



Naloxone Hospital Distribution Guide

A guide with recommendations for how to set up a naloxone distribution program in hospitals, emergency departments, and medical clinics.

Prepared by the Southern Nevada Health District
Division of Disease Surveillance and Control
Office of Disease Surveillance and Office of Epidemiology
April 2026



CALL TO ACTION

Given the number of patients and visitors to Clark County emergency departments (EDs) at risk for overdose; as well as family, friends, and community members connected to them; we are seeking Clark County Hospital ED partners to join SNHD in distributing free, take-home naloxone. By participating, hospitals can ensure naloxone is accessible to those who need it most, preventing overdose deaths, and improving community health outcomes.

ACKNOWLEDGEMENTS AND ATTRIBUTIONS

It is with sincere and humble gratitude to California Bridge (CA Bridge) that this Hospital Distribution Guide is permissibly adapted for Southern Nevada. The original CA Bridge document can be found here: https://bridgetotreatment.org/wp-content/uploads/CA_BRIDGE_GUIDE_Guide-to-Harm-Reduction-in-the-Emergency-Department_June_2025.pdf.

The Southern Nevada Health District would like to thank CA Bridge for its generous contribution to the work of hospital-based naloxone distribution in California and nationwide.

CA Bridge, a program of the Public Health Institute, works to ensure that people with substance use disorders receive 24/7 high-quality care in every California healthcare system by 2025. CA Bridge seeks to fully integrate addiction treatment into standard acute care medical practice — increasing access to treatment to save lives. For more information on CA Bridge, visit www.cabridge.org.

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01 Naloxone Distribution Project Basics



Naloxone Distribution Project Basics

WHAT IS NALOXONE?

Naloxone is a life-saving medication that reverses an opioid overdose. Naloxone works by blocking the opioid receptor sites, reversing the toxic effects of opioids. Naloxone has few known adverse effects and no potential for abuse. Naloxone is administered when a person is showing signs of an opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or by intravenous injection. Naloxone is an exceptional form of overdose prevention. It has been recognized for both its extraordinary safety profile and its tremendous life-saving impact.

Because of its safety and efficacy, states have allowed members of the lay public to distribute naloxone in their communities since the

1990s. SNHD encourages hospital emergency departments (EDs) to distribute naloxone to people who experience overdose or report substance use, as well as their friends and families. The intranasal formulation of naloxone to take home from the

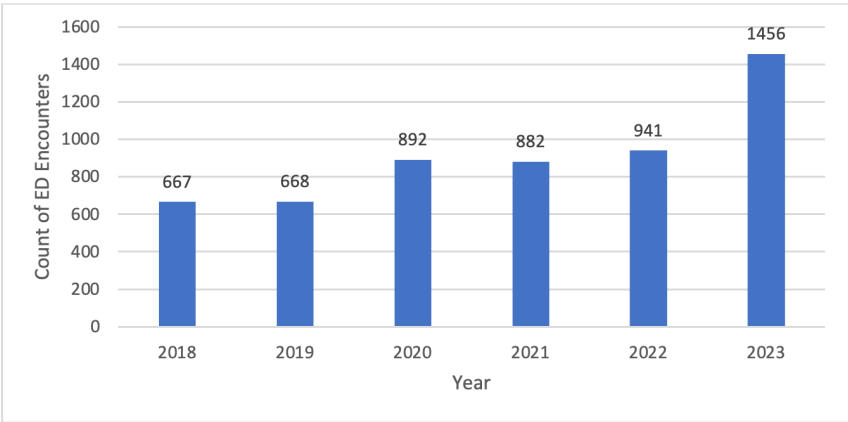
ED is an excellent option for this type of initiative as it’s easy and safe for lay persons to carry and administer.

Knowing how to do CPR can save a life if someone is in cardiac arrest, and carrying naloxone can save a life if someone overdoses from opioids – which is now the leading cause of death among adults 25 to 64 years of age. Two doses of naloxone can work for all opioids, including prescription opioids, heroin, pills like ‘oxy’ or ‘norco,’ and fentanyl.

WHY DISTRIBUTE NALOXONE IN THE ED?

The sheer volume of overdose-related visits to local emergency rooms presents a crucial, often untapped, chance to connect a vulnerable population with immediate, life-saving resources. From 2018 to 2023, Clark County experienced a 118.3% increase in ED visits for opioid-involved overdoses—a clear signal of the growing urgency of the crisis. In 2023 alone, there were 1,456 opioid overdose-related ED visits among Clark County residents (see Figure 1), including 16 involving youth under the age of 18.⁴

Figure 1
Emergency Department Encounters for Opioid-Involved Drug Overdoses, 2018-2023 ⁴



Naloxone Distribution Project Basics

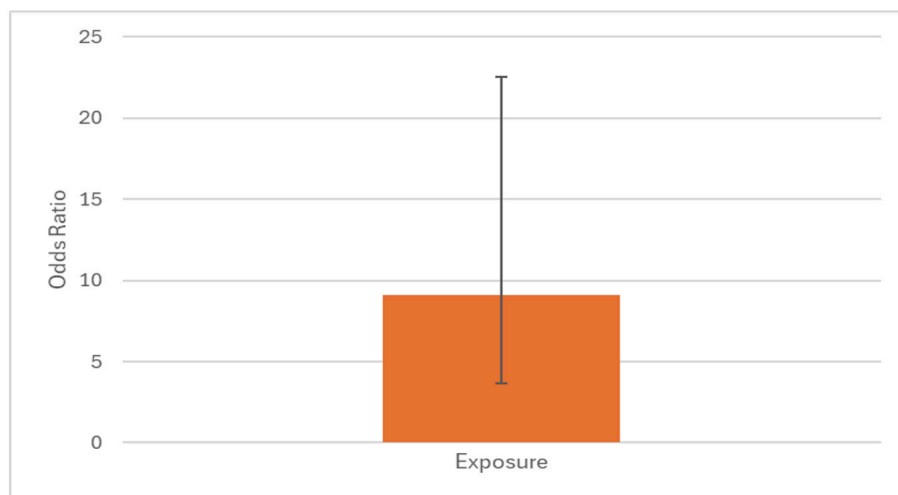
These encounters represent critical intervention points. EDs are uniquely positioned to serve not only as a front line of care during an overdose, but also as a key venue for connecting individuals to naloxone, overdose prevention resources, and long-term treatment. Expanding ED-based naloxone distribution is essential to a broader naloxone saturation strategy to reduce fatal overdoses and support recovery. Recent analysis of local emergency department records reveals just how stark the risk is for individuals with a history of overdose. To quantify this risk, an analysis compared those who died of an overdose to a control group of individuals who died in motor vehicle crashes—a method that helps isolate the unique risk factors leading to a fatal overdose. The results showed:

- Individuals with a prior emergency department visit for any drug overdose had 9.1 times higher odds of dying from an overdose within the next 2 years compared to motor vehicle crash victims (OR 9.1, 95% CI: 3.69–22.53) (Figure 2).
- Those with a prior emergency department visit specifically for an opioid overdose had even higher mortality risk, with 14.3 times higher odds of fatal overdose within 2 years compared to motor vehicle crash victims (OR 14.25, 95% CI: 3.47–58.63).⁵
- Each additional emergency department visit for any drug overdose significantly escalated fatal overdose risk beyond that seen in motor vehicle crash victims. Specifically, every additional ED overdose visit was associated with nearly 8-fold higher odds of fatal overdose (OR 7.85, 95% CI: 3.22–19.14), demonstrating a clear dose-response relationship between healthcare encounters for non-fatal overdoses and subsequent mortality risk.⁵

These findings underscore why the ED is one of the most strategic and time-sensitive settings for naloxone distribution.

