AUTOMATED EXTERNAL DEFIBRILLATOR (AED) CABINET NALOXONE PROGRAM

IMPLEMENTATION TOOLKIT

VA | U.S. Department of Veterans Affairs

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INTRODUCTION

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. Moreover, Veterans are **twice as likely to die from accidental overdose** when compared to the non-Veteran population.[2]

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.[4]

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]

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. Because of this danger, providers should carefully monitor patients who are taking opioids, and hospitals and communities should consider steps to prevent and reverse 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]

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, consulting state prescription drug monitoring databases to avoid duplicate opioid prescriptions, and referring patients to substance use disorder and mental health treatment when appropriate.

Despite these efforts, 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 naloxone programs and practices to rapidly reverse any on-site opioid overdoses**.

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.[6]

- VA released an **Equipping VA Police Services With Intranasal (IN) Naloxone** toolkit (internal VHA website) to support national implementation of this practice.

- 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 implementation of the VHA Diffusion of Excellence Gold Status Practice that equipped at-risk patients and first responders with naloxone.[7] This included equipping VA police and select automated external defibrillator (AED) cabinets with naloxone (see the memorandum in Appendix A).

The VHA Diffusion of Excellence Gold Status Practice was based on VA Boston Health Care System's (HCS) program that expanded naloxone availability on-site. One facet of VA Boston HCS' program is the **Automated External Defibrillator (AED) Cabinet Naloxone Program**, in which facility staff place naloxone in select AED cabinets. The program makes naloxone more readily available, increasing the likelihood of successful reversal in the event of an opioid overdose.

VA Boston HCS worked closely with The Joint Commission (TJC) to develop its AED Cabinet Naloxone Program. This toolkit summarizes the steps VA Boston HCS used to implement its innovative AED Cabinet Naloxone Program, which was based on the guidance received by TJC to remain in compliance with TJC standards and elements of performance that were in place at the time of implementation. The goals of this toolkit are to provide background on VA Boston HCS' AED Cabinet Naloxone Program and instructions on how to implement it at your facility in order to diffuse this life-saving innovation across Veterans Health Administration (VHA).

EXPANDING NASAL NALOXONE AVAILABILITY TO HIGH-RISK AREAS

About the Program

Opioid overdoses sometimes occur in areas infrequently traveled by facility personnel and/or areas that do not have a crash cart readily available. In those instances, overdose victims may not be able to get naloxone quickly enough to reverse the overdose. To enable the fastest response times, VA Boston HCS established the AED Cabinet Naloxone Program and utilized the easy-to-administer, FDA-approved for layperson administration nasal spray formulation of naloxone.

Nasal naloxone is a single-step nasal spray requiring minimal training to administer properly. In a study of nasal naloxone usability, **90.5%** of individuals were able to successfully use it without training.[7] When trained, both clinical and non-clinical personnel may be able to administer nasal naloxone if they encounter a suspected overdose victim.

The goal of the **AED Cabinet Naloxone Program** is to expand naloxone access at VA facilities across the country, so that first responders can administer naloxone as timely as possible. It involves equipping select AED cabinets with nasal naloxone based on how close they are to other sources of naloxone.

AED cabinets containing nasal naloxone should be clearly marked to indicate the presence of naloxone, and facility staff should be trained to recognize which AED cabinets contain naloxone so they can quickly respond in the event of an overdose. Through the AED Cabinet Naloxone Program, all cardiopulmonary resuscitation (CPR)-trained hospital staff should be trained in the assessment and administration of nasal naloxone and may be able to assist in naloxone administration during an overdose in their proximity. Additionally, staff who do not normally receive CPR training may be able to receive nasal naloxone training if they work near an AED cabinet containing nasal naloxone. For insight into what the AED Cabinet Naloxone Program looks like at the facility level, refer to VA Boston HCS' local naloxone policy. Additionally, the steps below are meant to assist you in implementing VA Boston HCS' approach.

Refer to the VA Boston HCS Local Naloxone Policy in Appendix A, page 18.

NOTE: It is important to comply with TJC requirements for medication management when equipping AED cabinets with nasal naloxone. This toolkit is based on one approach that was determined to have met TJC standards in the way that it was presented and described at the time.

Joint Commission Standards and Requirements for AED Cabinet Nasal Naloxone

Specific information on Joint Commission Standards and Elements of Performance related to AED cabinet naloxone that VA Boston HCS used to inform its approach can be found in the embedded *Joint Commission Guidance Sheet*, as well as in Appendix A. Below is a brief overview of these requirements and how VA Boston HCS met those requirements, which are integrated into the steps described in the *Implementing the AED Cabinet Naloxone Program* section.

1. AED Cabinet Identification
    a. All facilities that implement the AED Cabinet Naloxone Program must conduct a **risk assessment** to determine which specific AED cabinets should contain nasal naloxone, rather than globally equipping all AEDs with nasal naloxone.
2. AED Cabinet Physical Set Up
    a. AED cabinets in which naloxone is stored must be properly **alarmed** and marked with a **defined symbol** that is recognizable to responders but does not make it obvious to patients and non-clinicians that the cabinet contains a medication.
    b. Nasal naloxone within the AED cabinets must be secured with a **tamper-resistant seal** (e.g., a zip tie).
3. Staff Training
    a. Facility staff must receive standardized training on nasal naloxone administration, signs of an opioid overdose, and locations of AEDs equipped with naloxone around the facility. ***NOTE:*** *Training on when to give naloxone is included in VA's Talent Management System (TMS) Basic Life Support Training (Course 3871645). More in-depth training on naloxone administration is included in VA's OEND TMS training (Course 27440; available externally at https://www.train.org/main/course/1087390/). Contact Elizabeth.Oliva@va.gov for any issues accessing the referenced TMS modules. Employee Education may be able to assist with guidance on how to develop and document training in employees' educational records*.
4. AED Cabinet Monitoring
    a. **Daily documented checks** must be conducted to ensure nasal naloxone in AED cabinets is secured and is not expired. ***NOTE:*** *Local policy should reflect the process for documenting daily AED checks to include designating accountable staff. Refer to the VA Boston HCS local naloxone policy as an example*.
    b. **Document administration** of nasal naloxone according to facility policy and ensure that any overdose events among VHA patients are documented in CPRS using the VHA national Suicide Behavior and Overdose Report (SBOR) Note template. ***NOTE:*** *Local policy should reflect the process for documenting administration of nasal naloxone and overdose events among VHA patients using the SBOR note. The SBOR Note is meant to help document these critical events and ensure providers consider the range of risk factors and treatment considerations to help VHA patients post-*

overdose. Contact Elizabeth.Oliva@va.gov for any questions about this note. If the overdose victim is not a VHA patient, documentation of the incident is still necessary. Facilities should establish procedures for documentation (see Step 8. Monitoring and Program Evaluation below).

c. Develop a process for ensuring that nasal naloxone in AED cabinets is **refilled** if used or expired.
d. Develop a process for reporting any evidence of **tampering or missing** nasal naloxone to the appropriate authorities (e.g., VA Police Service, pharmacy).

NOTE: All VHA medical facilities that implement this practice must develop a local policy to specifically address all accountable individuals, as well as other facility-specific information or aspects that may affect implementation.

For information on how the AED Cabinet Naloxone Program that VA Boston HCS implemented complied with specific Joint Commission Standards and Elements of Performance, refer to The Joint Commission Guidance/Reference Sheet, also found in Appendix A.

Refer to the Joint Commission Guidance Sheet in Appendix A, page 32.

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 AED Cabinet Naloxone Program to that 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), Suicide Behavior and Overdose Report (SBOR) Note, etc.). It is recommended that the **SBOR Note** is completed after responding to VHA patients who overdose on campus, as it is an effective reporting tool to ensure all opioid overdoses among VHA patients are recognized. Be sure to clearly indicate requirements for reporting that involve AED cabinet naloxone administration in your facility's formal policy.

