This toolkit was used to implement the VHA Rapid Naloxone Initiative in Fall 2018. When possible, we tried to integrate links to corollary external VHA websites when internal VHA websites were referenced. Because this toolkit was developed before the COVID-19 pandemic, it does not include any specific COVID-19 recommendations (e.g., American Heart Association (AHA) interim guidance for Basic and Advanced Life Support [BLS and ACLS] for individuals with suspected or confirmed COVID-19).

Since implementing this initiative in Fall 2018, VHA developed a short, standardized national training in response to requests from the field. VA Boston Health Care System originally used a video from the pharmaceutical company in their standardized training https://www.youtube.com/watch?v=hGVSaO1oxpg; however, VHA worked with the pharmaceutical company to adapt the video for national VHA training purposes. The adapted video is included in VA's Talent Management System training 37795 "How to Use Naloxone Nasal Spray (Narcan®)" released in February 2019 and will be placed on the public-facing website www.train.org.

We would also like to acknowledge the support of various program offices and staff that were critical to the success of the Rapid Naloxone Initiative:

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Veterans Health Administration

EQUIPPING VA POLICE SERVICES WITH INTRANASAL (IN) NALOXONE

IMPLEMENTATION TOOLKIT

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Diffusing Best Practices Across VHA

Veterans Health Administration

CONTENTS

WELCOME

Welcome and thank you for your participation in implementing this intranasal (IN) naloxone carry practice with your VA Police Service.

This toolkit is intended for VA Police Chiefs (or their designee) and summarizes the steps to equip your VA Police Service with IN naloxone. The goals of this toolkit are to provide: (1) **background** on IN naloxone and (2) instructions for how to **implement** an IN naloxone carry practice and train your VA Police Service to carry and administer this life-saving medication.

Intranasal (IN) Naloxone (also called nasal naloxone and nasal Narcan®) is a highly-effective, easy-to-administer nasal spray medication that can rapidly reverse an opioid overdose

BACKGROUND

The United States is in the midst of a devastating **opioid epidemic**, with opioid overdose deaths due to prescription opioids, heroin, and other synthetic opioids (e.g., fentanyl) at an all-time high.[1] Veterans are particularly vulnerable compared to non-Veterans, given their higher prevalence of chronic pain conditions and substance use disorders, including opioid dependence. **Veterans are twice as likely to die from accidental overdose** when compared to the non-Veteran population.[2]

Opioids include naturally occurring opiate substances (e.g., morphine, opium, codeine) found in the opium poppy, derivatives of these substances (e.g., heroin), as well as synthetic or semi-synthetic compounds (e.g., oxycodone, hydrocodone, etc.). In practice, the term “opioid” is currently used to refer to both synthetic/semi-synthetic (opioids) and naturally occurring compounds (opiates). While opioids are effective at reducing pain, they depress respiration and, when taken in excess, can lead to respiratory arrest (opioid overdose), which can be deadly.

Since 1999, over **350,000 people** have died from overdoses related to opioids.[3]

In 2016, opioid overdoses killed **42,249 people**, which is over 5x the number of people who experienced lethal overdoses in 1999.[3]

Naloxone complements VA’s efforts to address opioid safety (between July 2012 to June 2018 there were 308,911 fewer patients receiving opioids--679,376 patients to 370,465 patients, a 45% reduction).[4]

VA and IN Naloxone

To improve opioid safety and reduce risk for opioid use disorder among Veterans, the Department of Veterans Affairs (VA) is utilizing alternative pain treatments, prescribing opioids only when necessary and in the lowest doses possible, consulting state prescription drug monitoring databases to avoid duplicate opioid prescriptions, reducing prescribing opiates with other medications that can cause serious drug-drug interactions, making medication disposal options available to Veterans and referring patients to substance use disorder and mental health treatment when appropriate.

Despite these efforts, however, many of our nation's Veterans continue to overdose on opioids, including at VA facilities. To reduce the risk of death from opioid overdose on VA premises, **VA is implementing IN naloxone programs and practices to rapidly reverse any onsite opioid overdoses**.

