1.0 Purpose

To provide guidelines for staff response to a suspected opioid overdose including the administration of the prescription medication naloxone, while awaiting the arrival of emergency medical personnel. Naloxone is indicated for reversal of respiratory depression or unresponsiveness in the setting of opioid overdose.

2.0 Revision History

August 26, 2015

3.0 Program Applicability

All Programs

4.0 Background

This procedure has been created to reduce the risk of fatal opioid overdose at all DESC sites and to support the health and well-being of DESC clients. The administration of naloxone (brand name Narcan®) can reverse an opioid overdose and save lives. Naloxone distribution is recommended by the Centers for Disease Control and Washington State Health Department as a promising strategy to prevent overdose deaths. The American Medical Association and the American Public Health Association both have policies supporting the availability of take home naloxone. Naloxone is widely available through King County Public Health through the Needle Exchange Program.

5.0 Definitions (See Appendix A)

6.0 Applicable WACs (Washington Administrative Code) or RCW (Revised Code Of Washington)

Washington State law RCW69.50.315 (also known as the 911 Good Samaritan Overdose Law) allows a person acting in good faith to receive a naloxone prescription, possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose. RCW69.50.315 prevents prosecution for drug possession for people who have an overdose or who seek medical help for someone else having an overdose.
HB1671 is now active law in WA State. This law seeks to scale-up access to naloxone by making naloxone distribution to laypersons more efficient. The law specifically permits naloxone to be prescribed directly to an "entity" such as a police department, homeless shelter or social service agency.

7.0 Procedure

In an effort to reduce overdose mortality amongst DESC clients, all DESC staff will be trained to recognize an opioid overdose and to administer intranasal naloxone to the client, while awaiting the arrival of emergency medical personnel. This procedure is a standing order for trained DESC staff to administer intranasal naloxone to clients experiencing a suspected opioid overdose.

7.1 General standards

7.1.1 Staff are trained to administer the intranasal form of naloxone. Please note that naloxone is only used to treat opiate overdose and does not reverse other types of overdose.

7.1.2 Naloxone is only administered with the implicit intent to send the client to the nearest hospital emergency room via ambulance for immediate medical treatment.

7.1.3 Rescue breathing is helpful in the event of opiate overdose, but it is not required for this procedure due to risk of injury to staff. Barrier masks will be provided in the overdose kits for staff who are trained to perform rescue breathing and choose to do so.

7.1.4 In a crisis, staff are permitted to use whatever naloxone kit may be available to reverse an overdose if they are trained to use it.

7.2 Staff training

7.2.1 In order for staff to be able to intervene in an opiate overdose as soon as possible, staff are considered trained for the purpose of this procedure after reading the visual, “Taking Action in an Opioid Overdose.” The visual is located on page 5 of this procedure, in the overdose kits, and on the wall at each site. New staff will receive a copy of the visual at HR orientation and will be asked to sign an acknowledgment of receipt form.

7.2.2 Staff will then attend in person Opioid Overdose Prevention and Naloxone Training arranged by the Manager of Internal Trainings and Communication.

7.2.3 Staff will also attend an annual refresher training arranged by the Manager of Internal Trainings and Communication.

7.2.4 Opioid Overdose Prevention and Naloxone Training curriculum will be used for training staff. (See Appendix B)

7.3 Delivery and storage of Naloxone

7.3.1 Kelly Ross Pharmacy (or other partnering pharmacy) will deliver naloxone to DESC sites.

7.3.2 Naloxone medication will be kept in an Overdose Prevention Kit (See Appendix C) and will be stored consistent with the manufacturer’s guidelines in each site’s most central office.

7.3.3 Each site will clearly identify where the Overdose Prevention Kits are stored with a highly visible sign.
7.4 Documentation
7.4.1 In the event of an overdose and subsequent use of an overdose prevention kit, staff will document the event in a CHASERS LOG entry entitled "Naloxone Administration."

7.4.2 There will be posted signs in the staff office explaining the steps for overdose assessment, response, and treatment, including calling 911 and administration of naloxone. There will also be a laminated sign outlining the same information in each Overdose Prevention Kit.

7.5 Implementation
7.5.1 Staff will have access to a cabinet where an Overdose Prevention Kit is stored. When staff receive information about a possible opioid overdose, staff will put on gloves and retrieve the Overdose Prevention Kit to take to the site of the overdose.

7.5.2 Staff should approach the scene with caution and be aware of any safety hazards, such as uncapped needles.

7.5.3 If staff are unsure as to whether the client is actually overdosing, please be aware that administering naloxone will not injure the client and that staff are acting in good faith to reverse an overdose.

7.5.4 Responding to an Opioid Overdose
a) Assess for overdose
b) Call 911 to report a probable overdose and plan to administer naloxone
c) Administer intranasal naloxone
d) Stay with the client until emergency medical personnel arrives

a) Assess for overdose
1. Staff (in pairs as staffing levels allow) approach the client to assess for overdose by looking and listening for:
   • Slow, shallow, or no breathing
   • Gurgling, gasping, or snoring
   • Clammy, cool, skin
   • Blue lips or nails
   • Environmental clues such as pill bottles, syringes/injection equipment, or alcohol.

2. Try to rouse the client.
   • Yell their name and shake them.
   • Rub your knuckles hard over their chest bone.

b) Call 911
3. Call 911 to report a probable overdose and plan to administer naloxone.
   • Report that the client is not breathing.
   • Provide the address and exact location of the client within the building or surrounding areas.
c) **Administer intranasal naloxone**

4. Staff will put on gloves and will administer intranasal naloxone by following the instructions in the Overdose Prevention Kit. *(See Appendix D with diagram).* Staff will clean the foam tip nasal atomizer with alcohol pads before inserting the medication in the nostril.