IMPLEMENTING THE AED CABINET NALOXONE PROGRAM

Implementation Roadmap

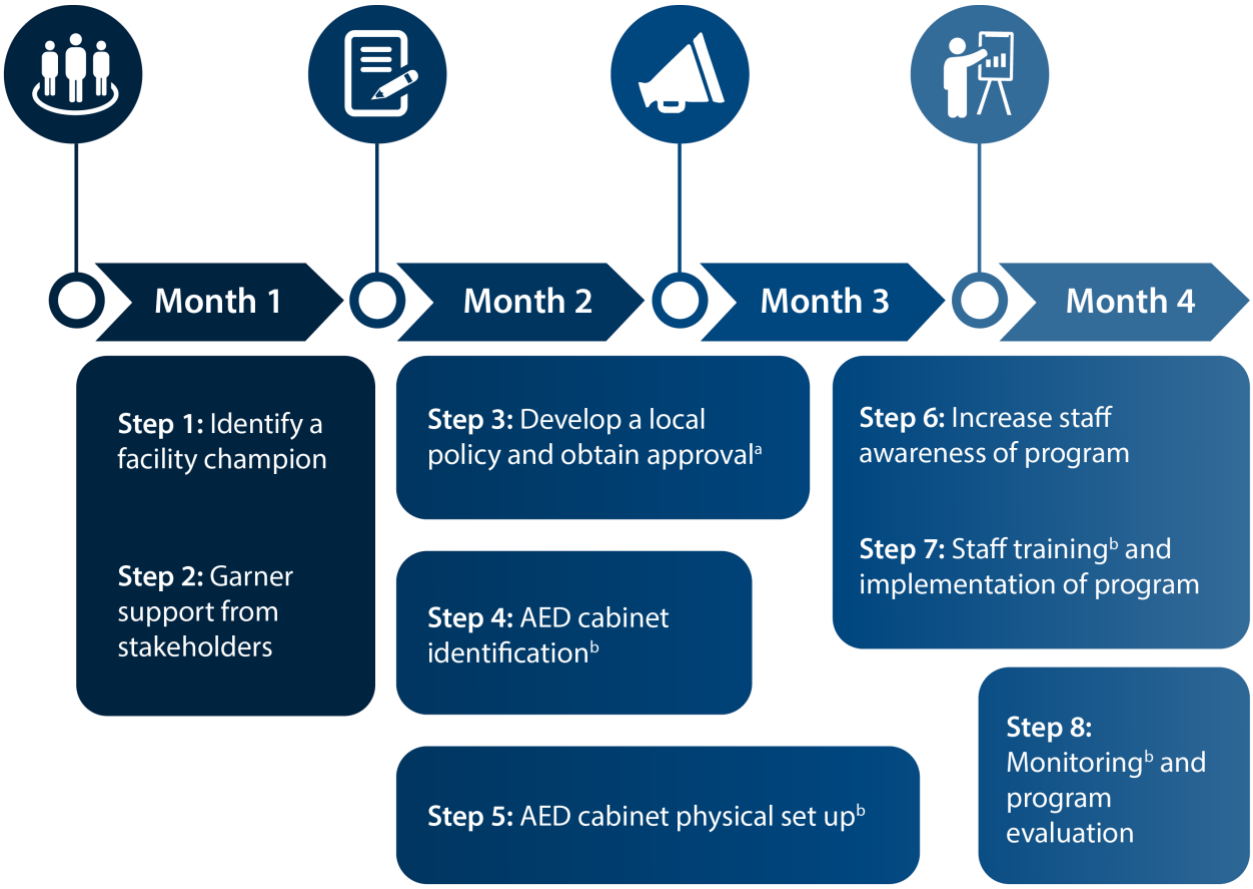

Figure 1: Recommended Implementation Timeline for the AED Cabinet Naloxone Program

[a]Local policy should address Joint Commission Standards and Requirements for AED Cabinet Nasal Naloxone mentioned above—specifically processes for AED cabinet identification, AED cabinet physical set up, AED cabinet monitoring, and staff training

[b]Joint Commission Standards and Requirements for AED cabinet naloxone

From start to finish, you can expect implementation of the AED Cabinet Naloxone Program to take approximately three to four months. This may differ slightly among facilities due to local factors, including policy concurrence and supply acquisition processes. Setting target deadlines can assist in enforcing accountability among facility stakeholders and improve the likelihood of successful and timely implementation. Figure 1 provides a roadmap for implementation.

In the following sections, we detail each implementation step.

Step 1: Identify a Facility Champion

Your facility must first **identify a facility champion** who should be an advocate of the AED Cabinet Naloxone Program and vested in its success. The champion should serve as your facility's point of contact about the program and be responsible for overseeing implementation (e.g., coordinating across stakeholder groups to ensure all program requirements are met). Potential champions could include a local Opioid Overdose Education and Naloxone Distribution (OEND) champion, Opioid Safety Initiative point of contact, quality management (QM) chief, or patient safety manager. The key is identifying someone willing to advocate for the program and who has adequate time to dedicate to implementation.

The facility champion can use the Implementation Roadmap to guide efforts to implement the AED Cabinet Naloxone Program. Successful implementation of the program requires the facility champion to work closely with facility stakeholders to carry out the necessary steps, as this is an interdisciplinary initiative.

Step 2: Garner Support from Facility Stakeholders

Successful implementation of the AED Cabinet Naloxone Program requires support and buy-in from several facility stakeholder groups (e.g., facility leadership, pharmacy, QM, Patient Safety, engineering, CPR Committee chairpersons, responding medical team, and other staff who may serve as potential first responders). A "kickoff meeting" and regular implementation meetings with facility stakeholders can also help get the ball rolling and expedite implementation.

In the event that leadership is unaware of your interest in implementing the AED Cabinet Naloxone Program, it is recommended 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 them that this practice was recommended by the DUSHOM and selected by the under secretary for health (USH) as a Gold Status Practice in the Diffusion of Excellence Initiative's Shark Tank, meaning that it is an intervention that the USH recognizes as a best practice to share and diffuse across VHA. Please reach out to Pamela Bellino or Elizabeth Oliva for support if you are experiencing barriers to garnering support from facility stakeholder groups, and they can try to assist you.

The following are examples of how stakeholders can help support implementation of the AED Cabinet Naloxone Program:

- **Pharmacy:** Pharmacy Service is a key stakeholder because it is the department that supplies the naloxone medication. As such, coordinating with pharmacy to identify roles and responsibilities to help meet TJC requirements is critical when developing a local

policy. Important aspects to discuss with pharmacy include processes for supplying naloxone and replacing 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.

- **Engineering:** Because the way in which VA Boston HCS met TJC requirements involved modifying all naloxone-containing AED cabinets to ensure naloxone was secure, the facility champion may need to engage with Engineering Service to ensure any required modifications are made. The primary modification that VA Boston HCS made for securing naloxone was to drill two holes into the cabinet door so that a tamper-resistant seal could be applied. Refer to the AED Cabinet Setup Guide, found in Appendix A, for further guidance on how VA Boston HCS prepared its facility's AED cabinets for containing naloxone. Facilities interested in alternative approaches to the AED cabinet physical set up should reach out to TJC to ensure their approach is in compliance with TJC standards. Notably, TJC recently released a Standards FAQ specifically related to "Stocking Reversal Agents in Non-traditional Areas" that may be helpful.

- **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. Responders should document naloxone use and communicate use to clinical personnel through a locally defined protocol. Overdose events among VHA patients should be documented in CPRS using the VHA national Suicide Behavior and Overdose Report (SBOR) Note template.

- **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 AED Cabinet Naloxone Program (e.g., development of policies/procedures, training staff, 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 staff in how to recognize and respond to opioid overdose with naloxone.

Step 3: Develop a Local Policy and Obtain Approval

As you prepare for implementation at your facility, you should **create a local policy** to ensure that all stakeholder roles, responsibilities, and protocols are clearly defined**.** Fortunately, this step is as simple as adapting existing local policies, such as the policy from VA Boston HCS, to your facility. Work with your facility stakeholders to update the policy to meet the needs and conditions of your facility. Once you have a complete draft of your facility's local policy, route the policy through your site's concurrence process for signature by leadership. Refer to Appendix A for the local policy example from VA Boston HCS.

NOTE: The sample facility policy in the appendix provides specific information for how VA Boston HCS executes its policy. If you have questions on logistics, refer to the sample policy for guidance. You may also direct questions about the policy to Pamela Bellino.

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 AED Cabinet Naloxone Program to that 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), Suicide Behavior and Overdose Report (SBOR) Note, etc.). It is recommended that the **SBOR Note** is completed after responding to VHA patients who overdose on campus, as it is an effective reporting tool to ensure all opioid overdoses among VHA patients are recognized. Be sure to clearly indicate requirements for reporting that involve AED cabinet naloxone administration in your facility's formal policy.

Step 4: AED Cabinet Identification

To ensure naloxone placement in AEDs is as efficient as possible, each facility should **conduct a risk assessment** to determine which AED cabinets are located in high-risk areas and should contain naloxone. In this context, "high risk" refers to an area of your facility that does not have naloxone close by, such as in an area where there is no crash cart or one that is less accessible to first responders.

The risk assessment can be carried out by a **task force** established by the facility champion and stakeholders. Potential task force members could include representatives from pharmacy, QM/Patient Safety, your facility's CPR Committee (if applicable), or other staff members interested and willing to serve.

Refer to the Risk Assessment Guidance in Appendix A, page 39.

RISK ASSESSMENT GUIDANCE AND TEMPLATE

- No crash cart present
- Near a high-risk patient population (e.g., methadone clinic, domiciliary, substance use disorder treatment programs).
- Located remotely (e.g., a less-traveled area or an area that may be difficult for first responders, such as VA police, to reach quickly)
- Common areas (e.g., outpatient clinic waiting rooms, cafeterias)

VA Boston HCS' task force deemed the following areas as high risk: outpatient clinics; cafeterias; warehouses; waiting rooms; domiciliary; gym and recreation areas; Fisher House; Huntington House Lodge; methadone clinic; and residential and outpatient substance abuse treatment programs and compensated work therapy (CWT) programs. These are the locations that VA Boston now has nasal naloxone in each AED cabinet. Your facility task force should conduct risk assessments on an **annual basis** and should apply risk ratings to all new AED cabinets placed at your facility when applicable.

Refer to the Risk Assessment Template in Appendix A, page 45.