Figure 2

*Odds of Fatal Overdose: Prior ED Overdose Visit vs. Motor Vehicle Crash Controls*⁵





02 Setting Up A Naloxone Distribution Program

Setting Up a Naloxone Distribution Program

1. APPOINT A POINT OF CONTACT (POC) AND PROGRAM DIRECTOR:

To ensure the effective operation of this program, each participating organization must designate a responsible Point of Contact (POC). The POC will be tasked with maintaining accurate naloxone inventory records and coordinating regularly with the Southern Nevada Health District (SNHD) to request additional supplies as needed. Additionally, the POC will serve as the primary liaison between the organization and SNHD, ensuring timely communication of important updates and information related to the program.

The identified Program Director should be someone based in the ED and familiar with any other Medication Assisted Treatment (MAT) programs at your site (e.g., buprenorphine for opioid withdrawal). This Program Director may be a physician (MD/DO), advanced practice provider (PA/NP), or nurse leader. The program director should work in coordination with the ED medical director, ED nursing leadership, and pharmacy departments to implement the program. A navigator, nurse leader, or another engaged individual can provide key support and day-to-day program management.⁶

2. ESTABLISH STANDARD OPERATING PROCEDURES:

Standard operating procedures for this program should include 3 components – Storage, Inventory/Tracking, Distribution process. All steps are further outlined below:

- **Storage:** Once the naloxone arrives, place it in the selected storage location. Hospitals can designate a closet, an office, a cabinet, shelving, drawers, or any equivalent space. Storage should be:
 - Easily accessible by all staff and volunteers who will be distributing naloxone
 - Separate from all other medications being given in the hospital/ED
 - Temperature controlled between 59°F and 77°F
- **Inventory/Tracking:** The POC who orders naloxone should track inventory and expiry dates. Always distribute the oldest supplies

first. Tracking may be required internally but is not required by SNHD beyond the purposes of ordering appropriate amounts quarterly or bi-annually to avoid doses wasted due to expiry.

- **Distribution Process:** Naloxone should be offered to anyone who expresses interest in having it, including any patient with substance use related concerns, anyone reporting substance use and anyone in the ED for overdose related symptoms. Naloxone can also be offered to friends and family members of patients, or any person in a position to assist in an overdose situation. At the time of distribution, a brief knowledge check/ refresher should be provided verbally and/or with a printed brochure or pamphlet. It should be noted that interaction with staff is NOT required. If low-barrier, interaction-free (self-serve) distribution sites are used, please ensure there are informational materials provided or posted at that location. (See attachments in the resource section of this document).⁸

Setting Up a Naloxone Distribution Program

3. EDUCATE AND TRAIN THE TEAM:

To ensure all staff are sufficiently trained to distribute naloxone to patients, family members or friends, it is essential that staff are also trained and well versed in the most important elements of overdose response in community (outside of a hospital setting). Training should be sufficient to inform staff on how to provide a brief overview regarding administering naloxone and the ability to answer general questions for the individuals receiving naloxone.⁹ To receive no-cost naloxone from SNHD, the training used should include information on the following key elements:

- Signs and symptoms of overdose
- Good Samaritan Law
- Safe Storage of naloxone
- How to administer naloxone
- The importance of calling 911 and the subject receiving further medical care

SNHD provides this training at no cost in a number of formats.

Training Options Offered by SNHD

- **Training of Trainers:**

One or more identified staff can attend the Training of Trainers class that takes place quarterly to become a trainer. It is a 3-hour class which offers extensive training on overdose response and how to train others to provide the same education. The attendees are provided with the PowerPoint presentation slides to use at their own organization to provide training for their staff as needed. If you would like to register for this class, please email OD@snhd.org

- **On Demand Video Training:**

Staff may be offered an on-demand video version of the training that can be completed when convenient. This training takes approximately 45 minutes to complete. The video training can be found here: <https://lp.constantcontactpages.com/cu/MPWGqGI/ODResponse>.

- **Live, In-Person:**

A SNHD trainer can host an in-person training at the hospital. This training course is 1.5 hours. An SNHD educator or community training team facilitator will come to train staff in person. A conference room/training room will be needed with access to a TV with HDMI connection or projector system. A room at SNHD can be reserved for this as well if needed. This can be requested here: <https://survey.alchemer.com/s3/7225803/Overdose-Response-with-Naloxone-Training-Request>.

Setting Up a Naloxone Distribution Program

- **Live Virtual Training** can be facilitated for ED staff.

This training takes approximately 1.5 hours. An SNHD facilitator will conduct a live Teams Meeting with PowerPoint presentation to the staff. This can be requested here: <https://survey.alchemer.com/s3/7225803/Overdose-Response-with-Naloxone-Training-Request>

4. ORDER NALOXONE SUPPLIES:

How much naloxone should be ordered?

If ordering naloxone from SNHD, SNHD's Overdose Education and Naloxone Distribution program will contact the POC quarterly to check on naloxone supplies*. Additional supplies may be ordered as needed; however, quarterly or bi-annual ordering has been established for convenience. Orders of naloxone must be placed in multiples of 24 doses as there are 24 doses per shipping box. That is the amount that comes in one box and is the smallest unit the manufacturer can ship. Each shipping box contains 12, 2-dose naloxone kits. Naloxone should be distributed in kits containing 2 doses. We encourage multiple kits to be distributed if requested.

SNHD recommends ordering enough naloxone to ensure supply does not feel limited. Staff should not need to ration naloxone; it should be plentiful and available for every person walking through the door. Placing a large enough order to provide a 6–12-month supply for the hospital is recommended. Consider the following when deciding how much to order:

- **How big is the storage area?** Measure potential storage areas to better understand their capacity. For example: 1,296 two-dose kits are the size of about half a pallet and would contain about 84 shoe-box sized boxes of naloxone.
- **How large is the hospital?** Small hospitals start with orders of around 192 kits (384 doses), while large hospitals order closer to 2,400 2-dose kits (4,800 doses).
- **What is the distribution goal?** Many of the hospitals with top-performing distribution programs give out kits every year equivalent to 5% of their emergency department patient volume (i.e., an ED that saw 100,000 patients per year would distribute about 5,000 kits annually).
- **What's the shelf life of naloxone?** The shelf life of the naloxone being distributed by SNHD currently is 3–4 years.
- **Distribution of fentanyl test strips and xylazine test strips** may also be implemented in addition to naloxone distribution efforts. SNHD can also supply test strips when inventory permits. Test strips can be requested on the naloxone order form.

