

# SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

## POLICY AND PROCEDURE MANUAL

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### **Policy 146 – NARCAN (Naloxone)**

#### **I. POLICY**

The purpose of this policy is to ensure ready access to naloxone at all licensed sites in case of an opioid overdose, and will be readily available in First Aid kits in licensed sites. Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. As a narcotic antagonist, naloxone blocks opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.

Naloxone is not effective in treating overdoses of benzodiazepines (such as Valium, Xanax, or Klonopin), barbiturates (Seconal or Fiorinal), clonidine, Elavil, GHB, or ketamine. It is also not effective in treating overdoses of stimulants such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

#### **II. PROCEDURES**

Southern Highlands will utilize FDA approved intranasal naloxone products.

There will be designated staff at each site location and other assigned programs who will be trained to administer Narcan in case of an opioid overdose.

#### **III. STEPS FOR STAFF AS FIRST RESPONDERS**

##### **Step 1: Call for Help (Dial 911)**

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION! An essential step is to get someone with medical expertise to see the patient as soon as possible, so if no emergency medical services (EMS) or other trained personnel are on the scene, staff will need to dial 911 immediately. Inform 911 dispatch of symptoms and possible overdose. Be sure to give a clear address and/or description of your location.

##### **Step 2: Check for Signs of Opioid Overdose**

Signs of OVERDOSE, which often results in death if not treated, include:

- Extreme sleepiness, inability to awaken verbally or upon sternal rub.
- Breathing problems that can range from slow to shallow breathing in a patient that cannot be awakened.

- Fingernails or lips turning blue/purple.
- Extremely small “pinpoint” pupils.
- Slow heartbeat and/or low blood pressure.

Signs of OVERMEDICATION, which may progress to overdose, include:

- Unusual sleepiness, drowsiness, or difficulty staying awake despite loud verbal stimulus or vigorous sternal rub.
- Mental confusion, slurred speech, intoxicated behavior.
- Slow or shallow breathing.
- Extremely small “pinpoint” pupils, although normal size pupils do not exclude opioid overdose.
- Slow heartbeat, low blood pressure.
- Difficulty waking the person from sleep.

Because opioids depress respiratory function and breathing, one telltale sign of a person in a critical medical state is the “death rattle.” If a person emits a “death rattle” – an exhaled breath with a very distinct, labored sound coming from the throat – emergency resuscitation will be necessary immediately, as such a sound almost always is a sign that the individual is near death.

### **Step 3: Support the Person’s Breathing**

Ventilatory support is an important intervention and maybe life-saving on its own. Patients should be ventilated with oxygen prior to administration of naloxone. In situation where oxygen is not available, rescue breathing can be very effective in supporting respiration. Rescue breathing for adults involves the following steps.

- Be sure the person’s airway is clear (check that nothing inside the person’s mouth or throat is blocking the airway).
- Place one hand on the person’s chin, tilt the head back and pinch the nose closed.
- Place your mouth over the person’s mouth to make a seal and give 2 slow breaths.
- The person’s chest should rise (but not the stomach).
- Follow up with one breath every 5 seconds.

### **Step 4: Administer Naloxone**

Any patient who presents with signs of opioid overdose, or when this is suspected, should be administered naloxone intranasal or intramuscular (all intramuscular must be administered by medical professionals).

How to administer:

- Identify overdose – check for responsiveness.
- **NO RESPONSE – USE NASAL SPRAY OR INJECTION!**

- Lay the person on their back. Support their neck with your hand and allow their head to tilt back before giving the Narcan.
- Spray the Narcan nasal spray into one nostril or inject into muscle.
- After administering, turn victim on their side with hands under side of face (recovery position) for support if they are breathing. If they are not breathing, continue to administer CPR.
- Ensure that 911 has been called.
- Monitor for development of opioid withdrawal.
- If no response after 2-3 minutes, repeat with a new dose in alternate nostril or a second injection.

**DURATION OF EFFECT:** The duration of effect of naloxone is 20 to 90 minutes depending on dose and route of administration and overdose symptoms. The goal of naloxone therapy should be to restore adequate spontaneous breathing, but not necessarily complete arousal.

More than one dose of naloxone may be needed to revive someone who is overdosing. Patients who have taken longer-acting opioids may require further intravenous bolus doses or an infusion of naloxone. Comfort the person being treated, as withdrawal triggered by naloxone can feel unpleasant.

As a result, some persons become agitated or combative when this happens and need help to remain calm. Staff should utilize Crisis Intervention techniques to help the victim remain calm.

**SAFETY OF NALOXONE:** The safety profile of naloxone is remarkably high, especially when used in low doses and titrated to effect. When given to individuals who are not opioid-intoxicated or opioid-dependent, naloxone provides no clinical effects even at high doses. Moreover, although rapid opioid withdrawal in tolerant patients may be unpleasant, it is not life-threatening. Naloxone can be used in life-threatening opioid overdose circumstances in pregnant women.

Most patients respond by returning to spontaneous breathing. The response generally occurs within 3 to 5 minutes of naloxone administration. (Continue rescue breathing while waiting for the naloxone to take effect.)