You may use the Risk Assessment Template provided in this toolkit to conduct your facility's risk assessment. It may be helpful to report the risk assessment results and recommendations on which AED cabinets should be equipped with nasal naloxone to your facility leadership for concurrence.

Step 5: AED Cabinet Physical Set Up

Several pieces of equipment, many of which your facility already likely has in place, are necessary to implement the AED Cabinet Naloxone Program. For items that your facility does not already have, work with facility leadership, as well as personnel from logistics and/or supply chain to acquire what is necessary.

To implement this program in a way that is consistent with VA Boston HCS' approach (which met The Joint Commission standards in the way that it was presented and described at the time), you will need the following **equipment and resources**:

- Metal AED cabinet with transparent glass front
- AED, with case and cabinet alarm (**Note:** alarm must be in the "on" position)
- Adult pads/electrodes
- Pediatric pads/electrodes (if part of current AED set up)
- Tamper-evident seal
- Laminated AED daily check instruction sign
- Laminated "N" sign indicating that the cabinet contains nasal naloxone
- Paper log for documenting daily checks of AED cabinets with nasal naloxone
- Nasal naloxone:
    - Reference card for nasal naloxone administration
    - Two doses of nasal naloxone
    - Rubber gloves (optional, was not required by TJC when VA Boston HCS implemented its program)
    - Face shield (optional, was not required by TJC when VA Boston HCS implemented its program)
    - Quick Reference Guide with phone number to report emergency (optional, was not required by TJC when VA Boston HCS implemented its program)

The list of stakeholders below can help you obtain the equipment and resources in the list above:

- **Clinical Engineering**, to provide the AED cabinet and AEDs
- **Engineering**, to drill holes in AED cabinets to make them secure
- **The service responsible for supplying tamper-evident seals for code/crash carts,** to supply tamper-evident seals and nasal naloxone
- **Distribution**, to supply AED electrodes/pads
- **Logistics**, to provide and record tracking of AED identification numbers

The instructions in the embedded AED Cabinet Setup Guide describe VA Boston HCS' approach (also in Appendix A) for equipping its facility's AED cabinets with nasal naloxone. You may also use the template for the paper log to track daily AED checks that were part of their approach. Each AED cabinet containing nasal naloxone had its own daily check log. In VA Boston HCS, this log was either located on a clipboard atop the AED cabinet or within possession of the service chief of the area in which the AED cabinet was located. The local policy should include who will report the daily check log of each AED cabinet containing nasal naloxone.

Refer to the AED Cabinet Setup Guide in Appendix A, page 42.

Step 6: Increase Staff Awareness of Program

When implementing the AED Cabinet Naloxone Program, you should make sure that facility staff are aware of the presence of nasal naloxone in the event of a nearby opioid overdose. From clinicians to administrative staff, increased awareness of the AED Cabinet Naloxone Program is important to maximize the benefits of the program. The table below includes sample key messages you may use when communicating across your facility.

Key Message ONE	Select AED cabinets in high-risk areas now contain nasal naloxone, making this lifesaving medication easier to access in the event of an opioid overdose.
Key Message TWO	First responders to an opioid overdose can act quickly with lifesaving nasal naloxone found in select AED cabinets.
Key Message THREE	We've established processes to make sure that our nasal naloxone-equipped AEDs meet standards set by The Joint Commission.

NOTE: When VA Boston HCS implemented its program, guidance they received required that AED cabinets with nasal naloxone had an identifiable symbol *known only to designated responders*, who were nearby staff trained in CPR. For that reason, **they did not** disseminate flyers or other public-facing communications that would alert anyone other than VA employees

of the AED Cabinet Naloxone Program, as doing so could have increased the chance of naloxone theft or diversion.

Some suggested communications channels and vehicles include:

- **Internal email blasts:** to send to all facility staff and/or to select staff groups as appropriate (see sample text in Appendix A)
- **Blurbs in your facility's newsletter:** to include whenever your site issues facility-wide communications via newsletter or comparable format (see sample in Appendix A)
- **Computer screen savers:** if commonly used at your facility to raise awareness of local happenings

Refer to the AED Program Sample Communications in Appendix A, page 29.

Step 7: Staff Training and Implementation of Program

To ensure successful implementation of the AED Cabinet Naloxone Program, staff must: (1) be aware of the program (Step 6), (2) be trained to identify AEDs equipped with naloxone, and (3) be trained in naloxone administration. Staff training is critical for the last two points and part of increasing staff awareness can include training/messaging on how to identify AEDs equipped with naloxone. Given that nasal naloxone *will not be contained in all AED cabinets*, it might be helpful to develop a list and/or map of all AED cabinets at your facility that contain nasal naloxone and disseminate it to staff so they can quickly locate nasal naloxone-containing AED cabinets in their proximity. ***Remember, naloxone in an AED cabinet does no good if no one knows it is there!***

Refer to the Nasal Naloxone Training Reference Sheet in Appendix A, page 41.

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 clinically active 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 A; available externally at https://www.train.org/main/course/1087390/). Another option for training staff could include local training on the administration of nasal naloxone, as well as on the AED Cabinet Naloxone Program. Stakeholders listed in Step 2 may be able to help with in-person training of staff and/or this training could be incorporated into the facility's CPR training program. For instance, a CPR Committee chairperson and/or instructor could help integrate nasal naloxone administration and information about the AED Cabinet Naloxone Program into local CPR courses. Fortunately, nasal naloxone comes in the form of a nasal spray, is simple to administer, and fits well with the CPR certification curriculum. Employee Education may be able to assist with guidance on how to develop and/or document training in employees' educational records.

Refer to the Daily Check Guidance and Log for AED Cabinets with Naloxone in Appendix A, page 46.

TIP: See the Nasal Naloxone Training Reference Sheet in Appendix A for training resources.

Once VA Boston HCS equipped select AED cabinets with nasal naloxone, they designated staff to conduct daily checks to ensure nasal naloxone was not tampered with, missing, or expired. Appendix A provides additional guidance and a paper log that can be printed and stored outside your AED cabinets (see "Daily Check Guidance and Log for AED Cabinets with Naloxone").

Step 8: Monitoring and Program Evaluation

VA Boston HCS' approach to meeting The Joint Commission standards involved monitoring and evaluating the effectiveness of the AED Cabinet Naloxone Program. Any process for naloxone storage is required to be compliant with VHA policy (e.g., VHA Directive 1108.06 regarding ward stock). Key monitoring requirements used by VA Boston HCS included:

1. Daily AED checks for AED cabinets containing nasal naloxone
2. The number of nasal naloxone dosages deployed to facility AED cabinets, including their precise locations and expiration dates (to ensure all dosages are accounted for and replaced upon expiration)
3. Recording and tracking each opioid overdose reversal resulting from AED cabinet-acquired naloxone, including but not limited to information such as:

    a. Name and role/department of individual who administered nasal naloxone
    b. Date of nasal naloxone administration
    c. Name of individual with opioid overdose
    d. If 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/or if information is available)

Refer to the Tracker for Naloxone in AED Cabinets in Appendix A, page 53.

To help with monitoring and program evaluation of the AED Cabinet Naloxone Program across your facility and Veterans Integrated Service Network (VISN), your local policy could identify a designee from your facility to submit updated monitoring and program evaluation data to facility and VISN leadership each month (if such mechanisms/processes are developed). It may be helpful to analyze data from your facility at least annually to identify potential trends with opioid overdoses at your facility. Your local policy could identify stakeholders with whom to collaborate in interpreting monitoring and program evaluation data in order to develop recommendations to help improve and tailor the AED Cabinet Naloxone Program in response to any reported trends or indications.

Appendix A includes sample tracking spreadsheets, as well as a template, that you may use to monitor the AED Nasal Naloxone Program at your facility.

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 how it met TJC standards when it implemented its program. This comprehensive policy provides insights into how VA Boston HCS implemented its AED Cabinet Naloxone Program, as well as SOPs for what to do in the event of an opioid overdose. We recognize that VA leaders 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 monthly community of practice calls. The VA Academic Detailing Service OEND SharePoint site (internal VHA website; external site with some of the resources is here) contains additional resources, including quick reference guides, brochures and handouts, and data collection methods and metrics.

For more information or if you have additional questions, contact Elizabeth.Oliva@va.gov (VA national OEND coordinator), Pamela.Bellino@va.gov; (patient safety manager at VA Boston HCS), or Alan.Kershaw@va.gov (OEND pharmacist at VA Boston HCS).