*All SNHD naloxone and test strip resources are grant funded and subject to availability.

Setting Up a Naloxone Distribution Program

5. COORDINATE WITH YOUR PHARMACISTS :

Even though the pharmacists in the hospital will not be the ones tracking or distributing naloxone through this program, it is important to include them when educating the ED staff. This naloxone program is very different from the way in which other medications are distributed in the hospital. Participating in this program allows hospitals to serve as crucial safety-net community distribution points alongside libraries, schools, law enforcement, jails, and other eligible entities, as we all work together to combat the overdose crisis facing our communities.

Regardless of whether or not an outpatient pharmacy is onsite, naloxone provided by SNHD is for the purpose of free public distribution. This means it should be stored separately from hospital pharmacy inventory and is not for use in the ED setting (i.e., not for sale, ED patient care, or prescription fulfillment, and Pharmacy labeling of the naloxone is also not required). This naloxone should not be billed to patient insurance and is not subject to The Joint Commission, or regulations pertaining to prescription medications by the Nevada Board of Pharmacy.¹³

6. SET UP STORAGE SPACE:

Once naloxone is received, place it in designated storage locations. These storage spaces can be anywhere that is convenient for staff. It just needs to be:

- Easily accessible by all staff and volunteers who will be distributing naloxone
- Separate from all other medications being given in the hospital/ED
- Temperature controlled

7. EXAMPLE WORKFLOW FOR TAKE-HOME NALOXONE:

A. Workflow for In-Hand Take-Home Naloxone

- A staff member or volunteer stocks/restocks distribution points within the healthcare system and documents the number restocked on the log sheet (tracking optional).
- An individual identified as at risk of overdose is offered naloxone by staff or an individual requests naloxone from the lobby, ED, inpatient, or outpatient area. If they are a visitor in the lobby or are friends or family at the bedside of a patient, they do not need to register as a patient and can remain anonymous.
- A staff member or volunteer retrieves the requested take-home naloxone from one of the hospital's distribution points.
- Training is provided via manufacturer-provided instructions directly on the packaging, brief in-person training, brochure, QR code links to training videos, or digital media such as digital display screens in the ED waiting room.

Setting Up a Naloxone Distribution Program

- If the individual requesting take-home naloxone is currently registered as a patient, a note can be added to the electronic health record documenting naloxone was distributed and overdose education was provided.
- Naloxone will be distributed in 2-dose kits

B. Workflow for Self-Service Naloxone Access Points

- A staff member or volunteer restocks publicly accessible self-service naloxone locations located in strategic areas. These can be the entrances of the hospital, ED, dental clinic, OB/GYN clinic, internal medicine clinic, MAT clinic, or any other high-traffic location where kits can be accessed with some degree of anonymity.
- Staff restock these self-service locations and report the number of units on the log sheet.
- Individuals access self-service access points and obtain naloxone. Training is provided via
- Manufacturer-provided instructions directly on the packaging, nearby digital display screens, brochures, and/or QR codes that link to training videos. Log sheets are optional and at the discretion of the program director. SNHD does not require inventory tracking beyond the purposes of tracking inventory to submit quarterly, or bi-annual orders for naloxone as needed to allow ample supplies. SNHD encourages our partners make every effort to avoid wasted doses due to expiry. (See naloxone request form.)
- The distribution of take-home naloxone may be documented on paper or electronic log sheets. Electronic log sheets can be accessed through QR codes. Recipient-specific logging is not required; staff members or volunteers only need to log the number of units restocked. (Optional and at the discretion of the program director.)
- While an electronic health record (EHR) order is not required for distribution to patients, it can be beneficial for complete documentation, meeting naloxone provisioning requirements, and quality improvement measure.¹⁶



03 Attachments



The following materials are available for download through the online toolkit at <https://www.southernnevadahealthdistrict.org/naloxone-hospital-guide-toolkit/>. These attachments are intended to support emergency department-based naloxone distribution and patient education efforts. To access the toolkit and download the materials, please scan the QR code below.



ACCESS THE TOOLKIT

Attachment A

Attachment A: Overdose Response Training Request Form

<https://survey.alchemer.com/s3/7225803/Overdose-Response-with-Naloxone-Training-Request>

1. Please provide contact information for training requestor:

Organization/Agency Name *

Point of Contact First Name *

Point of Contact Last Name *

Job Title *

Point of Contact Phone Number *

Point of Contact Email Address *

Organization/Agency Street Address *

Apt/Suite/Office

City *

State *

Zip *

Attachment A

Attachment A: Overdose Response Training Request Form Continued

2. Type of Agency *

- ☐ First Responder (e.g., fire, EMS, police, security)
- ☐ Health Care Provider/Industry
- ☐ Community Outreach
- ☐ Treatment Provider
- ☐ Other

3. How will your agency utilize the Overdose Response with Naloxone training?

4. Has your agency received naloxone training or naloxone from SNHD in the past? *

- ☐ Yes
- ☐ No
- ☐ Unknown

5. Estimated number of training attendees: *

Attachment A

Attachment A: Overdose Response Training Request Form

6. Does your agency prefer an in-person or virtual training? *

☐ In-Person

☐ Virtual

☐ Other

7. Does your agency have access to a conference or meeting room that can accommodate the number of attendees? *

☐ Yes

☐ No

8. SNHD can accommodate your training based on room availability at our location at 280 S Decatur Blvd, Las Vegas, NV 89107. Would your agency prefer a virtual training or to book a room at SNHD for the training session?

☐ Virtual training

☐ Book a room at SNHD

9. Will there be a TV with HDMI connectivity in the room where the training will take place? *

☐ Yes

☐ No

☐ Unknown at this time

Attachment A

Attachment A: Overdose Response Training Request Form Continued

10. What are your agency's preferred days/times for the training session? Please check all that apply. If you have no preference, please select "Any Time" for all days for which this would apply.

