

Service Entity Protocol for Naloxone Administration

Name of Service Entity	Tuscarawas County Department of Job & Family Service
Date Created	06-01-2017
Date Last Revised	06-08-2017
Review Frequency	06-08-2018

Clinical Pharmacology of Naloxone

Naloxone hydrochloride (naloxone) prevents or reverses the effects of opioids, including respiratory depression, sedation and hypotension.

Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the "agonistic" or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity.

Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. However, in the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about 2 hours.

Naloxone may not reverse overdose in all cases, such as when high doses of opioids or particularly potent opioids (e.g., fentanyl or carfentanil) have been consumed.

Indications for Use of Naloxone

Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids.

Precautions, Contraindications, and Adverse Reactions

- Precautions
 - Use in Pregnancy:
 - Teratogenic Effects: no adequate or well controlled studies in pregnant women.
 - Non-teratogenic Effects: Pregnant women known or suspected to have opioid dependence often have associated fetal dependence. Naloxone crosses the placenta and may precipitate fetal withdrawal symptoms.
 - Nursing mothers: caution should be exercised when administering to nursing women due to transmission in human milk. Risks and benefits must be evaluated.
- Contraindications
 - Contraindicated in patients known to be hypersensitive to it or to any of the other ingredients in naloxone hydrochloride.
- Adverse reactions

- Adverse reactions are related to reversing dependency and precipitating withdrawal and include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, myalgia, diaphoresis, abdominal cramping, yawning and sneezing.
 - These symptoms may appear within minutes of naloxone administration and subside in approximately 2 hours.
 - The severity and duration of the withdrawal syndrome is related to the dose of naloxone and the degree of opioid dependence.
 - Adverse effects beyond opioid withdrawal are rare.

Limitations on Administration of Naloxone to Certain Individuals (if applicable)

N/A

Variation in dosage and/or formulation are permissible under the following circumstances:

N/A

Labeling, storage, record-keeping, and administrative requirements

Labeling

No special labeling is required for a Service Entity authorized to administer naloxone.

Storage

Naloxone must be stored in a location accessible to authorized Service Entity personnel in accordance with the manufacturer's or distributor's labeling.

All doses should be checked periodically to ensure that the naloxone is not adulterated. Naloxone shall be considered adulterated when it is beyond the manufacturer's or distributor's expiration date.

Adulterated naloxone shall be stored in a separate area apart from active drug stock to prevent its use.

If licensed by the Board of Pharmacy, the Service Entity shall comply with all applicable state laws and rules regarding the storage of prescription drugs.

Record-keeping

If licensed by the Board of Pharmacy, the Service Entity shall comply with rule 4729-9-22 of the Administrative Code.

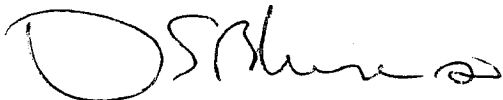
If not licensed by the Board of Pharmacy, the Service Entity should maintain the following records:

- naloxone received by the entity;
- naloxone administration by entity personnel; and
- disposal of expired/adulterated naloxone.

Any additional instructions or requirements

N/A

Physician Authorization

Physician Signature 	License No. 34003182
Physician Name (please print) Daniel S Blume	Date 6-1-17

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
AGENCY POLICY**

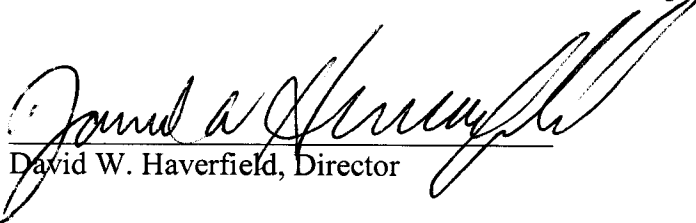
PROVISION AND USE OF NALOXONE BY AGENCY EMPLOYEES

POLICY

Tuscarawas County Job & Family Services will distribute Naloxone to properly trained employees in order to insure staff safety from exposure to opiates. Naloxone is a substance which reverses the effects of an overdose from opiates and provides potentially life-saving time until medical professionals can intervene.

PROCEDURE

1. Agency staff who regularly make home visits as a part of their job duties and/or are part of the agency response team or medical response team will be issued Naloxone kits after training. Upon expiration of these kits, they will be replenished as long as they are available free of cost through the Project Dawn program (or other similar program) or as long as agency funding allows.
2. No employee will be issued Naloxone unless and until they have been properly trained including review of the attached medical protocol authorized by the Tuscarawas County Health Department.
3. Naloxone may be administered anytime that there is a suspicion of an opiate overdose. Specific statutory protection is in place regarding public employees who administer this substance. There is no known risk if Naloxone is administered to a person who is not experiencing an overdose from an opiate.
4. Anytime Naloxone is administered, the employee doing so shall contact emergency services via 911 as soon as practical given the particular circumstances. The requirement to contact 911 is **MANDATORY** anytime Naloxone is administered. Additionally, any time Naloxone is administered, the employee doing so shall complete and file with the Director's office, form TCJFS 45, the Agency Incident Report.
5. Nothing in this policy shall obligate any employee to administer Naloxone to a person who is not employed by the agency, nor shall it prohibit the same.



David W. Haverfield, Director

7-24-17

Effective Date