Appendix A: **ATTACHMENTS**

Sample Docs		Page Number
VA Boston HCS Local Naloxone Policy	Local policy developed at VA Boston HCS outlining guidelines and requirements for equipping AED cabinets with nasal naloxone	Page 18
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	Page 28
AED Program Sample Communications	Document containing sample communications to promote awareness of the AED Cabinet Naloxone Program	Page 29
References		**Page Number**
Joint Commission Guidance Reference Sheet	Guidance used by VA Boston HCS to meet The Joint Commission standards when it equipped select AED cabinets with nasal naloxone	Page 32
Risk Assessment Guidance	Detailed steps to conduct a risk assessment at your facility to determine which AED cabinets should contain nasal naloxone	Page 39
Nasal Naloxone Training Reference Sheet	Document containing quick training information pertaining to administration of nasal naloxone in the event of an opioid overdose	Page 41
AED Cabinet Setup Guide	Detailed instructions used by VA Boston HCS to outfit AED cabinets with nasal naloxone	Page 42
Templates		**Page Number**
Risk Assessment Template	Template to assist in completing an AED Cabinet Risk Assessment	Page 45
Daily Check Guidance and Log for AED Cabinets with Naloxone	Guidance and fillable form for daily checks of AED cabinets containing nasal naloxone	Page 46
Tracker for Naloxone in AED Cabinets	Excel spreadsheet template to track use of nasal naloxone sourced from AED cabinets	Page 53

DEPARTMENT OF VETERANS AFFAIRS
VA BOSTON HEALTHCARE SYSTEM

PATIENT CARE MEMORANDUM -119-020-LM **June 2017**

INTRA-NASAL NALOXONE

1. **Purpose:** Opioid overdoses are occurring with increasing frequency in the community and at VA medical centers. When administered timely, intranasal (IN) naloxone effectively reverses opioid overdoses. The purpose of this policy is to outline procedures for the rapid availability of IN Naloxone in outlying areas of VA Boston Healthcare system where injectable naloxone is not readily available.

2. **Policy:** To ensure that IN naloxone is rapidly accessible throughout the Boston Healthcare System, IN naloxone kits have been placed within automated external defibrillator (AED) cabinets at select campus locations based on risk assessment and guidance from the Joint Commission (TJC). Additionally, VA police and other designated staff have been equipped with IN naloxone and trained in its administration. The Overdose Education and Naloxone Distribution (OEND) program was implemented for management of those patients at risk for opioid overdoses. OEND trains at risk veteran patients on proper IN Naloxone administration and how to prevent, recognize, and respond to an opiate overdose.

3. **Responsibility**:

    a. **The Medical Center Director** is responsible for ensuring that policy and procedure related to assessment and use of IN naloxone are established and are consistent with standards of care and practice as well as national patient safety goals.

    b. **The Chief of Staff/Service Line Chief/Service Line Manager** is responsible for the implementation of this policy and oversight of clinical practice.

    c. **Trained responding staff** will begin prompt evaluation and aid individuals with a known or suspected opiate overdose using IN Naloxone as indicated. (Attachment A).

    d. **Responsible Staff to Conduct Daily Checks:** Daily checks will be conducted to check integrity of the AED, expiration of the supplies and IN naloxone or missing medication. Each AED cabinet location containing IN Naloxone will have designed staff assigned to conduct daily checks. Generally, the service where the AED with IN naloxone is located is responsible for the daily checks. (Attachment C)

4. **Intra-Nasal Naloxone Locations**

    a. **Automatic Defibrillator (AED) Cabinets**- Designated areas of the medical center will have IN naloxone kits located within the staff areas based on risk assessment (Attachment B).

        I. **Risk Assessment:** A risk assessment was conducted to identify high risk AED locations that would benefit from adding IN Naloxone within the AED cabinets. High risk areas are defined as locations where an opioid overdose may occur but does not have ready access to crash carts. (Parenteral naloxone would be available in crash carts and is preferred in the reversal of opioid overdoses). Based on this risk assessment, VA Boston selected IN Naloxone to be added to AED cabinets in outpatient clinics, cafeterias, hallways, waiting rooms, domiciliary and residential program areas where opioid overdoses have been or may need to be reversed. (List of AED Cabinets with IN Naloxone - Attachment C).

        II. **AED Cabinets with In Naloxone Set-up-** To maintain integrity of the contents of AED cabinets containing IN Naloxone, additional modifications to the AED cabinet were implemented based on guidance from the Joint Commission. (Attachment D).

    b. **VA Boston Police are Equipped with IN Naloxone**

    c. **Other VA Staff are Equipped with IN Naloxone as outlined in Attachment B**

    d. **Overdose Education and Naloxone Distribution (OEND) program**, an intervention plan to train at-risk Veterans on proper IN naloxone administration and how to prevent, recognize, and respond to an overdose.

5. **Procedures for Responding staff:**

    a. **Assess for Opioid Overdose Symptoms**

    Staff in outlying areas will identify/assess patients having opiate overdose symptoms quickly and begin the treatment protocol immediately. **Opiate overdose symptoms** may include:

        I. difficult to arouse the patient

        II. shallow breathing, snoring, raspy, or gurgling sounds

        III. bluish or grayish lips, fingernails, or skin

        IV. clammy or sweaty skin

b. Call for help

Dial 33333 **or** call 9-1-1, depending on location of the patient as outlined in PCM11-005-LM- Responding to Medical Emergencies.

c. Initiate Opioid Overdose Rescue Procedures (Attachment A)

d. Documentation of administered medication- A hand off will be conducted between the first responder and the responding medical team to communicate the use of intra nasal naloxone.

I. **VA Patients**- The responding medical team will document the administration of the IN Naloxone by the first responder and/or medical team and the result of the treatment in the patient medical record.

II. **Individuals not eligible for VA care taken by emergency ambulance (911)**- VA Boston HCS first responder or member of the responding medical team will conduct a hand off with the emergency medical service to communicate the administration of the IN Naloxone and result of the treatment.

III. **VA Police-** Responding VA police will document the administration of the IN Naloxone by VA Police and the result of the treatment in VA police records.

e. IN Naloxone Replacement- Once used or expired, IN Naloxone will be restocked by Pharmacy. Responsible staff in the area of the used naloxone will contact pharmacy for replacement. See Attachment C-1 Listing of accountable pharmacy staff with oversight of AED's housing Naloxone.

6. **Medication Storage and Security**

Designated Pharmacy staff will inspect the AED cabinets monthly and replace used IN Naloxone once use is reported. See Attachment B for locations of intra-nasal naloxone. See Attachment C-1 Listing of accountable pharmacy staff with oversight of AED's housing Naloxone.

7. **Performance Improvement Program:**

A performance improvement (PI) program is in place to monitor the AED cabinets where IN naloxone is stored, including security and expiration dates of this drug. Daily service level checks and monthly Pharmacy inspections will be utilized to monitor the security and expiration of medication and supplies. Patient Safety or designee will conduct random audits of the daily AED with IN naloxone logs for quality assurance. Pharmacy service will track Opioid reversals and outcomes. Performance information and compliance with staff training requirements will be reported at least annually to the CPR committee. Pharmacy

Service Chief or designee will review the program on an annual basis to assess the effectiveness of the program and include tracking of IN naloxone usage and missing medication Site-level processes will be revised based on PI guidance as needed.

8. **References**:

   a. World Health Organization - Community Management of Opioid Overdose, 2014

   b. VA Academic Detailing Service Overdose Education and Naloxone Distribution OEND https://vaww.portal2.va.gov/sites/ad/SitePages/OEND.aspx

   c. Patient care memorandum-11-005-LM Responding to Medical Emergencies

   d. Police Service Memorandum No. 07B-011 April 01, 2015

   e. Joint Commission Standards Current Edition

9. **Rescissions**: PATIENT CARE MEMORANDUM -119-020-LM January 2017

10. **Review Date and Responsibility**: This policy will be reviewed annually by the Chief, Pharmacy Service or designee and reissued no later than June 2020.

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Michael E. Charness, MD

MICHAEL E. CHARNESS, M.D.

Chief of Staff, VA Boston Healthcare

ATTACHMENTS A, B, C, C-1, D

ATTACHMENT A

Opioid Overdose Rescue Procedures

Reference Card - Narcan ® Nasal Spray Rescue Procedures

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.
Important: For use in the nose only.
Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.

2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.

Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

ATTACHMENT B

Intranasal (IN) Naloxone Locations and Other VA Staff Equipped with IN Naloxone within VA Boston Healthcare System

Designated AED Cabinets throughout VA Boston Healthcare System as outlined in Attachment C.

All VA Boston Healthcare System Police

Designated Social Work Staff

Designated Homecare Staff

Designated Nurse Case Managers

Other Designated Staff as Approved by the Medical Executive Committee

ATTACHMENT C

AEDs With IN Naloxone Locations

Campus	AED Location with IN Naloxone	Area of Response	Responsible Service
Boston (Causeway)	1st Floor Primary Care Offices	Primary Care	Primary Care
Boston (Causeway)	2nd Floor Employee Gym	Primary Care	Primary Care
Boston (Causeway)	2nd Floor Primary Care	Primary Care	Primary Care
Boston (Causeway)	2nd Floor Methadone Clinic	Methadone Clinic	Mental Health
Boston (Causeway)	3rd Floor - Mental Health	Mental Health	Mental Health
Brockton	Building 2 - MH Rec Center	MH Rec Center	Recreation Therapy
Brockton	Building 3, 2nd Floor (A215)	Canteen	Canteen Service
Brockton	Building 3, 3rd Floor (B301)	Primary Care	Nursing
Brockton	Building 3, 4th Floor (A417)	Sleep Lab	Sleep Lab
Brockton	Building 3 Dental B518	Dental	Dental
Brockton	Building 4 Basement Hallway	Building 4	PM & RS
Brockton	Building 4 Room C025-04-BR	Employee Gym	Employee Health
Brockton	Building 5 1st Floor	Outpatient MH	Mental Health
Brockton	Building 7- 1 B - REACH Dom.	Domiciliary	Mental Health
Brockton	Building 7- 1 C - REACH Dom.	Domiciliary	Mental Health
Brockton	Building 20 Warehouse	Warehouse	Logistics
Brockton	Building 20 2nd Floor	Veteran's Cafeteria	Nutrition & Food
Brockton	Building 22	PRRCP (MH)	Mental Health
Brockton	Building 23	Gym only	Recreation Therapy
Brockton	Building 62 RISE	Transitional Res	RISE
Brockton	Building 2: 21C (PATH)	1st Floor Building 2	Nursing