	Morning	Midday	Afternoon	Late afternoon	Any Time
Monday	☐	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐	☐
Thursday	☐	☐	☐	☐	☐

Naloxone Training Agreement

11. I understand that all staff equipped with naloxone must be familiar with intended use of the product, directions pertaining to administration, and the steps it takes to reverse a suspected opioid overdose. *

12. I understand that the Nevada Good Samaritan Drug Overdose Act prevents punitive actions against health professionals and any person who administers naloxone or calls 911 to assist someone who may be overdosing on opioids. It also provides immunity to persons seeking medical treatment for an opioid overdose for themselves or someone else. *

13. I understand that training is an important component pertaining to naloxone administration. In the event of a change in the on-site contact person, our agency will ensure that new agency staff will be trained in the proper use and administration of the product and their contact information updated with Southern Nevada Health District Point of Contact. *

Attachment B

Attachment B: Naloxone Order Form

<https://survey.alchemer.com/s3/7172744/Naloxone-Request-Form>

Naloxone Request Form

(untitled)

1. Has your organization received an overdose response training previously?*

- ☐ Yes
- ☐ No

2. What organization facilitated the overdose response training?

- ☐ SNHD
- ☐ PACT Coalition
- ☐ Other - Write In

3. Has your organization received naloxone in the past?*

- ☐ Yes
- ☐ No

(untitled)

4. What percentage of previously received doses were utilized to reverse a suspected opioid overdose? Please estimate if necessary. (If this is your first order, please type "0")

Attachment B

Attachment B: Naloxone Order Form Continued

5. Do you work at the Southern Nevada Health District? *

- ☐ Yes
☐ No

6. Does your organization currently have any doses of naloxone that will **expire in the next 6 months?** *

- ☐ Yes
☐ No

7. To reduce the chance that naloxone expires before use, please complete the information below to exchange your naloxone:

Number of doses of naloxone that will be expiring so that they can be exchanged for unexpired naloxone. *

(untitled)

8. Does your agency need naloxone? *

- ☐ Yes
☐ No

9. Number of **new** naloxone doses needed (please request in increments of 24 doses, as this is the quantity per distributed box): *

10. Number of naloxone kits requested (each naloxone kit comes with **2 doses** of naloxone in a neoprene bag)?

Attachment B

Attachment B: Naloxone Order Form Continued

11. Number of naloxone (Narcan nasal spray) doses requested: *

12. Please describe how the naloxone kits will be used by your agency?

13. Please provide the following information to process your request. *

Job Title *

Point of Contact First Name *

Point of Contact Last Name *

Organization/Agency Name *

Agency Street Address *

City *

State *

ZIP *

Phone Number *

Email Address *

Attachment B

Attachment B: Naloxone Order Form Continued

14. Type of agency (Select all that apply): *

- ☐ First Responder Agency (EMS, Fire, Law Enforcement etc.)
- ☐ Health Care Provider/Industry
- ☐ Treatment Provider
- ☐ Syringe Services Program (SSP)
- ☐ Harm Reduction Agency
- ☐ School/University
- ☐ Does your agency distribute naloxone to people who use drugs?
- ☐ Does your agency distribute naloxone directly to people who are in a period of abstinence from substance use (e.g., leaving incarceration, leaving abstinence-based treatment program, discharged from sober living facilities, etc.)?
- ☐ Does your agency conduct outreaches with or support social networks of people who use drugs?
- ☐ Is your agency's primary purpose to serve communities or populations that are disproportionately experiencing overdose? If so, list the communities/populations

- ☐ N/A

Naloxone Recipient Site Agreements

15. I understand that naloxone provided by the Southern Nevada Health District shall be administered solely for the treatment of a known or suspected opioid overdose in accordance with the instructions for use provided by the manufacturer. *

Attachment B

Attachment B: Naloxone Order Form Continued

16. I understand that naloxone provided by the Southern Nevada Health District shall not be sold or exchanged for money, property, services, or anything of value. *

17. I understand that persons receiving naloxone must receive training prior to dispensing or distributing naloxone. *

18. I understand that after the naloxone is delivered to the recipient/organization, it should be stored at between 59°F to 77°F. Naloxone nasal spray may be stored for short periods up to 104°F. Do not store naloxone nasal spray in a car on hot summer days. Do not freeze or leave naloxone nasal spray in a car during the winter. Naloxone nasal spray may not be as effective if it is not stored properly. If naloxone nasal spray gets frozen or is stored at 104°F for long periods of time, it should be replaced. Only discard the naloxone nasal spray once you have a replacement, as it is better to use improperly stored naloxone than not have any naloxone at all. *

19. I understand that my agency receiving naloxone from the Southern Nevada Health District for distribution is based on funding and inventory availability. *

Attachment B

Attachment B: Naloxone Order Form Continued

20. I understand that the Naloxone Post-Administration Survey needs to be filled after every known or reported instance in which naloxone is administered to the best of my ability

(<https://survey.alchemer.com/s3/5771398/NaloxoneSurvey>). *

21. I understand that as a recipient of naloxone, fentanyl test strips (FTS), and/or xylazine test strips (XTS) from the Southern Nevada Health District, my organization is required to acknowledge the Southern Nevada Health District if I engage in sponsorships, marketing materials, or public communications related to these supplies. This includes, but is not limited to:

- Event flyers, brochures, or posters
- Social media posts or digital advertisements
- Labels, packaging, or materials included in overdose response kits

If my organization does not conduct any sponsorships or marketing related to these supplies, this requirement does not apply. However, if such efforts are undertaken, the Southern Nevada Health District must be acknowledged.

This acknowledgment helps the Southern Nevada Health District track the impact of these supplies and ensures proper recognition of the Southern Nevada Health District's support in community initiatives. Failure to acknowledge the Southern Nevada Health District may affect future resource allocations.

*

Attachment B

Attachment B: Naloxone Order Form Continued

22. I understand that as a recipient of naloxone from the Southern Nevada Health District, my organization is required to refrain from redistributing these supplies in bulk to other agencies or organizations. These supplies are provided specifically for use within my organization to support our overdose prevention efforts and should not be transferred in large quantities to external parties. *

23. Health equity is very important to us, please help us ensure the equity of our programming by answering the following question to the best of your ability.

Where do you plan on using or distributing naloxone (This can be ZIP code, cross streets, general areas, or address)? *

24. By signing my name in the text box below, I certify that the information provided in this application was true and correct to the best of my knowledge and I am signing as an authorized representative of my agency/organization. *

Clear

Sign name using mouse or touch pad

Signature of

Attachment C

Attachment C: Take-Home Naloxone Distribution Program Summary for Internal Hospital Communication

Dear _____ [hospital name] _____ staff,

Prevalence of opioid involved overdoses among the Emergency Department (ED) population has been increasing in Nevada.

It is recommended by SNHD to have hospitals distribute low barrier, no cost naloxone and to provide overdose education to the following patient populations at risk for overdose:

- Patients with a prescription for an opioid medication.
- Patients with an increased risk for overdose, including but not limited to patients with a history of overdose; patients with a history of substance use disorder; patients no longer opioid tolerant returning to a high dose of opioid medication.
- Friends and family members of patients at risk of overdose.
- or a person in a position to assist in an overdose

Program Background

SNHD's Overdose Education and Naloxone Distribution (OEND) program is a county-wide naloxone distribution program funded at the federal level by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and at the state-level by the State Opioid Response funds to combat opioid overdose-related deaths throughout Nevada.

