



Title: Opioid Overdose Management and Naloxone Administration and Distribution by CAMH Personnel	Policy No.: F 1.11 Pages: 13
Originator(s): Clinical Care Committee (CCC), Pharmacy and Therapeutics (P&T)	Initial Issue Date: December 5, 2017
Owner: Clinical Care Committee (CCC), Pharmacy and Therapeutics (P&T)	Next Review Date: June 1, 2022
Key Words: Naloxone, Narcan, opioid, overdose, fentanyl, opiate	Effective Date: November 3, 2020
Reviewed by: Clinical Care Committee (CCC), Pharmacy and Therapeutics (P&T)	Approved by: Medical Advisory Committee (MAC)

1.0 Purpose

This policy outlines expectations related to the administration and distribution of Naloxone by CAMH personnel on CAMH grounds and in the community.

2.0 Persons Affected

This policy applies to all CAMH employees and physicians (hereafter referred to as “CAMH personnel”).

3.0 Policy

- 3.1 In the event of an opioid overdose or suspected opioid overdose in any area of the CAMH Queen Street site, injectable Naloxone may be administered by a Physician or Nurse Practitioner, or by a Registered Nurse or Registered Practical Nurse pursuant to the medical directive [F 4.27 Administration of Medication by Registered Nurses and Registered Practical Nurses in the Absence of Patient-Specific Prescriber Orders](#).
- 3.2 In the event of an opioid overdose or suspected opioid overdose in the community or at a satellite clinic, CAMH personnel working within the scope of their duties at CAMH may administer Naloxone to an unconscious or unresponsive client/patient by intramuscular injection or intranasal spray if they have received training and demonstrated competency in accordance with Section 6.2.1, below. In areas where trained personnel may not be available such as College Street and Ursula Franklin Street (formerly Russell Street), CAMH personnel shall **call 911** in accordance with policy E 3.1 Code Blue – Medical Emergency.
- 3.3 Naloxone administered pursuant to Section 3.2 shall only be administered using a Naloxone kit issued by the CAMH outpatient pharmacy.

- 3.4 Trained pharmacists may provide Take-home Naloxone Kits to CAMH personnel, outpatients, or members of the public through the Ontario Naloxone Program for Pharmacies.
- 3.5 Eligible CAMH personnel may provide Take-home Naloxone Kits to CAMH clients/patients and/or their family member/friend/care giver in accordance with Section 6.3, below.
- 3.6 Managers of services not listed in [Appendix A](#) but wish to distribute Naloxone kits are to contact outpatient.pharmacy@camh.ca to discuss eligibility.

4.0 Definitions

Naloxone: A rapid-acting opioid antagonist that temporarily reverses the effects of opioids including respiratory and central nervous system depression.

Portable Sharps Container: A container used for the disposal of contaminated sharps when not in a usual treatment area. Portable sharps containers must contain a biohazard symbol.

Safety-engineered syringe (e.g., Vanishpoint®): A syringe with an integrated safety device that minimizes the risk of a skin puncture injury and reuse and is licensed as a medical device by Health Canada.

Satellite Clinics: CAMH clinical operations located offsite of the main Queen Street Campus.

Sharps Disposal Container: A container used for disposal of contaminated sharps. The container must:

- be translucent;
- be made of tough material that is resistant to puncture, tearing, abrasion laceration, chemical or liquid permeation or degradation;
- have a closing mechanism that is designed such that it poses minimal or no risk to the person closing or carrying it to its final destination; and
- have a symbol indicating biohazardous material.

STRIDES (Systematic Tracking & Review of Incidents: Disclosure for the Enhancement of Safety): CAMH's internal reporting system. STRIDES is an administrative management tool that gathers information for quality improvement, risk management and legal purposes. It is an internal document and is not part of

the client/patient's health record. Incidents entered into STRIDES are categorized according to the level of harm severity.

Take-home Naloxone Kit: A pre-assembled kit to be provided to clients/patients, or their family member/friend/care giver, or their caregivers, each containing 2 doses of injectable or intranasal Naloxone within a carrying case.

5.0 Responsibilities

5.1 Outpatient Satellite Clinics

5.1.1 Managers

- 5.1.1.1 Determine which CAMH personnel will be trained to administer Naloxone in the event they witness an opioid overdose.
- 5.1.1.2 Ensure personnel working in the community who may encounter an opioid overdose have been trained and have the competency with respect to Naloxone, as per CAMPUS records.
- 5.1.1.3 Ensure the acquisition, management and storage of Take-home Naloxone Kits as per Section 6.4, below.

