



# OPIOID OVERDOSE RESPONSE AND NALOXONE ADMINISTRATION

This is a DESC internal operational policy and procedure document [effective date: 06/26/2015]

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## 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; June 07, 2016

## 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 naloxone nasal spray to the client, while awaiting the arrival of emergency medical personnel. This procedure is a standing order for trained DESC staff to administer naloxone nasal spray to clients experiencing a suspected opioid overdose.

### 7.1 **General standards**

- 7.1.1 Staff are trained to administer the naloxone nasal spray. 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 and the medication is in a sealed package.

### 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 receives 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.

## RESPONDING TO AN OPIOID OVERDOSE

- 1. Assess for overdose**
- 2. Call 911 to report a probable overdose and plan to administer naloxone**
- 3. Administer naloxone nasal spray**
- 4. Stay with the client until emergency medical personnel arrives**
- 5. Follow up after the overdose incident**

### 1. Assess for overdose

**A.** 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.

**B.** Try to rouse the client.

- Yell their name and shake them.
- Rub your knuckles hard over their chest bone.

### 2. Call 911

**C.** 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.

### 3. Administer naloxone nasal spray

- D. Staff will put on gloves and will administer naloxone nasal spray by following instructions in the Overdose Prevention Kit. **(See Appendix D)**
- E. Lay the person on their back if possible.
- F. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle in to a nostril, until either side of the nozzle is against the bottom of the person's nose. Press the plunger firmly to give the dose. Remove the spray from the nose. Each dose contains 4 mg naloxone HCl in 0.1 mL nasal spray. One entire spray in one nostril is one dose.
- G. If the client 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.
- H. If the client responds to naloxone nasal spray but relapses back into abnormal or insufficient breathing before emergency assistance arrives, give another dose.

### 4. Stay with the client until emergency medical personnel arrive

- I. 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.
- J. Staff will inform medics upon arrival that they administered naloxone nasal spray.

### 5. After the overdose incident

- K. 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."
- L. Staff will notify the acting or on call supervisor.
- M. Supervisor will complete an Extraordinary Occurrence Report. Supervisor will schedule a Critical Incident Debrief.
- N. For DESC Clinical and Housing clients, Supervisor/Manager will facilitate evaluation of the client for placement on the Elevated Concern list.
- O. DESC care team will consult regarding possible treatment interventions to help the client stay safe.

## TAKING ACTION IN AN OPIOID OVERDOSE

1

Check:  
Could this be an  
opioid overdose?



### Look and listen for:

- slow or no breathing
- gurgling, gasping or snoring
- clammy, cool skin
- blue lips or nails
- pill bottles, needles or alcohol

### Try to wake them up.

- Shake them.  
Call their name.
- Rub your knuckles  
hard over their chest  
bone.



If they don't wake up,  
you need to act fast!

Learn more at [stopoverdose.org](http://stopoverdose.org)

Modified from the original version for DESC procedure.

2

Call 911



- Call 911 to report a probable overdose and plan to administer naloxone.
- Just say where you are and that the person isn't breathing.

Under the Good Samaritan Law:



You cannot be prosecuted for having a small amount of medication or drugs when you seek help in an overdose. The overdose victim is also protected. But the law does not protect you or them from other crimes or warrants.

3

Give naloxone



- Give the naloxone intranasal spray. Follow the instructions on the package or in the overdose rescue kit.
- If they don't respond in 3-5 minutes, give a **second dose of naloxone.**

4

Stay with them



- If they start to wake up and breathe, stay with them.
- Naloxone wears off in 30-90 minutes. When it does, the person can stop breathing again. **Watch them until medical help arrives.**
- If you must leave, put the person into the recovery position and in a place where they can be found.

Recovery position



## 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 packages of nasal spray 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.

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- 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.

**Narcan nasal spray:** Naloxone medication administered in a person’s nostrils (**See Appendix D**). Narcan nasal spray does not require assembly and delivers a consistent, measured dose when used as directed. This prescription product can be used on adults or children and is easily administered by anyone, even those without medical training. The drug is sprayed into one nostril while the patient is lying on his or her back, and can be repeated if necessary. Each dose contains 4 mg naloxone HCl in 0.1 mL nasal spray.

**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:**

- Understanding Opioids and Risk Factors for Overdose (Drop in tolerance, abstinence then restarting, mixing drugs and alcohol, variation in strength and quality, using alone)
- 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

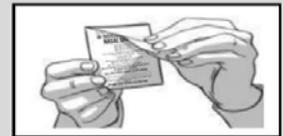
A small bag containing:

- Two doses of Narcan Nasal Spray
- Pair of gloves
- Instructions to administer Narcan Nasal Spray
- Barrier mask

### Appendix D: How to administer naloxone nasal spray

#### Give NARCAN Nasal Spray

**Remove** NARCAN Nasal Spray from the package.  
Peel back the tab with the circle to open the NARCAN Nasal Spray.



**Hold** the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

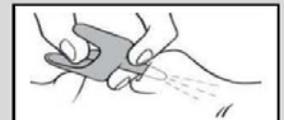


#### **Gently insert the tip of the nozzle into either nostril.**

Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



**Press the plunger firmly** to give the dose of NARCAN Nasal Spray.  
Remove the NARCAN Nasal Spray from the nostril after giving the dose.



**Second dose** If the person does not respond after 3–5 minutes, open another spray package and spray the contents in to the other nostril.

### Appendix E: Recovery position