Naloxone, an opioid receptor antagonist, is a highly effective treatment for opioid overdose. If administered promptly, appropriately, and in sufficient amount, naloxone reverses opioid overdose by blocking opioid receptors in the brain to restore breathing and prevent death.[5] Naloxone is available as an easy-to-administer, FDA-approved for layperson administration **intranasal (IN) spray**.

Requiring minimal training, a usability study found 90.5% of individuals successfully used it without training.[6]

For example:

- The VA **Opioid Overdose Education and Naloxone Distribution (OEND) Program** aims to reduce the harm and risk of life-threatening opioid-related overdose and death among Veterans. Key components of the OEND Program include education and training on opioid overdose prevention, recognition of an opioid overdose, opioid overdose rescue response, and issuing naloxone[7].

- VA released a **VA Police Officers and IN Naloxone Frequently Asked Questions (FAQ)** document to answer common questions about carrying and administering IN naloxone (see the FAQ in Appendix A).

- VA Boston Health Care System (HCS) established the **Automated External Defibrillator (AED) Cabinet Naloxone Program** (internal VHA website) to place IN naloxone in AED cabinets, enabling fast response times, especially in "high-risk" areas (e.g., areas infrequently traveled by facility personnel and/or areas that do not have a crash cart readily available). For more information on VA Boston HCS' naloxone program, see their naloxone policy in Appendix B.

VA released a Deputy Under Secretary for Health for Operations and Management (DUSHOM) memorandum, entitled **"Rapid Naloxone Availability to Prevent Opioid-Related Death"** to encourage VA Police and facilities to implement IN naloxone carry practices (see the memorandum in Appendix B).

IMPLEMENTING AN INTRANASAL NALOXONE CARRY PRACTICE

This section provides step-by-step instructions for implementing an IN naloxone carry practice and training your VA Police Officers to recognize the signs associated with an opioid overdose and administer IN naloxone.

NOTE: All VA Police Services and facilities that implement an IN naloxone carry practice ***MUST*** develop a local policy to specifically address all accountable individuals and Service/facility-specific information (e.g., training, documenting use, medication inspection/replacement, etc.).

For more information on guidance for naloxone and law enforcement, please reference the **Law Enforcement Naloxone Toolkit**, created by the US Department of Justice (DOJ) Bureau of Justice Assistance (BJA).

TIP: To help develop a local policy, consider adapting the local policy from another, already implementing facility, such as VA Boston HCS or Miami VA HCS (policies in Appendix B).

Implementation Roadmap

From start to finish, you can expect implementation of your IN naloxone carry practice to take approximately two to three months. This may differ slightly due to local factors, including policy concurrence and supply acquisition processes. Setting target deadlines can assist in enforcing accountability among practice stakeholders and improve the likelihood of successful and timely implementation. **Figure 1** provides a high-level roadmap for implementation.

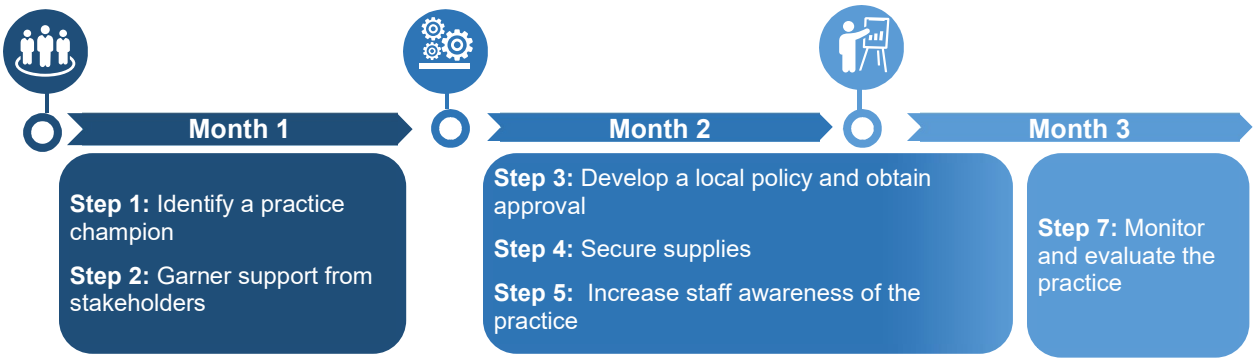

Figure 1. IN Naloxone Carry Practice Implementation Roadmap

We detail each implementation step in the following sections.

