


<b>CHAPTER</b> Health/Medical	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 55
<b>SECTION</b> Drugs and Medications		<b>DESCRIPTION</b> Narcan® /Naloxone	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agency	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers			

**POLICY:**

It shall be the policy of Lapeer County Community Mental Health (LCCMH) to be a First Responder Agency for Opioid overdose. It shall be the policy that staff working in any LCCMH office who may be administering Narcan®/Naloxone are properly trained in the use, location, and storage of Narcan®/Naloxone according to the laws of the State of Michigan and manufacturer instructions. Michigan Compiled Law 28.543 allows for the administration of an opioid antagonist if the person has been trained in proper administration and they have reason to believe the person is experiencing an opioid-related overdose.

**STANDARDS:**

- A. LCCMH shall have Narcan®/Naloxone kits on site at all campuses to treat an opioid or suspected opioid overdose in an emergency situation.
- B. LCCMH shall attempt to provide assistance to any person who may be suffering from an opioid overdose.
- C. Narcan®/Naloxone is used to block or reverse the effects of opioid medication, including extreme drowsiness, slowed breathing or loss of consciousness.
- D. Only Trained Opioid responders shall possess and administer Narcan®/Naloxone to persons experiencing a drug overdose, and shall make every reasonable effort to revive the person of an apparent drug overdose.

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- E. LCCMH shall assure initial training is provided along with an annual refresher training for all staff who will be administering Narcan®/Naloxone.
- F. Narcan®/Naloxone is not to be used in place of emergency medical care after an opioid overdose.
- G. Narcan®/Naloxone shall not be administered to any individual who is known to have a hypersensitivity to Naloxone.
- H. LCCMH shall follow Narcan®/Naloxone package insert for proper administration.
- I. Lapeer County CMH will store the Nasal Narcan®/Naloxone kits in the first aid kits at all agency sites and/or at the front desk. Staff who work in the community may check-out kits from the front desk, but are responsible for storage according to the Storage and Control section of this policy while the kit is in their possession. The Assertive Community Treatment Program Supervisor shall be responsible for storage and inventory of kits in the ACT Program.
- J. The Health and Safety Officer is designated as the Narcan®/Naloxone Coordinator. The coordinator shall be responsible for the following:
  - Checking expiration dates and consistency of the solution each month.
  - Replacement of kits.
  - Ensuring reports of use are completed and filed indicating when and to whom the medication was dispensed.
- K. The Human Resources Assistant shall track trainings to ensure staff who would be using Narcan®/Naloxone have received both initial and annual training and will report periodically to the Training and Staff Development Committee.

**PROCEDURES:**

**IDENTIFYING OVERDOSE AND ADMINISTERING NARCAN®/NALOXONE**

- A. Staff shall be aware of signs and symptoms of an Opioid overdose. Signs and symptoms include:
  - a. Slow, irregular breathing or not breathing
  - b. Not responding to voice or touch, loss of consciousness
  - c. Fingernails or lips turning blue or purple
  - d. Slow or no heartbeat
  - e. Low blood pressure
  - f. Pinpoint pupils
  - g. Awake, but unable to talk
  - h. Choking sounds
  - i. Vomiting
  - j. Body is limp
  - k. Pale or clammy face

\*Note: Not all of these signs have to be present in an overdose.

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- B. New staff desiring training shall be trained to administer Narcan®/Naloxone in an overdose emergency by the Supervisor of Integrated Dual Diagnosis Treatment and Co-Occurring Disorders or their approved designated trainer which may be an external training agent.
- C. Staff shall follow the following steps to administer Narcan®/Naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:
- Initiate a Code Blue Response.
  - Call 911.
  - Assess the situation to determine if it may be an Opioid overdose.
  - Use knuckle rub on sternum to elicit a response.
  - If the person isn't breathing, place them on their back and do rescue breathing for a few quick breaths first.
  - Administer the Narcan®/Naloxone according to package instructions and training. Turn the person onto their side in the recovery position to ensure an open clear airway that prevents choking on vomit (See Exhibit 1)
  - If the person still isn't breathing or the breathing is still shallow, continue to perform rescue breathing while waiting for the Narcan®/Naloxone to take effect.
  - Remain with the person until they are under the care of a medical professional like a nurse, physician, or emergency medical technician.
  - If no response in 3 minutes repeat with a second vial of Narcan®/Naloxone, and continue to breathe for that person.
  - If the second dose of Narcan®/Naloxone does not revive them, something else could be wrong and needs to be assessed for any of the following:
    - It may have been too long and the heart has stopped;
    - there are no opioids in their system;
    - another non-opioid drug has caused the overdose, or;
    - they have a stronger opioid in their system indicating the need for more Narcan®/Naloxone.
  - Readminister Narcan®/Naloxone if needed and stay with the person until the emergency medical responders arrive.

