

SMDHU Internal Process: Emergency Response to an Opioid Overdose/Poisoning

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Introduction

Opioids are a family of drugs used to treat and relieve acute and chronic pain. They are commonly known as prescription drugs. While opioids are effective at treating pain, they can also be highly addictive. Some individuals may become more dependent on their prescription opioids and require stronger doses that can place them at a higher risk of overdose. There are also people who use prescription opioids for non-medical purpose. For people using the unregulated supply of opioids, a particular concern is the increasingly toxic nature of this drug supply. This supply can contain highly potent and dangerous substances that include fentanyl, carfentanil, and fentanyl analogs combined with other substances like benzodiazepines and xylazine, making the unregulated supply much more potent and dangerous and placing individuals at a higher risk of an overdose/poisoning.

A key intervention available to prevent opioid related deaths is the use of naloxone. Naloxone is an antidote to opioid overdose/poisoning. Naloxone binds to the same receptors in the brain that opioids do, however, it binds more effectively to these receptors and temporarily removes the opioid(s) and their harmful effects. This reverses the respiratory depression that can lead to a fatal overdose. Naloxone is available without a prescription, and free of charge to people who are at risk of an opioid overdose, as well as concerned friends and family members.

This Policy and Procedure supports the emergency administration of naloxone by trained SMDHU staff in the event of an opioid related overdose on or in the vicinity of SMDHU offices or during the course of providing services in the community. SMDHU staff trained in the distribution of Naloxone are also considered trained in the emergency administration of naloxone.

Purpose

To establish a clear process for staff to provide emergency response in the event of a suspected opioid related poisoning occurring on or in the vicinity of SMDHU premises, and or in the community when providing service delivery.

Legislative Authority

Health Promotion and Protection Act

Regulated Health Professions Act

Municipal Freedom of Information and Protection of Privacy Act

Good Samaritan Act

College of Nurses of Ontario- Administering naloxone in emergencies

Policy Definitions and Interpretation

Policy

Staff will be trained in the administration of nasal spray Narcan/Naloxone and be aware of its location within their workplace.

Procedures

Naloxone kits are located in each of the office AEDs and in other locked spaces within each of the office locations.

Responding to an Opioid Overdose/Poisoning (refer to Naloxone Administration Training Manual and/or the 5 Steps to Save a Life pamphlet).

Put on your PPE (mask when mandated) and gloves, grab the naloxone, and initiate the response process:

1. Shake at the shoulders and shout.
2. Call 911 if the person is unresponsive.
3. Administer one 4 mg dose of Narcan® (naloxone hydrochloride) nasal spray in the first nostril.
4. If trained in CPR, perform CPR- rescue breathing and/or chest compressions. If trained on AED, also use agency AED.
5. Repeat one dose of nasal spray in second nostril if no improvement after 2-3 minutes. This process may need to be repeated if EMS has not arrived and the person remains unresponsive. If person does not start breathing on their own within 2-3 minutes, **administer additional doses** of naloxone following the same procedure as above and continue chest compressions until EMS arrives.
6. If the person does start breathing on their own, move the person onto their side and watch them closely. Remain with the person until EMS arrives, as a personal safety precaution, ensure you allow space between yourself and the person.

Staff Documentation and Communication (Staff who provided care/responded to overdose/poisoning)

- Notify your program manager immediately after event. Maintain confidentiality outside of notifying your program manager.

- Complete a Public Incident form and progress note (nurses) that includes the details of the incident and overdose response, number of doses administered, lot # of the naloxone, and expiry date.
- Inform SUIP Program Assistant via – exchange.works@smdhu.org on number of kits used and office/location where kit(s) were retrieved. SUIP PA will ensure the naloxone kit has been replaced in the appropriate office location.

B. Reporting Manager Response and Communication

- Provide support to staff post event, share contact information for EFAP and other mental health supports and resources available. Ensure all documentation is completed by staff and yourself as manager.
- Inform the Vice President of the department of incident and completed documentation.
- Inform the MOH office on the details of the incident and steps taken by staff and manager.
- File documentation with Human Resource manager.

C. Nasal Naloxone Kit Contents:

- Two doses of Nasal Naloxone (each is a 4mg dose in a 0.1ml solution)
- A pair of non-latex gloves
- 5 Steps to Save a Life Pamphlet
- Rescue breathing barrier

D. Additional Documents/Resources

- Naloxone Administration Training Manual
- 5 Steps to Save a Life Pamphlet
- SMDHU Emergency Response to Opioid Overdose Training PPT

E. NALOXONE HYDROCHLORIDE Drug Information

Pharmacology

Naloxone Hydrochloride is a competitive antagonist at opiate receptor sites. It can prevent or reverse the effects of opioids including respiratory depression, sedation, and hypotension. In the absence of opioids or agonistic effects of other opioid antagonists it exhibits essentially no pharmacologic activity. Naloxone Hydrochloride has not been shown to produce tolerance or to cause physical or psychological dependence. In the presence of physical dependence on opioids, naloxone will produce withdrawal symptoms.

Following administration, Naloxone is rapidly distributed in the body. It is metabolized in the liver and excreted in the urine.

Route/Method of Administration

Intranasal (IN) Administration, each dose in alternating nostril.

Dosage

Single dose of 4 mg IN Naloxone is administered in one nostril if an individual exhibits signs of an opioid overdose. If the person overdosing does not respond to the initial dose of Naloxone within 2-3 minutes, a subsequent dose of IN Naloxone can be administered in the other nostril.