Step 1: Identify a Practice Champion

Identify a Practice Champion (e.g., someone in the VA Police Service or a facility OEND champion) to advocate for implementing the IN naloxone carry practice. The Practice Champion should be vested in successful implementation, serve as your point of contact for implementation, and be responsible for overseeing implementation (e.g., coordinating across stakeholder groups to ensure all program requirements are met). Potential Practice Champions could include the local VA Police Chief, or a designee, with support from an OEND champion, Patient Safety Manager, Pharmacy leadership, etc. The key is to identify an individual who is willing to advocate for the practice and who has adequate time to dedicate to implementation.

The Practice Champion can use the Implementation Roadmap to guide efforts to implement the practice. Successful implementation requires the Practice Champion to work closely with practice stakeholders to carry out the necessary steps, as this is an interdisciplinary initiative.

Step 2: Garner Support from Stakeholders

Successful implementation of the IN naloxone carry practice requires support and buy-in from several stakeholder groups (e.g., police service and facility leadership, Pharmacy, Quality Management and Patient Safety, cardiopulmonary resuscitation (CPR) Committee Chairpersons, and other staff who may serve as potential first responders or “carriers”). A “project kickoff” and regular implementation meetings with practice stakeholders can help get the ball rolling and expedite implementation.

In the event that leadership is unaware of your interest in implementing the IN naloxone carry practice, we recommend that you inform them and obtain their support before

proceeding further. ***Leadership support is imperative to ensuring successful implementation.*** It may be helpful to remind your leadership that the IN naloxone carry practice was recommended by the DUSHOM and approved by labor unions (see memo in Appendix B).

The following are examples of how stakeholders can help support implementation of the IN naloxone carry practice:

- **Pharmacy:** Pharmacy Service is a key stakeholder because it is the department that supplies the IN naloxone medication. Coordinating with Pharmacy to identify roles and responsibilities is critical when developing a local policy. Important aspects to discuss with Pharmacy include the processes for supplying, inspecting, and replacing IN naloxone upon use or expiration.
- **Patient Safety:** Facility Patient Safety Managers (PSM) are a key stakeholder because they can facilitate the implementation process. Since they work closely with hospital leadership the PSM can also assist with breaking down any barriers that may exist.
- **Quality Management (QM):** Obtaining support from QM staff can assist with ensuring that the procedures are compliant with The Joint Commission regulations. QM staff can also assist with development of a performance improvement plan.
- **VA Police:** The VA Police are often the first responders to VA emergencies. VA Police representatives can assist with the logistics of the process that meets the workflow and needs of the VA Police. This will include selecting the naloxone carry case for the utility belt, storage of naloxone within the VA Police department and handing off critical information to the responding medical team after VA Police have administered naloxone to a victim.
- **OEND Champions:** OEND has been implemented in every VA facility and many facilities have OEND champions who helped facilitate implementation (e.g., pharmacists, nurses, social workers, and physicians across primary care, pain management, mental health, and substance use disorder treatment settings). OEND champions may be able to assist with various aspects of the IN naloxone carry practice (e.g., development of policies/procedures; training VA police officers, etc.).
- **Academic Detailing Service**: VA has supported implementation of Academic Detailing (internal VHA website; external site is here)—clinical pharmacists who train staff in evidence-based practices—across VA. OEND is one of ADS' campaigns (internal VHA website; external site is here) and Academic Detailers may be available to help train VA Police in how to recognize and respond to opioid overdose with naloxone.
- **Responding Medical Team:** Communication and collaboration with the responding medical team are vital to ensure that administered medications are documented and understood and that transitions are seamless. VA Police Officers should document naloxone use in a police report and communicate use to clinical personnel through a locally defined protocol.

