

Policies

Subject: Naloxone Administration
Section: Risk and Safety, Finance and Regulatory Services
Approved by: Marissa Madrigal, Metro Chief Operating Officer
Approved on: July 28, 2023
Replaces: N/A

POLICY PURPOSE

This policy establishes guidelines and procedures for the administration of Naloxone (Narcan) by trained and designated employees during the course of their work activities to help prevent overdose deaths. Narcan administration may treat and reduce injuries and fatalities due to suspected opioid involved overdoses and accidental exposure mitigating the effects of opioid exposure and allowing time for advanced medical response by trained Emergency Medical Services (EMS) personnel. No other administration method than nasal is permitted.

APPLICABLE TO

Departments may elect to participate in Naloxone Administration procedures. This policy is applicable to participating departments and employees who elect to voluntarily participate in training and procedures.

DEFINITIONS

Opioid: A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone.

Naloxone: An opioid antidote such as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the US Food and Drug Administration for the treatment of drug overdose. Naloxone is a medication which acts as an opioid antagonist and counters the effects of opioid overdoses. It is marketed under the trade name Narcan.

Narcan: a single dose nasal cartridge of Naloxone.

GUIDELINES

General

A. Departments, venues and/or facilities who elect to participate in Naloxone administration must notify Metro's Risk and Safety division of interest and complete requirements outlined in this policy including assignment of a position or employee to serve as a department coordinator, establishing procedures for inventory controls, paid time for employee training and other guidance provided in this policy.

B. Employees of participating departments may administer Naloxone so long as they have completed training in accordance with the provided training protocol, procedures for inventory controls and incident reporting.

Program administration

Metro's Risk and Safety management division will administer a program to ensure the organization maintains consistent and current standards and best practices for a Naloxone administration. Program administration will include:

A. Coordination with departments for program awareness and requirements.

B. Provide guidance to departments on procedures for maintaining inventory and creating check-in and -out procedures.

C. Certification that participating departments meet requirements outlined in this policy.

D. Develop training curriculum for ongoing and annual trainings on Naloxone.

E. In collaboration with identified department coordinators, organize and conduct trainings. Training may be conducted by regional providers such as the Red Cross, Multnomah County Health Department, etc.

F. Create and maintain knowledge library on administration and other reference materials for Naloxone administration.

Training

Naloxone administration trainings may be conducted during first aid/CPR training or as a stand-alone training. Training shall include at a minimum:

- First Aid
- CPR
- Naloxone Administration Training
- Bloodborne Pathogens

While training will be available through the Risk and Safety division, Departments may conduct their own trainings in coordination with Risk and Safety division so long as that training meets the above criteria.

Storage, locations, and inventory controls

The Risk and Safety division will coordinate purchasing and distribution of Naloxone for approved departments. Each participating department and/or facility will establish an inventory control procedure for Naloxone. Procedures must include the following guidance:

- Suitable locations for Naloxone storage accessible to trained personnel. Storage should follow manufacturer's instructions: exposure to freezing temperatures, extreme heat or direct sunlight may deteriorate the medication and significantly reduce its effectiveness. Vehicle storage is discouraged.
- In instances where employees may carry Naloxone doses, a check-in and -out procedure that documents employee name, date, time in and out must be used.
- Department Coordinators will meet with Risk Management whenever Naloxone is deployed. The Department Coordinators will meet bi-annually to report on current inventory, lost, deployed, damaged or expired doses of Naloxone.
- Expired or damaged Naloxone shall be disposed of by returning to a drug collection site. Note: The U.S. Food and Drug Administration (FDA) has approved an extended shelf-life for the nasal spray formulation of naloxone (Narcan (PDF)) from two years (24 months) to three years (36 months).
- Used Naloxone shall be disposed of in solid waste containers.

