



Emergency Administration of Intranasal Naloxone (Narcan) Procedures

I. Scope

This emergency procedure applies to all TLCHD employees who have participated in intranasal naloxone (Narcan) administration training.

II. Purpose

In an effort to reduce overdose mortality amongst TLCHD clients, visitors, and the population of Lucas County, dedicated TLCHD staff will be trained to recognize an opioid overdose, call 911, administer intranasal naloxone (Narcan), and provide supportive care pending the arrival of LCEMS.

III. Standing Orders

- A. This emergency procedure is a standing order for trained TLCHD staff to administer intranasal naloxone (Narcan) to clients, visitors, and the population of Lucas County, experiencing a suspected opioid overdose.
- B. Intranasal naloxone (Narcan) will be distributed to TLCHD employees who volunteer to carry the opioid antagonist for administration under the appropriate circumstances.
- C. Caches of intranasal naloxone (Narcan) will be located within each of TLCHD's buildings (both 635 N. Erie St. and the WLCC) for use in response to an opioid overdose.
 - 1. Front Desk (Downtown & WLCC locations)
 - 2. Vital Statistics
 - 3. Shots4Tots n Teens Office/Mobile Kit
 - 4. Environmental Health Desk
 - 5. Women, Infants, Children (WIC) 2nd Floor

IV. How to Identify an Overdose

- A. If an individual takes more opioids than their body can handle, they can pass out, stop breathing, or even die. An opioid overdose can take minutes up to hours to occur.
- B. A person experiencing an overdose may exhibit one or more of the following symptoms:
 - 1. Slow breathing less than 10 breaths/minute or breathing may be absent
 - 2. Snoring or gurgling noises while asleep or nodding out
 - 3. Limp body
 - 4. Disorientation
 - 5. Vomiting
 - 6. Face may be pale and clammy
 - 7. Blue lips, fingernails, or grey skin tone

8. Slow and erratic pulse or absence pulse

V. How to Respond to an Overdose (see flowchart in Appendix A)

- A.** Ensure personal safety before proceeding.
- B.** Attempt to revive the person up by yelling and rubbing the middle of their chest with your knuckles (also known as a sternal rub).
- C.** Call 911
- D.** Call for assistance within the TLCHD Staff if you are on TLCHD properties (Downtown or Western Clinics).
- E.** Look to see if there is anything in the person's mouth that could be obstructing their airway or interfering with their breathing.
- F.** Administer intranasal naloxone
 1. Tilt the individual's head back and provide support under the neck.
 2. Follow instructions based on naloxone available:
 - a. For naloxone 2 mg/2 mL prefilled syringes used with mucosal atomization devices:
 - i. Follow package instructions for assembly:
 - 1) Remove protective caps from vial and injector
 - 2) Thread vial into injector 3 half turns, or until stopper is pierced by metal cannula (Do not push vial into injector; this may cause mis-alignment)
 - 3) Thread atomizer on end of syringe
 - 4) Remove cover and expel air before injection
 - 5) Spray 1 ml (half syringe) into each nostril
 - b. For NARCAN® Nasal Spray 4mg/0.1 mL FDA-approved nasal spray device
 - i. Gently insert the tip of the intranasal naloxone (Narcan) plunger into one nostril and inject the entire contents of Narcan.
 3. If the victim does not regain consciousness or start breathing normally after 2 minutes, administer a second dose of intranasal naloxone (Narcan)
 4. If the second dose does not revive victim, begin chest compressions until person begins breathing normally and/or until EMS arrives.
 - G.** If the individual begins to breathe on their own, roll them onto their side (preferably left side) and position the individual in the recovery position.
 - H.** Stay with the individual until EMS arrives.
 - I.** Provide a verbal report to the EMS providers based on your observations and actions to include how much naloxone was administered to the individual.

VI. Notification and Documentation

- A. Following the arrival of EMS personnel and the resolution of the crisis, the involved TLCHD staff will document the sequence of events on the *Incident Report Form* which can be accessed from the shared drive at **G:\users\COMMON\Forms** or through the employee login section of the website at <http://www.lucascountyhealth.com/employee-forms/>.
- B. The TLCHD Staff involved in the incident response will notify their immediate Supervisor of the incident.
- C. TLCHD Staff will debrief with Supervisor, Community Response Planner, and other pertinent personnel.

VII. Naloxone Usage, Storage, & Supply

- A. The intranasal naloxone (Narcan) kits will be checked monthly for expiration and kit integrity by the clinic staff.
- B. Narcan Nasal Spray should be stored at room temperature (between 59°F and 77°F).
 - 1. For this reason, it is advised that TLCHD employees who volunteer to carry Narcan, should keep it on their person rather than in their vehicle.
 - 2. Intranasal naloxone (Narcan) should not be frozen.

VIII. Maintenance

A. Review

- 1. The *Emergency Administration of Intranasal Naloxone (Narcan) Procedures* are to be reviewed biennially to ensure compliance with both agency standards, intranasal naloxone (Narcan) product availability, and accreditation standards.