Step 3: Develop a Local Policy and Obtain Approval

As you prepare for implementation, you must **create a local policy** to ensure that all stakeholder roles, responsibilities, and protocols are clearly defined. Each VA Police Service and facility's policy should include a purpose statement, stakeholder responsibilities, related processes (training, documenting use, medication inspection/replacement, etc.), and signatures from the VA Police Chief and facility leadership. To help develop a policy, consider adapting the local policies of VA Boston HCS or Miami VA HCS, as appropriate (see Appendix B). Work with your process stakeholders to update the policy to meet the needs and conditions of your VA Police Service and facility.

TIP: If your site has an existing policy that addresses expanding naloxone availability on facility grounds, such as through the OEND Program, you may add guidance for the IN naloxone carry process to that policy. It is important to emphasize universal precautions in the policy.

A Note on Reporting: It is important to clarify reporting responsibilities in the event of an opioid overdose, given that there may be multiple reporting expectations at the facility level (e.g., VA Police System (VAPS), Joint Patient Safety Reporting (JPSR), the National Naloxone Use Note, the Suicide Behavior and Overdose Report (SBOR) Note, etc.). It is recommended that first responders utilize the **SBOR Note** after responding to VA patients who overdose on campus, as it is an effective reporting tool to ensure all opioid overdoses among VA patients are recognized. Be sure to clearly indicate requirements for reporting involving VA Police-assisted opioid overdose reversals in your facility's formal policy. VA Police documentation of on property criminal incidents (including overdoses) are documented using one of two reporting systems: the Veterans Affairs Police System (VAPS) and the Report-Exec System which is replacing VAPS.

Step 4: Secure Supplies

Coordinate with the appropriate services (e.g., logistics, pharmacy) to secure the proper supplies (e.g., VA police pouch, disposable gloves, IN naloxone medication). Be sure to establish and communicate inspection and replacement schedules and protocols to guarantee that sufficient supplies are available and not expired. Such protocols should be outlined in the facility's policy.

TIP: VISN 8 VA Police Officers use a Naloxone Police Pouch for storage of two (2) doses of IN naloxone on their belts (see Miami VA's sample policy describing their practice in Appendix B)

A note on personal protective equipment (PPE): Ultimately, local VA Police management should work with the appropriate services (e.g., Infection Control) to inform decision-making on what to include in the VA Police naloxone kits. In accordance with guidance from the Centers for Disease Control (CDC) National Institute for Occupational Safety and Health (NIOSH), it is recommended that VA Police Officers carry nitrile gloves with their allocated doses of IN naloxone. Additionally, if there are concerns about potential fentanyl exposure, sites may elect to include additional measures of PPE protection, including disposable respirators, safety goggles, and/or other forms of wrist/arm protection. For more information, please refer to formal CDC NIOSH guidance.[8]

Step 5: Increase Staff Awareness of the Practice

When implementing the IN naloxone carry practice, you should make sure that all staff are aware that VA Police Officers carry IN naloxone in the event of a nearby opioid overdose. From Police Officers to clinicians to administrative staff, increased awareness of the practice is important to maximize its benefits.

The table below includes sample key messages you can use when communicating across your facility.

Key Message ONE	Intranasal (IN) Naloxone is a highly-effective, easy-to-administer, FDA-approved for layperson administration nasal spray medication that can rapidly reverse an opioid overdose. It is a completely safe medication, and only reacts when in the presence of opioids.
Key Message TWO	The VA Police Service is now equipped with intranasal (IN) naloxone, making this life-saving medication easier to access in the event of an opioid overdose.
Key Message THREE	Equipping VA Police Officers with naloxone is consistent with VA Memorandum Rapid Naloxone Availability to Prevent Opioid-Related Death, published by the DUSHOM and the President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand.[10]

Some suggested communications channels and vehicles include:

- **Internal email blasts:** Send to all Service and facility staff and/or select staff groups as appropriate (sample text available in Appendix B).

- **Blurbs in your Service's or facility's newsletter:** Include whenever your site issues facility-wide communications via newsletter or comparable format (see sample in Appendix B).
- **Computer screen savers:** If commonly used at your facility to raise awareness of local happenings.

Step 6: Train Staff and Implement the Practice

To ensure successful implementation of the IN naloxone carry practice, VA Police Officers must be **trained to administer nasal naloxone** and **recognize the signs and symptoms of an opioid overdose**.