Reporting and notifications

Once the emergency situation is resolved, employees involved in administration or attempted administration of Naloxone must complete the following:

- Notification to Department Coordinator of the incident. As soon as possible, Department Coordinators will notify their Director, Metro Chief Operating Officer, Human Resources Director and Risk and Safety division.
- Incident Report in Metro's online incident reporting tool, Origami. Reports will include incident location, employees involved, care the person received, the fact that Naloxone was deployed and completion of other relevant fields available in the reporting tools. Reports should be filed as soon as possible following the incident.
- Naloxone Administration form, example provided in Appendix B of this policy. Completed forms should be provided to the department's coordinator and the Risk and Safety division.

- The Risk and Safety division may request a debrief meeting following incidents to support full documentation of the incident and to identify any improvements to program administration. Policy compliance and process improvement The Department Coordinators, the Department Heads or their designees and Risk will meet bi-annually to ensure compliance with this policy and recommend improvements if needed.

Policy compliance and process improvement

The Department Coordinators, the Department Heads or their designees and Risk will meet bi-annually to ensure compliance with this policy and recommend improvements if needed.

RESPONSIBILITIES

Employees

- Complete training(s) as required.
- Wear appropriate PPE as required prior to deploying Naloxone
- Follow Department procedures.
- Complete required reports and notifications identified in this policy.

Department Director or their Designee

- Ensure the Department develops a Standard Operating Procedure for policy compliance. • Review quarterly inventory reports.
- Conduct annual review of procedures with department coordinator to ensure policy compliance and process improvement efforts.
- Provide COO and Risk and Safety division notifications on Naloxone administration outlined in this policy.
- Provide project sponsor support to Department coordinators as required/requested to ensure effective policy implementation.

Department coordinators

- Coordinate with Risk division on training needs including support for logistics such as room reservations, technology needs and employee notifications.
- Complete storage and inventory controls as outlined in this policy.
- Participate in annual review of procedures with Department Director or designee.
- Identify and communicate resource and implementation needs to Department Director or designee.
- Meet with Risk Management after deployment of Naloxone, and with Department Coordinators at least twice per year.

Risk and Safety division

- Coordinate Naloxone Administration program for the organization as outlined in this policy.
- Meet with Department Coordinators after deployment and at least twice a year with all Departments.
- Ensure training is included in the CPR/First Aid curriculum and additional training resources are provided to each Department.
- Review this policy at least annually and update as necessary.

APPENDICES

- A. Naloxone Administration Form
- B. Naloxone Administration Guidance
- C. Nasal Naloxone Administration Training Video
- D. Naloxone Training Protocol

REFERENCES

<https://www.multco.us/health/staying-healthy/overdose-prevention>

APPENDIX A: Naloxone Administration Report Form

Incident #

Date: / /

Time of Incident:

Department:

Who administered?

Witnesses: Location of Incident:

Signs of Overdose present: (check all that apply)

Unresponsive Breathing Slowly Not Breathing Blue Lips Slow Pulse Other

Overdosed on what drugs if known? (check all that apply)

Heroin Methadone Benzos/Barbiturates Any other opioid Unknown Other

Subject's Response after Naloxone was administered?

Responsive & Alert Responsive & Sedated No Response Transferred to Hospital

Comments:

Return to Department Coordinator

APPENDIX B: Naloxone Administration Guidance

If Metro personnel encounter a victim of what appears to be a drug overdose, they shall:

- Maintain scene safety and personal universal precautions.
- Perform assessment to determine unresponsiveness, absence of breathing, and/or lack of pulse.
- Provide basic life support practices as needed.
- Perform situational assessment to determine that it is more likely than not that the victim's condition is an opiate overdose.
- Request standard EMS response if not already in progress.
- Administer 4 mg Naloxone into one nostril as trained.
- Continue to provide basic life support care to the victim.
- Update responding EMS service of amount given, and any change in condition

APPENDIX C:

Nasal Naloxone Administration Training Video

Link: https://www.youtube.com/watch?v=FZpgjRBby_M

APPENDIX D:

Naloxone Training Protocol

Link:

[Oregon Health Authority : Naloxone Rescue for Opioid Overdose : Opioid Overdose and Misuse : State of Oregon](#)