B. Revision

- 1. All changes made to this OP are to be noted on the **Record of Change**. Substantial changes will require renewed signatures from all applicable parties. This includes changes to the intent, scope, procedures, or policy statement.
- 2. Changes in style, format, grammar or minor error correction will not require renewed signatures but must be indicated on the Record of Change.

IX. Glossary

- A. **Drug Dependence**: is an adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use. Compulsive and repetitive use may result in tolerance to the effect of a drug and withdrawal symptoms when use is reduced or stopped.

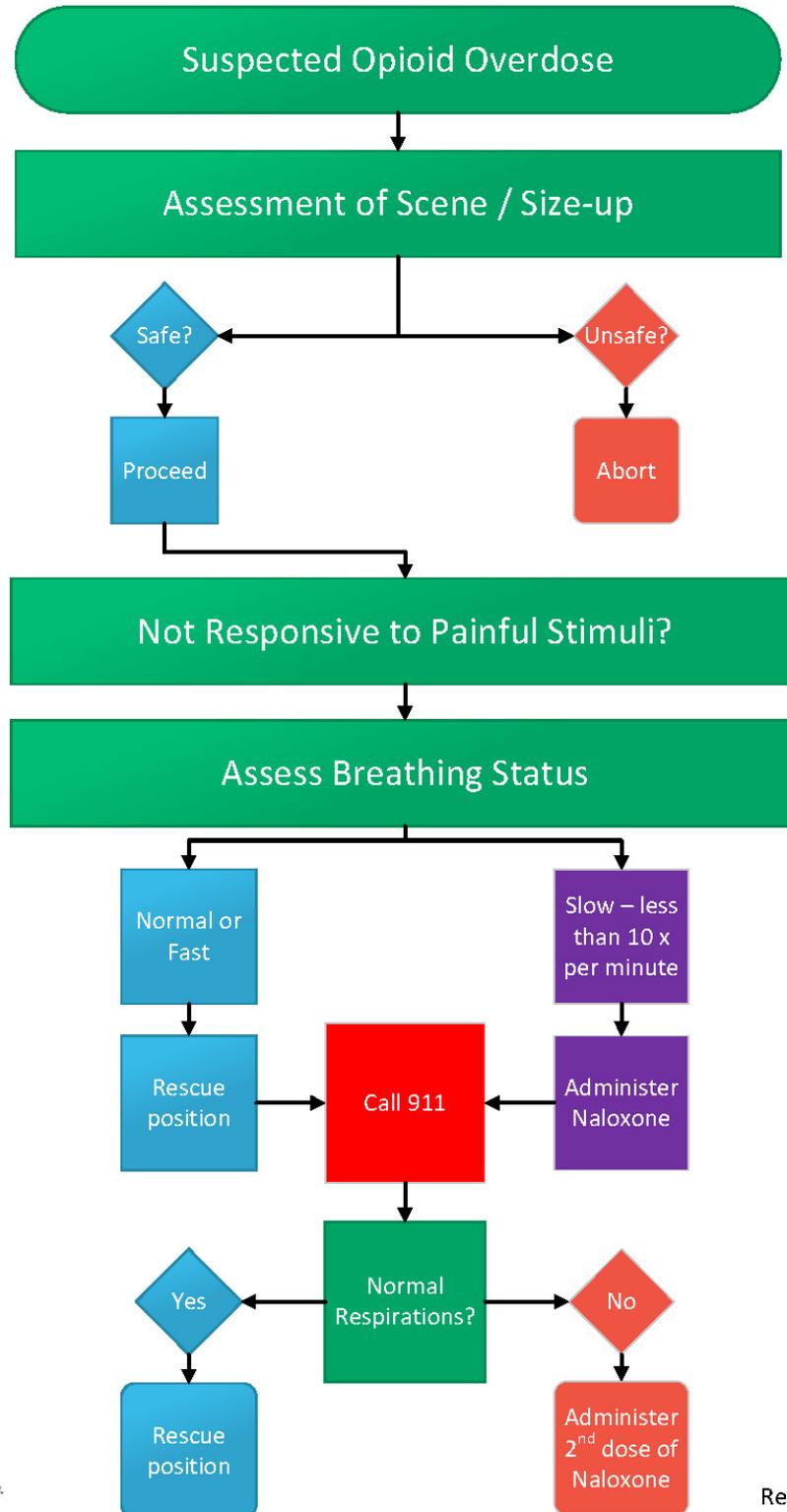
- B. **Opioids**: are a class of drugs derived from the opium poppy. Opiates include both **heroin** as well as prescription medications used to treat pain such as **morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Subutex, Suboxone)**.

- C. **Opioid Withdrawal**: can be extremely uncomfortable. The important thing to remember is that opioid withdrawal is not life threatening if you are withdrawing only from opioids and not a combination of drugs.

- D. **Tolerance**: is a person's diminished response to a drug, which occurs when the drug is used repeatedly and the body adapts to the continued presence of the drug. *Merck Manual*

Appendix A. Suspected Opioid Overdose Flow Chart

Suspected Opioid Overdose Response for TLCHD Staff



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