Brockton	Bldg 2 - 2-1-C Addictions SA Unit	CIRCA	Nursing
Brockton	Bldg 2 -2-4-C Womens TX & Recov	WITRP	Nursing
CBOC Framingham	Primary Care CBOC	Primary Care	Primary Care
CBOC Lowell	1st floor Boston Primary Care	Primary Care	Primary care
CBOC Plymouth	Primary Care CBOC	Primary Care	Primary Care
Jamaica Plain	Building 4 (SARRPT)	Building 4	Mental Health
Jamaica Plain	Cafeteria Building 1	Cafeteria	Canteen Service
Jamaica Plain	Warehouse	Warehouse	Logistics
Jamaica Plain	Building 1 Room BD 120	Employee Gym	Employee Health
Jamaica Plain	13 A MAVERIC	13th	Psychology
Residential- Brighton	25 Litchfield Street (Men)	Transitional Res.	Mental Health
Residential JP	34 Boynton Street (WomenTRUST)	Transitional Res.	Mental Health
Residential JP	15 Woodside Ave, (Men)	Transitional Res.	Mental Health
West Roxbury	Building 3, 1st Floor Cafeteria	Cafeteria	Canteen Service
West Roxbury	Building 30, 1st Floor Gym	Employee Gym	Employee Health
West Roxbury	Building 88 (Trailer)	Staff Offices	Safety
West Roxbury	Fisher House, 1st Floor	Fisher House	Fisher House Staff
West Roxbury	Fisher House, 2nd Floor	Fisher House	Fisher House Staff
West Roxbury	Warehouse	Warehouse	Logistics

Attachment C-1

Listing of accountable Pharmacy staff with oversight of AED's housing IN Naloxone

Campus	Pharmacy Staff	Role	E-mail
Brockton	Alan Kershaw	Primary	Alan.Kershaw@va.gov
Brockton	Kathryn Lange	Back-up	Kathryn.Lange2@va.gov
West Roxbury	Kathleen O'Brien	Primary	Kathleen.Obrien@va.gov
Jamaica Plain	John Donovan	Primary	John.Donovan3@va.gov
CBOC-Lowell	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Causeway	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Plymouth	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Quincy	Greg DeRoma	Primary	Gregory.Deroma@va.gov
CBOC-Framingham	Greg DeRoma	Primary	Gregory.Deroma@va.gov
MH Residential Homes	Alan Kershaw	Primary	Alan.Kershaw@va.gov
All Campuses	Robert Henault	Service Chief	Robert.Henault@va.gov
Other Designees as assigned			

ATTACHMENT D

AEDs with IN Naloxone

AED Cabinets with In Naloxone Set-up (Figure A):

1. Selected cabinets are labeled to indicate the presence of both AED and IN naloxone. The orange "N" in the lower left of the AED cabinet door indicates to employees that this particular AED contains IN naloxone. This signage will not alert most non-employees to the presence of the drug.

2. The AED cabinet is alarmed and sealed (not locked).

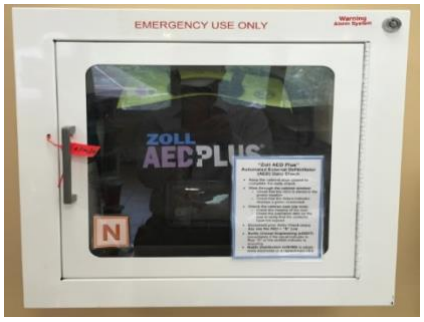
3. Modifications were made to the door of the AED cabinet for placement of the tamper resistant seal around the AED cabinet door. This is to ensure that the integrity of the contents of the AED cabinet is maintained.

4. The tamper resistant seal is marked with the expiration date of the first product to expire within in the AED cabinet.

5. AED with IN Naloxone cabinets will be checked daily (when the clinic or area is in operation), to verify that the tamper resistant seal is in place. This is to ensure that the integrity of the AED cabinet contents is maintained. Instructions for the daily check of the AED are printed on the door of the cabinet, whereas instructions for the use of IN naloxone are packed within the IN Naloxone kit contained inside the AED cabinet

6. Pharmacy will replace stocks of IN naloxone after every use and prior to expiration.

Figure A



Department of Veteran Affairs

Memorandum

Date: Sep 05 2018

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Rapid Naloxone Availability to Prevent Opioid-Related Death

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. The Purpose of this memorandum is to ensure rapid availability of Naloxone, a life saving medication used to reverse overdoes, across Veterans Health Administration (VHA) to prevent opioid-related death through implementation of the VHA Diffusion of Excellence Gold Status Practice to equip at-risk patients and first responders with naloxone. Naloxone is a highly effective treatment for reversing opioid overdose and can be easily administered by anyone. The identified Diffusion of Excellence practice has three elements: (1) providing Opioid Overdose Education and Naloxone Distribution (OEND) to VHA patients at-risk for opioid overdose; (2) equipping VA police with naloxone; and (3) equipping select Automated External Defibrillator (AED) cabinets with naloxone. The VA Boston Health Care System, the facility that submitted the Gold Status Practice, has reported over 120 lives saved since implementing this practice.

2. VHA Directive 1651 Opioid Overdose Education and Naloxone Availability is pending publication and will define formal national policy regarding these lifesaving practices; however, the resources are available now to support full implementation of this Diffusion of Excellence Practice. Each facility is to identify a champion and a backup champion that will coordinate the implementation and monitoring of this practice at the local level. Please have your local champion visit http://go.va.gov/naloxone to complete the Rapid Naloxone registration form ***within 10 business days*** of receipt of this memorandum. A member of the VHA Diffusion of Excellence team will contact the champion at each facility to provide technical assistance and linkage with implementation resources. The goal is to implement this practice as soon as possible and no later than December 2, 2018.

3. Questions can be referred to VHARapidNaloxone@va.gov and additional information and resources can be found at http://vaww.ncps.med.va.gov/Initiatives/Med/naloxone/index.html.

for Steve Young

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) CABINET IN NALOXONE PROGRAM

KEY MESSAGES

- Select AED cabinets in high risk areas now contain nasal naloxone, making this lifesaving medication easier to access in the event of an opioid overdose.
- First responders to an opioid overdose can act quickly with lifesaving nasal naloxone found in select AED cabinets.
- We've established processes to make sure that our nasal naloxone-equipped AED cabinets meet standards set by The Joint Commission.

STAFF EMAIL

Dear Staff,

(insert VAMC name) is now participating in the Automated External Defibrillator (AED) Cabinet Naloxone Program. Throughout the hospital strategically selected AED cabinets will now have nasal naloxone, a medication that reverses the effects of opioid overdose, in them. Along with two doses of nasal naloxone, the cabinets will also feature instructions for administration of the drug, rubber gloves, and a face shield. These items will allow any first responder to quickly and accurately use a naloxone dose to reverse the effects of an opioid overdose, saving a Veteran's life.

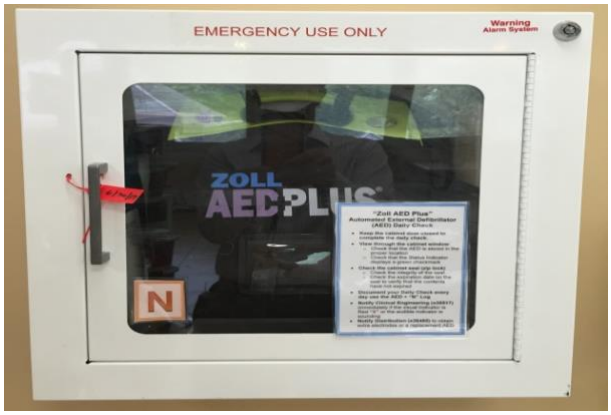
Due to the increasing rates of opioid overdoses across the country, and the fact that Veterans are twice as likely to die from accidental overdose, the AED Cabinet Naloxone program is incredibly important to our Veteran population. That's why we want to make sure that all staff are aware of this program and are able to utilize it. While a dedicated, interdisciplinary team is set up to monitor and run the program, we hope you will take the time to familiarize yourself with it as well. The successful implementation of this program, including staff buy-in, is key to prompt and accurate responses to any opioid overdose that occurs.

Attached you will find the Opioid Overdose Protection Brochure that is placed in every AED naloxone cabinet. We encourage you to familiarize yourself with the administration process using this. You will also find the "orange N" logo that will mark any AED cabinet with nasal naloxone in it. This symbol is easy to locate on the front of the cabinet (see images below).

We're excited to be utilizing this life saving program! If you have any questions or comments please contact (insert contact).