5.1.2 CAMH personnel

- 5.1.2.1 Complete the Opioid Overdose Prevention and Management CAMPUS E-Module and maintain competency to administer intranasal or injectable Naloxone, as assigned.
- 5.1.2.2 Work with manager and pharmacy to ensure that any Naloxone kit they have on hand is intact and the medication in the Naloxone spray or vial has not expired.
- 5.1.2.3 Exercise their best clinical judgement with respect to risks and benefits of administering Naloxone in the case of suspected opioid overdose.

5.1.3 Nurse Educators / Advanced Practice Clinical Leaders (RN)

- 5.1.3.1 Determine competency with respect to injectable Naloxone administration for personnel working in the community.

5.2 CAMH Services Listed in [Appendix A](#)

5.2.1 Managers

- 5.2.1.1 Responsibilities as described in Section 5.1, above, as well as those described below.

- 5.2.1.2 Ensure all designated personnel complete training via the Opioid Overdose Prevention and Management CAMPUS E-Module prior to client/patient training, and then on an annual basis.
- 5.2.2 Select CAMH personnel within services listed in [Appendix A](#)
 - 5.2.2.1 Undergo initial and annual training and maintain competency to educate clients/patients on opioid overdose prevention and management, including Naloxone administration as per Section 6.3, below.
 - 5.2.2.2 Provide Take-home Naloxone Kits and training to CAMH clients/patients as per Section 6.3, below.
- 5.3 CAMH Outpatient Pharmacy
 - 5.3.1 Ensure stock of Naloxone kits are complete, and each kit contains Naloxone that has an expiry date of at least 1 year after the date of delivery.
 - 5.3.2 Provide Naloxone kits to outpatient clinics and services listed in [Appendix A](#) at no charge, with the exception of delivery if applicable.
 - 5.3.3 Work with services listed in [Appendix A](#) to submit required documentation to Toronto Public Health to maintain Naloxone kit distribution.
- 6.0 Procedures
 - 6.1 Managing overdoses on site at CAMH's College, Ursula Franklin (formerly, Russell) and Queen Street sites
 - 6.1.1 In the event of an actual or suspected opioid overdose on site (inpatient and outpatient) at Queen Street site, CAMH personnel **shall call a Code Blue** in accordance with policy [E 3.1 Code Blue – Medical Emergency](#).
 - 6.1.2 In the event of an actual or suspected opioid overdose on site at CAMH's College Street or Ursula Franklin Street site, CAMH personnel shall **call 911** in accordance with policy [E 3.1 Code Blue – Medical Emergency](#).
 - 6.2 Managing overdoses by CAMH personnel providing care at satellite clinics and in the community
 - 6.2.1 Education, Training and Competency.

- 6.2.1.1 Managers of clinical programs providing care in the community may identify personnel working in the community who are most likely to encounter clients/patients at risk of opioid overdose and ensure those personnel have training in opioid overdose response and Naloxone administration.
 - 6.2.1.1.1 The clinical team will collaborate to determine whether Naloxone kits will be deployed to all trained personnel with the required competency, or deployed only for visits to clients/patients or care locations presenting an elevated risk of opioid use and/or potential overdose.
 - 6.2.1.2 CAMH personnel who may be administering Naloxone must complete opioid overdose training via CAMPUS Module: Opioid Overdose Prevention and Management.
 - 6.2.1.2.1 If intranasal Naloxone is to be used, further training is not required after completion of CAMPUS module.
 - 6.2.1.3 If injectable Naloxone is to be used, CAMH personnel must complete an injection competency check with Nurse Educator / APCL (RN). A record of the CAMPUS module completion and competency assessment will be kept within CAMPUS.
- 6.2.2 Administration of Naloxone to reverse suspected opioid overdose in the community or at a satellite clinic
- 6.2.2.1 See [Appendix B](#) for signs and symptoms of opioid overdose.
 - 6.2.2.2 If any CAMH personnel working in the community encounter a client/patient whom they suspect is experiencing an opioid overdose, they shall first call 911 to report a medical emergency.
 - 6.2.2.3 After calling 911, if the CAMH personnel has received training in the administration of Naloxone in accordance with Section 6.2.1, above, they will assess the scene to determine whether it is safe to administer Naloxone.
 - 6.2.2.4 If CAMH personnel is satisfied that Naloxone can be safely administered, they will administer one dose of Naloxone. If there is no improvement in 2 to 3 minutes, and emergency services have not arrived, the personnel member will administer another dose of Naloxone.

