State Hospital, please notify Human Resources at (850) 663-7585 at least seven (7) days prior to the event. Deaf or hard of hearing individuals may call 1-800-955-8771.



2012



F ACCREDITED
GOVERNOR'S STERLING AWARD RECIPIENT

APPENDIX B

NARCAN Order Form

Complete the sections highlighted in yellow. In the box under “Quantity” write the number of NARCAN kits being requested. Email completed order forms to Amanda.Muller@myFLfamilies.com

SUPPLY INVENTORY MANAGEMENT SYSTEM																						
Supply Requisition																						
Supply Use Only				To Be Completed By Requester																		
1. Action Type		2. D/C Code		3. Organizational Code						4. Sub Code		5. Expansion Option		6. Other Cost Accumulators								
				6	0	4	3	0	4	6	4	4	0	8	N	C						
				7. Grant			8. Grant Year		9. External General Ledger				10. Agency Unique		Requisition Number							
															No							
11. Stock Number				12. Quantity			Unit Price		Total Price		13. Unit of Issue		14. Description									
6	5	0	5	0	0	5	2	3	7	3	2			\$0.00		BOX	NARCAN 4MG/0.ML 2X0 1ML BPK					
												\$0.00	Total									
Pharmacy Address:																						
15. Requestor's Signature						16. Date		17. Signature of Approval				18. Date										
19. Requestor's Telephone Number (SubCom, if available)																						
Filled By				Date				Received By				Date										

APPENDIX C
DCF NARCAN Distribution Monthly Report

NARCAN distribution reports are due by the 15th of each month to reflect the distribution activities of the previous month. For example, a report for the month of May is due by June 15th and will reflect NARCAN distribution activities from May 1 – 31.

Email completed monthly reports to Amanda.Muller@myFLfamilies.com

Reporting Period Month and Year:

Organization Name:

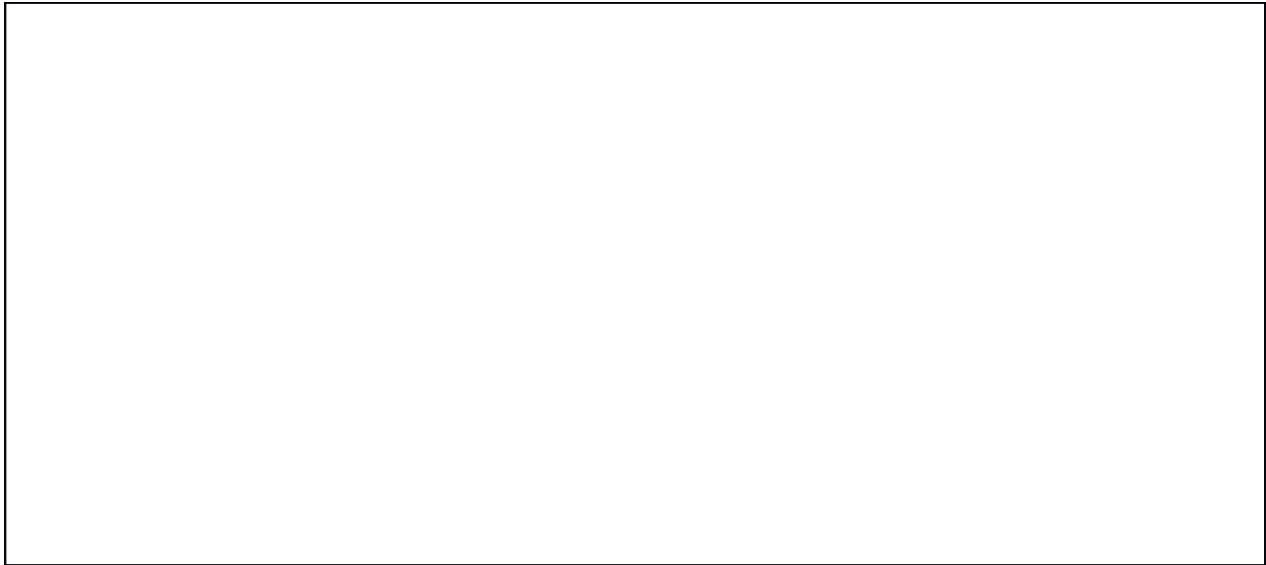
Point of Contact:

Email:

Phone:

Number of NARCAN Kits Distributed	Number of Overdose Reversals Reported to Organization	Number of Overdose Reversals that occurred on-Site (bathroom, parking lot, etc.)
*:	This month:	This month:
Date:	Total to Date:	Total to Date:

Please provide additional notes, comments, success stories, or feedback in the box below.



