

**New York State Department of Health**  
**Considerations for Deployment of Naloxone Housings (NaloxBoxes™)**

**Background**

NaloxBoxes are secured metal housings which contain two doses of Narcan nasal spray. These units, when appropriately deployed in specific locations with a high incidence of opioid overdose, are intended to increase access to naloxone at the time of a life-threatening emergency. They are similar to publicly sited AEDs, providing both a life-saving resource as well as instructions for use.

The two doses of naloxone are for emergency response use on a person experiencing an overdose who happens to be where the naloxone is located. Individuals known in advance to be at risk of experiencing or witnessing overdose should obtain their own naloxone. Insured individuals should be directed to a pharmacy with a standing order for this medication. Uninsured individuals and persons with a particularly high risk for an overdose (e.g. syringe exchange program participants; persons leaving detox and individuals released from correctional settings) should be directed to a registered opioid overdose prevention program to address their naloxone needs.

NYSDOH is not taking a position on the merit of deploying naloxone housings, nor does it assume any liability for registered programs choosing to do so.

**A deployment plan, in consultation with community partners, should address each of the following.**

**Site considerations:**

- Has a needs assessment been conducted to prioritize specific locations with a history of overdoses?
- Do these prioritized locations
  - Have unencumbered access to the naloxone housing by responders who are in the presence of an overdose?
  - Have adequate lighting for all hours during which the site is publicly accessible?
  - Have protection from the weather (both water damage and extreme temperatures)?
  - Have other co-located emergency response resources, such as AEDs and fire alarm call boxes?
- Are these prioritized locations
  - Under the direct control of the registered opioid overdose prevention program or of a co-operating partner organization with which an agreement is in place?
  - Amenable to daily oversight either directly or by a partner for purposes of identifying instances in which the naloxone is used or otherwise taken

**Training of program staff and collaborators**

- Are persons associated with the site trained in opioid overdose recognition and response, consistent with training guidance provided by NYSDOH in [Putting the Pieces Together: A Guide for New York State's Registered Opioid Overdose Prevention Programs?](#)

**Training of community responders**

- Does the naloxone housing, either on its exterior or adjacent to it, have concise guidance on naloxone administration, preferably including graphical elements and attention to health literacy?
- Does that guidance underscore the importance of calling 911 with reference to the 911 Good Samaritan Law?

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- Is the written guidance sufficiently durable, perhaps with lamination?
- Does the two-dose carton of naloxone within the unit also contain instructions?
- Has there been consideration of the materials also being in a language other than English?

### **Maintenance, oversight and supply considerations:**

- Is the unit appropriately affixed to a wall or other structure to ensure its security?
- Is a registered opioid overdose prevention program directly involved in this deployment to ensure a source of naloxone and a means of reporting naloxone use to NYSDOH?
- Is there a protocol in place to ensure timely identification of used or taken naloxone so that the unit does not go without naloxone for more than 24 hours?
- Are specific individuals designated for providing oversight of the units, including maintenance and re-stocking?
- Are inventories of naloxone ample and accessible by those overseeing the unit to ensure expedited replacement of used or removed naloxone?

### **Reporting naloxone administrations**

Registered programs are required under regulations to report naloxone administrations to NYSDOH. That reporting for community administrations is done through the online [Opioid Overdose Prevention Program System](#).

- Is there guidance for responders on how to communicate their use of naloxone to the registered opioid overdose prevention program associated with the site, perhaps through a QR code or a telephone call?
- Do the details of those naloxone administrations include, at a minimum, the location (by zip code or county/town if zip code is unknown), the date of administration, the perceived age and gender of the overdosed individual, whether EMS was called, the number of doses of naloxone used, and whether or not the individual survived?

Note: Other elements may also be included: whether rescue breathing was done; race/ethnicity of the overdosed individual; drugs believed to have been used; type of setting; and the relationship, if any, between the responder and the overdosed person. Details are all available on the [Opioid Overdose Prevention Program System](#).

### **Signage**

- Is there signage at strategic locations throughout the site or campus directing individuals to the specific location of the naloxone housing?
- Is signage in place at the location of the naloxone housing to indicate that naloxone for immediate emergency use is contained inside the unit?
- Does that signage clearly indicate that the naloxone in the housing is for immediate, emergency use for suspected opioid overdoses?
- Does the signage at/near the unit indicate where persons can obtain their own naloxone for future, off-site use?
- Has consideration been given to having signage
  - In multiple languages
  - Which respects individuals with lower health literacy.