- 6.2.2.5 If injectable Naloxone was used, after its administration, the personnel member will immediately dispose of the safety engineered syringe at the point of use in a Sharps Disposal Container or Portable Sharps Container. Used intranasal sprays can be disposed of as garbage.
 - 6.2.2.6 CAMH personnel will monitor the client/patient and provide support while waiting for emergency services to arrive. This would include positioning the individual in a recovery position to keep their airway open.
 - 6.2.2.7 If the client/patient is experiencing an opioid overdose, administration of Naloxone will reverse opioid effects and lead to withdrawal symptoms including irritability. Clients/patients may resist attempts to provide care and attempt to leave the scene before emergency services arrive. If, and only if it is safe to do so, CAMH personnel will attempt to follow the client/patient as Naloxone only works for a short time and the person may again become at risk of respiratory sedation.
 - 6.2.2.8 When emergency services arrive, CAMH personnel will identify themselves and provide relevant information, including the total amount of Naloxone administered. CAMH personnel will attempt to find out the name of the hospital to which the client/patient will be taken, and the badge number of any police involved.
 - 6.2.2.9 As soon as possible after the incident, CAMH personnel will complete Code Blue documentation in I-CARE, a Code Blue Response Record to their best ability (in accordance with policy [E 3.1 Code Blue – Medical Emergency](#)), a STRIDES report, and a debrief with the appropriate team members.
 - 6.2.2.10 The clinic manager will work with outpatient pharmacy to replenish the depleted Naloxone kit.
- 6.3 Providing Take-home Naloxone Kits and opioid overdose education by CAMH personnel designated by their manager from services listed in [Appendix A](#)
- 6.3.1 Complete the Opioid Overdose Prevention and Management CAMPUS E-Module prior to training and distribution of Take-home Naloxone Kits to clients/patients.
 - 6.3.2 Use the Naloxone Training Checklist during Naloxone kit training.

- 6.3.3 Scan the completed Naloxone Training Checklist ([Appendix C](#)) into the client/patient's electronic health record.
 - 6.3.4 Document interventions using the Opioid Overdose Prevention PowerForm.
 - 6.3.5 If a take-home naloxone kit is provided to a CAMH client/patient's family member/friend/care giver, this should be documented in the client/patient's electronic health record via a Progress note. A Naloxone Training Checklist should be completed for the family member/friend/care giver and scanned into the associated CAMH client/patient's electronic health record. In the event the client/patient does not consent to the family member/friend/care giver being involved in their care, CAMH staff may still provide take-home naloxone kit to the individual as outlined and document that the kit was given at the request of the family member/friend/care giver, and no patient-related details were shared with the individual.
- 6.4 Deployment, management and storage of Naloxone kits (including Take-home Naloxone Kits) in outpatient/satellite clinics and services listed in [Appendix A](#)
- 6.4.1 Submit Naloxone Kit Request Form to CAMH Outpatient Pharmacy to order kits and/or individual components in the kit as needed (e.g., in case of broken devices, Naloxone has been exposed to extreme temperatures, etc.).
 - 6.4.2 Check that each of the service's Naloxone kits is complete and that Naloxone sprays and/or vials are intact and within their expiry date upon receipt from CAMH Outpatient Pharmacy and then every month thereafter. A sample Naloxone Kit Review Checklist & Sign Out can be found in [Appendix D](#).
 - 6.4.3 Dispose of expired Naloxone within appropriate pharmaceutical waste containers within the clinic, or at a community pharmacy (not limited to the CAMH Outpatient Pharmacy).
 - 6.4.4 Store Naloxone kits in an area that does not allow for access by non-CAMH personnel.
 - 6.4.5 Track Naloxone kit use and distribution such that it will only be by individuals who have completed the CAMH approved training.
 - 6.4.6 Complete and submit Take-home Naloxone Kit tracking sheet to CAMH Outpatient Pharmacy quarterly via outpatient.pharmacy@camh.ca.

- 6.4.6.1 CAMH personnel to whom injectable Naloxone kits are deployed will also carry a portable sharp container when carrying out a home or community visit.
- 6.4.6.1.1 Used intranasal sprays can be disposed of as garbage.