Program Goals

Given the high number of patients and visitors to our hospital ED at risk for overdose—as well as family, friends, and community members in contact with individuals at risk for overdose—we are joining other EDs in Nevada distributing take-home naloxone in partnership with the Southern Nevada Health District (SNHD). We anticipate distribution of free take-home naloxone to these focus populations will save lives and have a significant impact on the health and safety of our patients, visitors, and the community.

Participation Benefits:

- Become a leader in supporting at-risk patients in the [hospital name] community, which is highly impacted by the opioid overdose crisis.
- Provide free take-home naloxone to any and all patients and visitors who are at high-risk for opioid overdose or adjacent to someone high-risk for opioid overdose.
- Reduce county and statewide opioid overdose deaths through the efficient provision of free naloxone. [Hospital name] joins the other Nevada hospitals in driving down the overdose fatality rate in our community and helping achieve the goal of all Clark County EDs implementing ED take-home naloxone distribution.
- _____ [hospital name] _____ ED Standard Operating Procedure (SOP) was created following guidelines provided by the CA Bridge program and SNHD's OEND program.
- Upon completion of ED staff training and receipt of naloxone supplies from SNHD's OEND program, [hospital name], relevant partners such as the ED medical director, nursing leadership, and pharmacy department will be notified of the readiness of the program and work will begin on project implementation by [date].

Staff Training

Training to be provided to appropriate staff and volunteers following the requirements of SNHD's OEND program will include standardized training via SNHD's OEND offered no-cost training program. All staff and volunteers that will be distributing naloxone will be trained. [Insert preferred training method]

Storage

- Storage must be separate from other medications that may be billed to patient insurance.
- Best practice is for take-home naloxone storage and distribution points to be unlocked and conveniently located for ease of access to facilitate low barrier distribution.
- Take-home naloxone can be stored in or on cabinets, closets, drawers, open shelving, desktops,

Attachment C

Attachment C: Take-Home Naloxone Distribution Program Summary for Internal Hospital Communication

countertops, or tabletops anywhere on health system property; accessible to staff, volunteers, patients, and visitors. Self-service naloxone access points can be located anywhere on health system property. These access points can be baskets, distribution boxes, overdose emergency wall cabinets, newspaper-style vending stands, or fully automated machines. Any type is acceptable, and they should generally be unlocked.

- o Supplies should be stored at room temperature between 59°F and 77°F.

Set Up Space

Once the naloxone arrives, ____ [indicate staff] ____ will place it in the designated storage location in ____ [describe location] ____.

Workflow for In-hand Take-Home Naloxone

- o A staff member (the naloxone POC, tech, RN, MD, PA, NP, navigator, social worker, etc.) or volunteer stocks/restocks distribution points within the healthcare system and documents the number restocked on the log sheet (tracking optional).
- o An individual identified as at risk of overdose is offered naloxone by staff or an individual requests naloxone from the lobby, ED, inpatient, or outpatient area. If they are a visitor in the lobby or are friends or family at the bedside of a patient, they do not need to register as a patient and can remain anonymous.
- o A staff member or volunteer retrieves the requested take-home naloxone from one of the hospital's distribution points.
- o Training is provided via manufacturer-provided instructions directly on the packaging, brief in-person training, brochure, QR code links to training videos, or digital media such as digital display screens in the ED waiting room.
- o If the individual requesting take-home naloxone is currently registered as a patient, a note can be added to the electronic health record documenting naloxone was distributed and overdose education was provided.
- o Naloxone will be distributed in 2-dose kits.

Workflow for Self-Service Naloxone Access Points

- o A staff member or volunteer restocks publicly accessible self-service naloxone locations located in strategic areas. These can be the entrances of the hospital, ED, dental clinic, OB/GYN clinic, internal medicine clinic, MAT clinic, or any other high-traffic location where kits can be accessed with some degree of anonymity.
- o Staff restock these self-service locations and report the number of units on the log sheet.
- o Individuals access self-service access points and obtain naloxone. Training is provided via Manufacturer-provided instructions directly on the packaging, nearby digital display screens, brochures and/or QR codes that link to training videos. Log sheets are optional and at the discretion of the program director. SNHD does not require inventory tracking beyond the purposes of tracking inventory to submit quarterly, or bi-annual orders for naloxone as needed to allow ample supplies. SNHD encourages our partners make every effort to avoid wasted doses due to expiry. (See naloxone request form.)
- o The distribution of take-home naloxone may be documented on paper or electronic log sheets. Electronic log sheets can be accessed through QR codes. Recipient-specific logging is not required; staff members or volunteers only need to log the number of units restocked. (Optional and at the discretion of the program director.)

While an electronic health record (EHR) order is not required for distribution to patients, it can be beneficial for complete documentation, meeting naloxone provisioning requirements, and quality improvement measure.

Timeline

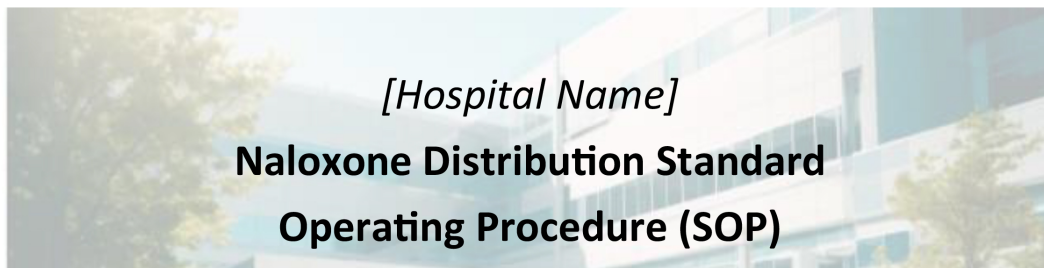
____ [hospital name] ____ is anticipating starting to offer take-home naloxone by ____ [date] ____ . Training of staff will begin ____ [date] ____ .

Responsible Persons for the Project

Program Director: ____ [name and title] ____

Attachment D

Attachment D: Standard Operating Procedure Template



OVERVIEW:

____ [hospital name] _____ Naloxone Distribution Background

____ [hospital name] _____ is in a community significantly impacted by the opioid overdose crisis. Our community has a significant population of people who consume opioids and stimulants that may be unexpectedly exposed to fentanyl, often with catastrophic results. Fentanyl is a potent opioid, and intentional use is also increasingly common throughout Nevada. The ED can serve as a take-home naloxone distribution hub for people who use drugs, as well as their friends and family, and anyone else in a position to assist in the event of an overdose.

EDs that have participated in the SNHD's Naloxone Distribution Program have demonstrated a marked increase in the naloxone-in-hand distribution have assisted Clark County prevent unnecessary death. Despite being a covered benefit, naloxone prescription filling is typically very low. The traditional approach of encouraging providers to write naloxone prescriptions and expecting patients to fill these prescriptions has only had a limited impact.

One study investigating naloxone prescription and filling rates found that only 11% of ED patients at risk for opioid overdose were prescribed naloxone, and only 1.6% of ED patients actually filled those prescriptions.