Carry and Administer training should cover:

- How to recognize symptoms and indications of an opioid overdose
- How to administer IN naloxone
- How to document IN naloxone use so that the medical team is aware of its administration
- How to store IN naloxone on- and off-duty
- When and how IN naloxone is inspected and replaced (either after administration or expiration)
- How to protect yourself from accidental exposure to toxic materials (e.g., fentanyl, carfentanil, etc.)

Training on when to give naloxone is included in VA's Talent Management System (TMS) Basic Life Support Training (Course 3871645) which is available to VA Police staff. More in-depth training on naloxone administration is included in VA's OEND TMS training (Course 27440; see *IN Naloxone Training Reference Sheet*, in Appendix B; available externally at https://www.train.org/main/course/1087390/). Stakeholders listed in Step 2 may also be able to help with in-person training of staff. A "train the trainer" approach could also be taken with a champion being trained and in turn being responsible for ensuring the rest of the VA Police Service receives proper training. The Practice Champion may wish to work with local Pharmacy leadership to receive training on how to properly store IN naloxone. Employee Education may be able to assist with guidance on how to develop and document training in employees' educational records.

TIP: See the Naloxone Police Training Reference Sheet in Appendix B for an overview of IN naloxone training and list of training resources.

With regard to the other carry and administration topics, custom training should be developed and incorporated into the Service's and facility's CPR training program. Employee Education may be able to assist with guidance on how to develop and document training in employees' educational records.

TIP: For more information on guidance for naloxone and law enforcement, please reference the Law Enforcement Naloxone Toolkit, created by the US Department of Justice (DOJ) Bureau of Justice Assistance (BJA). The VA Naloxone Training and Administration FAQ (available in Appendix A and Appendix B) is also an excellent resource for communicating practice facts and can be used as-is or adapted for your facility's specific needs.

Step 7: Monitor and Evaluate the Practice

Per medication management requirements, all implementing sites should monitor and evaluate the effectiveness of their IN naloxone carry protocols. The process for naloxone storage is required to be compliant with VHA policy (e.g., VHA Directive 1108.06 regarding ward stock). Key monitoring requirements include:

1. The number of IN naloxone dosages provided to your VA Police Officers, including expiration dates (to ensure all dosages are accounted for and replaced upon expiration)
2. Recording and tracking each opioid overdose reversal resulting from VA-Police administered IN naloxone, including but not limited to information such as:
    a. Name and role/department of individual who administered IN naloxone
    b. Date of IN naloxone administration
    c. Name of individual with opioid overdose
    d. Whether the overdose reversal was successful
    e. Location of overdose (i.e., where on facility grounds the overdose occurred)
    f. Overdose victim current prescription information (if victim is enrolled in VA care and if information is available)
    g. If naloxone was used on a VA patient, a process should be developed to ensure appropriate documentation in the medical record (e.g., VA National Naloxone Use Note or Suicide Behavior and Overdose Report; these national notes also aim to improve care post-overdose)

To help with monitoring and evaluation of the IN naloxone carry practice, your local policy could identify a designee from your VA Police Service/facility to submit updated monitoring and program evaluation data to facility and VISN leadership each month. At least annually, it may be helpful to analyze data from your facility to inform potential process improvements. Your local policy could identify stakeholders with whom to collaborate in interpreting monitoring and evaluation data to develop recommendations to help improve and tailor the practice in response to any reported trends or indications.

TIP: Sample tracking spreadsheets that you can use to monitor the nasal naloxone carry practice at your facility are available in Appendix B.

ADDITIONAL RESOURCES

If you have questions about implementation at the facility level, refer to the facility policy from VA Boston HCS as one example of successful VA Police carry implementation. This comprehensive policy provides insights into how VA Boston HCS implemented the VA Police Naloxone Carry Program, as well as standard operating procedures (SOPs) for what to do in the event of an opioid overdose. We recognize that VA Police Services will need to tailor the program to suit facility environments and populations, and that there is no “one size fits all” implementation strategy.

