Drug Overdose Prevention Program (DOPP)

GUIDELINES
FOR THE
IMPLEMENTATION
Of AN
OPIOID OVERDOSE
EDUCATION AND
NALOXONE
DISTRIBUTION
(OEND)
PROGRAM

CONTENTS

Rationale for Naloxone Distribution	3
Illinois Drug Overdose Prevention and Legislation	4
Purpose of this Document	5
Enrollment Package	5
DOPP Mobile Portal & Reporting Requirements	6
Illinois Department of Public Health State Wide Naloxone Standing Order	7
Program Director Responsibilities	9
Ongoing Reporting Expectations	11
Health Care Profession Responsibilities for Programs not utilizing IDPH Standing Order	12
Training Protocol and Content	13
DOPP Training Video and Educational Resources	15
Naloxone Kits	16
Naloxone Kit Protocols	17
Reporting Requirements and Procedures	17
Maintaining Program Records	17

Rational for Naloxone Distribution

Opiates and their synthetic congeners (collectively referred to as opioids), are a group of compounds that bind to opioid receptors throughout the human body. Because of their particular pharmacological properties, heroin and opioids carry an especially high risk of death from overdose as compared to other drugs.

Naloxone is a prescription medication approved by the Food and Drug Administration (FDA) to reverse overdose effects of opioids such as heroin, morphine, oxycodone, hydrocodone and other opioids. Naloxone blocks the opioid receptor sites in the brain, reversing the life-threatening effects of an overdose. Naloxone is an opioid antagonist which can safely and reliably reverse the respiratory depression associated with opioid overdose and can be administered by bystanders, family members, friends and first responders.

The medication can be administered by intramuscular (into the muscle), or intranasal spray, (Narcan - sprayed through the nasal cavity), or intravenous (IV) usually in a hospital setting. Naloxone has been successfully distributed to many people with opioid use disorders along with their families, and friends in numerous programs throughout the United States. Published data from the Center of Evidence-based Policy has shown that individuals participating in Opioid Overdose Education and Naloxone Distribution (OEND) programs have responded to countless successful overdose reversals.

Overdose death rates have exploded across the country during the past several years, with a boom in heroin and prescription drug use widely credited as the drivers of this lethal trend. According to the Illinois Department of Public Health an estimated 1,946 people in Illinois died of an opioid overdose in 2016, an 82% increase compared to 2013. Much of the alarming increase in opioid overdose deaths in recent years can be attributed to the rise of dangerous synthetic opioids such as fentanyl. Synthetic opioids are fast acting and can be hundreds to thousands of times more potent than heroin. Heroin and other street drugs are often mixed with fentanyl to increase their effects, which can quickly become a lethal combination. Between 2013 and 2016, overdose deaths in Illinois attributable to synthetic opioids increased tenfold (IDPH). In 2015, approximately 81,326 people in the United States had an emergency department visit for unintentional, heroin-related poisonings, which is an estimated rate of almost 26 per 100,000 people in America (CDC).

According to Illinois 2014, Public Health data, Illinois has one of the higher rates of death from heroine and opioid use. Illinois is one of 16 states in which more people die of drug overdoses than car accidents. Heroin is the most commonly cited drug among drug treatment admissions in Illinois. The highest rate of Emergency Department admissions is said to be due to use of heroin, fentanyl and prescription opioids.

Illinois Drug Overdose Prevention Legislation

As one step toward reducing the unprecedented increase in preventable overdose deaths in the United States, many states in the union have amended their laws to increase access to the life-saving medication, naloxone.

These laws apply to private citizens (family and friends) and professional first responders, including non-medical personnel such as law enforcement, social service employees, outreach workers and all trained staff who work with substance use disorder (SUD) clients,

The Illinois General Assembly passed the following Public Acts in order to expand naloxone distribution and training:

January 2010 Illinois Public Act 096-0361 Illinois' Naloxone Expansion Act This act explains the expansion of naloxone making it legal in Illinois for non-medical persons to administer naloxone to another individual in order to prevent an opioid/heroin overdose from becoming fatal.

June 2012 Illinois Public Act 097-0678 Illinois' Emergency Medical Services Access Act: The "Good Samaritan Law" - Overdose victims and individuals accompanying them cannot be charged with possession for small amounts of illegal drugs when calling 911 or taking someone to an emergency room for an overdose.