5. Staff will give a short vigorous push to spray one half of the vial (1ml) into one nostril and the other half of the vile (1ml) in to the other nostril.

6. If the client does not respond within 3-5 minutes, staff will give a second dose of naloxone by using the other vial in the kit in the same manner as described above.

d) **Stay with the client**

7. Stay with the client until emergency medical personnel arrive. Naloxone wears off after 30-90 minutes and the overdose can return. It is imperative that the client receives medical attention as soon as possible.

   - Comfort the client. Naloxone can cause the client to go into acute withdrawal.
   - Some common signs of withdrawal can include, but are not limited to: vomiting, agitation, weakness, sweating, and shivering.
   - Be prepared to manage client behavior following the overdose reversal, such as confusion, irritability, attempts to leave, and desire to seek more opiates to relieve the withdrawal symptoms.
   - Assess for need to administer CPR. Administer chest compressions if the client is not breathing or otherwise remains nonresponsive.
   - If the client starts breathing again and it is safe for staff to do so, position the client in the **recovery position.** *(See Appendix E)*
   - Encourage client to accept medical care if they are resisting medical assistance.

8. Staff will inform medics upon arrival that they administered intranasal naloxone.

e) **After the overdose incident**

9. Following the arrival of emergency medical personnel and passing of the crisis, staff will document the naloxone administration in a Chasers LOG entry, entitled “Naloxone Administration.”

10. Staff will notify the acting or on call supervisor.

11. Supervisor will complete an Extraordinary Occurrence Report. Supervisor will schedule a Critical Incident Debrief.
7.6 Quality Assurance

7.6.1 Designated Program Manager or Supervisor at each facility will review supplies monthly and will order replacement naloxone kits following an overdose incident by calling Kelly Ross Pharmacy (or other future partnering pharmacy) for a refill. The kits should always contain two boxes of naloxone in case a second dose is needed to reverse an overdose.

7.6.2 Unused medication that expires will be deposited in the medication waste container on site.

7.6.3 Overdose Prevention Kits will be maintained by designated Program Manager or Supervisor at each facility.

7.6.4 Manager of Organizational Policies and Procedures will consult annually with the Center for Opioid Safety Education (a project of the Alcohol and Drug Abuse Institute at the University of Washington) to stay current on opioid overdose trends. Manager of Organizational Policies and Procedures will also consult annually with Public Health regarding opioid overdose prevention best practices.
Appendix A: Definitions

**Opioid:** Opioids, also called opiates, are a class of drug. This class includes drugs derived from the opium poppy, such as morphine and codeine. It also includes synthetic or partially synthetic formulas, such as Vicodin, Percodan, oxycodone, methadone, and heroin. Opioids are often used to treat pain.

**Opioid overdose:** An opioid overdose is an acute condition due to excessive use of opioids.

**Respiratory depression:** A state wherein the amount of air inhaled is inadequate resulting in a deficiency in the amount of oxygen that enters the lungs.

**Naloxone:** Naloxone (also known by the brand name Narcan®) is a medication called an “opioid antagonist” and is used to counter the effects of opioid overdose. Opioids can slow or stop a person’s breathing, which causes death. Naloxone helps the person wake up and keeps them breathing. Naloxone can be administered intranasally or intramuscularly.

**Intranasal naloxone:** Naloxone medication administered in a person’s nostrils. The naloxone for nasal use is given with a foam tip nasal atomizer that is put on a syringe then placed into the nostril. Intranasal administration consists of naloxone 2mg/2ml, pre-filled syringe (PFS), and LMA Nasal Atomizer (See diagram in Appendix D).

**Administer:** Direct application of a prescription medication to a client’s body.

**Opioid Overdose Prevention and Naloxone training:** Training curriculum used to train staff to assess, respond, and treat an opioid overdose with the administration of naloxone. (See Appendix B)

**Overdose prevention kit:** A kit used in response to an opioid overdose. (See Appendix C)

**Recovery position:** (See diagram Appendix E) If a person is unconscious, but is breathing and has no other life-threatening conditions, they should be placed in the recovery position. Putting someone in the recovery position will ensure their airway remains clear and open. It also ensures that any vomit or fluid will not cause them to choke.

**Seattle and King County Needle Exchange:** A harm reduction program funded by King County Public Health for people who require sterile injection equipment, seek CD treatment/referrals, and or medical care for urgent substance related problems.

Appendix B: Opioid Overdose Prevention and Naloxone Training curriculum for new staff includes:

- OD prevention techniques
- Recognizing signs and symptoms of overdose
- Calling 911 and the Good Samaritan Law
- Naloxone storage and administration
- Post overdose follow up care

Appendix C: Overdose Prevention Kit

A small bag containing:

- Two doses of intranasal spray naloxone and two intranasal (foam tip nasal atomizer) devices for the administration of naloxone
- Alcohol pads
- Pair of gloves
- Instructions to administer intranasal naloxone
- Barrier mask
Appendix D: How to administer intranasal naloxone

How to Give Nasal Spray Naloxone

1. Pull or pry off yellow caps
2. Pry off red cap
3. Grip clear plastic wings.
4. Gently screw capsule of naloxone into barrel of syringe.
5. Insert white cone into nostril, give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.
6. If no reaction in 2-5 minutes, give the second dose.

Appendix E: Recovery position

1. Roll person onto side
2. Place person in recovery position
3. Continue to observe
4. Continue to offer naloxone