*This month = Number of kits distributed and overdose reversals reported during the reporting month

**Total to Date = Number of kits distributed and overdose reversals reported since start of Narcan program through most recent reporting period

APPENDIX D

[ORGANIZATION NAME]

Overdose Prevention and Education Program

Non-Patient Specific Naloxone Standing Order

Naloxone hydrochloride is indicated for the reversal of opioid overdose induced by natural or synthetic opioids in the setting of respiratory depression or unresponsiveness. It is contraindicated in patients known to be hypersensitive to naloxone hydrochloride. Naloxone is not a substitute for emergency medical care. Naloxone only lasts for 30-90 minutes. After naloxone administration, a person may relapse into respiratory depression once the medication wears off – always get help immediately. The use of naloxone may result in symptoms of acute opioid withdrawal. This non-patient specific naloxone standing order will be reviewed carefully against the most current recommendations and may be revised by the authorized prescriber. This non-patient specific naloxone standing order covers the possession and distribution of naloxone kits, to include naloxone hydrochloride, intranasal device, and overdose prevention educational materials, in conjunction with the **[ORGANIZATION NAME]** Overdose Prevention and Education Program and in compliance with Chapter 381.887, Florida Statutes.

1. This non-patient specific naloxone standing order authorizes **[ORGANIZATION NAME]** Overdose Prevention and Education Program, including **[ORGANIZATION NAME]** employees and volunteers, to pick up supplies of naloxone kits from a pharmacy licensed in the State of Florida and to maintain supplies of naloxone kits for the purpose of distributing kits to a person at risk of experiencing an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.
2. Prior to distributing naloxone, employees and volunteers of **[ORGANIZATION NAME]** shall train individuals on the proper use of the medication. The training shall include, at a minimum:
 - Recognition of a possible opioid overdose

- Assessment with sternal rub
 - Action – call 911 and administer naloxone
 - Naloxone onset (2 – 3 minutes), duration (30 – 90 minutes), and side effects (withdrawal)
3. Maintenance of supplies: Naloxone will be stored at room temperature between 59°F to 77°F (15°C to 25°C) in a secure location. Naloxone may be stored for short periods between 39°F to 104°F (4°C to 40°C). Expiration dates will be checked prior to distribution. Records will be maintained on the inventory of naloxone kits.
4. Reporting: Monthly reports of naloxone distribution and overdose reversals will be submitted via email to DCF’s Overdose Prevention Coordinator at Amanda.Muller@myFLfamilies.com.

Persons to Receive Naloxone Kits*

- Persons who use illicit opioids (heroin, fentanyl, etc.)
- Persons who engage in nonmedical opioid use
- Persons who are experiencing or at risk of homelessness
- Persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning
- Persons with an opioid prescription
- Persons released from correctional facilities
- Persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, or HIV/AIDS

Persons to Receive Naloxone Kits (continued)*

- Persons entering, enrolled, or being discharged from opioid detoxification and abstinence-based substance abuse treatment programs
- Persons entering, enrolled, or being discharged from medication assisted treatment programs for opioid use disorder or pain management
- Persons who are on a waitlist or call-back list to receive substance abuse treatment services for opioid use
- Persons who may have difficulty accessing emergency medical services
- Persons who request naloxone
- Family members, friends, caregivers, or other individuals who know someone that meets any of the above criteria and may be a witness to an opioid overdose

Order to Distribute

Upon satisfactory assessment that the person to receive the naloxone kit is a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose, and upon completion of training regarding recognizing and responding to suspected opioid overdose, distribute naloxone kit(s), to include at a minimum:

- Two devices of NARCAN® Nasal Spray
- Printed materials regarding overdose prevention and treatment, to include information regarding recognizing and responding to suspected opioid overdose and the importance of summoning emergency responders

Directions for Administration

Administer NARCAN Nasal Spray to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Activate emergency medical services / call 911
2. If indicated, initiate rescue breathing
3. Push the middle portion of the NARCAN Nasal Spray device to spray 4mg of naloxone into one nostril
4. Continue rescue breathing and monitor respiration and responsiveness of NARCAN recipient
5. If no response after 2-3 minutes, administer the second dose of NARCAN Nasal Spray into the alternate nostril, and repeat Step 4
6. When emergency medical services arrive, inform personnel that NARCAN has been administered to the individual.

Prescriber's Name (Print)

Prescriber's Signature

Prescriber's License Number

Effective Date of Standing Order

*** Organizations should edit the "Persons to Receive Naloxone Kits" section to reflect who they will be distributing naloxone to – this is a sample policy.**