In 2012, as a direct result of this law, the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA) currently named Division of Substance Use Prevention and Recovery (SUPR) established the Drug Overdose Prevention Program (DOPP). Through this voluntary program, municipalities, non-profit agencies, law enforcement agencies, treatment facilities, public health departments throughout the State of Illinois can enroll their program, train individuals at their various sites, and distribute naloxone to staff, family and friends and clients.

September 2015 Public Act 099-0480 The Heroin Crisis Act - This act supports comprehensive educational and training initiatives involving law enforcement, schools, emergency responders, health care providers and interested individuals to enhance awareness, access and use of naloxone for treating drug overdoses. The bill provides civil and criminal immunity protections for health care professionals and others participating in training activities and providing opioid antagonists. The law's other highlights include amendments to the Illinois Insurance Code (215 ILCS 5/132) to provide coverage for opioid antagonists, including the medication product, administration devices and any pharmacy administration fees related to dispensing the drug.

In accordance with the State of Illinois' Opioid Action Plan released in September 2017, increasing naloxone training and access to distribute became one of nine central strategies to reduce opioid deaths. <u>SOAP.pdf</u>

Purpose of this Document

The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA) has developed guidelines to inform programs how to become enrolled as a Drug Overdose Prevention Program (DOPP) and to successfully operate an Opioid Overdose Education and Naloxone Distribution (OEND) program. Potential enrollees include licensed SUPR Treatment Programs, recovery homes, licensed prescribing practitioners, for profit community-based organizations, not-for-profit community-based organizations, needle exchange programs, hospitals, police and sheriff departments, along with public health departments, health care providers, including FQHCs and health care for homeless clinics, urgent care facilities, faith-based organizations, public libraries, colleges and universities. The following agencies such as jails, prisons, probation and parole departments, problem-solving courts, are also encouraged to enroll as a Drug Overdose Prevention Program because they serve individuals who are at high risk of overdose. Programs are not required to be licensed by IDHS/SUPR.

The purpose of this document is to provide interested entities wanting to become DOPP programs with guidelines and protocols to establish an Opioid Overdose Education and Naloxone Distribution (OEND) program. These guidelines are divided into the following three sections:

- A) The Enrollment Package
- B) DOPP Web Portal Reporting Requirements
- C) Guidelines for Implementation and Training Curriculum

A) Enrollment Package:

The **Enrollment Package** consists of an Enrollment Form and Attestation Page clearly outlining expectations and requirements of the program. Each program must complete enrollment form and Attestation page and submit to the IDHS/SUPR before they begin training drug overdose prevention responders. In addition, training materials can be forwarded to IDHS/SUPR DOPP coordinator for questions about content.

Once approved, the DOPP/OEND program enrollment will be valid for five years and then Programs must re-enroll. Enrolled Programs will receive an enrollment certificate and a letter of approval upon submission of these forms.

Enrollment forms are also available on the DHS/SUPR website:

DOPP Enrollment Package/IL444-2051.pdf

Click below to access enrollment form and complete as directed. Email to: DHS.DOPP.coordinator@illinois.gov



B) REPORTING REQUIREMENTS AND PROCEDURES:

DHS/SUPR has a web portal to assist programs in completing all reporting requirements. The Program Director must access the web portal and set up an account for the anticipated DOPP program.

The web portal is: www.ILsavesOD.org

Once the Program Director sets up an account as the Project Administrator, access to all forms, reports and resources will be available.

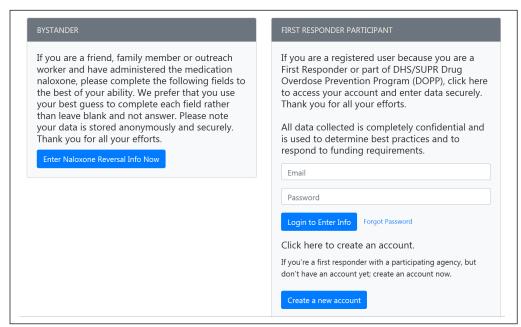
The IDHS/SUPR requires two reporting topics:

1) Monthly Report:

All DOPP/OEND programs are expected to keep track of the number of sites added and individuals trained each month. In addition, programs are asked to tally the amount of individuals trained by type; ie.. first responder, staff, client, community responder, etc. Program Directors will log into their program account on the Illinois Save OD web portal. The web portal is: www.ILsavesOD.org

2) Enter all Overdose Reversal and Naloxone Administration Reporting Form reports by clicking on ENTER NALOXONE REVERSAL INFO NOW GREEN button on the portal. The web portal is: www.ILsavesOD.org

This reporting screen will allow IDHS/SUPR to keep track of the drug overdose response incidents in Illinois. Whenever naloxone is administered, the program director or person authorized will log in to the web portal to complete the demographics and specifics of each save on the screen. The portal makes this convenient, expeditious, and completely mobile.



NOTE: DHS/SUPR grantees will be required to submit additional reports found on the web portal: Quarterly report, Acquisition Form, and Community Coalition report. Specific technical assistance will be provided for the grantees.

C) The Program Guidelines for Implementation and Training Curriculum: The following Program Guidelines for Implementation may be used by DOPP/OEND programs to help develop program policies and procedures and to understand the responsibilities of an Enrolled Drug Overdose Prevention Program (DOPP) and to successfully operate an Opioid Overdose Education and Naloxone Distribution (OEND) program. A program director must be identified on the Program Enrollment form as the primary contact for the DOPP Program.

These guidelines explain what elements are needed to develop a DOPP Program; to determine if the program will utilize the Illinois Department of Public Health's State wide standing order and gives curriculum topics for training individuals to administer naloxone and to successfully operate an Opioid Overdose Education and Naloxone Distribution (OEND) program.

The elements in the guidelines can be used to develop program policies and procedures and should be tailored by the individual DOPP/OEND program after carefully considering the goals for enrolling and becoming a DOPP/OEND and the target population intended to serve. The guidelines describe the program staff responsibilities and training guidelines for the distribution and use of naloxone. All DOPP/OEND Programs should have the policies and procedures and training materials internally approved by the responsible authority at the enrolling agency or department.

Illinois Statewide Standing Order Option: For programs, agencies and any interested entity who do not have access to a licensed physician, physician assistant or advanced practice nurse:

Historically, obtaining naloxone required a prescription from a Physician, Nurse Practitioner or Physician's Assistant. Many programs and municipalities were unable to enroll as a DOPP program because they were unable to access naloxone for their program due to not having an MD on staff to initiate a prescription.

However, in September of 2017, Pursuant to the Act, the Illinois Department of Financial and Professional Regulation (IDFPR) – in consultation with the Illinois Department of Public Health (IDPH) and Illinois Department of Human Services (IDHS) – issued a Naloxone Standardized Procedure for appropriately trained professionals to obtain, dispense, or administer naloxone. This Standing Order is issued by the Chief Medical Officer of the Illinois Department of Public Health, effective on September 7, 2017.

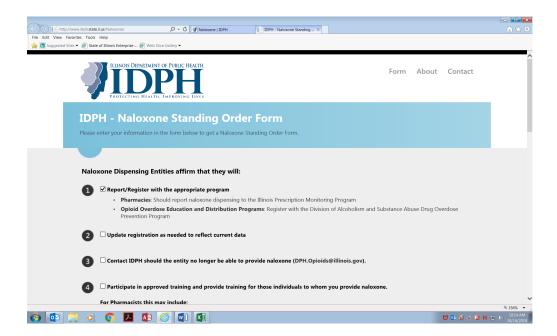
This Standing Order is made pursuant to the Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS 301/5-23) and Executive Order 17-05.

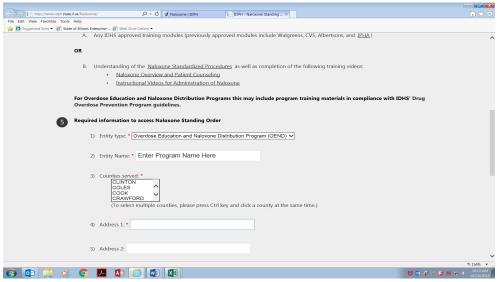
The statewide Standing Order allows pharmacists and DOPP/OEND naloxone training programs in Illinois to provide naloxone without a direct prescription to individuals at risk of an opioid overdose, as well as their family and friends and to others who may assist an individual suffering opioid-related overdose.

