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| Naloxone administration by workers responding to opioid overdose in Health and Community Services |
| OFFICIAL |

## Introduction

Naloxone is a medicine that quickly reverses the effects of opioids during an overdose. It has been utilised globally for many years as a critical intervention in opioid overdose response. In recent years, naloxone has become available as a single-dose nasal spray.

## Safety

Naloxone is safe and effective for reversing opioid overdose in people of all ages, including infants and older adults. Naloxone has no effect if no opioids are present; it is non-addictive and non-intoxicating. There are no known serious allergic reactions. The main side effect can be temporary withdrawal symptoms in opioid-dependent individuals.

## Community supply

The Department of Health (the department) provides naloxone to the community through approved providers participating in Victoria’s Take-Home Naloxone Program. Naloxone is available free of charge at participating community pharmacies, selected needle and syringe programs, the Victorian Pill Testing Service, and the Medically Supervised Injecting Centre.

When naloxone is supplied through the program, factsheets on its administration are provided to support safe and effective use. The department also funds training for individuals and organisations on how to administer naloxone. Anyone can administer naloxone by following the instructions on the packaging[[1]](#footnote-2).

The department recognises that both workers and employers seek confidence in administering naloxone as part of a first aid response to opioid overdose. To support this, the Australian and New Zealand Committee on Resuscitation (ANZCOR) has updated *Guideline 9.5.2 – First Aid Management of Suspected Opioid Overdose* to include the use of intranasal naloxone (Nyxoid®) as a recommended intervention. From July 2025, all first aid courses in Australia and New Zealand will include instruction on the administration of intranasal naloxone.

## When to administer naloxone

The Department of Health recommends that in all circumstances in the instance of a suspected opioid overdose, the best and safest approach is to administer naloxone and to call 000. The [Therapeutic Goods Administration (TGA) confirms](https://www.tga.gov.au/news/news/understanding-australias-new-opioid-overdose-rescue-treatment) that intra-nasal naloxone can be administered by any person with minimal training.

**Dr Paul MacCartney – Chief Addiction Medicine Advisor**

Naloxone is an easy-to-use medication that can reverse opioid overdose – it is safe to use even when it is uncertain whether someone has taken opioids.

Signs of an opioid overdose may include slow or shallow breathing and reduced consciousness, meaning the person is difficult to wake or rouse. In some cases, the person may also have very small (pinpoint) pupils.

More information about opioid overdose response can be found on [Better Health Channel](https://www.betterhealth.vic.gov.au/health/servicesandsupport/overdose-what-to-do-in-an-emergency) (<https://www.betterhealth.vic.gov.au/health/servicesandsupport/overdose-what-to-do-in-an-emergency>).

## Administration in Health and Community Services

In relation to the administration of naloxone by workers within health and community services, the Drugs, Poisons and Controlled Substances Act 1981 and associated regulations do not prevent or restrict, a non-clinical worker from administering naloxone to a person experiencing an opioid overdose.

Under the Drug, Poisons and Controlled Substances Regulations 2017, clinical workers (including registered medical practitioners, pharmacists, dentists, nurse practitioners, endorsed registered nurses, endorsed registered midwifes, endorsed registered optometrists and endorsed registered podiatrists) are not required to obtain an administration order from a prescriber before administering a Schedule 3 medicine such as naloxone.

When administering naloxone to treat an opioid overdose, a registered health practitioner is considered to meet the requirements of the Drugs, Poisons and Controlled Substances Regulations 2017. This includes having the person under their care and having taken all reasonable steps to ensure a therapeutic need exists, as demonstrated by the following:

* The practitioner is administering the medicine directly to the individual, which places the person under their care at the time of administration; and
* The medicine is being administered for the treatment of opioid overdose, which confirms that the practitioner has taken reasonable steps to establish a therapeutic need

**As such, organisations are encouraged to develop policies in line with the statement above, ensuring that clinical and non-clinical staff in health and community services have access to naloxone and are trained appropriately in the identification of opioid overdose and the administration of naloxone in the instance of suspected opioid overdose.**

## Protections for workers

Like any other first aid response, it is highly unlikely that someone would sue another person for administering naloxone to reverse opioid overdose.

If a lawsuit did occur, section 31B of the Wrongs Act 1958 (‘the Good Samaritan protection’) would likely provide civil liability protection to the person if they administered the naloxone in good faith and without the expectation of money or financial reward.

If a worker were to administer naloxone to another person whilst at work or on duty, where either their employment duties directly relate to administering naloxone or they would be expected to administer naloxone as part of their role, they have other protections from civil liability including insurance provided by their employer, indemnity provisions in their workplace agreements and policies and any relevant statutory immunity protections.

Organisations are responsible for their own indemnity insurance for workers participating in the supply and/or administration of naloxone. The Victorian Managed Insurance Authority’s (VMIA) Medical Indemnity policies provide indemnity for naloxone administration (intramuscular injection and/or nasal spray) to a patient or person by any person acting on behalf of an organisation insured through VMIA. This includes clinical workers, non-clinical workers, and volunteers (<https://www.vmia.vic.gov.au/clarifying-insurance-cover-when-administering-naloxone-0>).

Further information can be found at the department’s webpage on the [Take-Home Naloxone Program](https://www.health.vic.gov.au/publications/victorian-take-home-naloxone-program-operating-policy-and-guidelines): *(*https://www.health.vic.gov.au/publications/victorian-take-home-naloxone-program-operating-policy-and-guidelines)

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Available at [Victoria's Take-Home Naloxone Program](https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program) <https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program>

1. The Commonwealth Government’s Take Home Naloxone Program website, [*How to administer naloxone*](file:///C:\Users\victgcq\Downloads\Copy%20of%20Copy%20of%20complimentary%20(5).ziphttps:\www.health.gov.au\our-work\take-home-naloxone-program\how-to-administer-naloxone), offers guidance by directing users to the instructions included with each naloxone product (https://www.health.gov.au/our-work/take-home-naloxone-program/how-to-administer-naloxone). [↑](#footnote-ref-2)