The action time of some opioids may exceed that of Naloxone. Remain with the person until EMS arrives. Repeat doses of Naloxone are administered as necessary.

Indications for Administration

Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression induced by opioids. Naloxone is also indicated for administration in the case of a *suspected* acute opioid overdose. In cases where the overdose or symptoms are not caused by opioids, Naloxone has little to no bio-interactivity and will not harm the affected individual.

The following information and direction have been taken from the Manufacturer Product Monograph for Naloxone 4 mg Nasal Spray

<https://narcannasalspray.ca/pdf/NARCAN%C2%AE-Nasal-Spray-product-monograph-Mar%2005-2021-red-plunger.pdf>Warnings:

Pregnant Women: There are no adequate and well-controlled studies in pregnant women. Reproduction studies performed in mice and rats at doses up to 12 times the human dose revealed no evidence of impaired fertility or harm to the fetus due to naloxone. Administration of naloxone to an opioid-dependent pregnant woman may induce an acute opioid withdrawal syndrome which may precipitate preterm labor or fetal distress. Because of this risk and because animal reproduction studies are not always predictive of human response, naloxone should be used during pregnancy only if clearly needed.

Nursing Women: It is not known whether naloxone is excreted in human milk. Studies in nursing mothers have shown that naloxone does not affect prolactin or oxytocin hormone levels.

SMDHU position statement:

According to the Society of Obstetricians and Gynaecologists of Canada, acute opioid overdoses during pregnancy can be managed with respiratory support and the use of naloxone if necessary.¹ Naloxone is a life saving medication that is critical to administer in the event of an opioid poisoning. Well controlled human studies have not been done on

naloxone use in pregnancy. Naloxone should be given cautiously in pregnancy and only if clearly needed (i.e., the person is unresponsive, not breathing and/or has no pulse)².

It is vital that 911 is called in all cases of naloxone administration in order to initiate proper medical follow-up, particularly in pregnant individuals for the purposes of fetal monitoring.

Q&A from the Ontario Naloxone Program through the Ministry of Health:

Question: What information should we share regarding using naloxone when pregnant.

Answer: Naloxone administration as part of the response to opioid overdose is still recommended in Ontario, especially given the ongoing toxicity of the unregulated drug supply and risk of opioid poisoning.

Repeat Administration

The recipient who has satisfactorily responded to naloxone should be kept under continued surveillance until Emergency Medical Services (EMS) has arrived. The duration of action of some opioids exceeds that of naloxone—repeat as necessary if the symptoms of overdose and respiratory depression persist; be aware that the client may have also ingested a substance, e.g., etizolam, that does not respond to naloxone.

Note: Naloxone wears off within 30 to 90 minutes; it is imperative to seek medical help as soon as possible.

Respiratory depression due to other drugs

Naloxone is not effective against respiratory depression due to non-opioid drugs.

Adverse Effects

In clinical studies, nasal edema, nasal inflammation, nasal dryness, nasal congestion, muscle spasms, musculoskeletal pain, headache, dizziness, constipation, nausea, toothache, rhinalgia, xeroderma, and blood pressure increased were reported. Abrupt reversal of opioid effects in persons physically dependent on opioids may result in body aches, pain, fever/pyrexia, sweating/hyperhidrosis, runny nose, sneezing, piloerection, yawning, weakness, asthenia, shivering, chills, tremor/trembling, convulsions/seizures, nervousness, restlessness, irritability, aggressive behavior, diarrhea, nausea, vomiting, abdominal cramps, increased blood pressure, and tachycardia. Seizures have been reported to occur infrequently after the administration of naloxone; however, a causal relationship has not been established.

Care of Naloxone

Naloxone must be protected from sunlight and stored below 25°C. Do not freeze or expose to excessive heat above 40°C. Protect from light. NARCAN Nasal Spray freezes at temperatures below -15°C. If this happens, the device will not spray. If NARCAN Nasal Spray is frozen and is needed in an emergency, do **not** wait for NARCAN Nasal Spray to thaw. Get emergency medical help right away. However, NARCAN Nasal Spray may be thawed by allowing it to sit at room temperature for 15 minutes, and it may still be used if it has been thawed after being previously frozen. Expiry dates will be monitored for all agency procured naloxone kits by the SUIP Program Assistants.

References

Community Based Naloxone Program: General Frequently Asked Questions. Alberta: Alberta Health Services/Harm Reduction Services [updated 2021 June; retrieved 2023 Sep 19]. Available from: <https://www.albertahealthservices.ca/assets/info/hrs/if-hrs-cbn-program-general-faq.pdf>.

Narcan Nasal Spray 4 mg. Ontario: Emergent BioSolutions Canada Inc. (“Emergent”) [updated 2021; retrieved 2023] Available from: <https://narcannasalspray.ca/en/> Emergent BioSolutions Canada.

About the Good Samaritan Drug Overdose Act. Ottawa: Government of Canada [updated 2021 Nov; retrieved 2023] Available from: <https://www.canada.ca/en/health-canada/services/opioids/about-good-samaritan-drug-overdose-act.html>

Overdose Response with Naloxone. Ontario Harm Reduction Network. Available from: [Ontario Harm Reduction Network \(OHRN\) | Naloxone Training](#)

Related Policies

Related Forms

Additional Resources

- Naloxone Administration Training Manual
- 5 Steps to Save a Life Pamphlet
- SMDHU Emergency Response to Opioid Overdose Training PPT

Final Approval Signature: _____

Review/Revision History:

- Policy Approved: - September 27, 2023