Nasal Naloxone Within AED Cabinet

Nasal Naloxone Signage



Picture of Nasal Naloxone Rescue Kit Contents

MESSAGE FOR LEADERSHIP

Dear (insert names),

We're excited to let you know that (insert VAMC name) is now participating in the Automated External Defibrillator (AED) Cabinet Naloxone Program. Throughout the hospital, strategically selected AED cabinets will now have nasal naloxone, a medication that reverses the effects of opioid overdose, in them. This will allow any first responder to quickly and accurately use a nasal naloxone dose to reverse the effects of an opioid overdose, saving a Veteran's life.

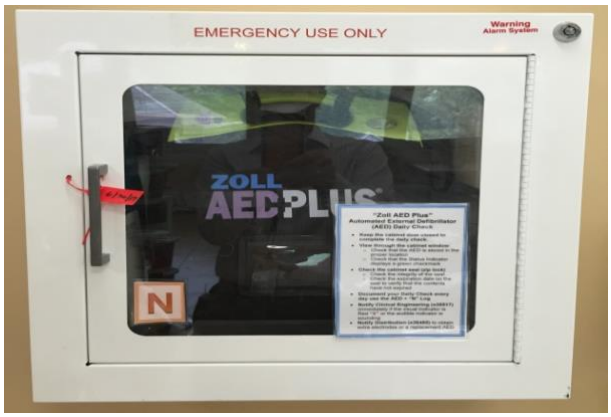
The program has been highly successful in other medical centers, having already saved multiple lives in conjunction with other opioid overdose reversal efforts. As you may know, rates of opioid overdoses are increasing across the country and Veterans are twice as likely to die from accidental overdose. As such, combatting opioid addiction and overdoses is a key focus of VA.

This program, a product of the Diffusion of Excellence initiative, is a highly visible and effective way to combat this issue. By placing nasal naloxone around the hospital, we are strategically maximizing the possibility of opioid reversal at a low cost with no new staffing needed. This program also meets the requirements of The Joint Commission.

If you would like more information on the effort, attached you will find the Opioid Overdose Protection Brochure that is placed in every AED naloxone cabinet. You will also find the "orange N" logo that will mark any AED cabinet with nasal naloxone in it. This symbol is easy to locate on the front of the cabinet (see images below).

This effort is a simple and proven way to combat an increasing problem and we are excited to be utilizing it at (insert VAMC name). If you have any questions or comments please contact (insert contact).

Nasal Naloxone Within AED Cabinet



Nasal Naloxone Signage

Picture of Nasal Naloxone Rescue Kit Contents

GUIDANCE FROM TJC FOR STORAGE OF IN NALOXONE IN AED CABINETS

VHA obtained guidance from The Joint Commission (TJC) to ensure that when VA Boston HCS implemented its program, that the storage of nasal naloxone in an AED cabinet would meet TJC medication standards under the conditions outlined below. Please note that all facilities that choose to implement this practice must do so in full compliance of TJC standards as well as VHA policy (e.g., VHA Directive 1108.06 regarding ward stock). VA Boston HCS met TJC standards when it implemented its program by following all of the steps specified below. Regardless of whether you choose to implement VA Boston HCS' model or not, it is recommended that you work closely with your local quality management and/or accreditation staff to ensure that your facility processes are consistent with current TJC standards and VHA guidelines.

1. **AED Cabinet Identification**
    - **a.** Conduct a **Risk Assessment** to determine which specific AED cabinets should contain nasal naloxone, rather than globally equipping all AEDs with nasal naloxone.
2. **AED Cabinet Physical Set Up**
    - **a.** AED cabinets in which naloxone is stored must be properly **alarmed and** marked with a **defined symbol** that is recognizable to responders but does not make it obvious to patients and non-clinicians that the cabinet contains a medication.
    - **b. Nasal naloxone within the AED cabinets must be** secured with a **tamper-resistant seal** (e.g., a zip tie).
3. **Staff Training**
    - **a.** Facility staff must receive standardized training on nasal naloxone administration, signs of an opioid overdose, and locations of AEDs equipped with naloxone around the facility. ***NOTE:*** *Training on when to give naloxone is included in VA's Talent Management System (TMS) Basic Life Support Training (Course 3871645). More in-depth training on naloxone administration is included in VA's OEND TMS training (Course 27440; available externally at https://www.train.org/main/course/1087390/). Contact Elizabeth Oliva for any issues accessing the referenced TMS modules. Employee Education may be able to assist with guidance on how to develop and document training in employees' educational records.*
4. **AED Cabinet Monitoring**
    - a. **Daily documented checks** must be conducted to ensure nasal naloxone in AED cabinets is secured and is not expired. ***NOTE:*** *Local policy should reflect the process for documenting daily AED checks to include designating accountable staff. Refer to the VA Boston HCS local naloxone policy as an example.*
    - b. **Document administration** of nasal naloxone according to facility policy and ensure that any overdose events among VHA patients are documented in CPRS using the VHA national Suicide Behavior and Overdose Report (SBOR) note template. ***NOTE:*** *Local policy should reflect the process for documenting administration of nasal*

naloxone and overdose events among VHA patients using the SBOR note. The SBOR note is meant to help document these critical events and ensure providers consider the range of risk factors and treatment considerations to help VHA patients post-overdose. Contact Elizabeth Oliva *for any questions about this note. If the overdose victim is not a VHA patient, documentation of the incident is still necessary. Facilities should establish procedures for documentation (see Step 8. Monitoring and Program Evaluation below).*

c. Develop a process for ensuring that nasal naloxone in AED cabinets are **refilled** if they are used or expired.
d. Develop a process for reporting any evidence of **tampering or missing** nasal naloxone to the appropriate authorities (e.g., VA Police Service, Pharmacy).

NOTE: All VHA medical facilities that implement this practice must develop a local policy to specifically address all accountable individuals, as well as other facility-specific information or aspects that may affect implementation.

Joint Commission Guidance Used by VA Boston: AED Equipment

Applicable Joint Commission Standards and Elements of Performance	Joint Commission Standard Description	VHA Guidance Component	Documents needed during Joint Commission Survey
EC.02.04.03 Elements of Performance 1, 2, 3	AEDs, because they are emergency equipment and considered high risk, must be checked and documented as functioning, safe and secure.	AED cabinets with nasal naloxone must have an **identifiable symbol** known only to designated responders. Designated staff must perform **daily checks.** There must be **indication of security** of AED and nasal naloxone.	• Organizational policy for AED checks • Listing of designated staff for AED checks • Evidence of AED check performance • Document identifying check for medication expiration or missing medications • Location listing of AED placements where naloxone is stored

Joint Commission Guidance Used by VA Boston: Medication Management (1 of 2)

Applicable Joint Commission Standards and Elements of Performance	Joint Commission Standard Description	VHA Guidance Component	Documents needed during Joint Commission Survey
MM 03.01.01 Elements of Performance 2, 3, 4, 5, 6, 7, 8, 18	The hospital safety stores medications and keeps unauthorized persons from accessing medications. Medications are appropriately labeled and are not expired. The hospital periodically inspects medication storage.	AED cabinets with nasal naloxone are **alarmed, secured, and inspected daily.** AED cabinets with nasal naloxone have a **symbol** that does not make it obvious to patients and non-clinicians that a drug is inside the AED cabinet. **Daily checks** indicate expiration of the drug and any missing medication. *June 2020 addition: The process for naloxone storage is required to be compliant with VHA policy (e.g., VHA Directive 1108.06 regarding ward stock).	• Organization policy and procedure on Medication Management of nasal naloxone in AED cabinets • Listing of accountable pharmacy staff with oversight of AEDs containing nasal naloxone

Joint Commission Guidance Used by VA Boston: Medication Management (2 of 2)

Applicable Joint Commission Standards and Elements of Performance	Joint Commission Standard Description	VHA Guidance Component	Documents needed during Joint Commission Survey
MM 03.01.03 Elements of Performance 1, 2, 6	The hospital must safely manage emergency medications. Hospital leaders will decide which emergency medications will be accessible in patient areas according to the population served, and medications and supplies will be easily accessible. When emergency medications are used, they are replaced as soon as possible.	AED cabinets with nasal naloxone are **alarmed, secured, and inspected daily.** AED cabinets with nasal naloxone have a **symbol** that does not make it obvious to patients and non-clinicians that a drug is inside the AED cabinet. Accountable pharmacy staff refill AED-contained nasal naloxone **upon notification of use and/or expiration**. *June 2020 addition: The process for naloxone storage is required to be compliant with VHA policy (e.g., VHA Directive 1108.06 regarding ward stock).	• Organization policy and procedure on Medication Management of Naloxone in AED • Listing of accountable pharmacy staff with oversight of AED's housing naloxone

Joint Commission Guidance Used by VA Boston: Human Resources and Training

Applicable Joint Commission Standards and Elements of Performance	Joint Commission Standard Description	VHA Guidance Component	Documents needed during Joint Commission Survey
HR 01.06.01 Elements of Performance 1, 6	Staff are competent to perform their responsibilities. The hospital defines the competencies of staff as needed to care for patients. Competencies are documented once every three years, or according to hospital policy, law, and regulation.	Staff are **trained** on nasal naloxone administration, signs of opioid overdose, and locations of AED cabinets equipped with nasal naloxone.	Documentation of staff training along with current licensure and BLS/ACLS certification

Joint Commission Guidance Used by VA Boston: Record of Care, Treatment, and Services

Applicable Joint Commission Standards and Elements of Performance	Joint Commission Standard Description	VHA Guidance Component	Documents needed during Joint Commission Survey
RC.01.01.01 Element of Performance 7	The hospital maintains complete and accurate medical records for patients. The medical record documents the care, treatment, and services given, including the result of that treatment.	Documentation in the medical record of the use of nasal naloxone and the result of that treatment upon tracer review of a Veteran who required nasal naloxone for opioid reversal	In cases of visitors or others experiencing opioid reversal on VA campuses, the first responder or member of the responding medical team should conduct a hand off with the emergency medical service to communicate the administration of the nasal naloxone and result of the treatment.