7.0 References

- [Good Samaritan Act](#), S.O. 2001, c 2, s 2(b).
[Regulated Health Professions Act](#), S.O., 1991, c. 18.
[CAMH Pharmacist's Checklist for Naloxone Training](#)
[Naloxone Distribution for Agencies and Health Professionals, Toronto Public Health](#)

8.0 Links/Related Documents

- 8.1 Related Policies Procedures and Medical Directives
[AHR 3.13.17 Sharps Injury Prevention](#)
[E 3.1 Code Blue – Medical Emergency](#)
[F 4.27 Administration of Medication by Registered Nurses and Registered Practical Nurses in the Absence of Patient-Specific Prescriber Orders](#)
- 8.2 Related Forms
 Opioid Overdose Prevention Form (PowerForm in I-CARE)

9.0 Review/Revision History

Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
December 2017	1.0	New Policy	<ul style="list-style-type: none"> N/A
June 2018	1.1	Moderate	<ul style="list-style-type: none"> Addition of an intranasal option for staff to administer; Change and clarification with respect to training requirements and responsible individuals; Removal of Appendix A: Naloxone Kit Request Form (link added to this form on INSITE).
June 2020	2.0	Moderate	<ul style="list-style-type: none"> Permit trained CAMH personnel to provide take-home Naloxone kits to outpatients utilizing the



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Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
			Naloxone Training Checklist, and documenting in the Opioid Overdose Prevention PowerForm.
July 2020	2.1	Minor	<ul style="list-style-type: none">Added relevant links to Appendix C.
September 2020	2.2	Minor	<ul style="list-style-type: none">Changed SCORE references to STRIDES to reflect new name of incident reporting system; andChanged Russell Street to Ursula Franklin Street to reflect new name.
November 2020	2.3	Minor	<ul style="list-style-type: none">Added guidance around providing take-home naloxone kits to family members/friends of CAMH clients/patients.

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Appendix A – Services Providing Take-Home Naloxone Kits

As defined by the Ministries of Health and Long-term Care, programs and agencies who meet the following definition(s) will be able to obtain Naloxone through The Works for distribution to their clients/patients who are at risk of opioid overdose.

- Community Health Centres (including Aboriginal Health Access Centres)
- AIDS Service Organizations
- Outreach organizations
- Shelters
- Withdrawal management programs

Within CAMH, this currently applies to:

- Drug Treatment Court;
- Day Detox Program within COMPASS;
- Emergency Department;
- Bridging Clinic;
- Concurrent Addictions Inpatient Treatment Service (upon discharge); and
- Medical Withdrawal Service (upon discharge).



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Appendix B – Signs and Symptoms of Opioid Overdose

A person may be experiencing an opioid overdose if:

1. they cannot be woken up;
2. their breathing is slow, erratic, or has stopped;
3. they are making gurgling sounds or deeply snoring;
4. their fingernails or lips are blue or purple;
5. their body is very limp;
6. their pupils are very small.



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Appendix C – Links to Naloxone Training Checklists

- [For Naloxone Ampoules](#)
- [For Intranasal Naloxone](#)

Appendix D – Naloxone Kit Review Checklist and Sign-Out

<u>Injectable Naloxone Kit Contents</u>	<u>Intranasal Naloxone Kit Contents</u>
<ul style="list-style-type: none"> • Two 1mL vials of Naloxone hydrochloride 0.4mg/mL • Two safety engineered (e.g., Vanishpoint®) syringes with 25 G one inch needles attached • Two alcohol swabs • One pair of non-latex gloves • One rescue breathing barrier • Written handout – ‘5 Steps to Save a Life’ 	<ul style="list-style-type: none"> • Two 0.1mL intranasal Naloxone sprays (4mg/0.1mL) • One pair of non-latex gloves • One rescue breathing barrier • Written handout – ‘5 Steps to Save a Life’

If any element is missing, complete a Naloxone Kit Request Form and contact the CAMH Outpatient Pharmacy.

Please complete the following table as kits are signed in and out of the clinic.

<u>Naloxone kit type</u>	<u>Are kit contents complete and in date?</u>	<u>Signed out by</u>	<u>Date signed out</u>	<u>Date signed in</u>	<u>Naloxone administered to (MRN)</u>
<input type="checkbox"/> Intranasal <input type="checkbox"/> Injectable	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Intranasal <input type="checkbox"/> Injectable	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Intranasal <input type="checkbox"/> Injectable	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Intranasal <input type="checkbox"/> Injectable	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Intranasal <input type="checkbox"/> Injectable	<input type="checkbox"/> Yes <input type="checkbox"/> No				