Additionally, you may wish to visit the National OEND Program SharePoint site (internal VHA website), which has a multitude of resources developed in support of naloxone availability expansion, including training resources, communications materials, related research, and information on their monthly calls. The VA Academic Detailing Service OEND SharePoint site contains additional resources, including quick reference guides, brochures and handouts, and data collection methods and metrics.

APPENDIX A: VA POLICE OFFICER NALOXONE TRAINING AND ADMINISTRATION FAQ

1. Are there any policy-related requirements for a VA Police Service to carry naloxone?

Yes. To ensure all stakeholder roles and protocols are clearly defined, each VA facility that trains and equips its VA Police Service with naloxone must establish a local policy. Each facility's policy should include a purpose statement, stakeholder responsibilities and related processes, and signature from facility leadership. For reference, implementing facilities may adapt the local policies of VA Boston HCS or Miami VA HCS, as appropriate (available in Appendix B).

2. How can I tell if someone is experiencing an opioid overdose? What are the symptoms and indications?

Individuals experiencing an opioid overdose may exhibit any of the following symptoms:

- Their face is very pale and/or feels damp to the touch
- Their body is or goes limp
- Their fingernails or lips have a purple or blueish color
- They start vomiting or making gurgling noises
- They cannot be awakened or are unable to speak
- Their breathing or heartbeat slows or stops

TIP: Learn more here, per the Substance Abuse and Mental Health Services Administration (SAMHSA).

3. Did the labor unions approve VA Police to carry naloxone?

Yes. VA leadership briefed the appropriate unions and all parties are in concurrence with VA Police officers carrying naloxone. It was determined that carrying and administering naloxone when necessary falls within the prescribed duties of a VA Police Officer. For more information, refer to the DUSHOM memorandum in Appendix B.

4. Where should VA Police Officers store naloxone on- and off-duty?

Whether on- or off-duty, VA Police-issued naloxone must be secured at all times. Please define your facility's processes for ensuring that VA Police-issued naloxone is constantly secured and is documented in local policy.

- **On-duty:** Store IN naloxone in a pouch on Officers' duty belts or tactical vests.
  - **Tip:** VISN 8 VA Police Officers use a Naloxone Police Pouch on their belts (see Miami VA's sample policy describing their practice in Appendix B).
- **Off-duty:** Determine your facility's storage process based on relevant environmental factors, and document this process in local policy accordingly.
  - **Tip:** Naloxone pouches can be stored in a secured locker at a facility's local VA Police headquarters or office while Officers are off-duty. Consideration should be given to temperature and other storage requirements.

5. Where should VA Police Officers document naloxone use so that the medical team is aware of its administration?

VA Police Officers should document naloxone use in a police report and communicate use to clinical personnel through a locally defined protocol. Each VA Police Service should establish a protocol for informing the responding medical team of naloxone use in the event of an overdose if the medical team is not on site at the time of the naloxone administration. If naloxone was used on a VA patient, a process should be developed to ensure appropriate documentation in the medical record (e.g., VA National Naloxone Use Note or Suicide Behavior and Overdose Report; these national notes also aim to improve care post-overdose).

6. Does every VA Police Officer carry naloxone?

At present, not all VA facilities provide IN naloxone to their VA Police Officers. While it is up to facility leadership to make the decision on VA Police Carry practices, individual VA Police Officers may opt out of being trained to carry and administer IN naloxone if they so choose.

7. Who inspects the naloxone? How often are naloxone inspections needed?

Each facility implementing this practice should work with the local Pharmacy Service to establish a process for VA Police-issued naloxone inspection. One way an

implementing facility may achieve this is to include VA Police-issued naloxone inspection in their monthly pharmacy inspections or rounds. Each VA Police Service may establish their own specific inspection process. All inspection protocols must be documented in local policy.

8. How do I replace the naloxone after administration or expiration?

Naloxone replacement is determined by each individual VA facility. Each implementing VA Police station should establish a clearly documented protocol with the Pharmacy service line for naloxone disposal and exchange. This protocol should be documented in local policy and communicated to the appropriate parties accordingly.

9. If a naloxone administration is unsuccessful, am I liable?

Per the Memorandum of Understanding between VA, VHA, and the National Association of Government Employees (NAGE) as well as VA, VHA, and the American Federation of Government Employees, "VA Police Officers will not be held liable while acting within the scope of their employment when administering Narcan."