Joint Commission Guidance Used by VA Boston: Performance Improvement

Applicable Joint Commission Standards and Elements of Performance	Joint Commission Standard Description	VHA Guidance Component	Documents needed during Joint Commission Survey
PI.01.01.01 Element of Performance 4	The hospital collects data on high risk processes to monitor its performance.	There is a **performance improvement program** in place that will monitor the AED cabinets where nasal naloxone is stored, including security and expiration dates of this drug. There will be a **review of all interventions** where Opioid reversal with nasal Naloxone has occurred to assess for areas of process improvement. There will be a **monitor** in place that indicates designated staff who maintain training for nasal naloxone administration and signs of opioid overdose.	Oversight committee minutes (P&T, PI, Patient Safety, CPR, etc.) where critiques of episodes involving nasal naloxone administration are reviewed for opportunities for improvement

Joint Commission Guidance Used by VA Boston: Patient Care Treatment and Services

Applicable Joint Commission Standards and Elements of Performance	Joint Commission Standard Description	VHA Guidance Component	Documents needed during Joint Commission Survey
PC.02.01.11 Elements of Performance 1, 2, 4	Resuscitation services are available throughout the hospital.	**Resuscitation** is provided to the patient according to hospital procedures. **Resuscitation equipment** is available for use according to the patient population served. An **evidenced-based training program** is used to train staff to recognize the need for and use of resuscitation techniques.	Oversight committee minutes (P&T, PI, Patient Safety, CPR, etc.) where critiques of episodes involving nasal naloxone administration are reviewed for opportunities for improvement

RISK ASSESSMENT GUIDANCE AND TEMPLATE

To ensure naloxone placement in AEDs is as efficient as possible, each facility should **conduct a Risk Assessment** to determine which AED cabinets are located in high-risk areas and should contain naloxone. In this context, "high risk" refers to an area of your facility that does not have naloxone close by, such as in an area where there is no crash cart or one that is less accessible to first responders.

The Risk Assessment can be carried out by a **task force established** by the Facility Champion and stakeholders. Potential task force members could include representatives from Pharmacy, QM/Patient Safety, your facility's CPR committee (if applicable), or other staff members interested and willing to serve.

To determine whether or not a particular AED is located in a high risk area, consider factors that may affect how quickly nasal naloxone can be delivered to each AED cabinet's location. Consider the following factors in determining the risk level of each AED cabinet's location:

- No crash cart present
- Near a high-risk patient population (e.g., methadone clinic, domiciliary, substance use disorder treatment programs)
- Located remotely (e.g., a less traveled area, or an area that may be difficult for first responders, such as VA Police, to reach quickly)
- Common areas (e.g., outpatient clinic waiting rooms, cafeterias)

VA Boston HCS' task force deemed the following areas as high risk: outpatient clinics; cafeterias; warehouses; waiting rooms; domiciliary; gym and recreation areas; Fisher House; Huntington House Lodge; methadone clinic; and residential and outpatient substance abuse treatment programs, and Compensated Work Therapy (CWT) programs. These are the locations that VA Boston now has nasal naloxone in each AED Cabinet. Your facility task force should conduct risk assessments on an **annual basis** and should apply risk ratings to all new AEDs cabinets placed at your facility when applicable.

To record the results of your risk assessment, you may use the Word document-based template on the next page or the Excel spreadsheet-based template embedded below.

Facility/Campus	AED Location and/or Identification Number	Perceived Level of Risk (High Risk or Low Risk)	Rationale for Risk Rating	AED Cabinet Contains Nasal Naloxone?

NASAL NALOXONE EMPLOYEE TRAINING

Employee Education (TMS Mandatory Training for CPR certified Staff)

To ensure successful implementation of the AED Cabinet Naloxone Program, staff must: (1) be aware of the program (Step 6), (2) be trained to identify AEDs equipped with naloxone, and (3) be trained in naloxone administration. Staff training is critical for the last two points and part of increasing staff awareness can include training/ messaging on how to identify AEDs equipped with naloxone. ***Remember, naloxone in an AED Cabinet does no good if no one knows it is there!***

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 clinically active 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/). Another option for training staff could include local training on the administration of nasal naloxone, as well as on the AED Cabinet Naloxone Program. Stakeholders listed in Step 2 may be able to help with in-person training of staff and/or this training could be incorporated into the facility's CPR training program. Fortunately, nasal naloxone comes in the form of a nasal spray, is simple to administer, and fits well with the CPR certification curriculum. Employee Education may be able to assist with guidance on how to develop and/or document training in employees' educational records.

1. **2015 (or current edition) of the American Health Association CPR Guidelines**
https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf

Employee Education (TMS Mandatory Training for Non-CPR certified staff utilized for VA Boston rollout)*

1. Video link: https://player.vimeo.com/video/151191919?api=1&player_id=151191919
2. VA Boston HCS Intra-Nasal Naloxone Policy
3. Narcan® Knowledge Check (4 questions)

*VHA used this model to create a short, standardized national TMS training released in February 2019, TMS 37795 "How to Use Naloxone Nasal Spray (Narcan®)". VHA worked with the pharmaceutical company to adapt the video used by VA Boston HCS for inclusion in the TMS training for national VHA training purposes.

AED Cabinet Setup: Resources Used and Guidance to Properly Equip Nasal Naloxone in AED Cabinets

Several pieces of equipment, many of which your facility already likely has in place, are necessary to implement the AED Cabinet Naloxone Program. For items that your facility does not already have, work with facility leadership, as well as personnel from logistics and/or supply chain to acquire what is necessary.

People:

- **Clinical Engineering**, to provide the AED Cabinet and AEDs
- **Engineering**, to drill holes in AED cabinets to make them secure
- **The Service responsible for supplying tamper-evident seals for code/crash carts,** to supply tamper-evident seals and nasal naloxone
- **Distribution**, to supply AED electrodes/pads
- **Logistics**, to provide and record **t**racking of AED identification numbers

Space:

1. Designated location for AED cabinet. In common areas where there is no code cart.

Materials: (See Figures A, B, & C)

- Metal AED Cabinet with transparent glass front
- AED, with case and cabinet alarm (**Note:** alarm must be in the "on" position)
- Adult Pads/Electrodes
- Pediatric Pads/Electrodes (if currently part of current AED set up)
- Tamper-evident seal
- Laminated AED Daily Check Instruction Sign
- Laminated "N" sign indicating that the cabinet contains nasal naloxone
- Paper log for documenting daily checks of AED cabinets with nasal naloxone
- Nasal Naloxone:
    - Reference card for nasal naloxone administration
    - Two doses of nasal naloxone
    - Rubber gloves (optional, was not required by TJC when VA Boston HCS implemented its program)
    - Face shield (optional, was not required by TJC when VA Boston HCS implemented its program)
    - Quick Reference Guide with phone number to report emergency (optional, was not required by TJC when VA Boston HCS implemented its program)

Figures

Figures A & B: Deployment of Nasal Naloxone within the AED Cabinet

Figure A: The nasal naloxone kit is contained within the blue pouch to the left of the AED.

Figure B: The orange N in the lower left of the door indicates to employees that this particular AED contains nasal naloxone. This signage will not alert most non-employees to the presence of the drug, which was one way VA Boston HCS met the conditions of The Joint Commission when it implemented its program. The dated red seal near the handle of the cabinet verifies the integrity of the contents. Instructions for the daily check of the AED are printed on the door of the cabinet, whereas instructions for the use of nasal naloxone are packed within the blue pouch of the kit.

Figure A: Nasal Naloxone Within AED Cabinet

Figure B: Nasal Naloxone Signage

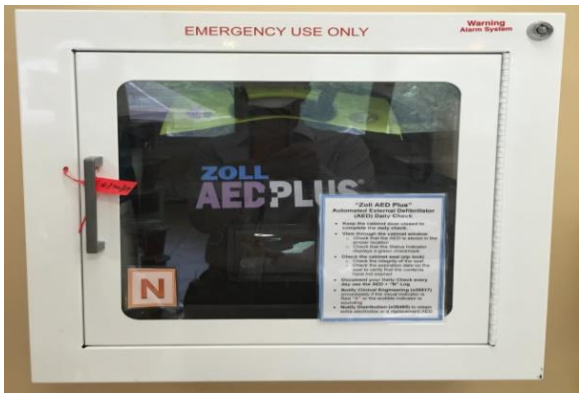


Figure C: Picture of Nasal Naloxone Rescue Kit Contents

Step-by-Step Instructions for AED Set-up with Nasal Naloxone Kit

VA Boston HCS used the following steps in its deployment of an AED with nasal naloxone at a designated location:

1. Engineering to drill two holes in the cabinet where the handle is located so that an expiration tag can be affixed to the AED (Figure B). All AED cabinets with nasal naloxone were set up in this standardized manner.
2. Pharmacy to provide nasal naloxone for AED cabinet.
3. Place the two laminated signs in the front of the AED cabinet (Figure B).
    a. A small, but easily visible "N" designates that the AED cabinet contains nasal naloxone. This signage was one way VA Boston HCS met the conditions of TJC when it implemented its program, i.e., that the presence of nasal naloxone within the AED cabinet should not be obvious to non-employees.
    b. Zoll AED Plus sign provides instruction on daily check of AED.
4. Responsible person must be identified to complete the AED log every day the area is open for business.