Click on the links below to access the Statewide standing order for naloxone:

See the Illinois Department of Public Health Naloxone Home page http://dph.illinois.gov/naloxone

See the Illinois Naloxone Standardized Procedure and sample of the Illinois Naloxone Standing Order http://www.idph.state.il.us/Naloxone/





Naloxone Entity

Naloxone Entities may include pharmacies, pharmacists, or opioid Overdose Education and Naloxone Distribution (OEND) programs.

- Participating pharmacies and pharmacists must be licensed under the Illinois Pharmacy Practice Act (225 ILCS 85), complete training approved by IDHS pursuant to Public Act 99-0480, and have knowledge of the Illinois Naloxone Standardized Procedure. Pharmacies/pharmacists should report naloxone dispensing to the Illinois Prescription Monitoring Program at https://www.ilpmp.org/.
- Any non-pharmacy OEND program must FIRST be registered as a Drug Overdose Prevention Program (DOPP) with the IDHS's Division of Substance Use Prevention and Recovery (SUPR), at http://www.dhs.state.il.us/. This may include law enforcement agencies, drug treatment programs, recovery homes, local health departments, hospitals or urgent care facilities, or other for-profit or not-for-profit community-based organizations.
- Once enrolled as a DOPP program (Your program will receive a certificate and letter of successful enrollment).

If the program enrolling as a DOPP is not utilizing the statewide Standing Order, the program will demonstrate a shared leadership responsibility and collaboration between the delegated Program Director and the Program's identified Health Care Professional (HCP).

Please note: If utilizing the Statewide Naloxone Standing Order, the program only needs a Program Director.

Responsibilities of the Program Director

The Program Director is identified on the Program Enrollment form as the primary contact for the Program.

The Program Director will manage and have overall responsibility for the program and will either:

- Identify an Illinois licensed physician, physician assistant, or nurse practitioner to function as the programs Health Care Professional (HCP) to oversee the prescribing aspects of the drug overdose prevention program
 - The HCP shall also provide clinical consultation
 - In consultation with the HCP approve Affiliated Prescribers for the program;
 - Maintain program documentation of HCP and Affiliated Prescribers credentials and licenses;

Or if utilizing the Illinois Statewide Standing Order:

- Fulfill all DOPP requirements to enroll and utilize the Illinois Statewide Standing Order therefore not needing to identify a Health Care Professional;
 - · All DOPP programs utilizing the statewide Standing Order must follow the Illinois Department of Public Health's Naloxone Standardized Procedures
 - ' Click here: <u>Illinois Naloxone Standing Order</u>

Responsibilities of the Program Director for all DOPP programs (including DOPP programs utilizing statewide Standing Order)

- Develop a training curriculum based on the SAMHSA Tool kit which is consistent with the guidelines of the IDHS/SUPR; (See Education and Training Section)
- Identify and select persons to be trained as drug Overdose Responders; This may be First Responders and/or community and family/friend bystanders.
- Ensure that all individuals trained complete all components of the training;

Program Director DOPP Reporting Requirements:

The Program Director must fulfill the following reporting requirements in order to operate a successful DOPP/OEND program. DHS/SUPR has a web portal to assist programs in completing the following reporting requirements.

- A) Complete Monthly Progress Report
- B) Enter all Overdose Reversal and Naloxone Administration Reporting Form

The Program Director must access the web portal and set up an account for the program as the Program Administrator. The web portal is: www.ILsavesOD.org

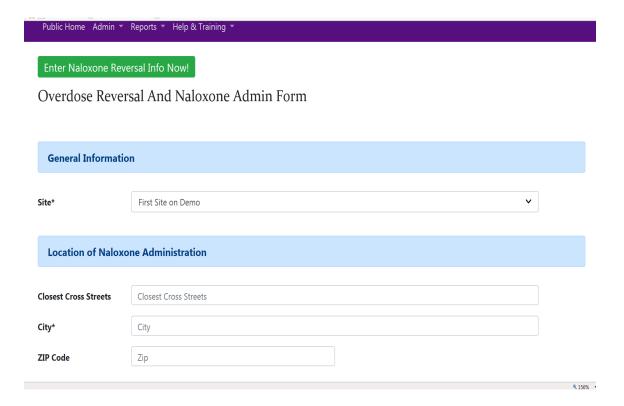
WEB PORTAL LOG IN:

BYSTANDER	FIRST RESPONDER PARTICIPANT
If you are a friend, family member or outreach worker and have administered the medication naloxone, please complete the following fields to the best of your ability. We prefer that you use your best guess to complete each field rather than leave blank and not answer. Please note your data is stored anonymously and securely. Thank you for all your efforts. Enter Naloxone Reversal Info Now	If you are a registered user because you are a First Responder or part of DHS/SUPR Drug Overdose Prevention Program (DOPP), click here to access your account and enter data securely. Thank you for all your efforts. All data collected is completely confidential and is used to determine best practices and to respond to funding requirements.
CREATE AN ACCOUNT	Password
Click here to create an account.	Login & Enter Naloxone Reversal Info Now
Create a new account	I forgot my password

individuals trained each month. In addition, programs are asked to tally the number of individuals trained by type; ie... first responder, staff, client, community responder, etc.

2) Enter all **Overdose Reversal and Naloxone Administration Reporting Form** reports by clicking on ENTER NALOXONE REVERSAL INFO NOW GREEN button on the portal.

All information with asterisk * is required. If it is not known, please use your best educated guess.



Ongoing Program Director Responsibilities:

- 3) Ensure all **Overdose Reversal and Naloxone Administration Reports** are completed and submitted utilizing the web portal. **ENTER NALOXONE REVERSAL INFO NOW GREEN**
- 4) Ensure that the program's enrollment with the IDHS/SUPR remains up-to-date; Receive and reply to a 30 day reminder of certification expiration from IDHS/SUPR after the 5 year initial enrollment.
- 5) Ensure that IDHS/SUPR is notified in a timely fashion of all changes in the information contained on the program's initial enrollment, including names and contact information for the Program Director and Health Care Professionals and Affiliated Prescribers.
- 6) Update training program content, materials and protocols as needed;
- 7) Approve and provide ongoing supervision of the trainers;
- 8) Oversee procurement and storage of naloxone with appropriate records and develop policies and procedures for the distribution of naloxone kits to drug Overdose Responders.

Definition and Responsibilities of the Program's Health Care Professional (HCP)

The Health Care Professional has responsibility for clinical oversight for the program and is defined in 20 ILCS 301/5-23 (d) subsection (4) as:

- a. a physician licensed in Illinois to practice medicine in all its branches;
- b. a physician assistant who has been delegated the authority for prescription or dispensation of an opioid antidote by his or her supervising physician;
- c. an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician that authorizes the prescription or dispensation of an opioid antidote; or
- d. an advanced practice nurse who practices in a hospital or ambulatory surgical treatment center and possesses appropriate clinical privileges in accordance with the Nurse Practice Act.

Responsibilities of the Program's Health Care Professional (HCP)

- A) Provide clinical consultation, expertise, oversight and liaison concerning medical and clinical issues related to the Drug Overdose Prevention Program;
- B) Provide consultation to ensure that all trained individuals receive all information required for training;
- C) In conjunction with the Program's Official Designee maintain a description of how the organization will provide training information, how employees or volunteers providing information will be trained and the standards for documenting the provision of required training information;
- D) In conjunction with the Program's Official Designee adapt and approve training program content, materials and protocols;

Affiliated Prescribers

Affiliated prescribers may also prescribe or dispense naloxone and must be Illinois licensed physicians, nurse practitioners or physician assistants as described in 20 ILCS 301/5-23 (d) subsection (4). The affiliated prescribers must be knowledgeable regarding the following: drug overdose prevention program policies, procedures and record keeping; opioid drug overdose training content, materials and protocols; and administration and storage of naloxone. They must report all of their drug overdose prevention program-related activities to the Program's Official Designee and must complete all required documentation and of record keeping including the DHS/SUPR Template-Standing order to Dispense and Administer Naloxone - IL 444-2052. (This template is to be completed by the Health Care Professional if the program is not utilizing the IDPH statewide standing order.



