



Policy/Procedure Name:	Naloxone Distribution Policy and Procedure
Number:	
Effective Date:	23 01 2019
Revision Date:	DD MMM YYYY

Manual:	
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Purpose

To provide guidelines for overdose prevention education, assessment of overdose, overdose response, naloxone kit training and distribution of naloxone kits to clients at risk of an overdose, their friends and family members.

Scope

Standardized Statement:

The policy pertains to all staff members and physicians at Muskoka Algonquin Healthcare (MAHC).

Policy Statement

A. Criteria to Distribute Naloxone

Staff working under these criteria will receive an orientation to the Naloxone Program, and be kept-up-to-date with new information on Naloxone as it becomes available. Program Lead (Clinical Leader ER/ICU) and staff must complete the following, in order to distribute Naloxone:

1. Read and be familiar with the Naloxone Training Manual.
2. Attend a training session. May be provided by the Program Leader or a staff member who has received the training from SMDHU in a train the trainer approach. Comply with Naloxone and related policies and procedures

Agency Naloxone Program Lead (Clinical Leader ER/ICU) will:

- Ensure that staff are trained using the approved training resources
- Establish and maintain procedures concerning this program
- Ensure compliance with naloxone and related policies and procedures
- Ensure proper documentation and submit quarterly reporting to the Health Unit.

B. Criteria to Receive Naloxone Kit

The following is a list of criteria that the client must meet in order to be eligible for a naloxone kit:

- Are opiate users or friends/ family members of a person who uses opiates
- No previous hypersensitivity to Naloxone
- Can give valid consent
- Can understand and are willing to learn the essential components of the Naloxone Training Manual (See training checklist Appendix 2)
- Have completed the opiate overdose response training

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Definitions

Opiate: An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulphate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, papaver somniferum. Commonly encountered opiates include heroin, morphine, oxycotin, Fentanyl, Percocet and Percodan.

Naloxone: Naloxone is an opioid antagonist drug. It is used to counter the effects of opiate overdose. Specifically used to counteract the life threatening depression of the central nervous system and respiratory system. It may also be referred to as Narcan, Nalone and Narcanti.

Procedure

A. Naloxone Kit Contents: Nasal Spray

- One hard case
- Two doses of Narcan® Nasal Spray (4mg/0.1ml)
- English and French product monographs
- One identifier card
- One pair of non-latex gloves
- 5 Steps to Respond to an Opioid Overdose

Naloxone kits should be stored in a locked cabinet at room temperature.

B. Ordering Naloxone – submit order for both Naloxone Kits and Naloxone Spray refills via the Order Form via exchange.works@smdhu.org

C. Client Training

Clients should be trained in spaces that provide privacy and confidentiality in an environment that is conducive to learning.

Training will include all components of the Naloxone Training Manual including:

- Overdose prevention techniques
- Risks to overdose
- Recognizing signs and symptoms of overdose (opioid versus other drugs)
- Overdose response myths
- Calling 911
- Stimulation, rescue breathing and/or chest compressions
- Naloxone administration
- Post overdose follow-up and care
- Care of Naloxone

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Upon completion of the training, the client will be assessed by the staff member to ensure the client understands the content.

D. Documentation

The staff member will complete documentation with information outlined in this document as a minimum, with the Naloxone Distribution Form as a minimum to satisfy MOHLTC Quarterly Reports.

D1. Quarterly Reports

The Clinical Leader ER/ICU at each site will be responsible to receive and collate all Distribution Forms, or to accumulate all data acquired through training of clients in any case. The Lead will provide this data via the Reporting Form to exchange.works@smdhu.org

Quarterly Reporting Dates:

1. Q1 (April - Jun) Due: July 07
2. Q2 (Jul - Sep) Due: October 07
3. Q3 (Oct - Dec) Due: January 07
4. Q4 (Jan - Mar) Due: April 07

E. Distribution of Naloxone Kit

Prior to dispensing a Naloxone kit, the staff member will:

1. Ensure the client receiving the Naloxone kit has met the criteria outlined above
2. Complete naloxone training for client as per training manual
3. Distribute one Naloxone Kit to the client

F. Refills of Naloxone

A staff member may distribute subsequent doses/Refills of Naloxone when:

- Naloxone has expired
- Naloxone has been administered
- Naloxone was stolen or lost
- If the Naloxone freezes or reaches an extremely high temperature

Cross Reference

- Naloxone Training Manual
- Naloxone Kit Insert
- Naloxone Order Form
- Naloxone Training Checklist

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Naloxone Quarterly Reporting Form
Naloxone Distribution Form

Notes

Standardized Statement:

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References / Relevant Legislation

College of Nurses of Ontario. (2017). Can I distribute naloxone? Retrieved from <http://www.cno.org/fr/exercice-de-la-profession/educational-tools/ask-practice/can-i-distribute-naloxone/>

Appendices

1. 5 Steps to Respond to an Opioid Overdose (page 5)
2. Naloxone Training Checklist (page 6)

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5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1



SHOUT & SHAKE
their name **&** their shoulders

STEP 2



CALL 9-1-1
If unresponsive.

STEP 3



GIVE NALOXONE:
1 spray into nostril or inject 1 vial or ampoule into arm or leg.

STEP 4



PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.

STEP 5



IS IT WORKING?
If **no** improvement after 2-3 minutes, repeat steps 3 & 4.
Stay with them.

RECOVERY POSITION If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.



head should be tilted back slightly to open airway

hand supports head knee stops body from rolling onto stomach

SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

ontario.ca/OpioidOverdose



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Naloxone Training Checklist

Review the following with the client	
Overdose Prevention	<ul style="list-style-type: none"> Review frequent causes of overdoses: (mixing, using alone, using during low tolerance, unknown drug potency)
Signs of Opioid Overdose	<ul style="list-style-type: none"> Review symptoms of opioid overdose: <i>Breathing is very slow or none, fingernails/lips blue or purple, unresponsive, deep snoring/gurgling sound, body limp and unconscious.</i>
Calling 911	<ul style="list-style-type: none"> Review: always call 911 for all overdoses
Naloxone Administration	<ul style="list-style-type: none"> Review: Nasal Naloxone: place nozzle into nostril with head back. Fully depress plunger for full dose. If no response in 3-5 minutes, give 2nd dose and reassess Second dose, if necessary, give in alternate nostril
Rescue breaths/ Chest Compressions	<ul style="list-style-type: none"> Note: if client CPR trained in the past, indicate that it will be useful If trained: <ul style="list-style-type: none"> Review rescue breaths Review chest compressions Review recovery position
Evaluation/ Aftercare	<ul style="list-style-type: none"> Review: Naloxone lasts 30-90 minutes in the bloodstream Discourage use of more opioids Watch for overdose symptoms returning
Care of Naloxone /Refill	<ul style="list-style-type: none"> Store naloxone: at room temp away from light Note Expiry date Advise to return for refill if used, lost or expired

Notes to the Trainer:

- Do not dispense Naloxone to someone who has had a previous hypersensitivity or 'allergic' reaction to Naloxone, or someone allergic to its ingredients: *naloxone hydrochloride, hydrochloric acid, methyparaben, propylparaben.*
- If the client is pregnant, indicate that Nasal Naloxone has not been fully tested for its results on an unborn child. Recommend that they acquire instead an injectable Naloxone kit from the nearest Naloxone distributing pharmacy.

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