

A Report for Management of Emergency Equipment in Essex Specialist Treatment and Recovery Service (STaRS), Marginalised and Vulnerable Adults (MVA), and the Special Allocation Scheme/Additional Primary Medical Service (SAS/APMS)

1.0 INTRODUCTION

- 1.1 When looking at saving a patient's life within our client group Naloxone is the most important piece of equipment to carry. The majority of deaths from drug misuse involve opioids. Opioid overdose, most commonly associated with heroin, can be due to the variety and limited awareness of the drug purity being consumed. Overdose is also associated with polysubstance use where the use of alcohol or benzodiazepines alongside heroin increases the depressant effect. Concurrent stimulant use (for example cocaine) can mask the depressant effect resulting in increased heroin dosage which further increases the likelihood of overdose. A recent trend for the use of heroin mixed with fentanyl has been linked to a number of overdose deaths reported late in 2016 and early in 2017. Fentanyls are synthetic opioids which have similar effects to heroin, but are more potent and toxic, meaning using a small amount can result in overdose and death.
- 1.2 In 2017 there were 2,310 drug misuse deaths in England; a 3.2% decrease on the previous year but still the second highest on record. Of the 1,829 deaths that were attributed to 'any opiate' on the death certificate, 59% involved heroin and morphine, 18% involved methadone and 4% fentanyl. This marks the first year that the number of drug misuse deaths has fallen since 2012. Between 2012 and 2017 drug misuse deaths in England increased by 60% and heroin related deaths doubled from 579 to 1164. The rate of drug misuse deaths in 2017 compared to 2016 fell slightly in all age groups except among the over 50s, a trend consistent with the ageing population of people who use drugs. The ageing cohort of heroin users is one of the factors identified as a cause of the rise in drug related deaths, due to deteriorating general health and increased susceptibility to overdose.
- 1.3 Naloxone is an opioid antagonist which temporarily blocks opioid receptors and reverses respiratory depression and sedation. With training, naloxone can be safely administered as an emergency antidote for opiate overdoses (PHE, 2018).

2.0 SCOPE

2.1 The emergency equipment required for staff to take on home visits/street outreach/satellite clinics are the following:-

- Lone worker device – charged and turned on
- Mobile phone – charged and turned on
- 2 x Take Home Naloxone kits
- Face shield for mouth to mouth

2.2 Carrying lone worker devices and mobile phones allows us to contact the emergency services, 999, immediately. While waiting for the Ambulance to arrive the member of staff can give the Take Home Naloxone, start CPR and mouth to mouth using the face shield. This alone will allow the member of staff to use basic life support while waiting for emergency services to arrive.

2.3 Carrying oxygen in staff cars has greater implications around Health and Safety and Fire risks plus cause issues regarding insurance. The portable oxygen cylinder is not very easy to carry around and unpractical this is due to the weight and risks to the individual under the Manual Handling policy.

2.4 The main Essex STaRS sites (Colchester, Basildon, Harlow and Chelmsford) along with MVA (Ipswich) have the Trust approved Emergency bags (Grab bags) except for oxygen as these buildings do not have acceptable ventilation for storing oxygen. The SAS/APMS is based with MVA in Ipswich.

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