STANDARD OPERATING PROCEDURE – DISTRIBUTION OF FREE NASAL SPRAY FORMULATION OF NALOXONE TARGET POPULATION

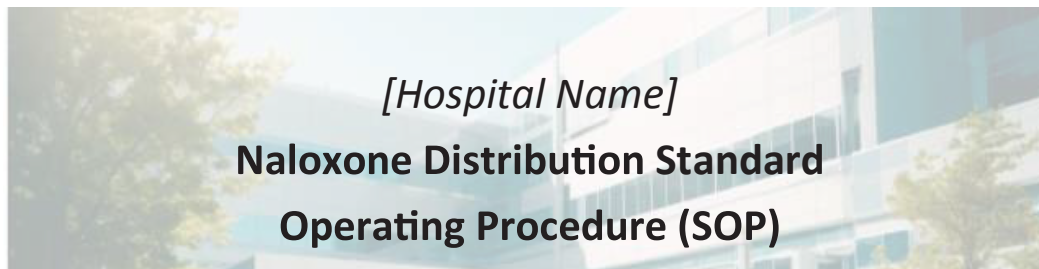
Any ____ [hospital name] _____ patient or visitor at risk of an opioid-related overdose, or a family member, friend, or another person in a position to assist a person at risk of an opioid-related overdose may receive take-home naloxone.

PURPOSE

To reduce opioid overdose deaths through the provision of free nasal spray naloxone.

PROCEDURE

1. Any ____ [hospital name] _____ staff member or volunteer may act as an overdose prevention educator and may distribute free nasal naloxone to eligible recipients (patients or visitors at [Hospital name] who are at risk of an opioid-related overdose, or family members, friends, or other people in a position to assist a person at risk of an opioid-related overdose).



2. As per SNHD's OEND Program:
 - a. Naloxone will not be labeled like other purchased and billable medications.
 - b. Inventory tracking will be managed by the [hospital name] program leader/POC and the naloxone kits will be:
 - i. Stored separately from pharmacy inventory
 - ii. Provided free of charge
 - iii. Not used for ED patient care or prescription fulfillment
3. Staff and volunteers who wish to participate must agree to complete the [hospital name] Opioid Overdose Prevention and Treatment Training Program meeting SNHD's requirements and abide by the procedures and documentation requirements described in this document. SNHD's Overdose Education and Naloxone Distribution Program training must be completed by any staff distributing naloxone to patients or visitors. (Options include training provided by certified staff trainers, training provided by SNHD offered in person, online or by on-demand video.) Refresher training is recommended by SNHD every 2 years due to the rapidly changing illicit drug supply.
4. Staff and volunteers trained in naloxone distribution will:
 - a. Offer naloxone kits to eligible recipients (this could be any person with possible need/interest or a person in a position to assist in an overdose [due to their occupation, location, etc.])
 - b. Access naloxone kit storage and/or carry naloxone kits for the purpose of distribution
 - c. Provide in-person, printed, or access to video overdose response training:
 - i. Reviewing the manufacturer-provided instructions included with the naloxone kits with the recipient meets this requirement
 - ii. Advise the recipient to access a digital training provided on SNHD materials that can be scanned or given to the recipient of the naloxone (QR codes, or website links that direct recipients to video training also meets this requirement)
 - d. Complete the required documentation (if any) to assist with inventory tracking
 - e. Distribute naloxone kits to recipients directly in hand or via self-service naloxone access points/kiosks
5. Recipients can also access naloxone via self-service naloxone access points if available, independent of staff or volunteer involvement. In this instance, training will be provided via manufacturer's instructions printed on packaging, digital displays, QR codes, or website links that direct recipients to video training. Once the recipient procures naloxone, they may keep naloxone with their personal belongings. Usage of self-serve distribution sites is at the discretion of the program director.



INVENTORY LOGGING AND TRACKING

If required by the program director, the distribution of take-home naloxone and refilling of self-service naloxone access points may be documented via paper or electronic log sheets. Recipient-specific logging is not required. Instead, staff should log the number of units restocked into distribution and self-service naloxone access points. An order is not required for distribution to patients. Documentation in the electronic health record is not required but can be beneficial for complete documentation, meeting naloxone provisioning requirements, and quality improvement measures.

Responsible Persons for the Project Program director:

[name, title (must be a physician or advanced practice provider)]

Attachment E

Attachment E: Sample Log Sheets (optional)

This sample log sheet should be accessible in naloxone storage areas, or an online logging system should be established. Paper log sheets can be digitally scanned or photographed for online archival. There is no guidance for how long archives need to be maintained; however, some programs are archiving log sheets scans/photos for 1 year. An instruction sheet on what the staff member should do when distributing to patients or visitors placed next to the log sheet can be useful.

Naloxone (Narcan) Log

[illegible]

Attachment F

Attachment F: Instruction Sheet Template

An instruction sheet should be posted near the naloxone storage location for staff to review main points to discuss when distributing the naloxone. SNHD can provide an Overdose Response TIPS poster for this purpose. Additionally, labels with linkage to treatment resources can also be provided, and staff can affix the labels to the boxes at the time of distribution. Ideally, hospitals should provide fentanyl and xylazine test strips alongside naloxone kits. SNHD does have a parallel program to provide no-cost fentanyl test strips and xylazine test strips.



WHO CAN RECEIVE OVERDOSE/NALOXONE KITS?

- Any patient or visitor at risk of an opioid-related overdose (prescribed or illicit opioids).
- A patient or visitor who is a family member, friend, or other person in a position to assist someone at risk of an opioid-related overdose.
- A patient or visitor who uses stimulants, or a patient or visitor who is a family member, friend, or other person in a position to assist someone who uses stimulants or another non-prescribed drug.
- Any patient or visitor who expresses need or interest.

Note: People who use stimulants (e.g., meth, cocaine/crack, MDMA/ecstasy/molly) are increasingly being exposed to substances mixed with fentanyl, which can have catastrophic consequences. Counterfeit prescription pills—often accessible via social media—may also contain lethal doses of fentanyl.

WHO CAN DISTRIBUTE OVERDOSE/NALOXONE KITS?

- Any trained _____ [hospital name] _____ staff member or volunteer
- First, review this training video: <https://bit.ly/SNHDOverdoseTraining>
- Or scan this QR code to start the training video:



HOW TO DISTRIBUTE NALOXONE

Option 1: Direct the recipient to onsite self-service naloxone access points if available.