Risk Assessment Template

Instructions: To ensure naloxone placement in AEDs is as efficient as possible, each facility must conduct a Risk Assessment to determine which AED cabinets are located in high-risk areas and should contain naloxone. In this context, "high risk" refers to an area of your facility that does not have naloxone close by, such as in an area where there is no crash cart or one that is less accessible to first responders. The Risk Assessment can be carried out by a task force established by the Facility Champion and stakeholders. Potential task force members could include representatives from Pharmacy, QM/Patient Safety, your facility's CPR committee (if applicable), or other staff members interested and willing to serve.

OWNER: [FIRST LAST]

Last Updated: [First Last]

Facility/Campus	AED Location and/or Identification Number	Perceived Level of Risk (High Risk or Low Risk)	RATIONALE FOR RISK RATING	AED Cabinet Contains Nasal Naloxone?

VA BOSTON HCS' DAILY CHECK GUIDANCE AND LOG FOR AED CABINETS WITH NASAL NALOXONE

VA Boston HCS' approach to meeting TJC requirements involved daily checks of all AED Cabinets containing nasal naloxone to ensure the nasal naloxone within was not missing, tampered with, or expired. All facilities using this approach should have at least one designated accountable staff member to conduct daily checks, as well as at least two back-up staff members to provide additional coverage when needed. The Daily Check Log must exist outside of the AED cabinet, as that will not require tampering/opening the AED cabinet.

VA Boston HCS' Instructions:

1. Conduct a visual inspection with the cabinet closed every day.
2. View though the cabinet window:
    a. Check that the AED is stored in the proper location.
    b. Check that the Status Indicator displays a green checkmark.
3. Check the cabinet seal (zip tie).
    a. Check the integrity of the seal.
    b. Check the expiration date on the seal to verify that the contents have not expired.
4. Document the Daily Check every day on the AED Log (above).
5. Notify Quality Management [insert extension] immediately if the visual indicator is Red "X" or the audible indicator is sounding.
6. Notify Distribution [insert extension] to obtain extra electrodes or a replacement AED.
7. Notify Pharmacy [insert extension] if naloxone kit is expired or if the cabinet seal has been broken

FAX the completed AED log each month to [insert Quality Management contact info].

Please contact [main facility POC] for any questions or concerns. Thank you!

FACILITY NAME AND STATION NUMBER: _____

AED LOCATION: _____

MONTH: _____

All signatures indicate no evidence of missing or expired naloxone, or tampering with the AED cabinets for the given day. Report any issues or observations of note to [DEPARTMENT/CONTACT INFO]

DATE	TIME	Signature

DATE	TIME	Signature

DATE	TIME	Signature

DATE	TIME	Signature

DATE	TIME	Signature

DATE	TIME	Signature

DATE	TIME	Signature

Nasal Naloxone from AED Cabinets Tracker

Instructions: Record all necessary details for each instance of an opioid overdose reversal attempt with nasal naloxone sourced from an AED cabinet at your facility. Report data to [facility-identified point of contact] on a monthly basis. If the reversal attempt was on a VA patient, ensure that the VA Suicide Behavior and Overdose Report (SBOR) is completed for that patient in CPRS.

Owner: [First Last]
Last Updated: [Date]

Name of Individual Who Administered Nasal Naloxone	Role/Department of Individual Who Administered Nasal Naloxone	Date	Name of Individual with Opioid Overdose	Successful Reversal?	Name of Individual Who Administered Nasal Naloxone

Location of Overdose (i.e., where on facility grounds the overdose occurred)	Outpatient Rx Given	Previous Use of Nasal Naloxone on Individual with Opioid Overdose?	Documentation in CPRS (VA Suicide Behavior and Overdose Report [SBOR]) Completed if Individual with Opioid Overdose is a VA Patient?	Additional Notes	Location of Overdose (i.e., where on facility grounds the overdose occurred)

Appendix B: **SOURCES**

1. https://www.cdc.gov/drugoverdose/data/index.html

2. Bohnert AS, Ilgen MA, Galea S, McCarthy JF, Blow FC. Accidental poisoning mortality among patients in the Department of Veterans Affairs Health System. Med Care 2011;49: 393–396.

3. Hedegaard H, Warner M, Miniño AM. (2017). Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db294.pdf

4. VA Opioid Safety Initiative Dashboard (internal VA dashboard) accessed July 2018.

5. Krieter, P. Pharmacokinetic Properties and Human Use Characteristics of an FDA-Approved Intranasal Naloxone Product for the Treatment of Opioid Overdose. Journal of Clinical Psychology 2016;00(0): 1-11.

6. Oliva EM, Christopher MLD, Wells D, Bounthavong M, Harvey M, Himstreet J, Emmendorfer T, Valentino M, Franchi M, Goodman F, Trafton J, & VHA OEND National Support & Development Workgroup. (2017). Opioid overdose education and naloxone distribution: Development of the Veterans Health Administration's National Program. *Journal of the American Pharmacists Association, 57,* S168-179.

7. DUSHOM Memorandum on Rapid Naloxone Availability to Prevent Opioid-Related Death, signed and published by the DUSHOM.

APPENDIX C: **ACKNOWLEDGEMENTS**

This toolkit was used to implement the VHA Rapid Naloxone Initiative in Fall 2018. When possible, we tried to integrate relevant information from the VA Police Naloxone Toolkit (which was developed after this toolkit), as well as 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). In addition, this toolkit was developed before the September 5, 2018 deputy under secretary for health for operations and management (DUSHOM) memorandum on "Rapid Naloxone Availability to Prevent Opioid-Related Death." This memorandum required VHA facilities to identify a champion and backup champion to coordinate implementation of the Rapid Naloxone Initiative and had a goal of implementing this practice no later than December 2, 2018.

Since implementing this initiative in Fall 2018, some key updates are worth noting:

- 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; 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 available on the public-facing website www.train.org (https://www.train.org/main/course/1092122/).
- This toolkit is based on one approach that was determined to have met The Joint Commission (TJC) standards in the way that it was presented and described at the time. Notably, a number of questions came up related to the VA Boston HCS model during implementation (e.g., daily checks) and we reached out to TJC for guidance. Based on that meeting we shared the information below with the field. Notably, TJC recently released a Standards FAQ specifically related to "Stocking Reversal Agents in Non-traditional Areas" that should help inform future AED cabinet naloxone efforts (updated December 2019).

Meeting with the Joint Commission (11/29/18)

- ***This initiative is based on Boston's approach which was determined to have met TJC standards in the way that it was presented and described at the time***
    - TJC is not prescriptive—sites should develop local policy and process to meet its standards
- Naloxone storage in AEDs
    - Key TJC standards
        - The hospital safety stores medications and keeps unauthorized persons from accessing medications
        - The hospital must safely manage emergency medications

        - Hospital leaders will decide which emergency medications will be accessible in patient areas according to the population served, and medications and supplies will be easily accessible
        - When emergency medications are used, they are replaced as soon as possible
    - Helpful feedback:
        - TJC does not tell hospitals how to meet standards—hospitals have the freedom to determine how to meet or exceed those requirements.
        - TJC has no standard that requires daily checks. Therefore, it is up to the facility to determine how to ensure that naloxone is secure and readily available when needed (as well as meet other medication standards).
        - Regarding staff who can conduct daily checks, this is a facility decision. Facility should ensure the person doing the checks is trained (e.g., on what to look for and how to respond if the naloxone is missing).
    - **BOTTOM LINE: You should ensure your process is consistent with TJC standards regardless of whether you choose to implement VA Boston's model or not. We recommend that you work closely with your local quality management and/or accreditation staff to ensure your facility processes are consistent with TJC standards and VHA guidelines.**

Regarding whether naloxone can be kept in its original packaging, TJC requirement is to store medication according to manufacturer instructions.

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

- Care Management and Social Work (Jennifer Koget, Susan Shelton, Jennifer Silva, Laura Taylor)
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- Homeless Programs Office (Michal Wilson)
- National Center for Patient Safety (Mary Burkhardt, William Gunnar, Robin Hemphill)
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- Office of Nursing Services (Elizabeth Czekanski)
- Office of Security & Law Enforcement (Darryl Blackwell)
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- VA Boston Health Care System (Pamela Bellino, Michael Charness, Alan Kershaw)
- Veterans Integrated Service Network 8 (VISN 8; Steve Elliott, John Richardson)
- VHA Police (Troy Brown)