TIP: In addition to Federal Supremacy, Good Samaritan Laws exist and vary by state and jurisdiction. Learn more here, per guidance from SAMHSA. Information is also available at lawatlas.org and PDAPS.org.

10. What are the side effects of naloxone? Is it safe to use?

Naloxone is very safe and has proven successful in the reversal of opioid overdoses. It is an inert substance that does not react when opioids are not present. Side effects to an individual with opioids in their system can include:

- Opioid withdrawal
- Aches
- Sweating
- Runny nose
- Diarrhea
- Nausea
- Vomiting
- Restlessness or irritability
- Aggressiveness/agitation/combativeness

Withdrawal symptoms may start within minutes of naloxone administration but typically dissipate within an hour due to the metabolic clearance rate of naloxone relative to that of the offending opioid. Withdrawal symptoms are often a necessary part of reversal of an opioid overdose; while they may be distressing to the patient and may complicate clinical management, they are generally not life threatening and represent a superior outcome to an overdose death.[11]

TIP: Learn more about naloxone and its effects here. VA Pharmacy Benefits Management also has a Clinical Guidance document (internal VHA website) about naloxone that includes efficacy and safety information.

11. Can I give someone too much naloxone?

No, a person cannot overdose on naloxone. However, if a victim receives more naloxone than may be needed, they may experience opioid withdrawal.

12. Where can I find training on naloxone administration?

Naloxone administration is included in your required Basic Life Support (BLS) or cardiopulmonary resuscitation (CPR) training and you can complete it in TMS. Additional training will be provided based on site requests and capabilities. VA Police officers can receive training on how to train their local police service.

TIP: For more information on guidance for naloxone and law enforcement, please reference the Law Enforcement Naloxone Toolkit, created by the U.S. Department of Justice (DOJ) Bureau of Justice Assistance.

APPENDIX B: ATTACHMENTS

Sample Docs		Source File
VA Boston HCS Local Naloxone Policy	Local policy, developed at VA Boston HCS, outlining guidelines and requirements for rapid availability of IN naloxone	VA Boston HCS Local Naloxone Policy.docx
Miami VA HCS Local Naloxone Policy	Local policy, developed at Miami VA HCS, outlining guidelines and requirements for equipping Miami VA Police with IN naloxone	Miami VA HCS Naloxone Policy.docx
DUSHOM Memorandum on Rapid Naloxone Availability to Prevent Opioid-Related Death	Memorandum signed by the Deputy Under Secretary for Health for Operations and Management (DUSHOM) on Rapid Naloxone Availability, published on September 5, 2018	DUSHOM Memo on Rapid Naloxone
References		**Source File**
IN Naloxone Training Reference Sheet	Document containing an overview of IN naloxone training and a list of training resources	Naloxone Police Training Ref Sheet
Templates		**Source File**
VA Police IN Naloxone Carry Sample Communications	Sample communications to describe VA Police IN Naloxone Carry	Naloxone Carry Practice Sample Comr
IN Naloxone Tracker Sheet	Spreadsheets to monitor the IN naloxone administered by VA Police Officers at your facility	Nasal Naloxone Tracking Spreadsheet

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Pamela Bellino, OTR/L, Patient Safety Manager at VA Boston HCS, who implemented the idea to equip AED cabinets with nasal naloxone as an intervention to address the occurrence of opioid overdoses at her facility. She entered this practice into the Under Secretary for Health (USH) Shark Tank Competition, and was selected as one of 13 Cohort 2 Gold Status Practices.

Chief Steve Elliott, VA Police Chief for VISN 8, who successfully led implementation across the network's eight VA Medical Centers. Chief Elliott's guidance for engaging with law enforcement has been invaluable in expanding this program.

Elizabeth Oliva, PhD, National Opioid Overdose Education and Naloxone Distribution (OEND) Coordinator, who provided subject matter expertise on expanding access to naloxone and training non-clinical staff to use naloxone properly. Her willingness to collaborate across initiatives has been integral to the success of the program.

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