The Program Director and HCP can determine if access to the web portal is necessary and preferable. Consult with the DHS/SUPR DOPP coordinator to obtain additional guidance regarding this process: DHS.DOPP.Coordinator@illinois.gov

TRAINING AND EDUCATION

It is the intention of the Program Guidelines for Implementation to encourage the development of a wide network of individuals trained as drug Overdose Responders. Successful overdose prevention will require that people who are the closest to individuals at risk for overdose become trained responders. These people may be peers, family members, friends or neighbors. In the work place, these individuals may be staff, clients, family and friends associated with people who have substance use disorders. Therefore, all those who are interested in becoming trained drug Overdose Responders may be eligible and must be counted on the monthly report.

A DOPP/OEND training video can be utilized by DOPP/OEND programs to train staff and bystanders, clients and family and friends. This training deck may be modified to fit the needs of the program



Trainers

Trainers may be program employees or volunteers and must demonstrate competence in the content and skills of the DOPP/OEND Program before providing training to drug Overdose Responders. Each trainer's competence on the training protocols must be approved by the Program Director and the program must maintain documentation of the trainer's proficiency to provide training on all of the information for drug Overdose Responders.

The Program Director will maintain:

- A training log of all trainings with the dates and location of the training, the name of the trainer and the names of the drug Overdose Responders in attendance and the type of responder, ie...first responder, community member;
 - e. A list of all persons who are designated trainers with verification by the Health Care Professional of their training competence; Describe the duration and frequency requirements of training;
 - f. Describe any required supervision or monitoring of DOPP/OEND;
 - g. Use available reference material to enhance training content;

Training Protocol and Content

The program should maintain an up-to-date training curriculum and must be tailored by the Program for its individualized needs. The Program should have a training manual that is based on available references listed below in the Training and Resource section of this manual and any other appropriate training materials.

The following information describes the minimum content to be included in the training curriculum.

Steps to take if they observe a drug overdose including:

1) How to recognize a drug overdose;

- 2) How to respond to an overdose. See DHS/SUPR Brochure on website
- 3) The importance of calling 911
- 4) How to perform rescue breathing and resuscitation;
- 5) Types of Naloxone, dosage and administration,
- 6) Administration of naloxone
- 7) Care for the person who overdoses after administration of Naloxone
- 8) Safety recommendations for the overdose responder

Depending on the context and program design, there are several additional recommended educational elements for potential overdose responders:

- h. Hands- on practice with a demonstration kit
- i. Risk factors for overdose fatality
- j. Illinois 911/Good Samaritan law
- k. Resuscitation technique: As there is insufficient data to recommend one resuscitation method over another, Program Directors and HCPs will need to determine whether rescue breathing, chest compressions or full CPR education is most appropriate for inclusion in their training curricula.

Drug overdose prevention education should be tailored to needs of identified responders and the population and environment they may encounter. Specific cultural aspects of the community a n d where the overdose prevention interventions may take place should be addressed.

Drug overdose prevention education should:

- 1. Take into account the overdose responder's previous education and medical knowledge.
- m. Consider the environment in which the training may take place.
- n. Address specific cultural needs of the overdose responder and the cultural environment in which they may encounter individuals who have overdosed.
- o. Provide individualized training aids and training approaches based on the overdose responder and the cultural environment in which they may encounter individuals who have overdosed.
- p. Provide ample opportunity for question, answer periods, and have written information to address frequently asked questions.
- q. Be adaptable in length and format, based on the needs of the potential overdose responder.

Training and Educational Resources

The training will serve as a foundation for education and training of communities, first responders, patients who are prescribed opioid medications and individuals and family members who are close to someone with an opioid use disorder and may have experienced an opioid overdose.

Depending on the setting and participant, trainings may be as short as ten minutes or may last 60/90 minutes depending on the trainee' familiarity on substance use disorders and overdose factors. At the conclusion of the training, participants may receive a certificate demonstrating adequate understanding of the materials and medication.

A DOPP/OEND training video can be utilized by DOPP/OEND programs to train staff and bystanders, clients and family and friends.



Additional Opioid resource materials can be found on IDHS/SUPR website: http://www.dhs.state.il.us/page.aspx?item=58142

Programs enrolled in the DHS DOPP/OEND may utilize the SAMHSA Opioid Overdose Prevention Toolkit available on the SAMHSA website: Opioid Overdose Prevention Toolkit https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742

Other Helpful Websites:

http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742

www.prescribetoprevent.org

http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual/

http://www.health.ny.gov/diseases/aids/general/opioid overdose prevention/

http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/naloxone-access.html

Trainings may take place in a variety of settings, including on the street or in a more conventional classroom setting, but should be conducive to maximize the learning of drug Overdose Responders. The trainings may be in small groups or conducted one-on-one and the length of trainings may vary depending on the drug Overdose Responders familiarity with drug injection and drug overdose or on other factors. All of the minimum content for patient information must be communicated before drug Overdose Responders administer naloxone without supervision.