Option 2: Manually retrieve naloxone kits from storage and follow these steps:

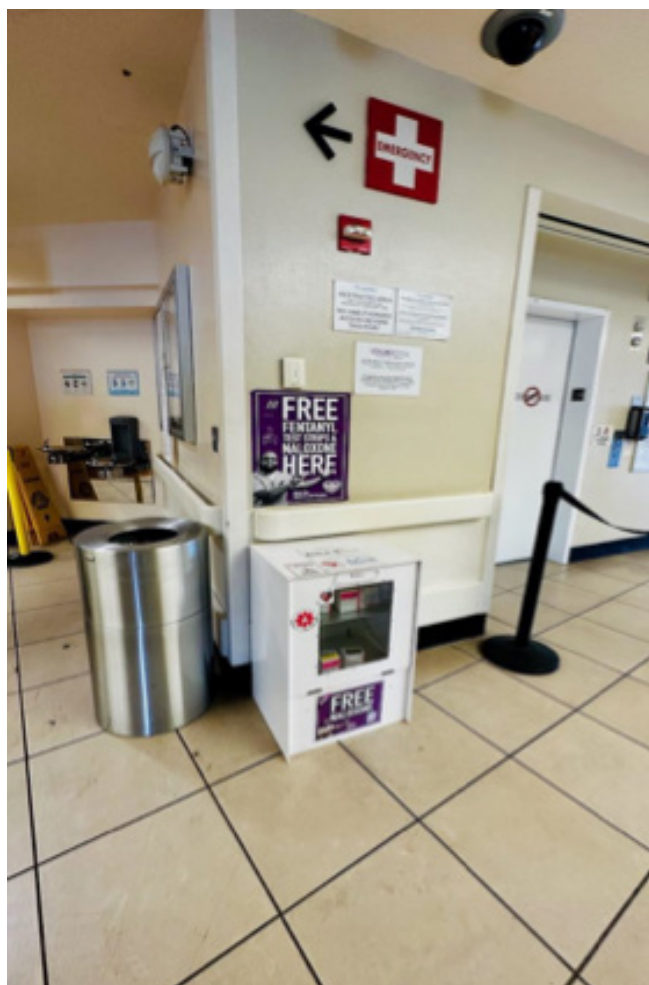
- Complete the distribution log.
- Review the instructions on the naloxone box with the recipient or provide the training video link.
- Give the recipient the naloxone kit or direct them to a self-service access point.
- For patients: Document in the electronic health record: "Naloxone and overdose education provided."

Attachment F

Public Access Naloxone Storage: Distribution Boxes, Vending Machines, and Overdose Emergency Wall Cabinets

Self-Service Naloxone Access Points

Public, self-service naloxone access points, such as distribution boxes and vending machines, are a way to expand this program, automate distribution, and preserve recipient anonymity. Fentanyl test strips can also be provided alongside the naloxone kits. These self-service access points can be placed in strategic locations within the healthcare system such as in front of the entrances to the ED, OB/GYN, MAT clinic, and Dental clinic.



Overdose Emergency Wall Cabinet

Overdose emergency wall cabinets can be placed throughout the healthcare system similar to public access automated emergency defibrillator (AED) cabinets.



SNHD encourages the usage of self-serve kiosks but has limited resources available to provide them.

Attachment G

Attachment G: Naloxone Brochures (English and Spanish)

6 things to know about OVERDOSE RESPONSE

1 CALL 911

Report an **UNCONSCIOUS PERSON**.

2 SPRAY NALOXONE EVERY 2 MINUTES

Until **MEDICAL HELP ARRIVES** or the person **BREATHES** on their own. The person may not look like they are awake due to non-opioid substances that may also be present.

3 PERFORM CPR

If able, using reasonable care, **ADMINISTER CPR** between doses of naloxone.

4 WAIT FOR AN AMBULANCE

It is essential to receive **MEDICAL ATTENTION** after being revived with naloxone as it could wear off before the life-threatening substance does.

5 R P

Keep them help

6 GOOD SAMARITAN LAW (NRS 453C)

The person who calls 911, the person who administers the naloxone and the person being helped are **PROTECTED UNDER THE LAW**.

For online OVER RESP TRAI scar

This project was supported by Grant No. 2016-00001 from the Bureau of Justice Assistance in a grant of Justice Statistics, the National Institute of Justice, the Department of Justice, and the Department of Health and Human Services. The views and opinions expressed in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice or the Bureau of Justice Assistance.

6 cosas que hay que saber sobre cómo RESPONDER A UNA SOBREDOSIS

1 LLAME AL 911

Reporte a una **PERSONA INCONSCIENTE**.

2 ROCÍE NALOXONA CADA DOS MINUTOS

Hasta que **LLEGUE LA AYUDA MÉDICA** o hasta que la persona **RESPIRE** por sí sola. Puede que la persona parezca no estar despierta debido a que también puede haber presentes sustancias que no son opiáceos.

3 REALICE RESUCITACIÓN CARDIOPULMONAR (RCP)

Si puede hacerlo y usando el cuidado razonable, **ADMINISTRE RCP** entre las dosis de naloxona.

4 ESPERE A LA AMBULANCIA

Es esencial recibir **ATENCIÓN MÉDICA** después de haber sido revivido con naloxona ya que puede terminarse el efecto antes de que el efecto de la sustancia que pone en riesgo la vida se acabe.

5 POSICIÓN DE RECUPERACIÓN

Mantenga a la persona en **POSICIÓN DE RECUPERACIÓN** (muévalos hacia un lado) en todo momento en el que no esté activamente ayudándolos con naloxona o administrando RCP.

6 LEY DEL BUEN SAMARITANO (NRS 453C)

La persona que llame al 911, la persona que administra la naloxona y la persona que está recibiendo ayuda están **PROTEGIDAS POR LA LEY**.

Para **CAPACITACIÓN EN LÍNEA DE RESPUESTA A UNA SOBREDOSIS** escanee este código:

Este proyecto fue apoyado por la Beca No. 2016-00001 otorgada por la Agencia de Asistencia de Justicia. La Agencia de Asistencia de Justicia es un componente de la Oficina de Programas de Justicia, que también incluye la Agencia de Estadísticas de Justicia, el Instituto Nacional de Justicia, la Oficina de Justicia Juvenil y Prevención de la Delincuencia, la Oficina de Violencia de Género, y la Oficina de Asistencia para Programas Sociales, Muestreo, Apoyo y Registro y Datos. Las partes de texto y las imágenes en este documento son aquellas del autor y no necesariamente representan la posición oficial o política del Departamento de Justicia de los Estados Unidos. La Naloxona fue suministrada en colaboración con el personal de la División de Salud Pública y el Departamento del Nevada por medio de fondos proporcionados por la Beca de Respuesta de Opioides del Estado de Nevada.

Attachment H

Attachment H: Naloxone Posters

ASK ABOUT

FREE

NALOXONE

NALOXONE CAN SAVE THE LIFE OF SOMEONE WHO IS OVERDOSING. GET FREE NALOXONE NASAL SPRAY.

