

# OPIOID OVERDOSE RESPONSE AND NALOXONE POLICY

## Purpose

This policy establishes guidelines for administering naloxone to combat the effects of opioid overdose in Journey of Hope programs. This policy also provides guidelines on educating Journey of Hope members on risks that contribute to overdose, the administration of naloxone, and facilitating access to naloxone.

Naloxone is a medication used to reverse opioid overdose caused by the use of one or more opioid-related substances. All Journey of Hope programs will maintain naloxone kits on-site at all times and have staff present on all shifts who are trained to administer naloxone to individuals who are known to be or are suspected of experiencing an opioid overdose. Journey of Hope programs will develop specific procedures related to the acquisition, storage, monitoring, administration, and safe disposal of used and expired naloxone.

## Policy

Within 30 days of hire, all agency staff will be trained to recognize an opioid overdose and to administer naloxone to the individual while awaiting the arrival of emergency medical personnel.

All Journey of Hope programs will complete the Overdose Risk Assessment with all JOH residents within days of their admission into the Journey of Hope Project. JOH members who agree to receive naloxone will be permitted to carry naloxone on their person in the program and out in the community.

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

Rescue breathing is helpful in the event of opioid overdose, but it is not required due to risk of injury to staff. The overdose kits will contain barrier masks for staff who are trained to perform rescue breathing and choose to do so.

In a crisis, staff are permitted to use whatever naloxone kit may be available to reverse the suspected overdose if they are trained to use it and the medication is in a sealed package.

## Procedure

Staff will have access to an Overdose Prevention Kit. When staff receive information about a possible opioid overdose, staff will put on gloves and retrieve the Overdose Prevention Kit to take to the area where the potential overdose has occurred.

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

If staff are unsure as to whether the individual is actually overdosing, they should be aware that the administration of naloxone will not injure the individual and that they are acting in good faith.

## RESPONDING TO AN OPIOID OVERDOSE

1. Assess for overdose
2. Call 911 to report a probable overdose
3. Administer naloxone
4. Stay with the individual until emergency medical personnel arrives
5. Follow up after the overdose incident



## Assess for overdose

- A.** Staff (in pairs, if possible) approach the individual 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
- B.** Try to rouse the individual
- Yell their name or shake them gently
  - Rub your knuckles hard over their chest bone

## Call 911

- A.** Call 911 to report a probable overdose and a plan to administer naloxone
- Report that the individual is not breathing
  - Provide the address and exact location of the individual within the building or surrounding areas

## Administer the naloxone as indicated and ensure immediate emergency medical attention following administration:

- A.** Put on gloves and administer spray as per instructions in the Overdose Prevention Kit.
- B.** Lay the person on their back, if possible.
- C.** Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into a nostril, either side of the nozzle is against the bottom of the person's nose. Press the plunger firmly to give the dose. Remove the nozzle from the nose. Each dose contains 4mg naloxone HCl in 0.1 mL nasal spray. One entire spray in one nostril is one dose.
- D.** If the individual does not respond within 3–5 minutes, give a second dose of naloxone by opening the other spray bottle in the Overdose Prevention Kit and administering it in the other nostril in the same manner as described above.
- E.** If the individual responds to naloxone nasal spray but relapses back into abnormal or insufficient breathing before emergency assistance arrives, give another dose.

## Stay with the individual until emergency medical personnel arrive

- A.** Stay with the individual until emergency medical personnel arrive. Naloxone wears off after 30–90 minutes, and the overdose can return. It is imperative that the individual receives medical attention as soon as possible
- Roll the individual on their side into the rescue position.
  - Comfort the individual — naloxone can cause them to go into acute withdrawal. Common signs of withdrawal include but are not limited to vomiting, agitation, weakness, sweating, shivering.
  - Be prepared to manage the individual's behavior following the overdose reversal, such as confusion, irritability, attempts to leave, and desire to seek more opioids to relieve the withdrawal symptoms.
  - Assess for the need to administer rescue breathing and/or CPR. Administer rescue breaths and/or chest compressions if the individual is not breathing or otherwise remains nonresponsive.
  - Encourage the individual to seek medical care if they are resisting medical assistance and educate the person on the risks of overdose following reversal.
- B.** Inform medics upon arrival that naloxone nasal spray was administered.

## Follow Up After the Overdose Incident

The program staff will work with the individual who experienced an overdose to modify the person's treatment, as needed, to incorporate or enhance substance use disorder treatment and address any other safety concerns. This includes providing education on all forms of Medicated Assisted Treatment (MAT) and facilitating a connection to MAT if the member is interested.

## Scope

This policy applies to all Journey of Hope programs.

## Staff Training

Ensure that there are staff present on all shifts who are trained to administer naloxone to individuals known to be or are suspected of experiencing an opioid overdose. In order for staff to be able to intervene in an opioid overdose as soon as possible, new staff will be trained within 30 days of hire/contract. Staff will also be expected to complete a refresher training annually, to be monitored by the program director.

## Client Training

1. Within the first 15 days of entering treatment, Journey of Hope programs are expected to complete with the member the Overdose Risk Assessment (both sides) along with other required clinical documentation. The purpose of this Overdose Risk Assessment is to gather information about the member's use history, share information about the risk factors that contribute to overdose, educate the person on how to administer naloxone, and facilitate access to naloxone.
  - A. If the member agrees, offer to provide the member with naloxone for their personal use through a written prescription by a program physician or the standing order, or, if available immediately at the program, offer the member an Overdose Prevention Kit, which includes naloxone.
  - B. Educate and train members on the availability and use of naloxone per their specific program procedures. Educate them on how to get naloxone refilled if they use their supply and need more.
  - C. Journey of Hope members are permitted to carry naloxone on their person both in the program and in the community.

## Delivery and Storage of Naloxone

1. Naloxone will be obtained from local pharmacies and/or mail order, as needed.
2. Program directors will be responsible for checking expiration dates to ensure that kits are up to date.
3. Naloxone medication will be kept in an Overdose Prevention Kit and will be stored according to the manufacturer's guidelines.
4. Each site will use a highly visible sign to clearly identify where the Overdose Prevention Kits are stored.
5. The program director at each site will review supplies monthly and will order replacement naloxone kits following an overdose incident.
6. Unused medication that expires will be disposed of following the appropriate procedures (i.e., returning to the pharmacy for safe disposal or following other agency procedure).

## Documentation

In the event of an overdose and subsequent use of an Overdose Prevention Kit, staff will document the event via an Internal Incident Report Form. If the individual is a member of Community Behavioral Health (CBH), an external incident report will be completed and faxed to CBH within 24 hours.