Qualifications of Trainers

The training manual or training presentation should describe the qualifications, training experience, and specific knowledge and skill sets of the individuals who will provide drug overdose prevention education and information to potential drug Overdose Responders. Drug overdose prevention trainers should be able to demonstrate competence in the content and skills of drug overdose prevention. DHS/SUPR has no specific training qualifications or certifications.

Training Records

At the conclusion of educational sessions, each person who has demonstrated adequate overdose prevention and response will be counted as an individual trained at a particular site. All Program Directors are required to complete a monthly DHS/SUPR report by utilizing the web portal designating how many sites and individuals were trained the previous month and the type of responder, ie...first responder, staff, client, family or community member;

Naloxone Kits

Each naloxone kit shall contain a minimum of one of the following items:

- #2 2 mL Luer-JetTM Luer-Lock needleless syringe (NDC 76329-3369-0) plus #2 mucosal atomizer devices (MAD-300)
- #1 two-pack of two 4 mg/0.1 mL intranasal devices (NDC 69547-353-02)
- #2 single-use 1 mL vials (NDC 00409-1215-01 OR NDC 67457-0292-02) OR #1 10mL multidose vial (NDC 00409-1219-01) PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles
- #1 two-pack of two 0.4 mg/0.4 mL prefilled auto-injector devices (NDC 60842-030-01)

Purchase of Naloxone Kit Supplies

- · It is important to match the type of naloxone purchased, (nasal or intramuscular) and training of responders.
- · For intramuscular, syringes may be purchased through medical supply houses or local drug stores. Prescriptions are not required. Be sure to purchase intramuscular needles (at most 25 gauge and at least 1 inch) with syringes that have at least a 3 mL volume.
- · Individual doses of Naloxone may be accessed and purchased from your local drug store. A prescription or prescriber is NO LONGER required. If purchasing from a local drug store a few days advance notice may be required, as it may not be available at all locations. Most pharmacies are providing the nasal spray form of naloxone.

Detailed information on naloxone sourcing can be found on the Illinois Department of Public Health's Opioid Data Dashboard https://idph.illinois.gov/OpioidDataDashboard/

Click above to locate pharmacies in Illinois trained to dispense individual prescriptions of naloxone.

Access to Naloxone For DOPP/OEND programs: Beginning in 2017, DHS/SUPR has been awarded Federal Grants to address the opioid epidemic by providing financial resources to the State of Illinois to provide DOPP/OEND programs assistance in purchasing naloxone to distribute to trained responders. The pdf below lists Grantees and contact information in your specific county.

http://www.dhs.state.il.us/OneNetLibrary/27896/documents/2018SUPRGrants/FY19 DOPP PDO STR GrantC ontact Information.pdf



Naloxone Kit Protocols

Drug Overdose Responders will be strongly encouraged to report all use and any loss of their kits to the Program Director, HCP, or affiliated prescriber. It is the goal of the Overdose Prevention Program that there is an accurate accounting of prescribed and distributed medications.

Storage of Naloxone

The Program Director will ensure that naloxone is stored safely consistent with the manufacturer's guidelines and that an adequate inventory of naloxone is maintained to meet reasonable projected demand. The Program Director will routinely assess the expiration date of naloxone to ensure that naloxone with earlier expiration dates are distributed prior to naloxone with later expiration dates.

Maintaining Program Records

DOPP/OEND program training records and training completion logs, usage records and inventories of Naloxone supplies and materials are designed and completed according to the programs own policy and procedures. DOPP/OEND Programs will keep all forms and records for the program in organized files and available for review by IDHS/SUPR as needed. Records should be handled in accordance with the agencies existing HR, HIPAA and administrative policies.

For more information on the DOPP or how to enroll as a DOPP/OEND program, please contact the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery DOPP coordinator by sending an email to: DHS.DOPP.coordinator@illinois.gov