Naloxone will continue to work for 30 to 90 minutes, but after that time overdose symptoms may return. Therefore, it is essential to get the person to an emergency department or other source of medical care as quickly as possible, even if he or she revives after the initial dose of naloxone and seems to feel better.

**SIGNS OF OPIOID WITHDRAWAL:** The signs and symptoms of opioid withdrawal in an individual who is physically dependent on opioids may include, but are not limited to, the following: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection (goosebumps), sweating, yawning, nausea or vomiting,

nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure.

**NALOXONE NON-RESPONDERS:** If a patient does not respond to naloxone, an alternative explanation for the clinical symptoms should be considered. The most likely explanation is that the person is not overdosing on an opioid but rather some other substance or may even be experiencing a non-overdose medical emergency. A possible explanation to consider is that the individual has overdosed on buprenorphine, a long-acting opioid partial agonist. Because buprenorphine has a high affinity for the opioid receptors than do other opioids, naloxone may not be effective at reversing the effects of buprenorphine-induced opioid overdose.

In all cases, support of ventilation, oxygenation, and blood pressure should be sufficient to prevent the complications of opioid overdose should be given priority of the response to naloxone is not prompt.

### **DO'S AND DON'T IN RESPONDING TO OPIOID OVERDOSE**

- DO support the person's breathing by administering oxygen or performing rescue breathing.
- DO administer naloxone.
- DO put the person in the "recovery position" on the side, if he or she is breathing independently.
- DO stay with the person and keep him/her warm.
- DON'T slap or try to forcefully stimulate the person – it will only cause further injury. If you are unable to wake the person by shouting, rubbing your knuckles on the sternum (center of the chest or rib cage), or light pinching, he or she may be unconscious.
- DON'T put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
- DON'T inject the person with any substance (saltwater, milk, "speed", heroin, etc.). The only safe and appropriate treatment is naloxone.
- DON'T try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

**NOTE:** All naloxone products have an expiration date, so it is important to check the expiration date and obtain replacement naloxone as needed.

### **III. TRAINING**

Southern Highlands has naloxone kits that include a mucosal atomizer device to enable intranasal delivery. It is packaged in a carton containing two doses, to allow for repeat dosing if needed. Staff that are designated to administer naloxone will be trained on how to assemble all of the materials and administer the naloxone to the victim.

We will ensure that there is appropriately trained staff on duty at all times who are proficient in cardiopulmonary resuscitation and reversal of opiate overdose. All staff will receive training during orientation on administering Narcan and the locations of the kits at each site.

#### **IV. STORAGE AND MAINTENANCE**

Medication will be stored at 59 to 77 degrees Fahrenheit and will be protected from light. Narcan will be stocked in First Aid kits at all sites. Surplus Narcan kits will be stored in the CSU's nurse's offices. The nurse at each locations will be responsible for ensuring the medication is replaced in the first aid kit before the expiration date monthly. Any replacement of the Narcan kits can be found at CSU.

#### **V. FOLLOW UP PROCEDURES**

If an overdose occurs and naloxone is administered, the staff that first responded will be responsible for completing an adverse incident report and notifying supervisor.

#### **VI. "TAKE-HOME" DISBURSEMENT PROTOCOL**

Pursuant to the WV Access to Opioid Antagonist Act of 2016 (SB 335), Southern Highlands has partnered with the WV Office of Emergency Medical Services (WVOEMS) and various state and local agencies to provide access to both naloxone and the subsequent training to administer naloxone to those consumers and affected families/individuals of those who have/or may be at risk of opioid overdose. Appropriately trained staff will track all "Take-Home" kits they disburse using the Naloxone "Take-Home" Kit Tracking Form (Attachment A) and document in AVATAR accordingly.

"Take-Home" kits will be distributed to those consumers and/or families/individuals at risk of opioid overdose in the follow situations.

- AMA from SUD treatment programs or CSU.
- After completion of treatment from SUD treatment programs or the CSU, a prescription for Narcan will be called into the consumer's chosen pharmacy.
- Admission into any other SUD related program that provides treatment for opioid addiction.
- Those at-risk consumers and/or affected families/individuals visited by the QRT.

\*Information for this policy was taken from SAMHSA: Opioid Overdose Prevention Toolkit.

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

**Naloxone / Narcan "Take-Home" Kit Tracking Form**

Date: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Consumer ID: \_\_\_\_\_

Recipient Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Program: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

History of opioid overdose?  Yes  No History of Naloxone use?  Yes  No

Kit being disbursed:  2mg Naloxone Nasal via Atomizer (x2)

4mg Narcan ® (Naloxone) Nasal Spray (x2)

Reason Disbursed:  SUD Program Graduate  SUD Program AMA

CSU Completion  CSU AMA  QRT Follow-up

Other: \_\_\_\_\_

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**By signing, I am confirming that I physically received a "Take-Home" kit and understand the procedure, as outlined by the WVOEMS, to assist in the event of an opioid overdose.**

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Even though using Narcan/Naloxone may significantly increase opioid overdose survival if used correctly, the effects may only last a short time. Always call 911 immediately!**