#### **AFTER ADMINISTERING NARCAN**

- A. Avoid leaving a person alone after giving naloxone. An overdose can impair a person's thinking or reactions.
- B. Watch for signs of an allergic reaction to Narcan®/Naloxone, which are:
- a. hives
  - b. difficulty breathing

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- c. swelling of the face, lips, tongue or throat.
- C. Because Narcan®/Naloxone reverses opioid effect, this medicine may cause sudden withdrawal symptoms such as: (this is not an all-inclusive list)
- Nausea, vomiting, diarrhea, stomach pain;
  - Fever, sweating, body aches, weakness;
  - Tremors or shivering, fast heart rate, pounding heartbeats, increased blood pressure;
  - Feeling nervous, restless, or irritable;
  - Goosebumps, shivering;
  - Runny nose, yawning;
  - (in babies younger than 4 weeks old) seizures, crying, stiffness, overactive reflexes;
  - It is important for those administering Narcan®/Naloxone to understand that the individual will most likely feel very sick, agitated, embarrassed, etc., which may trigger a Code Grey Combative Person Agency Response.
- D. After the event, staff shall file an incident report in the OASIS EHR for persons who received Narcan®/Naloxone.

### **STORAGE AND TEMPERATURE CONTROL**

- A. Narcan®/Naloxone shall be stored at room temperature and away from light. According the manufacture, the drug must be kept out of direct light and at room temperature (between 59 and 77 degrees Fahrenheit).
- B. Narcan®/Naloxone shall not be left in a car for extended periods of time and should not be subjected to extreme heat or cold (it will freeze) as it may impact the effectiveness of the medication.

### **SHELF LIFE**

- A. The shelf life of Narcan®/Naloxone is approximately two years.
- B. All doses should be checked monthly to ensure that the Narcan®/Naloxone is not adulterated. A dose of naloxone is considered adulterated when:
- It is beyond the manufacturer's or distributor's expiration date; and/or
  - There are signs of discoloration or particles in the naloxone solution

### **PROPER DISPOSAL OF USED, EXPIRED, OR ADULTERAGED UNITS**

- A. Each Narcan®/Naloxone nasal spray has only 1 dose and cannot be reused.

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- B. Nasal spray that is fully used shall be thrown out with standard waste disposal.
- C. Nasal spray that has expired or was partially used shall be disposed of in a sharps container.
- D. Injectable Narcan®/Naloxone shall be disposed of in a sharps container.

**REPORTING REQUIREMENTS**

- A. Naloxone Trainings shall be logged into the Second Chance Project Overdose Response Training form and submitted monthly to Region 10 PIHP for the duration of the Second Chance Grant period.
- B. LCCMH Human Resources Department shall receive a copy of the sign-in sheet/training log for those trained in Narcan®/Naloxone so training may be tracked by the agency.

**DEFINITIONS:**

**First Responder Agency:** an agency with staff that have specialized training, and are prepared to provide the initial assistance at the scene of an emergency.

**Narcan® (Naloxone, Naloxone Hydrochloride):** An opioid antagonist drug used to counter the effects of opioids, for example, a heroin or morphine overdose. Naloxone is used specifically to counteract life-threatening depression of the central nervous system and respiratory system.

**Nasal Narcan/Naloxone Kits:** 2 vials of nasal Naloxone, one one-way resuscitation mask, instruction manual.

**Opioids:** Are a class of drugs chemically similar to alkaloids found in opium poppies. Opioid drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Opioids may be in the form of prescription opioids such as hydrocodone, oxycodone, morphine, codeine, methadone, and fentanyl, or the illegal opioid, heroin (samhsa.gov).

**Opioid Antagonist:** a drug used to counter the effects of opioid overdose. It can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®, Naloxone.

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**EXHIBITS:**

Exhibit 1: The Recovery Position

**REFERENCES:**

[www.harmreduction.org](http://www.harmreduction.org)

[www.narcan.com](http://www.narcan.com)

[www.samhsa.gov](http://www.samhsa.gov)

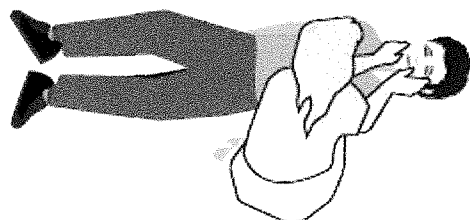
Michigan compiled Law 28.543

Liability of Certain Persons for Emergency Care Act 17 of 1963, 691.1503-Administration of opioid antagonist

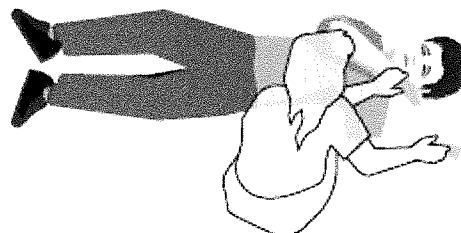
Questions regarding this policy and procedure may be addressed to the Chief Executive Officer or to any member of the management team.

SR:mgr

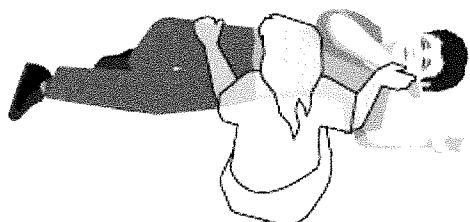
## The Recovery Position



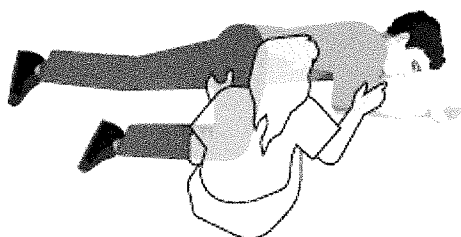
**1** Tilt head backwards, ensure clear airway and straighten head and neck



**2** Place arm at side and other arm across chest with hand against cheek



**3** Bring far knee up to a 90° angle



**4** Roll person over towards you with knee at angle and ensure head is supported