

Manual and Section Number: 326		
Procedure/Policy Name	Position Responsible	Unit
Deployment of Naloxone During Opiate Overdose Situations	All staff	All Units

I. Procedure Summary

Licking County Job and Family Services is committed to protecting its customers and employees. The purpose of this procedure is to establish the guidelines governing the utilization of Narcan (brand name of Naloxone) by properly trained agency employees during apparent opiate overdose.

When responding to medical emergencies, including an overdose, it is important to exercise extreme caution and take Universal Precautions (see Procedure 316) to ensure your safety is not compromised.

Naloxone kit locations are as follows:

- LCJFS, 74 S. 2nd St., Children Services Administrator's office
- OMJ, 998 E. Main St., Front Desk

II. Procedure Steps

1. When a potential overdose or other medical emergency is encountered, have a co-worker or another person dial 911 to request Emergency Medical Service (or do so yourself if you are alone). 911 must be called anytime Naloxone is deployed.
2. When a medical emergency is reasonably suspected or reported to have been caused by an opioid overdose (including accidental exposure), Naloxone may be administered to an unconscious victim.
3. Opioid overdoses may have any of the following characteristics:
 - a. The person is unresponsive, there is an absence of breathing or the victim has no pulse, and has bluish lips, nailbeds, constricted pupils, or a general bluish appearance.
 - b. The person may be unresponsive but still has a pulse and is breathing
 - c. Breathing may be slow and shallow (less than 10 breaths per minute) or has stopped.
 - d. Vomiting
 - e. Face is pale and clammy
 - f. Pulse is slow, erratic, or not present
 - g. Choking or loud snoring noses
 - h. Will not respond to shaking or sternum rub
 - i. Skin may turn gray, blue, or ashen
 - j. Drugs, drug paraphernalia, or drug instruments may be around the person
Common opiates include: Paracetamol/Acetaminophen, Hydrocodone (Vicodin), Dextropropoxyphene, Morphine, Oxycodone (Percocet), Codeine, Tramadol, Tapentadol, Anileridine, Alphaprodine, Diamorphine, Hydromorphone, Oxymorphone, Levorphanol, 7-Hydroxymitragynine, Buprenorphine, Hydrocodone (Vicodin), Morphine, Oxycodone (Percocet), Methadone, Oxycontin, Pethidine, Sufentanil, Bromadol, Etorphine, Dihydroetorphine, Heroin, Carfentanyl, Fentanyl

4. Naloxone does not reverse overdoses caused by non-opioid drugs, such as cocaine, benzodiazepines (e.g., Xanax, Klonopin, and Valium), methamphetamines, or alcohol. Naloxone should not be used if the overdoses appears to have been cause by non-opioids. In the case of a “mixed overdose,” where opioid and non-opioid drugs are used together, it can be treated the same as an opioid overdose.
5. To administer Naloxone, retrieve a Naloxone kit and assemble the nasal applicator:
 - a. Remove the two caps (usually yellow in color) from both ends of the needleless syringe
 - b. Remove the cap (usually blue or purple in color) from the tube that contains the Naloxone liquid
 - c. Insert the nasal tip/atomizer (typically white in color) into the correct end of the needleless syringe by gripping and rotating the plastic wings
 - d. Gently screw the tube with Naloxone into the barrel of the syringe
 - e. Insert nasal tip/atomizer into one nostril
 - f. Give a short, vigorous push on end of tube to spray ½ of the Naloxone (about 1 cc) into the nose
 - g. Insert the nasal tip into the other nostril and spray the remaining ½ of the Naloxone (also about 1 cc) into the nose
 - h. If no reaction, wait 2-5 minutes and administer the second tube of Naloxone from the kit
 - i. If additional kits/tubes of Naloxone are available, additional doses can be given, if no reaction 2-5 minutes after the dose is administered. This may be necessary for severe overdoses.
 - j. If there is no reaction after any dose, CPR will be needed until the next dose is administered to provide oxygen to the victim
6. The first priority when administering Naloxone is to ensure the scene is safe. Additionally, it is essential to be prepared for the possibility of a victim may becoming violent after Naloxone administration. Do not jeopardize your safety. If you deem necessary/appropriate, wait for EMS or the police to arrive, who will take control of the scene and deploy Naloxone as necessary.
7. Whenever it can be done safely with appropriate supervision, have any children present leave the immediate area.
8. Ensure appropriate personal safety precautions are taken. At a minimum, nitrile or equivalent protective gloves must be worn. Intravenous drug users are at a high risk for communicable diseases such as Hepatitis C, Hepatitis B, and HIV. Blood, vomit, saliva, urine, and feces are all capable of transmitting different diseases.
9. Do not administer Naloxone to a victim who is awake and coherent.
10. When EMS arrives on scene, provide any pertinent information to them, including but not limited to:
 - a. Condition when found (appearance, responsiveness, breathing status)
 - b. Dose given
 - c. Response to Naloxone

11. Immediately notify (when it can be done safely) a Supervisor, Administrator, Agency Director, Assistant Director or Safety Team Chair whenever Naloxone is deployed.
12. An incident report must be filed anytime Naloxone is deployed. The narrative should include information about the victim, the sequence of events, use of universal precautions, administering of Naloxone and other care administered. The Nursing Manager at the Licking County Health Department must be notified any time Naloxone is administered.
13. Naloxone must be stored at room temperature, away from light, and secured against unauthorized access. The shelf life of Naloxone is approximately two years.
14. Properly trained agency employees are permitted to carry Naloxone on agency business. The agency will provide and assign Naloxone kits to these employees. Once a kit is assigned, it is the employee's responsibility to monitor the expiration date and ensure the kit is stored at appropriate room temperature.
15. Following the incident, be sure to contact Agency Director, Assistant Director, or Safety Team Chair.

COA Standards Reference: ASE 7.01, ASE 7.02, ASE 8.01
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