For online
OVERDOSE RESPONSE
TRAINING scan this code:



This project was supported by Grant No. 19PBA-02-G0-02301-GMP awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, the Office of Justice and Delinquency Prevention, the Office for Victims of Crime, and Office of the Attorney General, Monitoring, Apprehending, Registering, and Tracking. For the official position or policies of the U.S. Department of Justice, Bureau was supported in whole or in part by the Nevada Division of Public and Behavioral Health through funding per

Revised 03/2024

SOLICITAR

NALOXONA

GRATUITA

LA NALOXONA PUEDE SALVAR LA VIDA DE ALGUIEN QUE SUFRE UNA SOBREDOSIS. PUEDES TENER UN AEROSOL NASAL DE NALOXONA GRATIS AQUÍ.

Para
CAPACITACIÓN
EN LÍNEA DE RESPUESTA
A UNA SOBREDOSIS
escanee este código:



SNHD
Southern Nevada Health District

Este proyecto fue apoyado por la Beca No. 19PBA-02-G0-02301-GMP otorgada por la Agencia de Asistencia de Justicia. La Agencia de Asistencia de Justicia es un componente de la Oficina de Programas de Justicia, que también incluye la Agencia de Estadísticas de Justicia, el Instituto Nacional de Justicia, la Oficina de Justicia Juvenil y Prevención de la Delincuencia, la Oficina de Víctimas de Crimen, y la Oficina del Secretario para Delincuencia Juvenil, Monitoreo, Aprehensión, Registro y Seguimiento. Los puntos de vista o las conclusiones en este documento son aquellos del autor y no necesariamente representan la posición oficial o política del Departamento de Justicia de los Estados Unidos. La Naloxona fue apoyada en su totalidad en parte por la División de Salud Pública y del Comportamiento del Nevada por medio de fondos proporcionados por la Beca de Respuesta de Emergencia del Estado de Nevada.

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Attachment I

Attachment I: Linkage to Care and Training Labels



GET CONNECTED

Linkage to substance use treatment and other resources

Learn to reverse an overdose





IF YOU ARE IN A CRISIS CALL OR TEXT: **9-8-8**

OVERDOSE PREVENTION SUPPLIES PROVIDED BY THE SOUTHERN NEVADA HEALTH DISTRICT
OFFICE OF DISEASE SURVEILLANCE - OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION



CONÉCTATE

Conexión con tratamiento y otros recursos por el consumo de sustancias

Aprende a revertir una sobredosis





SI ESTÁS EN CRISIS, LLAMA O ENVÍA UN MENSAJE DE TEXTO AL: **9-8-8**

SUMINISTROS PARA LA PREVENCIÓN DE SOBREDOSIS PROPORCIONADOS POR LA OFICINA DE VIGILANCIA DE ENFERMEDADES DEL DISTRITO DE SALUD DEL SUR DE NEVADA-EDUCACIÓN SOBRE SOBREDOSIS Y DISTRIBUCIÓN DE NALOXONA

04 References

References

RELATED REGULATIONS:

This document was compiled with consideration of, and in accordance with Nevada law. See related statutes and regulations below.

NV REGULATIONS:

Dispensing of Controlled Substances or Dangerous Drugs:

- NAC 639.742 – Dispensing of controlled substances or dangerous drugs: Application by practitioner for certificate of registration; application by facility required under certain circumstances; duties of dispensing practitioner and facility relating to drugs; authority of dispensing practitioner and technician
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec742>
- NAC 639.7445 – Dispensing practitioner: Disciplinary action for violation of NAC 639.742 to 639.7445, inclusive. (NRS 639.070)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec7445>
- NAC 639.745 – Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs; maintenance of records. (NRS 639.070, 639.0727)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec745>
- NAC 639.748 – Identification of person who picks up controlled substance. (NRS 639.070)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec748>
- NAC 639.750 – Dispensing of medication at certain locations when local retail pharmacy is closed. (NRS 639.070)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec750>

Practitioner Authority & Registration:

- NRS § 639.1373 (2022) – Physician assistant: Authority regarding possession, administration, prescription and dispensing of controlled substances, poisons, dangerous drugs and devices; registration; regulations
<https://law.justia.com/codes/nevada/2022/chapter-639/statute-639-1373/>
- NRS § 639.1375 (2022) – Advanced practice registered nurses: Authority to dispense controlled substances, poisons, dangerous drugs and devices; registration; regulations
<https://law.justia.com/codes/nevada/2022/chapter-639/statute-639-1375/>
- NAC 639.870 – Certificate of registration: Application; fee; period of validity; appearance before Board; collaborating physician; late renewal. (NRS 639.070, 639.1375)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec870>
- NAC 639.879 – Scope of authority to dispense. (NRS 639.070, 639.1375)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec879>
- NAC 639.892 – Use of child-proof container. (NRS 639.070, 639.1375)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec892>
- NAC 639.898 – Security and storage of controlled substances and drugs. (NRS 639.070, 639.1375)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec898>
- NAC 639.900 – Grounds for denial of application or suspension or revocation of registration. (NRS 639.070, 639.210)
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec900>

References

Notes:

- Nevada State Board of Pharmacy Dispensing Practitioner Registration Application – Non-Refundable \$300 fee
- Nevada State Board of Pharmacy Advanced Practice Registered Nurse (APRN) Dispensing Registration Application – Non-Refundable \$300

Labeling Requirements:

- NRS § 639.2801 (2022) – Requirements for labeling containers for prescribed drugs
<https://law.justia.com/codes/nevada/2022/chapter-639/statute-639-2801/>

Licensing, Maintenance & Storage, Packaging, Security:

- NAC 639.5007 – Terms and conditions of license to conduct pharmacy for applicant required to designate representative
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec5007>
- NAC 639.510 – Maintenance and storage of pharmaceutical stock
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec510>
- NAC 639.512 – Class A and B packaging: Label; expiration date; log
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec512>
- NAC 639.513 – Class C packaging: Expiration date
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec513>
- NAC 639.520 – Security of prescription departments
<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec520>

Standing Order for Distribution:

- NRS 453C.100 – Authorization to prescribe, dispense and administer opioid antagonist; immunity from liability and professional discipline
<https://www.leg.state.nv.us/nrs/NRS-453C.html>

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- ³ *Ibid.*
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- ¹⁶ *Ibid.*
- ¹⁷ CA Bridge (2023). Guide to Naloxone Distribution. (p.24) Retrieved from: <https://bridgetotreatment.org/resource/guide-to-naloxone-distribution/>
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- ²¹ *Ibid.*
- ²² *Ibid.*
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- ²⁴ *Ibid.*
- ²⁵ Lebin JA, Chen BC, Korab G, Jablonowski K, Whiteside LK. Rates of naloxone prescriptions following implementation of a take-home naloxone program from the emergency department. Ann Emerg Med. 2017 Oct 1;70(4):S101. doi: 10.1016/j.annemergmed.2017.07.232.
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- ²⁹ CA Bridge (2023). Guide to Naloxone Distribution. (p.26) Retrieved from: <https://bridgetotreatment.org/resource/guide-to-naloxone-distribution/>
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- ³¹ *Ibid.*
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